

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 4

Supplemental Report

Non-Reportable

201033452

Date Received by DMV

10/02/2010

GUILFORD

02:54 (24 Hour Clock)

BEAT 1

33 Relation to Roadway Surface 1 Crash occurred X In Near HIGH POINT Municipality or outside municipality Miles N S E W on N SCIENTIFIC ST Highway Number, or Highway, Street. (If ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing #) Miles 185 ft. N S E W (0 ft. Intersection) (If available) from LONGVIEW RD toward EDGEVIEW RD Use Highway Number, Street Name or Adjacent County or State Line Use Highway Number, Street Name or Adjacent County or State Line

UNIT # 1 X VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE

UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver RYAN LAMONT MCKIVER First Middle Last

Driver First Middle Last

Address 1712 OBERLIN DR

Address

City HIGH POINT State NC Zip 27260

City State Zip

Same Address on Driver's License? Yes No Driver's Phone H (413) 364-2572 Numbers W

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

D.L. # State NC CDL License

D.L. # State CDL License

DOB 02/12/1987 34 Vision Obstruction 0 35 Physical Condition 5 36 D.L. Restrictions NONE

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

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

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

Owner RYAN LAMONT MCKIVER Same as Driver? X

Owner Same as Driver?

Address 1712 OBERLIN DR Same Address as Driver? X

Address Same Address as Driver?

City HIGH POINT State NC Zip 27260

City State Zip

Plate # 3610BBE Plate State VA Plate Year 2011

Plate # Plate State Plate Year

VIN 2B3KA53H36H166216

VIN

Vehicle Make DODG Vehicle Year 2006 41 Vehicle Style (Type) 1 42 Vehicle Driveable X No

Vehicle Make Vehicle Year 41 Vehicle Style (Type) 42 Vehicle Driveable No

43 TAD FC-7/RD-7/TOP-7 44 Estimated Damage \$15,000.00

43 TAD 44 Estimated Damage

Insurance Company UNKNOWN

Insurance Company

Policy # UNKNOWN

Policy #

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

Carrier Identification Numbers, GVWR, Axles

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

US DOT# ICC# State State# IFTA# FE# Fleet# 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

Table with columns A-H and rows 1-32. Contains names and addresses for all persons involved in the crash, including Ryan Lamont Mckiver, Kenneth Laron Nelson, Suquan Dontache Rogers, and Marsena Cassander Davis Jr.

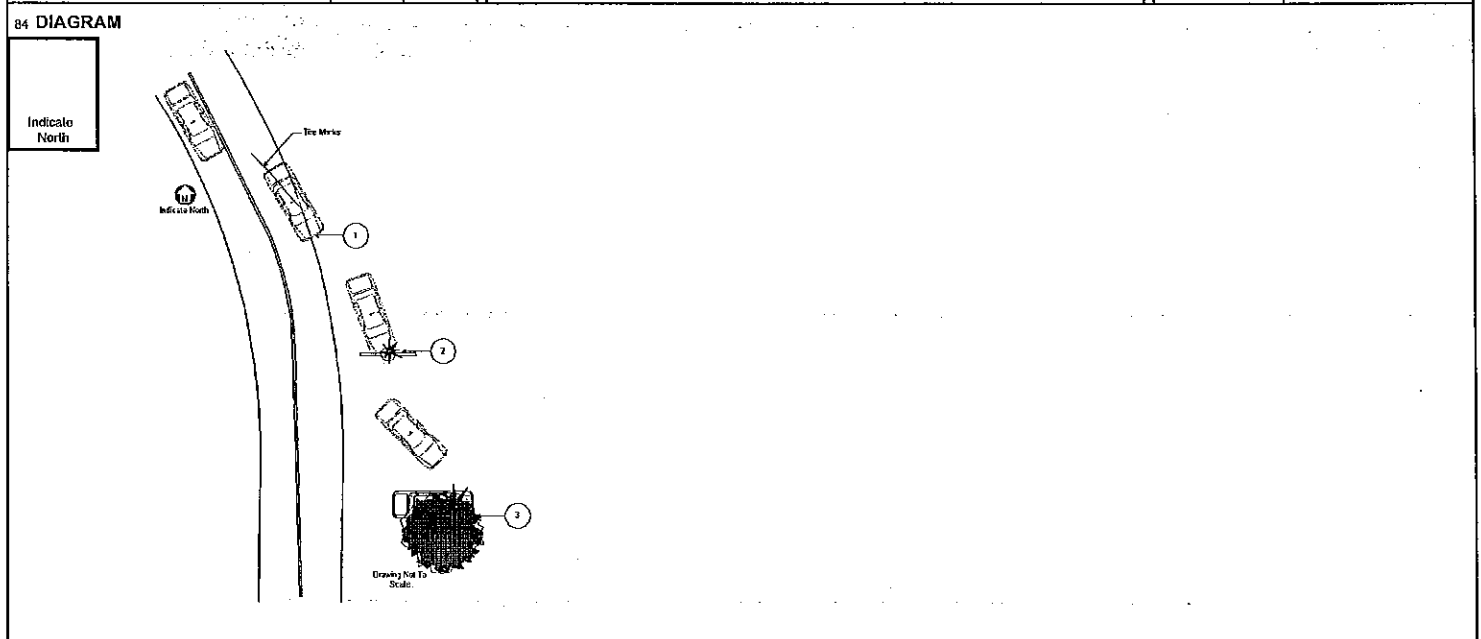
46 Name of EMS A,C,D,E GUILFORD COUNTY EMS

