

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

103093166

Date Received by DMV
02/18/2011

No. of Units Involved Form 1 of 1 Supplemental Report Non-Reportable

3	Date 02/12/2011	County MARTIN	Time 12:07 (24 Hour Clock)	Local Use/Patrol Area 110212048AA/02
3	33 Relation to Roadway Surface <u>1</u> Crash occurred <input checked="" type="checkbox"/> in <u>WILLIAMSTON</u> or _____ Miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W outside municipality			
1	on <u>PVA (WAL-MART)</u> Municipality <input type="checkbox"/> (R.R. Crossing # _____) Miles <u>320</u> ft <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			
1	Highway Number, or Highway, Street, (If ramp or service road, indicate on line) Ramp or Service Road (0 ft.-Intersection) (If available)			
1	# from <u>US 17</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W toward _____ Longitude _____			
1	Use Highway Number, Street Name or Adjacent County or State Line Use Highway Number, Street Name or Adjacent County or State Line Altitude _____			

4	UNIT #1 <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> COMMERCIAL 20 VEHICLE	UNIT #2 <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER
1	Driver <u>GEORGE EARL JOHNSON JR</u> First Middle Last Suffix	Driver <u>JUSTIN MATTHEW MANESS</u> First Middle Last Suffix
5	Address <u>3232 PINEY WOODS RD</u>	Address <u>1560 JACK COWAN RD</u>
5	City <u>JAMESVILLE</u> State <u>NC</u> Zip <u>27846</u>	City <u>WILLIAMSTON</u> State <u>NC</u> Zip <u>27892</u>
2	Same Address on Driver's License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Driver's Phone Numbers H (<u>252</u>) <u>661-3669</u> W (_____)	Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone Numbers H (<u>252</u>) <u>792-4606</u> W (<u>252</u>) <u>752-6118</u>
2	D.L. # <u>20478502</u> Class _____ State <u>NC</u>	D.L. # <u>28549347</u> Class <u>C</u> State <u>NC</u>
7	DOB <u>09/19/1984</u> 34 Vision Obstruction <u>00</u> 35 Physical Condition <u>01</u> 36 D.L. Restrictions _____	DOB <u>03/05/1985</u> 34 Vision Obstruction <u>00</u> 35 Physical Condition <u>01</u> 36 D.L. Restrictions _____
1	37 Alcohol/Drugs Suspected <u>0</u> 38 Alcohol/Drugs Test <u>0</u> 39 Results (if known) <u>0</u> 40 Vehicle Seizure (DWI) <input type="checkbox"/>	37 Alcohol/Drugs Suspected <u>0</u> 38 Alcohol/Drugs Test <u>0</u> 39 Results (if known) <u>0</u> 40 Vehicle Seizure (DWI) <input type="checkbox"/>

