

1

Do not write in these spaces

102931959

No. of Units Involved

Form 1 of 2

Supplemental Report

Non-Reportable

Date Received by DMV

08/08/2010

1 Date 08/07/2010

1 County RANDOLPH

Time 23:50

Local Use/Patrol Area 100807171DA/A1

LOCATION 1 2 3 4 5 7

19 19 0 30 26 16 17 16 16

33 Relation to Roadway Surface 2 Crash occurred in Near TRINITY Municipality or 0.50 Miles N S E W outside municipality on RP 3106 (R.R. Crossing # 0.50 Miles ft N S E W) Highway Number, or Highway, Street, (If ramp or service road, indicate on line) Ramp or Service Road (D.R. Intersection) (If available) # from RP 3129 Use Highway Number, Street Name or Adjacent County or State Line N S E W toward RP 1898 Use Highway Number, Street Name or Adjacent County or State Line N S E W Latitude Longitude Altitude

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE Driver TERESA LYNN LEQUIRE First Middle Last Suffix Address 2666 SHALLOW RIVER DR City THOMASVILLE State NC Zip 27360 Same Address on Driver's License? Yes No Driver's Phone Numbers H (336) 309-9718 W () D.L. # 1646095 State NC CDL License 34 Vision Obstruction 00 35 Physical Condition 05 36 D.L. Restrictions DOB 10/17/1968 37 Alcohol/Drugs Suspected 1 38 Alcohol/Drugs Test 1 39 Results (if known) 5 40 Vehicle Seizure (DWI)

UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER Driver Address City State Zip Same Address on Driver's License? Driver's Phone Numbers H W D.L. # State CDL License 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions DOB 37 Alcohol/Drugs Suspected 38 Alcohol/Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI)

Owner JEFFREY WAYNE BECK Same as Driver? Address 2666 SHALLOW RIVER DR Same Address as Driver? City THOMASVILLE State NC Zip 27360 Plate # ZWJ3394 Plate NC State Year 2011 VIN 1FMCU24X7PUA82442 Vehicle FORD Year 1993 41 Vehicle Style (Type) 4 42 Vehicle Drivable Yes No 43 TAD UND-2,LP-7,RD-7 44 Estimated Damage \$5000 Insurance Company INTEGON NATIONAL INSURANCE COMPANY Policy # SAN941717000

Owner Address City State Zip Plate # State Year VIN Vehicle Year 41 Vehicle Style (Type) 42 Vehicle Drivable Yes No 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

21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Div, Ped, etc. - See Above); Use check blocks if address same as Driver

Table with columns A-H and rows 1-3. Row 1: A 1 1 1 Unit1-Drv1, Ped1, etc. W F 2 1 0 1 1 2 see above Veh1 Towed To/By: DEALER TOWING/DEALER TOWING. Row 2: B see above. Row 3: C 1 2 3 05/15/1967 W M 0 1 0 2 2 1 JEFFREY WAYNE BECK 2666 SHALLOW RIVER DR, THOMASVILLE, NC 27360

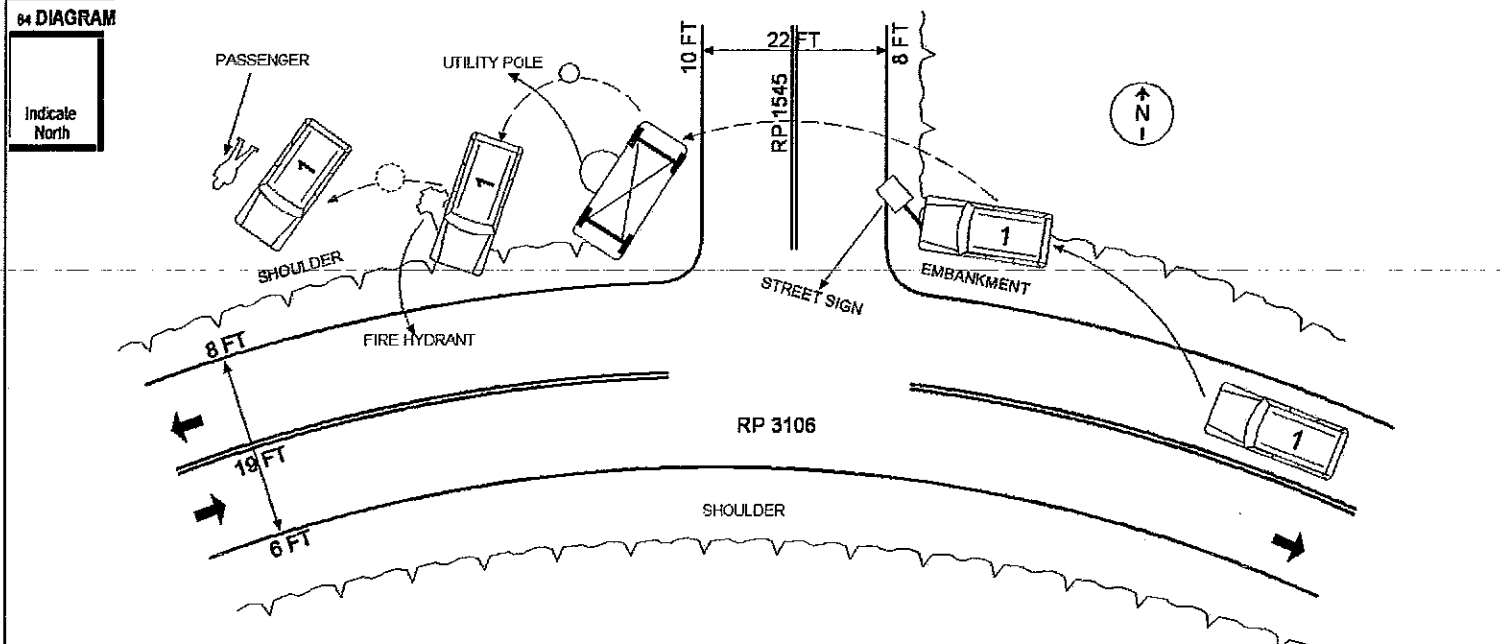
46 Name of EMS A-WAKE FOREST UNIVERSITY AIR CARE

