

Do not write in these spaces

102941536

Date Received by DMV

08/19/2010

No. of Units Involved

Form 1 of 1

Supplemental Report

Non-Reportable

Date 08/16/2010

County MOORE

Time 17:35

Local Use/Patrol Area 100816105HA/A4

LOCATION: 33 Relation to Roadway Surface 5, Crash occurred in CARTHAGE, on RP 1833, Highway Number, or Highway, Street. (If ramp or service road, indicate on line) RP 1831 toward RP 1802

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE. Driver THOMAS GRAY SPEER, Address 433 PINEYWOOD CHURCH RD, City CAMERON, State NC, Zip 28326. D.L. # 29588911, State NC. DOB 11/11/1986. 34 Vision Obstruction 00, 35 Physical Condition 01, 36 D.L. Restrictions 1. 37 Alcohol/Drugs Suspected 0, 38 Alcohol/Drugs Test 0, 39 Results (if known) 0, 40 Vehicle Seizure (DWI) 0.

UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER. Driver, Address, City, State, Zip, D.L. #, State, DOB, 34 Vision Obstruction, 35 Physical Condition, 36 D.L. Restrictions, 37 Alcohol/Drugs Suspected, 38 Alcohol/Drugs Test, 39 Results (if known), 40 Vehicle Seizure (DWI).

Owner THOMAS GRAY SPEER, Same as Driver? [X], Address 433 PINEYWOOD CHURCH RD, City CAMERON, State NC, Zip 28326. Plate # ZTV6527, State NC, Plate Year 2011. VIN 1FMCU14T8JUC14848. Vehicle FORD, Year 1988, 41 Vehicle Style (Type) 4, 42 Vehicle Drivable [X] No. 43 TAD R&T-6, 44 Estimated Damage \$2000. Insurance NORTH CAROLINA FARM BUREAU, Company, Policy # APM4928242.

Owner, Same as Driver?, Address, City, State, Zip, Plate #, State, Plate Year, VIN, Vehicle, Year, 41 Vehicle Style (Type), 42 Vehicle Drivable, 43 TAD, 44 Estimated Damage, Insurance Company, Policy #.

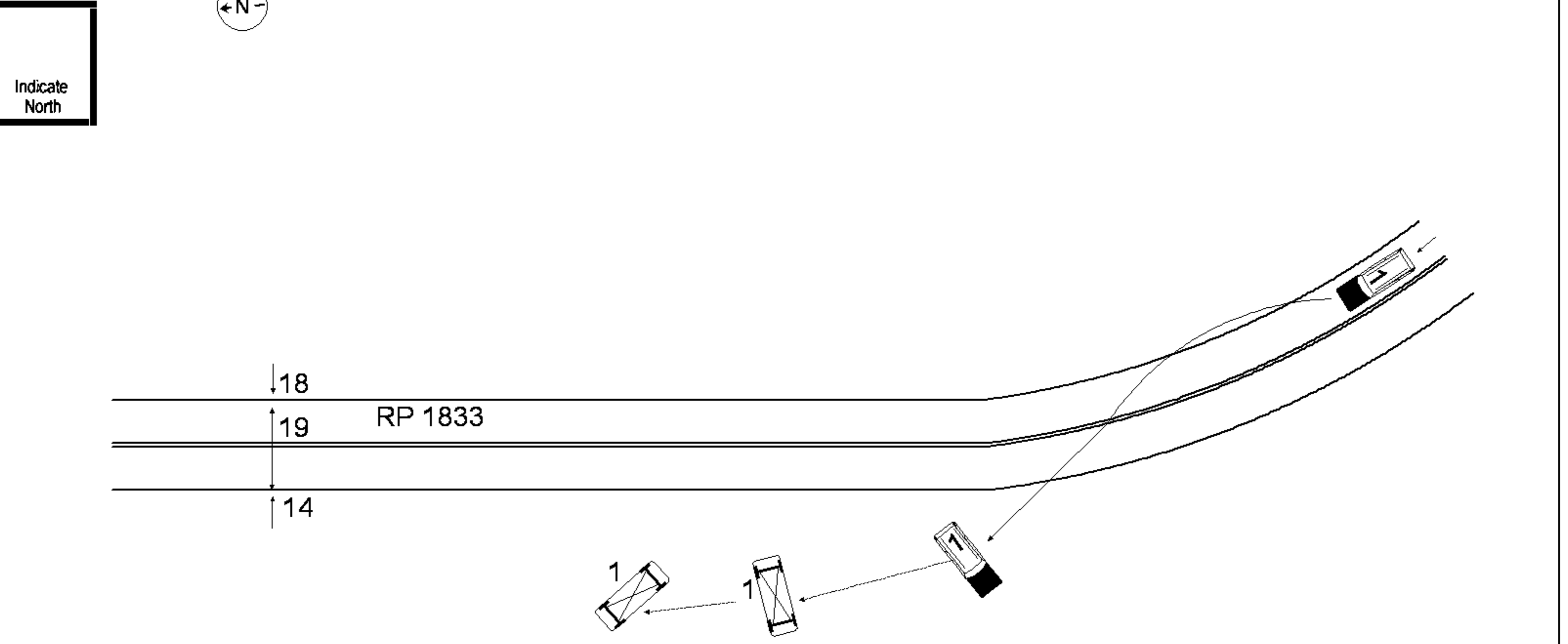
20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source. 45 Cargo Body Type, Same Address as Owner?, Source: Truck, Shipping papers, Driver. Carrier Identification Numbers, GVWR, Axles. US DOT#, ICC#, Axles on Vehicle Including Trailers, State, State#, IFTA#, FEI#, Fleet#, Gross Vehicle Weight Rating.

