

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

2

Do not write in these spaces

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Form header section including: No. of Units Involved (2), Date (08/14/2010), County (UNION), Time (09:17), Local Use/Patrol Area (100814038HA/2), Date Received by DMV (08/14/2010), Location (MONROE), and Highway (RP 1941).


Driver information section for Unit #1 (Carlton Davis Watkins) and Unit #2 (Mishawn Bernard Miller), including addresses, phone numbers, and license details.

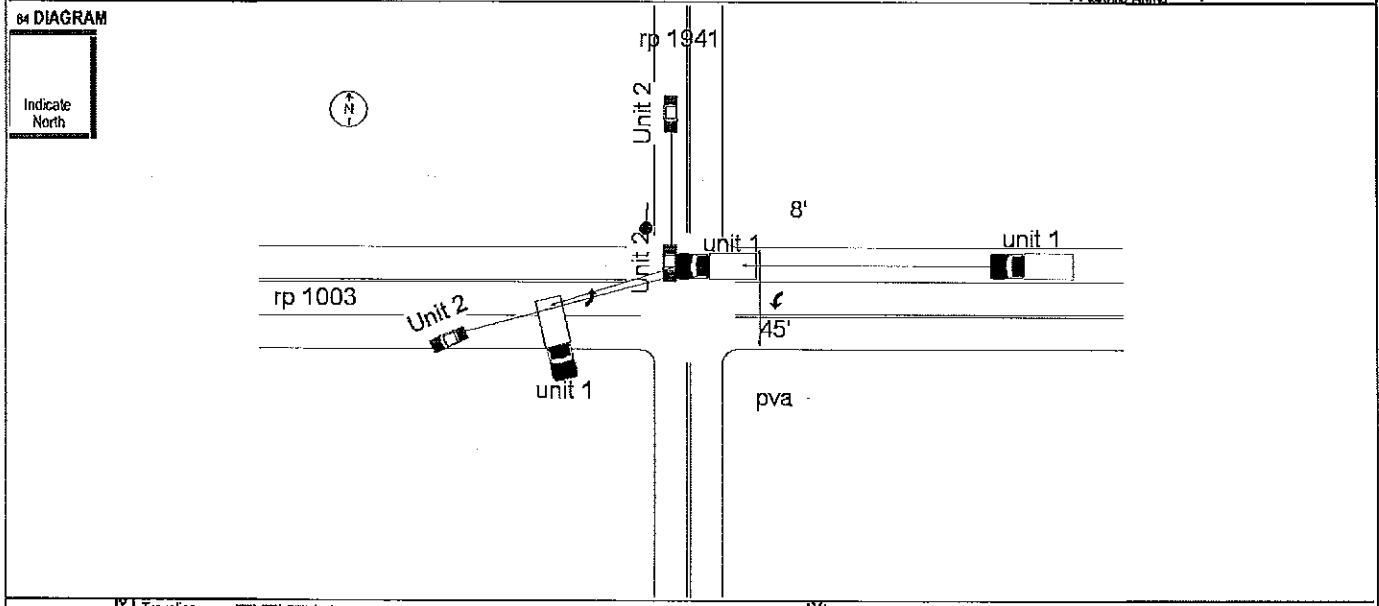
Owner information section for Unit #1 (Smith Brothers Farm) and Unit #2 (Sarah Broadnax Miller), including addresses, VINs, and vehicle details.

Commercial Vehicle section with fields for carrier identification numbers, GVWR, and axle information.

Table with 32 columns (21-32) and 8 rows (A-H) listing names and addresses for all persons involved in the incident.

EMS information section including names of EMS agencies (ACD-Union County, B-Union County, E-Union County) and injured taken to hospitals (Carolinas Medical Center, Union County, Monroe).

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# 1 2 6 Unit# 2 6	VEHICLE INFO.		Veh # 1	Veh # 2	ROADWAY INFO.		WORK ZONE RELATED			
CRASH SEQUENCE (Unit Level)		Unit# 1	Unit# 2	60 Authorized Speed Limit	45	45	69 Road Feature	7	78 Workzone Area	5		
49 Vehicle Maneuver/Action		4	4	61 Estimate of Original Traveling Speed	45	50	70 Road Character	3	79 Work Activity			
50 Non-Motorist Action				62 Estimate of Speed at Impact	45	50	71 Road Classification	4	80 Work Area Marked			
51 Non-Motorist Location Prior to Impact				63 Tire Impressions Before Impact (ft.)	0	0	72 Road Surface Type	3	81 Crash Location			
52 Crash Sequence - First Event for This Unit		30	30	64 Distance Traveled After Impact (ft.)	61	89	73 Road Configuration	2	TRAILER INFO. Unit# 1 Unit# 2			
53 Crash Sequence - Second Event				65 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type	00 00		
54 Crash Sequence - Third Event				66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	1st Trailer No. Axles			
55 Crash Sequence - Fourth Event				67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	4	Width (inches)			
56 Most Harmful Event for This Unit		30	30	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	1	Length (feet)			
57 Distance/Direction to Object Struck		0	0	COMMERCIAL VEHICLE: Hazardous Materials Involvement							2nd Trailer No. Axles	
58 Vehicle Undermide/Override		3	3	Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate:  Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or 1-digit number from Released (does not include fuel tank fuel tank) name from diamond or box bottom of diamond Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No							Width (inches)	
59 Vehicle Defects		0	0								Length (feet)	
											83 Unit#	
											Overwidth Trailer and Overwidth Mobile Home	
											Overwidth Permit #	



Unit# 1 was: Traveling Parked Facing N S E W on RP 1003

Unit# 2 was: Traveling Parked Facing N S E W on RP 1941

85 NARRATIVE (include pertinent and unusual aspects, which are not listed elsewhere on the form)

VEHICLE 1 WAS TRAVELING WEST ON RP 1003. VEHICLE 2 WAS TRAVELING SOUTH ON RP 1941. VEHICLE 2 FAILED TO STOP FOR A STOP SIGN AND COLLIDED WITH VEHICLE 1. VEHICLES 1 AND 2 CAME TO REST IN THE ROADWAY.

86 Type/Owner _____ Owner Address _____ Phone _____

ADDITIONAL PROPERTY DAMAGE _____ State Property? Estimated Damage \$ _____

WITNESSES

Name **ZINA N BIVENS** Address **2119 OLD PAGELAND MONROE, MONROE, NC 28112** Phone No. **(704) 989-9834**

Name _____ Address _____ Phone No. ()

TRAFFIC VIOLATION(S)

Name _____ Charge(s) _____ (Citation # optional)

Name _____ Charge(s) _____

Officer Name **R L Lankford** Officer Number **2663** Department **North Carolina State Highway P** Date of Report **08/14/2010**