

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

2

No. of Units Involved

Form 1 of 3

Supplemental Report

Non-Reportable

201104475

Date Received by DMV

Date 02/09/2011

County GUILFORD

Time 16:55 (24 Hour Clock)

Local Use/Patrol Area

mm/dd/yyyy

33 Relation to Roadway Surface 1 Crash occurred In Near HIGH POINT Municipality

outside municipality Miles N S E W

on 1900 E LEXINGTON AV Highway Number, or Highway, Street, (If ramp or service road, indicate on line)

Ramp or Service Road

(R.R. Crossing #)

Miles 51 ft. N S E W (0 ft. Intersection)

from MCGUINN DR Use Highway Number, Street Name or Adjacent County or State Line

N S E W

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

Latitude N 35 58.78 Longitude W 79 59.45 Altitude

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE

UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver GAY RENEE CLARK First Middle Last

Driver LAKESHIA NACHELE WELCH First Middle Last

Address

Address

City GREENSBORO State NC Zip 27407-42

City HIGH POINT State NC Zip 27265238

Same Address on Driver's License? Yes No Driver's Phone Numbers H (336) W (336)

Same Address on Driver's License? Yes No Driver's Phone Numbers H (336) W (336)

D.L. # CDL License State NC

D.L. # CDL License State NC

DOB 05/20/1959 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0

DOB 05/25/1975 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0

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

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

Owner GUILFORD COUNTY BOARD OF EDUCATION Same as Driver?

Owner LAKESHIA NACHELE WELCH Same as Driver? Yes

Address 131 FRANKLIN BV Same Address as Driver?

Address Same Address as Driver?

City GREENSBORO State NC Zip 27401

City HIGH POINT State NC Zip 272652385

Plate # 57094R Plate NC Plate 2999 State Year

Plate # Plate NC Plate 2010 State Year

VIN 1HVBDAACN6RH575867

VIN

Vehicle Make INTL Vehicle 1994 41 Vehicle 7 Style (Type) 42 Vehicle Yes No

Vehicle Make PONT Vehicle 2006 41 Vehicle 1 Style (Type) 42 Vehicle Yes No

43 TAD RP-2 44 Estimated Damage \$500.00

43 TAD LFQ-3 44 Estimated Damage \$2,500.00

Insurance Company SELF INSURED

Insurance Company NATIONWIDE AFFINITY INS CO OF

Policy # TERRY LYONS 336.370.8926

Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source, Carrier Identification Numbers, GVWR, Axles

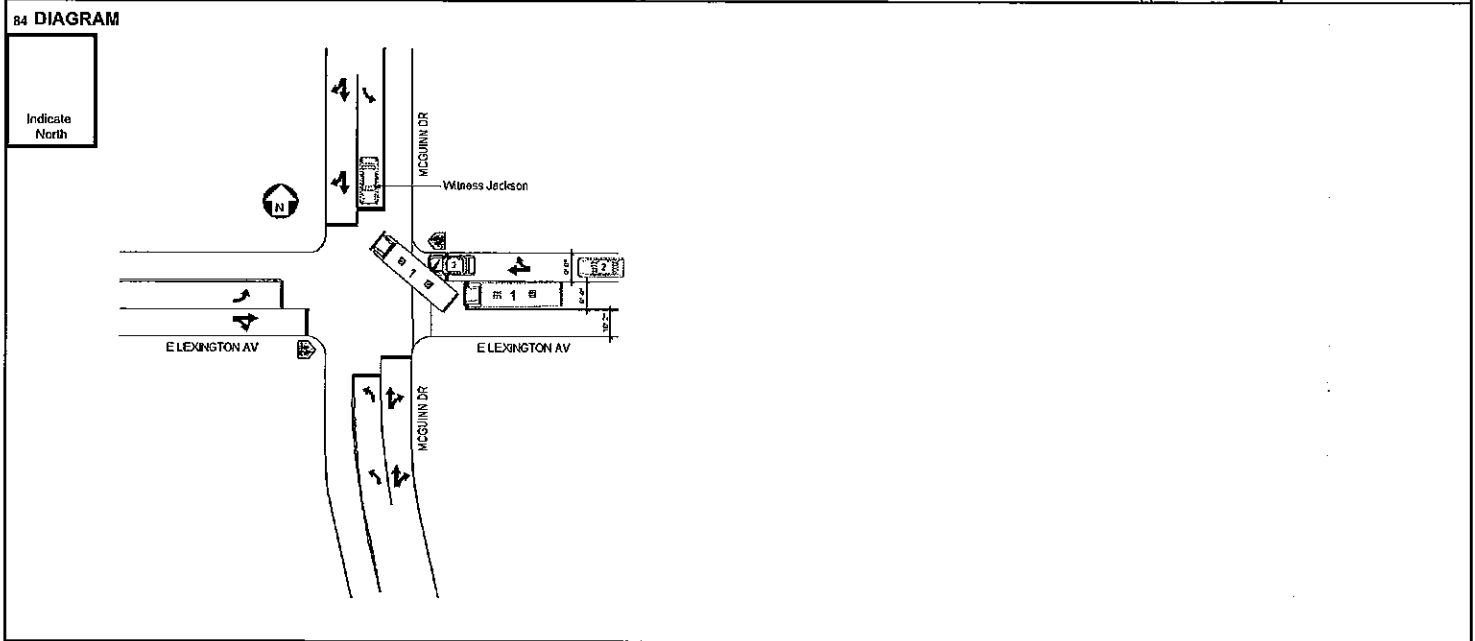
21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

