

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.

Do not write in these spaces

1

No. of Units Involved

Form 1 of 3

Supplemental Report

Non-Reportable

2010-004296

8  
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3 Crash Date **10/09/2010** County **FORSYTH** Time **20:56** Local Use/Patrol Area **ZONE 2**

Date Received by DMV

2 33 Relation to Roadway Surface **1** Crash occurred  In **KERNERSVILLE** Municipality or \_\_\_\_\_ Miles     outside municipality

on **LAMBETH FARM LN** Highway Number, or Highway, Street. (if ramp or service road, indicate on line) Ramp or Service Road  (R.R. Crossing # \_\_\_\_\_) Miles \_\_\_\_\_ ft.     N S E W

1 at **LAKE WAY** Use Highway Number, Street Name or Adjacent County or State Line     toward \_\_\_\_\_ (If available)

Use Highway Number, Street Name or Adjacent County or State Line Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Altitude \_\_\_\_\_

UNIT # **1**  VEHICLE  PEDESTRIAN  HIT & RUN  COMMERCIAL **20** VEHICLE UNIT # \_\_\_\_\_  VEHICLE  PEDESTRIAN  HIT & RUN  OTHER \_\_\_\_\_

4 Driver **KORY MICHAEL FISCHER** First Middle Last

5 Address **422 ARBORWOOD DR**

1 City **KERNERSVILLE** State **NC** Zip **27284**

Same Address on Driver's License?  Yes  No Driver's Phone H ( **336** ) **993-2173** Numbers W ( \_\_\_\_\_ )

6 D.L. # **25097248** State **NC** CDL License

DOB **06/12/1989** 34 Vision Obstruction **0** 35 Physical Condition **1** 36 D.L. Restrictions **NONE**

7 37 Alcohol/Drugs Suspected **1** 38 Alcohol/Drugs Test **3** 39 Results (if known) **5** 40 Vehicle Seizure (DWI)

Driver \_\_\_\_\_ First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Same Address on Driver's License?  Yes  No Driver's Phone H ( \_\_\_\_\_ ) Numbers W ( \_\_\_\_\_ )

D.L. # \_\_\_\_\_ State \_\_\_\_\_ CDL License

DOB \_\_\_\_\_ 34 Vision Obstruction \_\_\_\_\_ 35 Physical Condition \_\_\_\_\_ 36 D.L. Restrictions \_\_\_\_\_

37 Alcohol/Drugs Suspected \_\_\_\_\_ 38 Alcohol/Drugs Test \_\_\_\_\_ 39 Results (if known) \_\_\_\_\_ 40 Vehicle Seizure (DWI)

Owner **KORY MICHAEL FISCHER** Same as Driver?

Address **422 ARBORWOOD DR** Same Address as Driver?

City **KERNERSVILLE** State **NC** Zip **27284**

Plate # **YSF3509** Plate **NC** Plate **2011** State Year

VIN **1FTCR10A1NUB54895**

Vehicle **FORD** Vehicle **1992** 41 Vehicle **2** 42 Vehicle  Yes Make Year Style (Type) Drivable  No

43 TAD **RD-3 TOP-3** 44 Estimated Damage **\$15,000.00**

Insurance Company **NATIONWIDE AFFINITY INS CO OF**

Policy # **61C 319855**

Owner \_\_\_\_\_ Same as Driver?

Address \_\_\_\_\_ Same Address as Driver?

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Plate # \_\_\_\_\_ Plate \_\_\_\_\_ Plate \_\_\_\_\_ State State Year Year

VIN \_\_\_\_\_

Vehicle \_\_\_\_\_ Vehicle \_\_\_\_\_ 41 Vehicle \_\_\_\_\_ 42 Vehicle  Yes Make Year Style (Type) Drivable  No

43 TAD \_\_\_\_\_ 44 Estimated Damage \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type \_\_\_\_\_  Same Address as Owner? \_\_\_\_\_ Source:  Truck  Shipping papers  Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# \_\_\_\_\_ ICC# \_\_\_\_\_ Axles on Vehicle Including Trailers \_\_\_\_\_