46 Name of EMS MOSES CONE HOSPITAL - GBORO

47 Injured Taken by EMS to C,D HIGH POINT REGIONAL (Treatment Facility and City or Town)

47 Injured Taken by EMS to A,E (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1 3 2 19</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>40</u>		69 Road Feature		<u>0</u>	78 Workzone Area		
49 Vehicle Maneuver/Action		<u>4</u>	61 Estimate of Original Traveling Speed		<u>60</u>	70 Road Character		<u>5</u>	79 Work Activity		
50 Non-Motorist Action			62 Estimate of Speed at Impact		<u>60</u>	71 Road Classification		<u>5</u>	80 Work Area Marked		
51 Non-Motorist Location Prior to Impact			63 Tire Impressions Before Impact (ft.)		<u>45.74</u>	72 Road Surface Type		<u>4</u>	81 Crash Location		
52 Crash Sequence - First Event for This Unit		<u>2</u>	64 Distance Traveled After Impact (ft.)		<u>0</u>	73 Road Configuration		<u>2</u>	TRAILER INFO. Unit# <u>1</u> Unit# _____		
53 Crash Sequence - Second Event		<u>34</u>	65 Emergency Vehicle Use			74 Access Control		<u>1</u>	82 Trailer Type		
54 Crash Sequence - Third Event		<u>33</u>	66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/>	75 Number of Lanes		<u>2</u>	1st Trailer No. Axles		
55 Crash Sequence - Fourth Event			67 School Bus - Contact Vehicle		<input type="checkbox"/>	76 Traffic Control Type		<u>0</u>	Width (inches)		
56 Most Harmful Event for This Unit		<u>33</u>	68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	77 Traffic Control Oper			Length (feet)		
57 Distance/Direction to Object Struck		<u>3</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 Released (does not include fuel from fuel tank) 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No						2nd Trailer No. Axles		
58 Vehicle Underride/Override		<u>3</u>							Width (inches)		<u>0.00</u>
59 Vehicle Defects		<u>0</u>							Length (feet)		<u>0.00</u>
84 DIAGRAM		83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home Overwidth Permit # _____									



Unit# 1 was: Traveling Parked Facing N S E W on N SCIENTIFIC ST 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 1 was traveling south on N. Scientific St. Vehicle 1 left the roadway to the left, traveled 81 feet and struck a utility pole 12 feet to the left of the roadway. Vehicle 1 continued another 163 feet south from the pole, and struck a tree in the yard of 324 N. Scientific St.

Witness Nesbitt was traveling east on Robbins Av. approaching the intersection of Robbins Av. and N. Scientific St. Nesbitt said as he approached the intersection he saw a vehicle pass the intersection at a high rate of speed. Nesbitt made a right turn and began south on N. Scientific St. Nesbitt said he saw the red lights from the rear of vehicle 1 far ahead. Nesbitt said he then "heard a boom" and all the street lights went out.

