

Do not write in these spaces

2

No. of Units Involved

Form 1 of 5

Supplemental Report

Non-Reportable

201112690

Date Received by DMV

Date 04/23/2011

County GUILFORD

Time 19:55 (24 Hour Clock)

Local Use/Patrol Area BEAT 7

LOCATION

33 Relation to Roadway Surface 1 Crash occurred In HIGH POINT Municipality or Miles outside municipality on JOHNSON ST Highway Number, or Highway Street, (if ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing #) Miles 0 ft N S E W at SKREET CLUB RD Use Highway Number, Street Name or Adjacent County or State Line toward GLENN MEADE DR Use Highway Number, Street Name or Adjacent County or State Line

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE Driver RYAN JAMES BOYD Address Greensboro NC 27401 License Yes No CDL License State NC DOB 08/11/1984 Vision Obstruction 0 Physical Condition 5 D.L. Restrictions 0 Alcohol/Drugs Suspected 1 Alcohol/Drugs Test 1 Results (if known) 5 Vehicle Seizure (DWI)

UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER Driver MARIA VICTORIA VELASQUEZ Address Greensboro NC 27407 License Yes No CDL License State NC DOB 03/21/1961 Vision Obstruction 0 Physical Condition 1 D.L. Restrictions 0 Alcohol/Drugs Suspected 0 Alcohol/Drugs Test 0 Results (if known) 0 Vehicle Seizure (DWI)

Owner RYAN JAMES BOYD Same as Driver? Address Greensboro NC 27401 Plate # NC 2011 VIN Vehicle MERZ 2006 41 Vehicle Style (Type) 1 42 Vehicle Drivable No 43 TAD FD-5/RFQ-5/LD-3 44 Estimated Damage \$15,000.00 Insurance GEICO GENERAL INSURANCE COMPA

Owner MARIA VICTORIA VELASQUEZ Same as Driver? Address Greensboro NC 27407 Plate # NC 2011 VIN Vehicle TOYT 2004 41 Vehicle Style (Type) 3 42 Vehicle Drivable No 43 TAD LFQ-4/FD-4 44 Estimated Damage \$12,000.00 Insurance LIBERTY MUTUAL INSURANCE CO

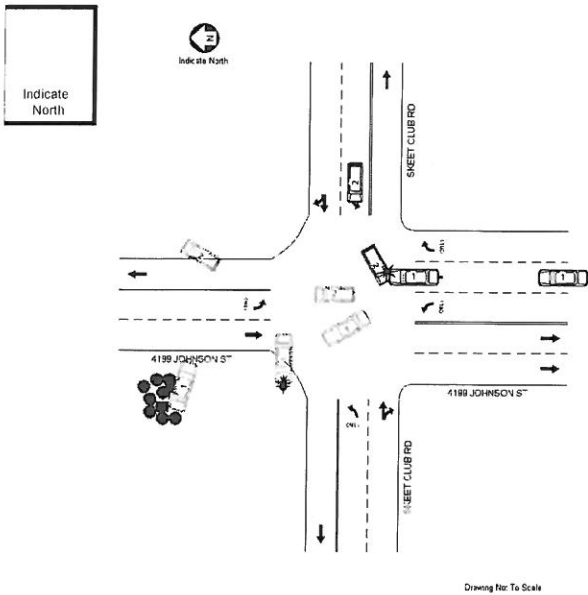
20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source 45 Cargo Body Type Same Address as Owner? Source: Truck Shipping papers Driver Carrier Identification Numbers, GVWR, Axles US DOT# ICC# Axles on Vehicle Including Trailers State State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

Table with columns A-H and rows 1-8. Contains names and addresses for all persons involved in the incident, including Ana Maria Lopez, Melissa Angelia Whipple, Francisco Javier Lopez, Judit Lopez, Isabel Lopez, and Jeronimo Lopez.

