

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

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2
1 No. of Units Involved Form **1** of **3** Supplemental Report Non-Reportable **20110211434**

3 Crash Date **02/11/2011** County **GUILFORD** Time **21:17** Local Use/Patrol Area **TRACT 145**

mm/dd/yyyy (24 Hour Clock)

Date Received by DMV

2 33 Relation to Roadway Surface **1** Crash occurred In **GREENSBORO** Municipality or _____ Miles outside municipality

on **MADRE PL** Highway Number, or Highway, Street, (If ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing # _____) Miles **114** ft. (0 ft.-Intersection) (If available)

1 from **ACORN RD** toward **WILLOW RD**

Use Highway Number, Street Name or Adjacent County or State Line toward Use Highway Number, Street Name or Adjacent County or State Line

Latitude _____ Longitude _____ Altitude _____

4 UNIT # **1** VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE

Driver **1** First _____ Middle _____ Last _____ Suffix _____

Address _____

City _____ State _____ Zip _____

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

6 D.L. # _____ D.L. Class _____ State _____

DOB _____ CDL License 34 Vision Obstruction **13** 35 Physical Condition **10** 36 D.L. Restrictions _____

7 37 Alcohol/Drugs Suspected **7** 38 Alcohol/Drugs Test **0** 39 Results (if known) **0** 40 Vehicle Seizure (DWI)

UNIT # **2** VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver First **RICHARD** Middle **EARL** Last **LYNN** Suffix _____

Address _____

City **GREENSBORO** State **NC** Zip _____

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

6 D.L. # _____ D.L. Class **C** State _____

DOB _____ CDL License 34 Vision Obstruction **0** 35 Physical Condition **10** 36 D.L. Restrictions _____

7 37 Alcohol/Drugs Suspected **7** 38 Alcohol/Drugs Test **0** 39 Results (if known) **0** 40 Vehicle Seizure (DWI)

Owner Same as Driver?

Address _____

City _____ State _____ Zip _____

Plate # _____ Plate State _____ Plate Year _____

VIN _____

Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) **1** 42 Vehicle Drivable Yes No

43 TAD _____ 44 Estimated Damage **\$0.00**

Insurance Company _____

Policy # _____

Owner Same as Driver?

Address _____

City _____ State _____ Zip _____

Plate # _____ Plate State **NC** Plate Year _____

VIN _____

Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) **24** 42 Vehicle Drivable Yes No

43 TAD _____ 44 Estimated Damage **\$0.00**

Insurance Company _____

Policy # _____

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

Unit # _____ 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# _____

FE# _____ FE# _____ Gross Vehicle Weight Rating _____

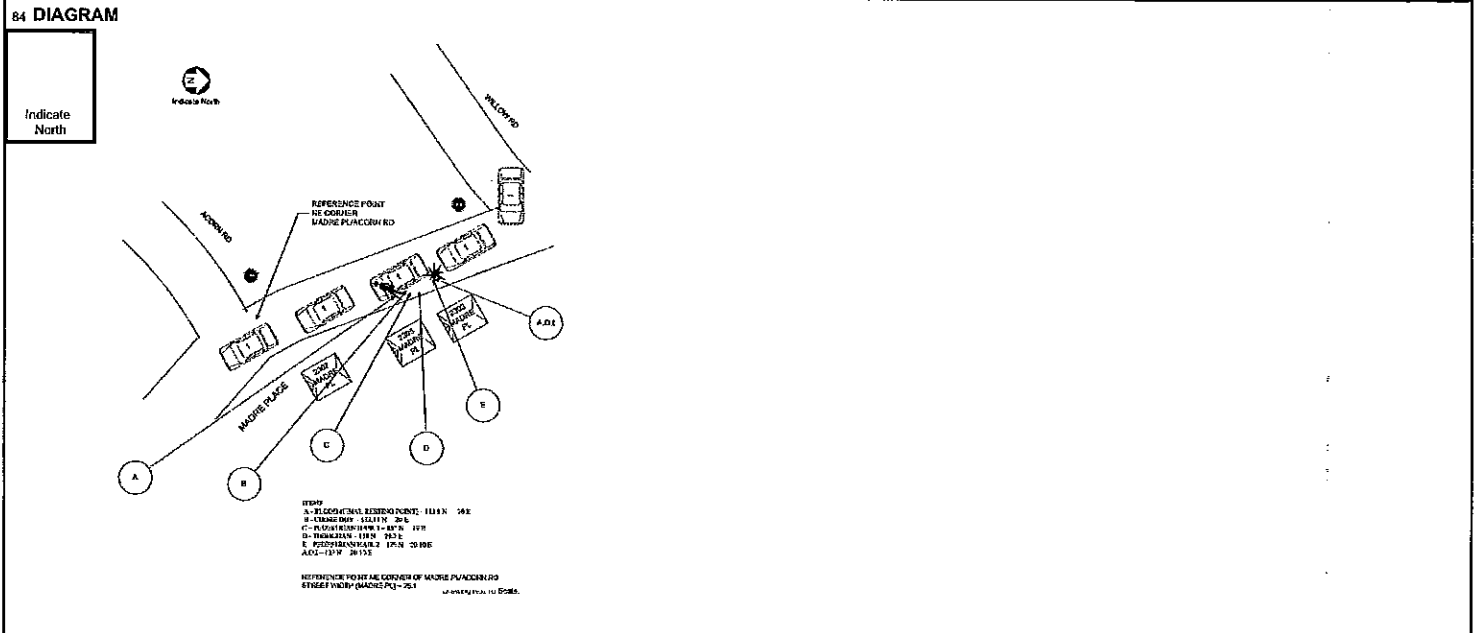
	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver	
A	1	1	1					10	5	3	3	4	6	see above: Veh#1 Towed To/By:
B	2	3			B	M	0					2	see above: Veh#2 Towed To/By:	
C														
D														
E														
F														
G														
H														