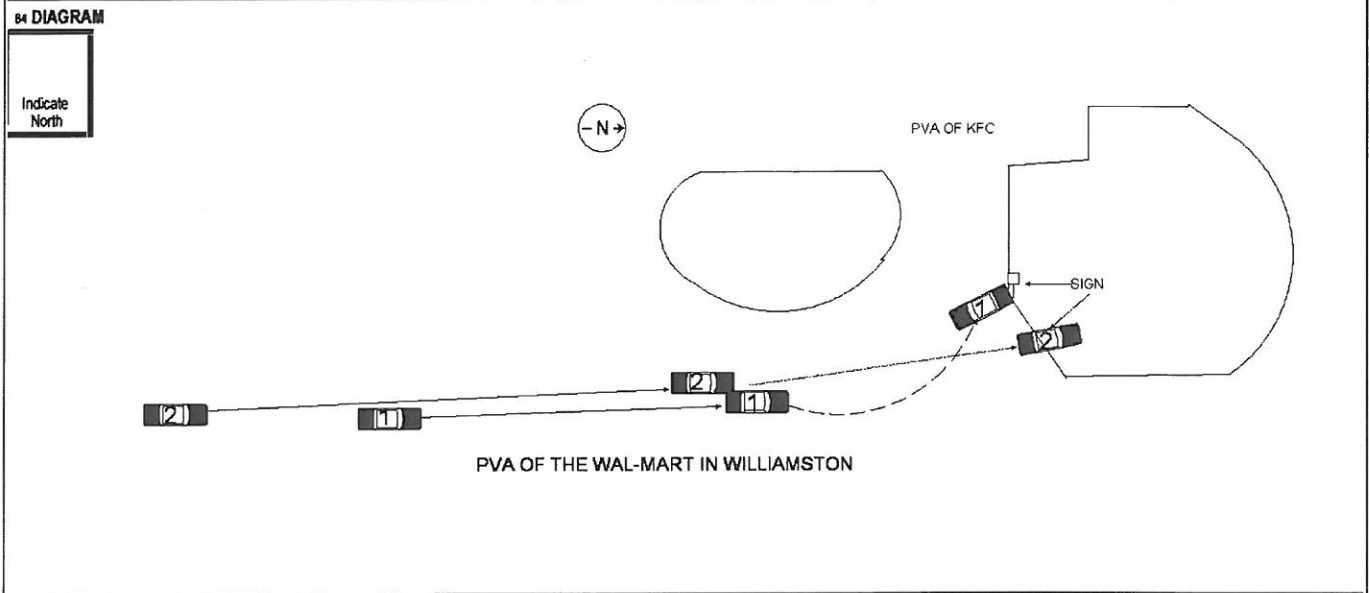
1	Owner <u>CAMERON JACOB JOYNER</u> Same as Driver? <input type="checkbox"/>	Owner <u>KFC/TACO BELL</u> Same as Driver? <input type="checkbox"/>
1	Address <u>144 GILLIAM OUTLAW FARM R</u>	Address <u>1471 WASHINGTON STREET</u>
1	City <u>WINDSOR</u> State <u>NC</u> Zip <u>27983</u>	City <u>WILLIAMSTON</u> State <u>NC</u> Zip <u>27892</u>
1	Plate # <u>ZZM-1448</u> Plate State <u>NC</u> Plate Year <u>2011</u>	Plate # <u>SHP-1780</u> Plate State <u>NC</u> Plate Year <u>2010</u>
1	VIN <u>1G6EL12Y0VU612269</u>	VIN <u>2FAHP71W97X142584</u>
1	Vehicle <u>CADI</u> Vehicle Year <u>1997</u> 41 Vehicle Style (Type) <u>1</u> 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle <u>FORD</u> Vehicle Year <u>2007</u> 41 Vehicle Style (Type) <u>31</u> 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1	43 TAD <u>LBQ-2</u> 44 Estimated Damage \$ <u>750</u>	43 TAD <u>RFQ-2</u> 44 Estimated Damage \$ <u>1614</u>
1	Insurance Company <u>INTEGON</u> Policy # <u>SAN 559969500</u>	Insurance Company <u>TRAVELERS</u> Policy # <u>TRJCAP104T680020</u>

20	COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source	Carrier Identification Numbers, GVWR, Axles
21	Unit _____ 45 Cargo Body Type _____ <input type="checkbox"/> Same Address as Owner?	US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____
21		State _____ State# _____ IFTA# _____
21		FET# _____ 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
A	1	1	1	Unit 1-Drv1, Ped1, etc. see above	B	M	2	1	0	2	1	5	see above Veh# <u>1</u> Towed To/By:
B	2	1	1	Unit 2-Drv2, Ped2, etc. see above	W	M	2	1	0	2	1	5	see above Veh# <u>2</u> Towed To/By:
C	1	2	3	<u>12/10/1997</u>	B	M	2	1	0	2	1	5	<u>ANTHONY WILLIS</u> <input checked="" type="checkbox"/> <u>3232 PINEY WOODS RD, JAMESVILLE, NC 27846</u>
D	1	2	6	<u>04/14/2002</u>	B	M	2	0	0	2	1	5	<u>ALTARREK BELL</u> <input checked="" type="checkbox"/> <u>3232 PINEY WOODS RD, JAMESVILLE, NC 27846</u>
E													
F													
G													
H													

