

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.

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

Do not write in these spaces

Date 10/11/2010 County FORSYTH Time 22:18 Local Use/Patrol Area 1053151

33 Relation to Roadway Surface 1 Crash occurred In Near WINSTON SALEM on COUNTRY CLUB RD

UNIT# 1 PEDESTRIAN Driver CARRIE MARIE WOOD Address 191 GLENDARE DR (APT 12) City WINSTON SALEM State NC Zip 27104

UNIT# 2 VEHICLE Driver SARAH KRISTEN NEAVES Address 1834 WAKE FOREST RD City WINSTON SALEM State NC Zip 27109

D.L. # DOB 07/07/1995 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions

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

Owner Address City State Zip Plate # VIN

Vehicle Make Year Style (Type) Drivable 43 TAD 44 Estimated Damage Insurance Company Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source 45 Cargo Body Type

Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

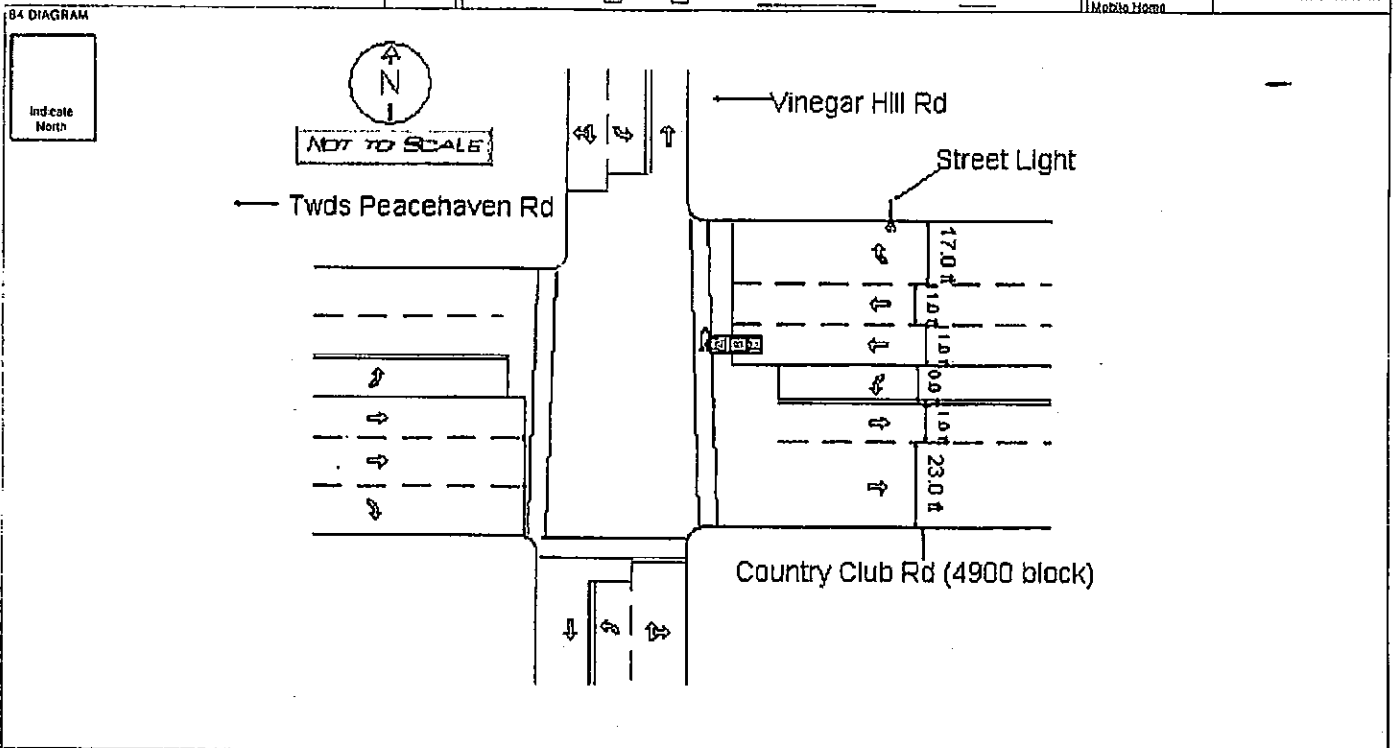
Table with columns A-H and rows 1-32 for listing names and addresses of all persons involved.

46 Name of EMS A-FORSYTH COUNTY EMS 46 Name of EMS B-NONE 47 Injured Taken by EMS to A-NC BAPTIST HOSPITAL - WINSTON-SALEM

8 2 9 10 14 11 14 12 0 13 14 32 15 16 17 0 18 19

Handwritten marks and initials at the bottom right of the page.

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# 1 0	VEHICLE INFO.		Veh# 1 35	Veh# 2 35	ROADWAY INFO.		WORK ZONE RELATED				
		Unit# 2 1, 2, 13, 12	60 Authorized Speed Limit		35	35	69 Road Feature		7	78 Workzone Area	5		
CRASH SEQUENCE (Unit Level)		Unit# 1 16	Unit# 2 4	61 Estimate of Original Traveling Speed		5	30	70 Road Character		3	79 Work Activity		
49 Vehicle Maneuver/Action		1	1	62 Estimate of Speed at Impact		5	30	71 Road Classification		5	80 Work Area Marked		
50 Non-Motorist Action				63 Tire Impressions Before Impact (ft.)			0	72 Road Surface Type		3	81 Crash Location		
51 Non-Motorist Location Prior to Impact		10	10	64 Distance Traveled After Impact (ft.)		53	53	73 Road Configuration		2	TRAILER INFO.		
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		4	1st Trailer No. Axles		
54 Crash Sequence - Third Event				67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		3	Width (inches)		
55 Crash Sequence - Fourth Event				68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		1	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 Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard Indicate: 4-digit placard number or name from diamond or box 3-digit number from bottom of diamond		74 Access Control		82 Trailer Type		0	0	2nd Trailer No. Axles	
57 Distance/Direction to Object Struck		0	0			75 Number of Lanes		82 Trailer Type		Width (inches)		Length (feet)	
58 Vehicle Underride/Override			3			76 Traffic Control Type		82 Trailer Type		Width (inches)		Length (feet)	
59 Vehicle Defects			7			77 Traffic Control Oper		82 Trailer Type		Width (inches)		Length (feet)	
83 Unit # _____ Overwidth Trailer and Overwidth Mobile Home _____													



Unit# 1 was Traveling Parked Facing N S E W on COUNTRY CLUB RD

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

85 NARRATIVE THE DRIVER OF VEHICLE 2 WAS TRAVELING STRAIGHT AHEAD JUST PRIOR TO COLLIDING INTO UNIT 1 (PEDESTRIAN). UNIT 1 DARTED IN FRONT OF VEHICLE 2.

AOL 27' SOUTH FROM THE NORTH CURB OF COUNTRY CLUB RD

7' EAST FROM THE EAST CURB EXTENDED OF VINEGAR HILL RD

86 Type/Owner _____ Owner Address _____ Phone _____

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

Name ANGELA D. CARTER Address 101 VINEYARD PARK RD, WINSTON SALEM NC 27104 Phone No. (336) 618-3768

Name MCKINLEY ANNE LEACH Address 141 BROADMOOR LANE (APT P.), WINSTON SALEM NC 27104 Phone No. (336) 986-0081

Name _____ Charge(s) _____

Name _____ Charge(s) _____

Officer Name OFFICER H. L. WHITE Officer Number ID15188 Department WINSTON-SALEM POLICE DEPARTMENT NC0340200 Date of Report 10/12/2010