46 Name of EMS **B** **GUILFORD COUNTY EMS** 46 Name of EMS **A** **NONE**

47 Injured Taken by EMS to **A** **---** (Treatment Facility and City or Town) 47 Injured Taken by EMS to **B** **MOSES CONE HOSPITAL** (Treatment Facility and City or Town)

12
0
13
0
14
26
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34
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19

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# 1		Unit# 2		VEHICLE INFO.		Veh # 1		Veh # 2		ROADWAY INFO.		WORK ZONE RELATED					
		1 3 4 5		2 0 0 0		80 Authorized Speed Limit		35 0		89 Road Feature		0		78 Workzone Area					
CRASH SEQUENCE (Unit Level)		Unit# 1		Unit# 2		81 Estimate of Original Travelling Speed		35 1		70 Road Character		1		79 Work Activity					
49 Vehicle Maneuver/Action		4		16		62 Estimate of Speed at Impact		35 35		71 Road Classification		5		80 Work Area Marked					
50 Non-Motorist Action		9		9		63 Tire Impressions Before Impact (ft.)		0.00 0.00		72 Road Surface Type		3		81 Crash Location					
51 Non-Motorist Location Prior to Impact		5		5		64 Distance Traveled After Impact (ft.)		UNK 20		73 Road Configuration		2		TRAILER INFO. Unit# 1 Unit# 2					
52 Crash Sequence - First Event for This Unit		14		14		65 Emergency Vehicle Use		---- ----		74 Access Control		1		82 Trailer Type					
53 Crash Sequence - Second Event		"		----		66 Post Crash Fire (If "Yes" check block)		<input type="checkbox"/> <input type="checkbox"/>		75 Number of Lanes		2		1st Trailer No. Axles					
54 Crash Sequence - Third Event		"		----		67 School Bus - Contact Vehicle		<input type="checkbox"/> <input type="checkbox"/>		76 Traffic Control Type		0		Width (Inches)					
55 Crash Sequence - Fourth Event		"		----		68 School Bus - Noncontact Vehicle		<input type="checkbox"/> <input type="checkbox"/>		77 Traffic Control Oper		2		Length (feet)					
56 Most Harmful Event for This Unit		14		14		COMMERCIAL VEHICLE: Hazardous Materials Involvement 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 from fuel tank) name from diamond or box bottom of diamond Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No						2nd Trailer No. Axles		0 0		Width (Inches)		0.00 0.00	
57 Distance/Direction to Object Struck		1		0								Length (feet)		0.00 0.00		83 Unit#		Overwidth Permit #	
58 Vehicle Underdrive/Override		4		4								Overwidth Trailer and Overwidth Mobile Home							
59 Vehicle Defects		7		----															



Unit# 1 was: Traveling Parked Facing N S E W on MADRE PL

Unit# 2 was: Traveling Parked Facing N S E W on MADRE PL

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

VEHICLE 1 WAS TRAVELLING SOUTHWEST ON MADRE PLACE. BASED ON CONFLICTING WITNESS STATEMENTS, PEDESTRIAN WAS EITHER WALKING ALONG MADRE PLACE OR POSSIBLY CLINGING TO VEHICLE 1 WHEN HE WAS EITHER THROWN FROM THE VEHICLE OR STRUCK BY THE VEHICLE. AFTER COLLISION, VEHICLE 1 FLED THE SCENE. UNABLE TO OBTAIN A STATEMENT FROM THE PEDESTRIAN.