46	Name of EMS _____	46	Name of EMS _____
47	Injured Taken by EMS to _____ (Treatment Facility and City or Town)	47	Injured Taken by EMS to _____ (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# <u>1</u> <u>7</u> Unit# <u>2</u> <u>20</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				69 Road Feature	<u>4</u>	78 Workzone Area	<u>5</u>
49 Vehicle Maneuver/Action	<u>4</u>	<u>4</u>		61 Estimate of Original Traveling Speed	<u>35</u>	<u>35</u>		70 Road Character	<u>1</u>	79 Work Activity	
50 Non-Motorist Action				62 Estimate of Speed at Impact	<u>25</u>	<u>25</u>		71 Road Classification	<u>6</u>	80 Work Area Marked	
51 Non-Motorist Location Prior to Impact				63 Tire Impressions Before Impact (ft.)	<u>0</u>	<u>0</u>		72 Road Surface Type	<u>3</u>	81 Crash Location	
52 Crash Sequence - First Event for This Unit	<u>28</u>	<u>28</u>		64 Distance Traveled After Impact (ft.)		<u>74</u>		73 Road Configuration	<u>2</u>	TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>	
53 Crash Sequence - Second Event	<u>40</u>	<u>55</u>		65 Emergency Vehicle Use		<u>4</u>		74 Access Control	<u>1</u>	82 Trailer Type	<u>00</u> <u>00</u>
54 Crash Sequence - Third Event		<u>37</u>		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>		76 Traffic Control Type	<u>0</u>	Width (inches)	
56 Most Harmful Event for This Unit	<u>28</u>	<u>28</u>		68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>		77 Traffic Control Oper		Length (feet)	
57 Distance/Direction to Object Struck	<u>5</u>	<u>5</u>		COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit <input type="checkbox"/>				83 Unit# <u> </u>		Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #
58 Vehicle Under/Over/Under	<u>3</u>	<u>3</u>		Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate:				4-digit placard number or name from diamond or box		1-digit number from bottom of diamond	
59 Vehicle Defects	<u>0</u>	<u>0</u>		Hazardous Cargo Released (does not include fuel from fuel tank) <input type="checkbox"/> Yes <input type="checkbox"/> No				Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			



Unit# 1 was: Traveling Parked Facing N S E W on PVA (WAL-MART)

Unit# 2 was: Traveling Parked Facing N S E W on PVA (WAL-MART)

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

VEHICLES 1 AND 2 WERE TRAVELING NORTH ON THE PVA OF THE WAL-MART IN WILLIAMSTON. VEHICLE 2 WAS A MARKED NORTH CAROLINA STATE HIGHWAY PATROL VEHICLE AND IT WAS IN A VEHICLE PURSUIT WITH VEHICLE 1. VEHICLES 1 AND 2 COLLIDED AS THE PURSUIT NEARED THE NORTHERN MOST ENTRANCE TO THE KFC/TACO BELL PVA. THE RESULTING IMPACT CAUSED VEHICLE 1 TO SPIN OUT OF CONTROL AND COME TO REST AT THE ENTRANCE TO KFC/TACO BELL PVA AGAINST A SIGN. VEHICLE 2 JUMPED THE CURB, STRUCK A SMALL SIGN AND CAME TO REST IN THE GRASS JUST OFF THE PARKING LOT. VEHICLE 1 WAS MOVED FROM IT FINAL REST POSITION FOLLOWING THE COLLISION. ADDITIONAL WITNESS: WAYNE SNIDER OF 696 PUNGO SHORE DRIVE IN BELHAVEN, NORTH CAROLINA. (252) 696-6991

86 Type/Owner SIGNS (2)- Owner Address 1471 WASHINGTON STREET, WILLIAMSTON, NC 27892-2527927211 State NC Property? Estimated Damage \$25

WITNESSES

Name SGT K. G. SALES Address 1164 US 17 SOUTH, ELIZABETH CITY, NC 27909 Phone No. (252) 946-7731

Name HERBERT TRIPP Address 2299 HOLLY SPRINGS CHURCH, WILLIAMSTON, NC 27892 Phone No. (252) 931-8129

TRAFFIC VIOLATION(S)

Name GEORGE EARL JOHNSON JR Charge(s) FELONY SPEED TO ELUDE ARREST, CARELESS AND RECKLESS, DWLR.

Name GEORGE EARL JOHNSON JR Charge(s) SPEEDING 73 MPH IN 55 MPH ZONE & MISD. CHILD ABUSE

Officer Name R E Bowen Officer Number 1212 Department North Carolina State Highway P Date of Report 02/14/2011