Table with columns A-H and rows 1-5. Contains names and addresses of persons involved in the crash.

46 Name of EMS GUILFORD COUNTY EMS Injured Taken by EMS to HIGH POINT REGIONAL (Treatment Facility and City or Town)

47 Name of EMS Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>19</u> Unit# <u>2</u> <u>4</u>			VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED			
CRASH SEQUENCE (Unit Level)			Unit# <u>1</u>	Unit# <u>2</u>	60 Authorized Speed Limit	<u>35</u>	<u>35</u>	69 Road Feature	<u>12</u>	78 Workzone Area	<u>5</u>	
49 Vehicle Maneuver/Action	<u>7</u>	<u>4</u>	61 Estimate of Original Traveling Speed	<u>15</u>	<u>30</u>	70 Road Character	<u>4</u>	79 Work Activity		80 Work Area Marked		
50 Non-Motorist Action			62 Estimate of Speed at Impact	<u>12</u>	<u>14</u>	71 Road Classification	<u>5</u>	81 Crash Location				
51 Non-Motorist Location Prior to Impact			63 Tire Impressions Before Impact (ft.)	<u>0.00</u>	<u>0.00</u>	72 Road Surface Type	<u>3</u>	TRAILER INFO.			Unit# <u>1</u>	Unit# <u>2</u>
52 Crash Sequence - First Event for This Unit	<u>25</u>	<u>25</u>	64 Distance Traveled After Impact (ft.)	<u>17</u>	<u>11</u>	73 Road Configuration	<u>2</u>	82 Trailer Type	<u>0</u>	<u>0</u>		
53 Crash Sequence - Second Event			65 Emergency Vehicle Use			74 Access Control	<u>1</u>	1st Trailer No. Axles	<u>0</u>	<u>0</u>		
54 Crash Sequence - Third Event			66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	<u>2</u>	Width (inches)	<u>0.00</u>	<u>0.00</u>		
55 Crash Sequence - Fourth Event			67 School Bus - Contact Vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	<u>3</u>	Length (feet)	<u>0.00</u>	<u>0.00</u>		
56 Most Harmful Event for This Unit	<u>25</u>	<u>25</u>	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	<u>1</u>	2nd Trailer No. Axles	<u>0</u>	<u>0</u>		
57 Distance/Direction to Object Struck	<u>0</u>	<u>0</u>	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 name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				83 Unit# _____		Overwidth Permit # _____			
58 Vehicle Underride/Override	<u>3</u>	<u>3</u>					Overwidth Trailer and Overwidth Mobile Home					
59 Vehicle Defects	<u>0</u>	<u>0</u>										



Unit# 1 was: Traveling Parked Facing N S E W on E LEXINGTON AV Unit# 2 was: Traveling Parked Facing N S E W on E LEXINGTON AV

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

Driver #1 gave a right turn signal and attempted a wide right turn at the intersection. Wide turns are required due to the narrow lanes. Driver #1, however, attempted her right turn from the left turn lane and did not see vehicle #2 passing her in the right lane. Driver #2 said she did not see vehicle #1's right turn signal until she got to vehicle #1.