86 Type/Owner _____ Owner Address _____ ADDITIONAL PROPERTY DAMAGE _____ State Property? Estimated Damage \$ _____

WITNESSES

Name _____ Address _____ GREENSBORO, NC 274062365 Phone No. (____) _____

Name _____ Address _____ GREENSBORO, NC 27405 Phone No. (____) _____

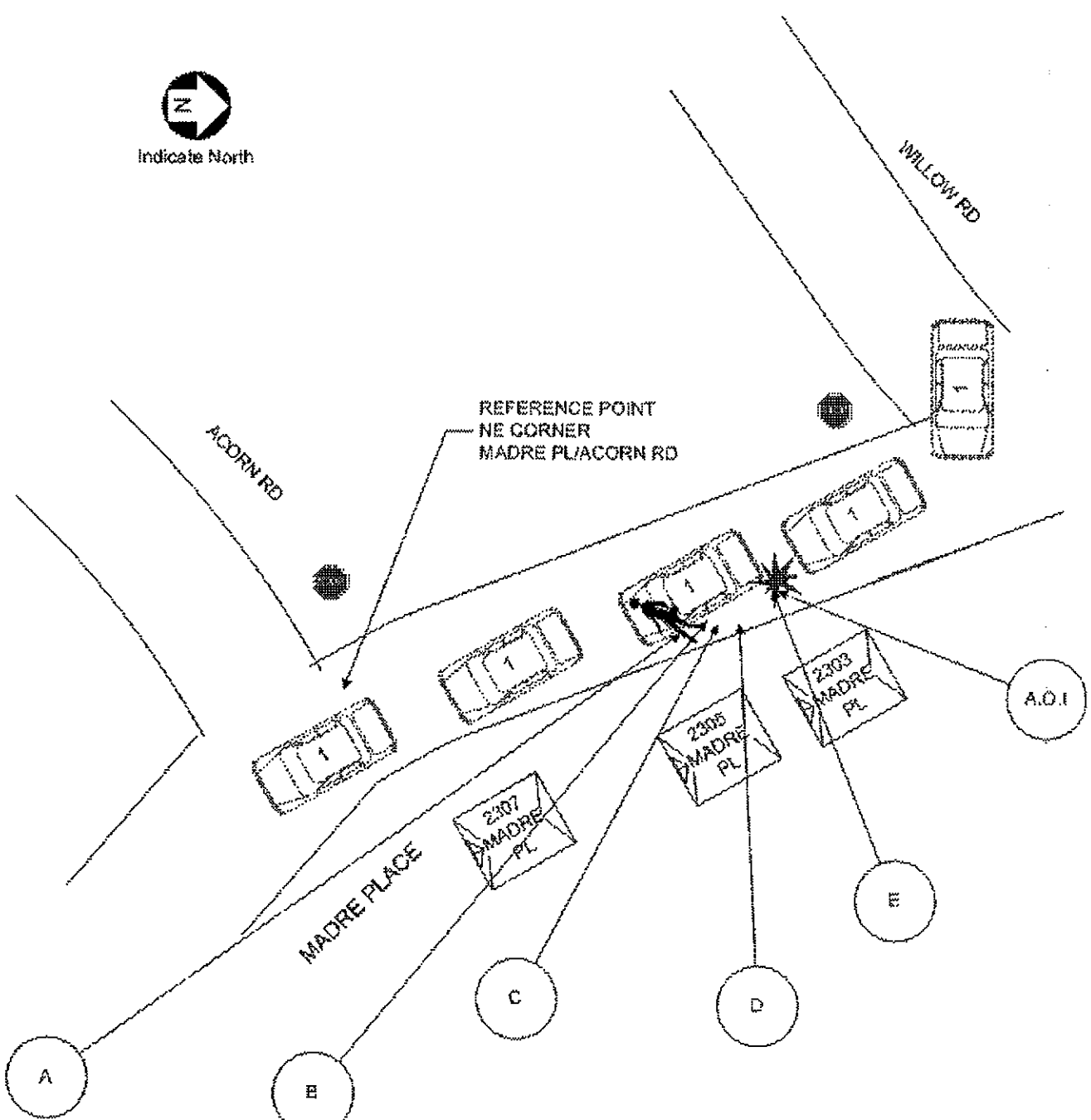
TRAFFIC VIOLATION(S)

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

Name _____ Charge(s) _____

Officer Name: STARLING, M. C. Officer Number: P15436 Department: 0410200 Date of Report: 02/11/2011

DIAGRAM



ITEMS

- A - BLOOD (FINAL RESTING POINT) - 113.9 N 20 E
- B - CHROME BOY - 133.11 N 20 E
- C - PEDESTRIAN HAIR 1 - 137 N 19 E
- D - TOBACCO - 138 N 29.7 E
- E - PEDESTRIAN HAIR 2 - 139 N 20.10 E
- A.O.I - 139 N 20.10 E

REFERENCE POINT NE CORNER OF MADRE PL/ACORN RD
 STREET WIDTH (MADRE PL) - 25.1

Drawing not to Scale.