Table with 32 columns (21-32) and 8 rows (A-H). Column 21: A, B, C, D, E, F, G, H. Column 22: 1, 1, 1, , , , , , . Column 23: 1, 2, 3, , , , , , . Column 24: Unit1-Drv1, Ped1, etc. see above; Unit2-Drv2, Ped2, etc. see above; 02/14/1969; , , , , , . Column 25: W, M, W, M, , , , , . Column 26: M, M, M, M, , , , , . Column 27: 2, 2, 2, , , , , . Column 28: 0, 0, 0, , , , , . Column 29: 0, 0, 0, , , , , . Column 30: 2, 1, 1, , , , , . Column 31: 1, 1, 1, , , , , . Column 32: 3, 3, 3, , , , , . Column 33: see above; see above; PHILLIPH DALE CAGLE JR; , , , , , . Column 34: Veh# 1 Towed To/By: OAKLEYS/OAKLEYS; Veh# Towed To/By: ; 117 AYRES LANE, CARTHAGE, NC 28327; , , , , , .

46 Name of EMS A-MOORE COUNTY EMS; 46 Name of EMS C-MOORE COUNTY EMS. 47 Injured Taken by EMS to MOORE REGIONAL, PINEHURST (Treatment Facility and City or Town); 47 Injured Taken by EMS to MOORE REGIONAL, PINEHURST (Treatment Facility and City or Town).

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# <u>1</u> <u>25</u>	VEHICLE INFO.		Veh # <u>1</u>	Veh.# <u> </u>	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)			Unit# <u>1</u>	Unit# <u> </u>	60 Authorized Speed Limit	<u>55</u>	69 Road Feature	<u>0</u>	78 Workzone Area	<u>5</u>
49 Vehicle Maneuver/Action	<u>4</u>		61 Estimate of Original Traveling Speed	<u>55</u>	62 Estimate of Speed at Impact	<u>45</u>	70 Road Character	<u>7</u>	79 Work Activity	
50 Non-Motorist Action			63 Tire Impressions Before Impact (ft.)	<u>246</u>	64 Distance Traveled After Impact (ft.)	<u>63</u>	71 Road Classification	<u>4</u>	80 Work Area Marked	
51 Non-Motorist Location Prior to impact			65 Emergency Vehicle Use		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	72 Road Surface Type	<u>4</u>	81 Crash Location	
52 Crash Sequence - First Event for This Unit	<u>1</u>		67 School Bus - Contact Vehicle	<input type="checkbox"/>	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	73 Road Configuration	<u>2</u>	TRAILER INFO. Unit# <u>1</u> Unit# <u> </u>	
53 Crash Sequence - Second Event	<u>6</u>		69 Hazardous Materials Involvement	From Placard indicate:		74 Access Control	<u>1</u>	82 Trailer Type	<u>00</u>	
54 Crash Sequence - Third Event	<u>2</u>		Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No	4-digit placard number or name from diamond or box		75 Number of Lanes	<u>2</u>	1st Trailer No. Axles		
55 Crash Sequence - Fourth Event	<u>5</u>		Hazardous Cargo Released (does not include fuel from fuel tank) <input type="checkbox"/> Yes <input type="checkbox"/> No	1-digit number from bottom of diamond		76 Traffic Control Type	<u>13</u>	Width (inches)		
56 Most Harmful Event for This Unit	<u>5</u>		Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			77 Traffic Control Oper	<u>1</u>	Length (feet)		
57 Distance/Direction to Object Struck	<u>0</u>		COMMERCIAL VEHICLE: Hazardous Materials Involvement From Placard indicate: 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond							
58 Vehicle Underride/Override	<u>3</u>									
59 Vehicle Defects	<u>0</u>									
83 Unit# <u> </u> Overwidth Trailer and Overwidth Mobile Home		Overwidth Permit # <u> </u>								

84 DIAGRAM



Unit# 1 was: Traveling Parked Facing on RP 1833 Unit# was: Traveling Parked Facing on

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form) VEHICLE #1 WAS TRAVELING NORTH ON RP 1833. VEHICLE #1 RAN OFF THE RIGHT SIDE OF THE ROADWAY THEN CAME BACK ON AND RAN OFF THE ROAD TO THE LEFT. VEHICLE #1 THEN OVERTURNED ON THE LEFT SIDE OF THE ROADWAY. VEHICLE #1 CAME TO REST ON THE LEFT SIDE OF RP 1833.

86 Type/Owner Owner Address Phone State Property? Estimated Damage \$

WITNESSES
Name JOHN R HAMILTON Address 155 DEFOREST DR, CARTHAGE, NC 28327 Phone No. (910) 947-6661

TRAFFIC VIOLATION(S)
Name 1 - THOMAS GRAY SPEER Charge(s) G.S. 20-140(A) -
(Citation # optional)

Officer Name J T Gaddy Officer Number 1796 Department North Carolina State Highway P Date of Report 08/16/2010