46 Name of EMS A,B,C,D,E,F,G,H GUILFORD COUNTY EMS 46 Name of EMS A,C,E,G HIGH POINT REGIONAL 47 Injured Taken by EMS to B,D,F,H BAPTIST HOSPITAL (Treatment Facility and City or Town) 47 Injured Taken by EMS to A,C,E,G HIGH POINT REGIONAL (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# <u>1</u> <u>1</u> <u>2</u> <u>0</u>		VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED		
		Unit# <u>2</u> <u>5</u> <u>0</u> <u>0</u>		60 Authorized Speed Limit	<u>45</u>	<u>45</u>	69 Road Feature	<u>7</u>	78 Workzone Area	<u>5</u>		
CRASH SEQUENCE (Unit Level)		Unit# <u>1</u>	Unit# <u>2</u>	61 Estimate of Original Traveling Speed	<u>80-90</u>	<u>10-15</u>	70 Road Character	<u>1</u>	79 Work Activity			
49 Vehicle Maneuver/Action		<u>4</u>	<u>8</u>	62 Estimate of Speed at Impact	<u>80-90</u>	<u>10-15</u>	71 Road Classification	<u>5</u>	80 Work Area Marked			
50 Non-Motorist Action				63 Tire Impressions Before Impact (ft.)	<u>0.00</u>	<u>0.00</u>	72 Road Surface Type	<u>3</u>	81 Crash Location			
51 Non-Motorist Location Prior to Impact				64 Distance Traveled After Impact (ft.)	<u>107</u>	<u>93'6"</u>	73 Road Configuration	<u>2</u>	TRAILER INFO.			
52 Crash Sequence - First Event for This Unit		<u>24</u>	<u>24</u>	65 Emergency Vehicle Use			74 Access Control	<u>1</u>	82 Trailer Type	Unit# <u>1</u>	Unit# <u>2</u>	
53 Crash Sequence - Second Event		<u>2</u>	<u>1</u>	66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	<u>4</u>	1st Trailer No. Axles	<u>0</u>	<u>0</u>	
54 Crash Sequence - Third Event		<u>34</u>		67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	<u>3</u>	Width (inches)	<u>0.00</u>	<u>0.00</u>	
55 Crash Sequence - Fourth Event		<u>33</u>		68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Cper	<u>1</u>	Length (feet)	<u>0.00</u>	<u>0.00</u>	
56 Most Harmful Event for This Unit		<u>24</u>	<u>24</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	<u>0</u>	<u>0</u>	Overwidth Permit #	
57 Distance/Direction to Object Struck		<u>6</u>	<u>0</u>					83 Unit#	<u>0.00</u>	<u>0.00</u>		
58 Vehicle Under-ride Override		<u>3</u>	<u>3</u>					Overwidth Trailer and Overwidth Mobile Home	<u>0.00</u>	<u>0.00</u>		
59 Vehicle Defects		<u>0</u>	<u>0</u>									

84 DIAGRAM



Unit# 1 was: Traveling Parked Facing N S E W on JOHNSON ST

Unit# 2 was: Traveling Parked Facing N S E W on SKEET CLUB RD

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

Vehicle #1 was traveling north on Johnson St. Vehicle #2 was traveling west on Skeet Club Rd and was attempting to make a left turn onto southbound Johnson St. The driver of vehicle #1 was traveling well above the posted speed limit and failed to stop for the red light in his direction of travel causing him to strike #2. Both vehicles left the roadway after impact and came to final rest off the roadway.

The driver of vehicle #1 stated he remembered traveling north on Johnson St and then getting hit but that is all he remembered. The driver of vehicle #2 stated she didn't remember anything that happened prior to or after the crash.

The driver of vehicle #2 was airlifted from the scene by Wake Forest University Baptist

86 Type/Owner _____ Owner Address _____ Phone _____

ADDITIONAL PROPERTY DAMAGE _____ State Property? Estimated Damage \$ _____

WITNESSES

Name POPE Address HIGH POINT, NC 27262 Phone No. _____

Name RAILEY Address HIGH POINT, NC 27265 Phone No. _____

TRAFFIC VIOLATION(S)

Name RYAN JAMES BOYD Charge(s) DWI, OTHER CHARGES PENDING

Name MARIA VICTORIA VELASQUEZ Charge(s) PENDING

Officer Name MPO1 CROUSE, J. S. Officer Number 324180 Department 0410300 Date of Report 04/23/2011

ACCIDENT DESCRIPTION (continued)

Medical Center helicopter.

Witness Tesh stated he was in the left turn lane behind vehicle #2. He stated when they got the green light vehicle #2 started into the intersection to make its turn. He stated as it entered the intersection vehicle #1 came through the red light at an "extreme speed" and struck vehicle #2.

Witness Railey stated she was traveling south on Johnson St and was approaching the intersection at the time of the crash. She stated that traffic on Johnson St had a red light for their direction of travel.