46 Name of EMS C-RANDOLPH CO. EMS

47 Injured Taken WAKE FOREST UNIVERSITY MEDICAL HOSPITAL ER, WINSTON SALEM by EMS to (Treatment Facility and City or Town)

47 Injured Taken RANDOLPH HOSPITAL ER, ASHEBORO by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>22</u> Unit# _____	VEHICLE INFO.		Veh # <u>1</u>	Veh # _____	ROADWAY INFO.	WORK ZONE RELATED		
CRASH SEQUENCE (Unit Level) Unit# <u>1</u> Unit# _____	49 Vehicle Maneuver/Action	4	60 Authorized Speed Limit	45	69 Road Feature	8	78 Workzone Area	5
	50 Non-Motorist Action		61 Estimate of Original Traveling Speed	65	70 Road Character	6	79 Work Activity	
	51 Non-Motorist Location Prior to Impact		62 Estimate of Speed at Impact	60	71 Road Classification	4	80 Work Area Marked	
	52 Crash Sequence - First Event for This Unit	1	63 Tire Impressions Before Impact (ft.)	102	72 Road Surface Type	3	81 Crash Location	
	53 Crash Sequence - Second Event	59	64 Distance Traveled After Impact (ft.)	170	73 Road Configuration	2	TRAILER INFO. Unit# <u>1</u> Unit# _____	
54 Crash Sequence - Third Event	38	65 Emergency Vehicle Use		74 Access Control	1	82 Trailer Type	00	
55 Crash Sequence - Fourth Event	34	66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes	2	1st Trailer No. Axles		
56 Most Harmful Event for This Unit	34	67 School Bus - Contact Vehicle	<input type="checkbox"/>	76 Traffic Control Type	13	Width (inches)		
57 Distance/Direction to Object Struck	3	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	77 Traffic Control Oper	1	Length (feet)		
58 Vehicle Underide/Overide	3	COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicates: <input type="checkbox"/> <input type="checkbox"/> Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home		Overwidth Permit # _____	
59 Vehicle Defects	7							



Unit# 1 was: Traveling Parked Facing N S E W on RP 3106 Unit# _____ was: Traveling Parked Facing N S E W on _____

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

VEHICLE ONE WAS TRAVELING WEST ON RP 3106. VEHICLE ONE RAN OFF THE ROAD TO THE RIGHT AND STRUCK AN EMBANKMENT, AN STREET SIGN. VEHICLE ONE THEN WHEN AIR BONE ACROSS RP 1545 AND STRUCK A UTILITY POLE. VEHICLE ONE THEN ROLE OVER AND STRUCK A FIRE HYDRANT AND CAME TO REST OFF RP 3106 WEST BOUND SHOULDER. THE PASSENGER OF VEHICLE ONE WAS EJECTED DURING THE ROLE OVER AND CAME TO REST ADJACENT TO THE PASSENGER SIDE OF THE VEHICLE.

66 Type/Owner: UTILITY POLE REWIRING- UTILITY POLE/ CABLE BOX- Owner Address: 111 N. MAIN ST, HIGH POINT, NC 27260-3368863600 Owner Phone: 3818 OLD THOMASVILLE RD, HIGH POINT, NC 27263-3007893786 State Property? Estimated Damage: \$5000

WITNESSES

Name _____ Address _____ Phone No. (_____) _____

Name _____ Address _____ Phone No. (_____) _____

Name 1 - TERESA LYNN LEQUIRE Charge(s) PENDING (Citation # optional)

Officer Name: R O Campbell Officer Number: 2862 Department: North Carolina State Highway P Date of Report: 08/08/2010