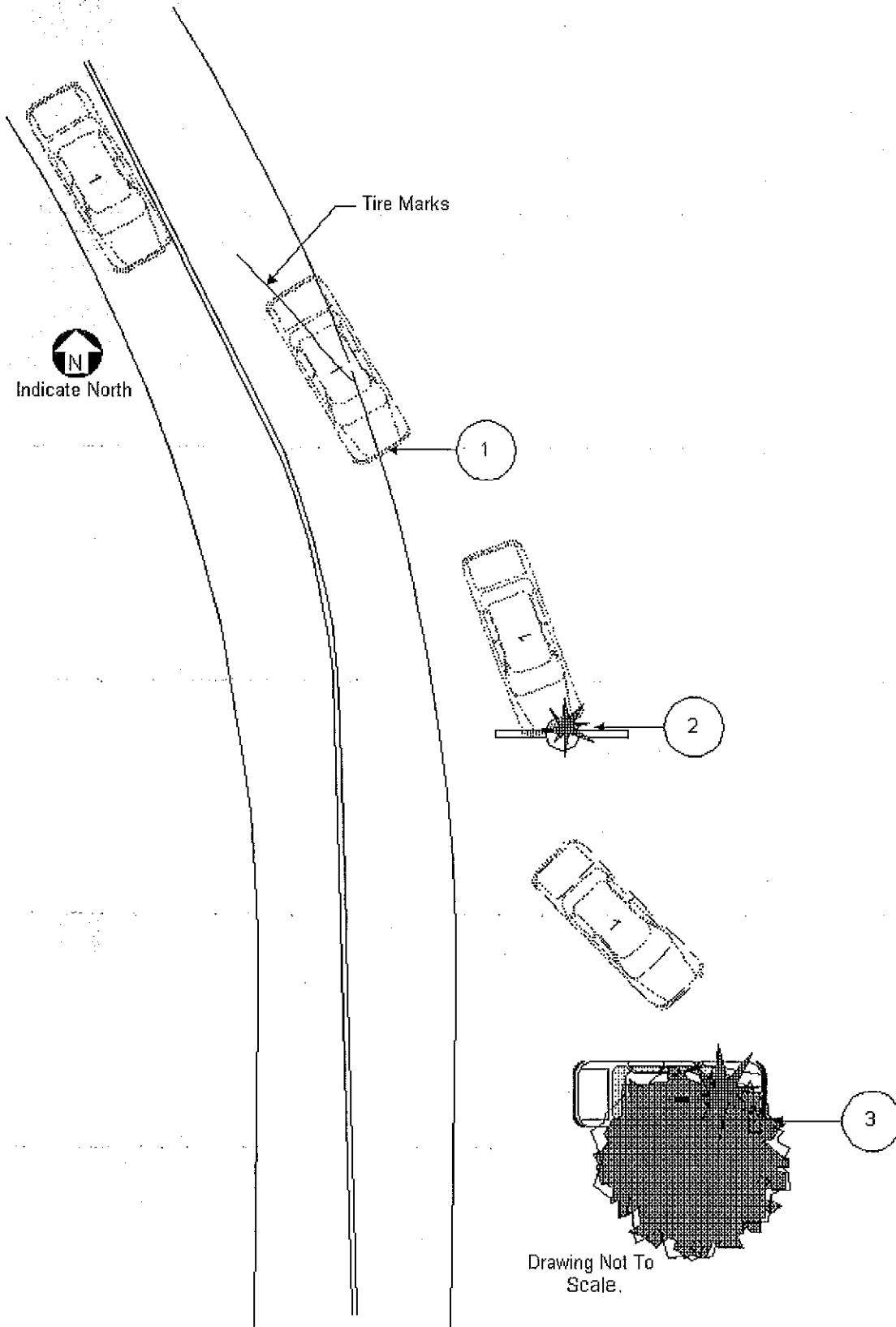
86 Type/Owner: UTILITY POLE Owner: DUKE POWER Address: 2500 FAIRFAX DR GREENSBORO NC 27407 Phone: 8007693766 State Property? Estimated Damage: \$ \$5,000.00

Name: RODNEY DEVON NESBITT Address: 3005 WOODBLUFF DR, GREENSBORO, NC Phone No.: (336) 471-9908

Name: RYAN LAMONT MCKIVER Charge(s): PENDING (Citation # optional)

Officer Name: MPO2 ABERNETHY, P. A. Officer Number: 282927 Department: 0410300 Date of Report: 10/02/2010

DIAGRAM



Drawing Not To Scale.