State \_\_\_\_\_ State# \_\_\_\_\_ IFTA# \_\_\_\_\_

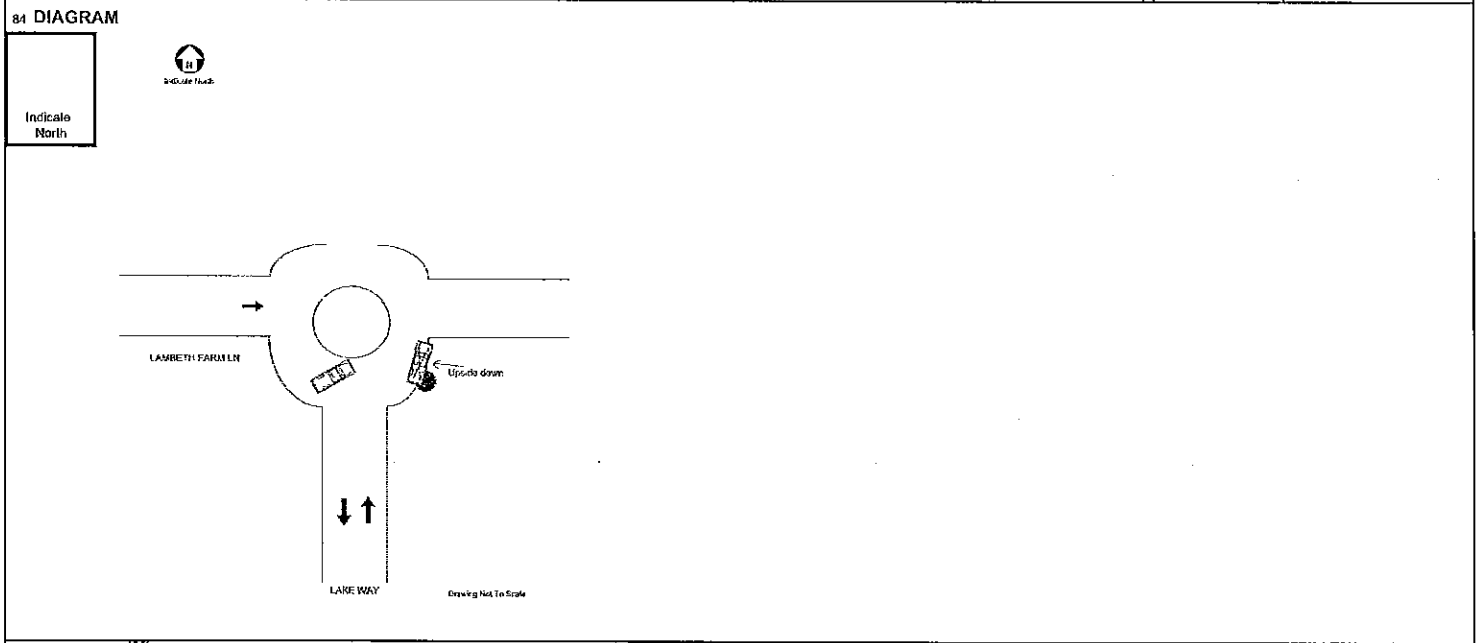
FEI# \_\_\_\_\_ Fleet# \_\_\_\_\_ Gross Vehicle Weight Rating \_\_\_\_\_

A	1	1	1	Unit1-Drv1, Ped1, etc. see above	W	M	10	1	0	2	1	5	see above	Veh# <b>1</b> Towed To/By:
B				Unit2-Drv2, Ped2, etc. see above									see above	Veh# _____ Towed To/By:
C	1	2	3	01/14/1982	W	M	10	1	3	2	1	4		<b>NATHAN ANTHONY MARTIN</b> 4167 W LEXINGTON AVENUE EXT HIGH POINT NC 272657342
D	1	2	12	05/24/1991	W	M	0	1	3	2	2	2		<b>MORGAN REISS PAYNE</b> 9829 MCNEILL RD LOT 36 KERNERSVILLE NC 272844315
E														
F														
G														
H														

46 Name of EMS **A,C,D** **FORSYTH COUNTY EMS** 46 Name of EMS \_\_\_\_\_

47 Injured Taken by EMS to **D** **BAPTIST HOSPITAL - WINSTON -** (Treatment Facility and City or Town) 47 Injured Taken by EMS to **A,C** **REFUSED EMS** (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>20</u> <u>19</u> <u>18</u> Unit# _____		VEHICLE INFO.		Veh # <u>1</u>	Veh # _____	ROADWAY INFO.		WORK ZONE RELATED		
CRASH SEQUENCE (Unit Level) Unit# <u>1</u> Unit# _____		60 Authorized Speed Limit		<u>25</u>		69 Road Feature		<u>10</u>	78 Workzone Area	<u>5</u>
49 Vehicle Maneuver/Action		61 Estimate of Original Traveling Speed		<u>30</u>		70 Road Character		<u>5</u>	79 Work Activity	
50 Non-Motorist Action		62 Estimate of Speed at Impact				71 Road Classification		<u>5</u>	80 Work Area Marked	
51 Non-Motorist Location Prior to Impact		63 Tire Impressions Before Impact (ft.)		<u>0.00</u>		72 Road Surface Type		<u>3</u>	81 Crash Location	
52 Crash Sequence - First Event for This Unit		64 Distance Traveled After Impact (ft.)		<u>30</u>		73 Road Configuration		<u>1</u>	TRAILER INFO. Unit# <u>1</u> Unit# _____	
53 Crash Sequence - Second Event		65 Emergency Vehicle Use				74 Access Control		<u>2</u>	82 Trailer Type	
54 Crash Sequence - Third Event		66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes		<u>1</u>	1st Trailer No. Axles	<u>0</u>
55 Crash Sequence - Fourth Event		67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		<u>0</u>	Width (inches)	<u>0.00</u>
56 Most Harmful Event for This Unit		68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper			Length (feet)	<u>0.00</u>
57 Distance/Direction to Object Struck		COMMERCIAL VEHICLE: Hazardous Materials Involvement							2nd Trailer No. Axles	<u>0</u>
58 Vehicle Underide/Override		Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No		From Placard indicate:					Width (inches)	<u>0.00</u>
59 Vehicle Defects		Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No		4-digit placard number or name from diamond or box		1-digit number from bottom of diamond			Length (feet)	<u>0.00</u>
		Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No							83 Unit# _____	Overwidth Permit # _____