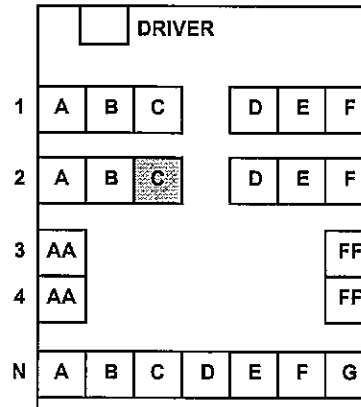
86 Type/Owner _____ Owner Address _____ ADDITIONAL PROPERTY DAMAGE _____ State Property? Estimated Damage \$ _____
 Phone _____

WITNESSES
 Name LATOYA DENISE JACKSON Address _____, HIGH POINT, NC 27262 Phone No. (336) _____
 Name _____ Address _____ Phone No. _____
 Name RAYAH MATTHEWS Charge(s) _____
 Name GAY RENEE CLARK Charge(s) IMPR RT TURN; CDL NOT IN POSSESS
 Officer Name MPO3 KINNEY, B. M. Officer Number 14193 Department _____ Date of Report 02/09/2011
 Phone _____

Form 1 Of 1

Date 02/09/2011 mm/dd/yyyy	County GUILFORD	Time 16:55 (24 Hour Clock)
On Hwy <u>1900 E LEXINGTON AV</u> <small>Highway Number, or Highway, Street (if ramp or service road, indicate on line)</small>		
Multi Occupant Vehicle Driver Clark, Gay Renee <small>First Middle Last Suffix</small>		<input type="checkbox"/> Ramp or Service Road
Officer Rank MPO3	Name KINNEY, B. M.	Department Number 14193

Please use seating position diagram to complete occupant entry.
Omit B and E for two seat configurations.
For side seats, use AA and FF where appropriate.



N = Remaining rows in Multi-Occupant Vehicle, last row shown.

Row and Seat Sample Only

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons in Multi-Occupant Vehicle excluding Driver		
2C	1	2	11	06	15	1999	B	M	2	0	0	2	1	5	Sample Entry Only!
															Sample Entry Only!

1A	1	2	11	11/20/2001	B	M	0	0	0	2	1	5	Hayes, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265
1B	1	2	11		B	F	0	0	0	2	1	5	Bennett, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265
1C	1	2	11		B	F	0	0	0	2	1	5	Matthews, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265
1D	1	2	11	02/27/2000	B	M	0	0	0	2	1	5	Barr, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265
1F	1	2	11	12/15/2000	B	F	0	0	0	2	1	4	Lovely, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27260
2A	1	2	11		B	F	0	0	0	2	1	5	Jenkins, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265

46 Name of EMS 1F - Gullford County Ems

47 Injured Taken by EMS to 1F - High Point Regional Hospital
(Treatment Facility and City or Town)

2F	1	2	11		B	M	0	0	0	2	1	5	Tyler, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265
3A	1	2	11		U	M	0	0	0	2	1	5	Estrada, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265
3C	1	2	11		B	F	0	0	0	2	1	5	Williams, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265
3D	1	2	11		B	M	0	0	0	2	1	5	Tyler, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265
3F	1	2	11		U	M	0	0	0	2	1	5	Ramirez, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265
4A	1	2	11		A	M	0	0	0	2	1	5	Naz, XXXXXXXXXX XXXXXXXXXX , High Point, NC 27265

46 Name of EMS _____

47 Injured Taken by EMS to _____
(Treatment Facility and City or Town)

21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons in Multi-Occupant Vehicle excluding Driver

4D	1	2	11		B	F	0	0	0	2	1	4	Gatewood, Quinn
4F	1	2	11		B	F	0	0	0	2	1	5	Robinson, Allyan High Point, NC 27265
5A	1	2	11		B	M	0	0	0	2	1	5	Kearse, High Point, NC 27265
5C	1	2	11		B	M	0	0	0	2	1	5	East, High Point, NC 27265
5D	1	2	11		B	F	0	0	0	2	1	5	Mclendon, High Point, NC 27265
5F	1	2	11		B	F	0	0	0	2	1	5	Pierre, High Point, NC 27265

46 Name of EMS _____

47 Injured Taken by EMS to _____
(Treatment Facility and City or Town)

6A	1	2	11		B	F	0	0	0	2	1	5	Marsh, High Point, NC 27265
	0	2	11					0	0				
	0	2	11					0	0				
	0	2	11					0	0				
	0	2	11					0	0				
	0	2	11					0	0				

46 Name of EMS _____

47 Injured Taken by EMS to _____
(Treatment Facility and City or Town)

	0	2	11					0	0				
	0	2	11					0	0				
	0	2	11					0	0				
	0	2	11					0	0				
	0	2	11					0	0				
	0	2	11					0	0				

46 Name of EMS _____

47 Injured Taken by EMS to _____
(Treatment Facility and City or Town)

DIAGRAM