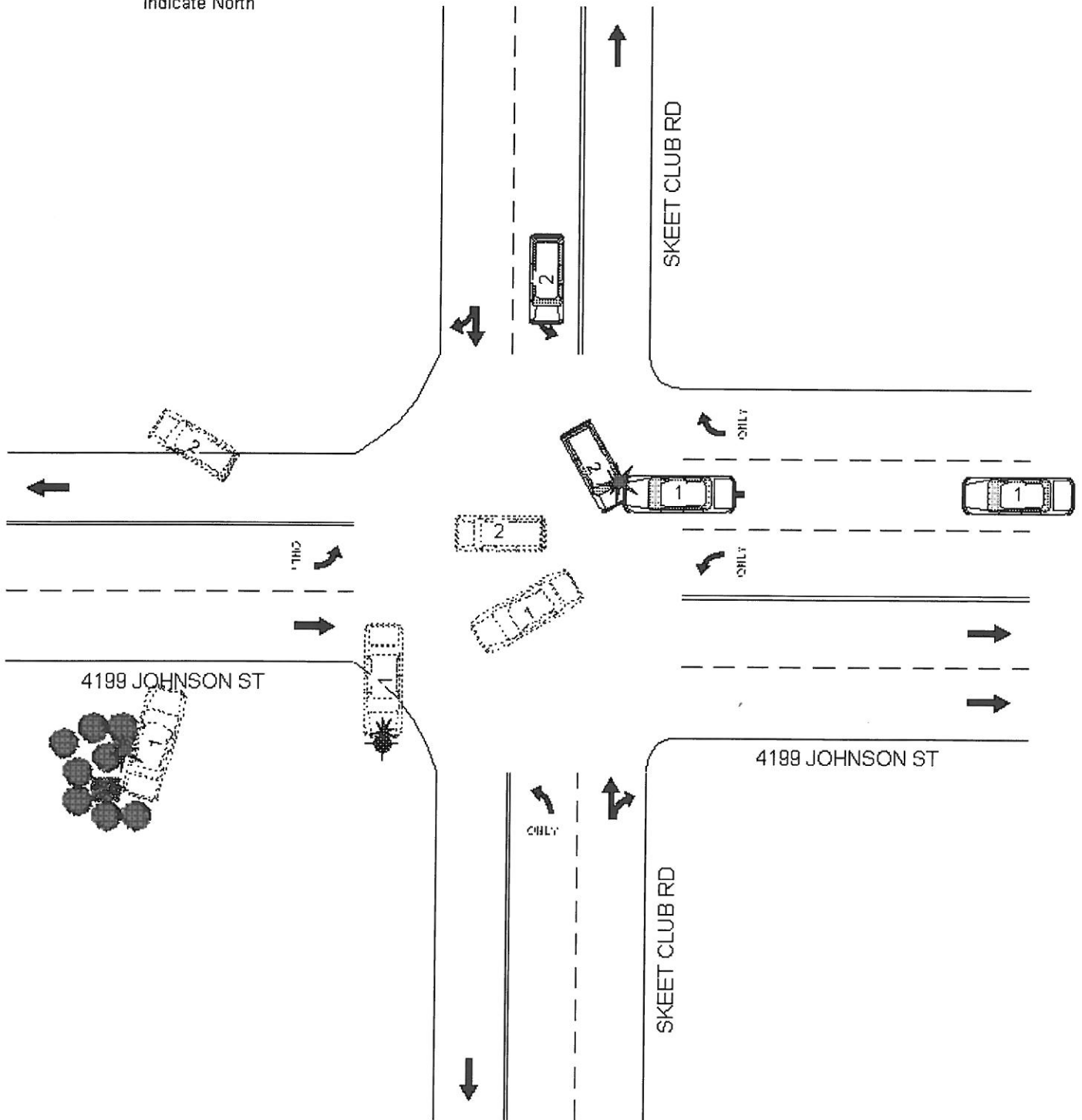
Witness Pearson and witness Dingle stated they were traveling south on Johnson St and were approaching the intersection. They stated that Johnson St had a red light for their direction of travel.

Witness Vest stated he was walking north on Johnson St. He stated that he observed vehicle #1 pass him at an estimated 100mph traveling north on Johnson St. As witness Vest topped the crest of the hill on Johnson St he stated he observed that vehicle #1 had been involved in a crash.

Witness Pope stated she was traveling west on Skeet Club Rd. She stated the light for her direction of travel turned green so she proceeded through the intersection. When she got about 30 yards away she stated she heard the crash, looked back, and saw both vehicle #1 and vehicle #2 spinning off the roadway.

The investigation into this crash is still ongoing at the time of this report.

DIAGRAM



Drawing Not To Scale.