Unit# 1 was:  Traveling  Parked Facing  N  S  E  W on LAMBETH FARM LN Unit# \_\_\_\_\_ was:  Traveling  Parked Facing  N  S  E  W on \_\_\_\_\_

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

Vehicle one was traveling through a traffic circle. Vehicle one began to yaw, rolled onto it's right side then rolled over onto it's roof prior to coming to a complete rest. Vehicle one was occupied by a driver, a front passenger and one subject in the bed of the truck. The subject in the bed of the truck was thrown when the vehicle rolled. This passenger was transported to Baptist Hospital due to hie injuries.

86 Type/Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ Phone \_\_\_\_\_ State Property?  Estimated Damage \$ \_\_\_\_\_

WITNESSES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

TRAFFIC VIOLATION(S)

Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

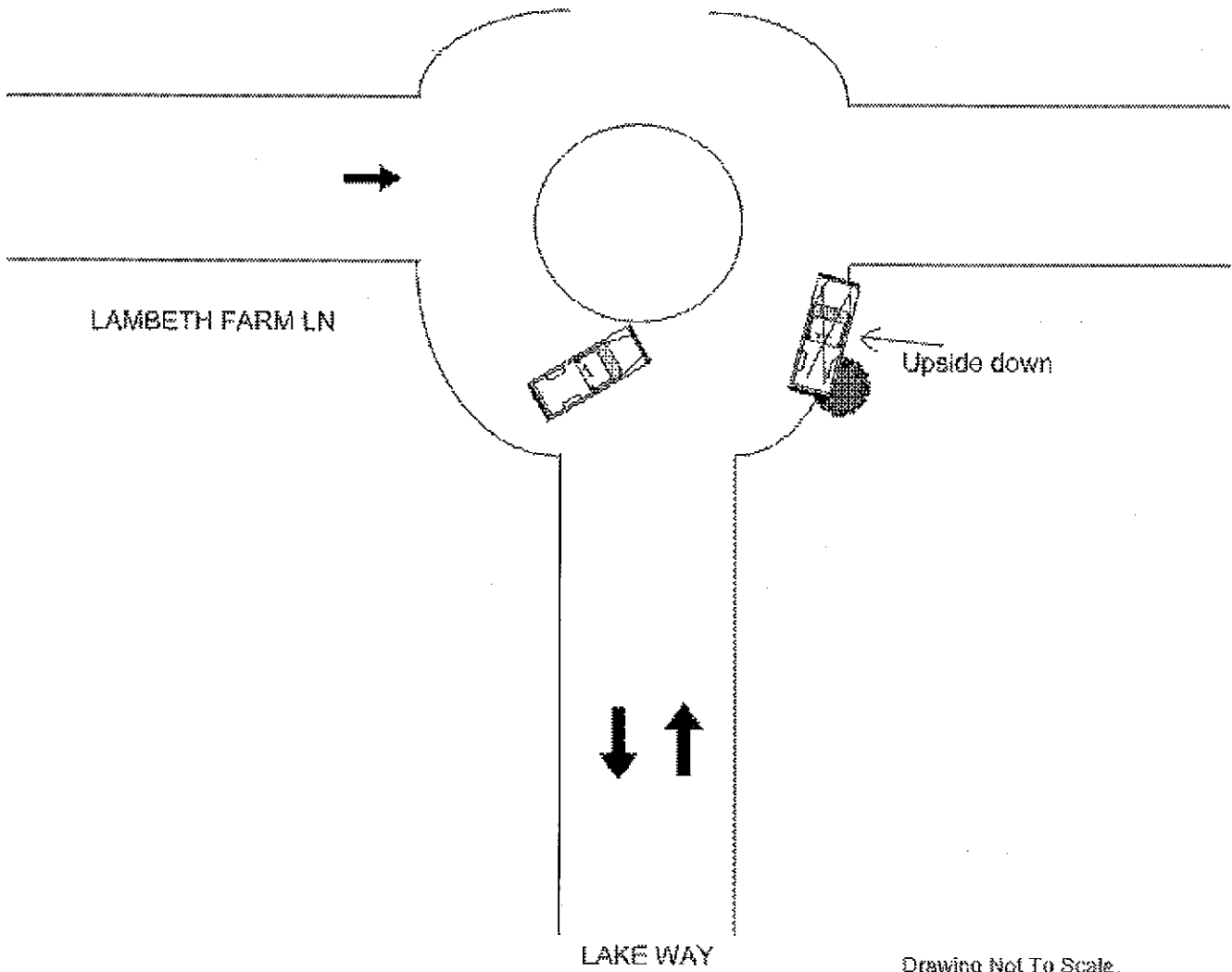
Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

Officer Name PEARSON, M. J. Officer Number P1104 Department 0340100 Date of Report 10/10/2010

DIAGRAM



Indicate North



Drawing Not To Scale.