

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.

Do not write in these spaces

2

No. of Units Involved Form 1 of 5 Supplemental Report Non-Reportable 20101217166

Date 12/17/2010 County GUILFORD Time 13:02 Local Use/Patrol Area

Date Received by DMV

33 Relation to Roadway Surface 1 Crash occurred In Greensboro Municipality on W WENDOVER AV Highway Number, or Highway, Street, (If ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing #) Miles 75 (0 ft. - Intersection) ft. N S E W

1 or from S HOLDEN RD Use Highway Number, Street Name or Adjacent County or State Line toward MARKET ST Use Highway Number, Street Name or Adjacent County or State Line

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE Driver ADDISON DAVID WILDER BAKER Address 4901 TOWER RD C City GREENSBORO State NC Zip 27410572

UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER Driver MARGARET THOMAS NEAL Address 2907 PATIO PL City GREENSBORO State NC Zip 27405547

Owner ERIC CHRISTOPHER BAKER Address 4901 TOWER RD C City GREENSBORO State NC Zip 27410-5724 Plate # VXS8501 Plate NC Plate 2011 VIN 3VWRC81H2RM072228 Vehicle VOLK Year 1994 41 Vehicle 1 Style (Type) 42 Vehicle 1 Drivable No 43 TAD FD-7/LD-3 44 Estimated Damage \$2,500.00 Insurance KEMPER INDEPENDENCE INSURANCE Company Policy # HBB847515

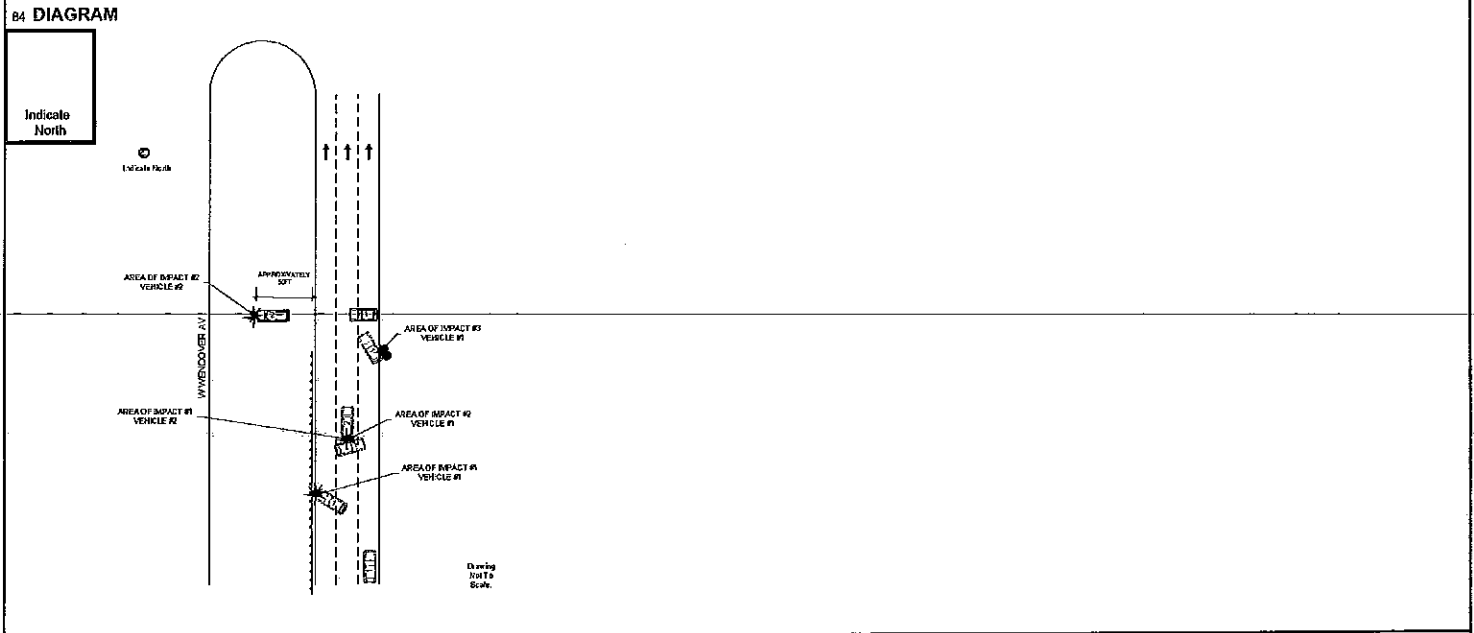
Owner MARGARET THOMAS NEAL Address 2907 PATIO PL City GREENSBORO State NC Zip 274055475 Plate # VVH4789 Plate NC Plate 2011 VIN 1FMYU01161KB72257 Vehicle FORD Year 2001 41 Vehicle 4 Style (Type) 42 Vehicle 1 Drivable No 43 TAD FD-4,RD-2 44 Estimated Damage \$6,000.00 Insurance STATE FARM MUTUAL AUTOMOBILE Company Policy # 269028633Y002

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source, Carrier Identification Numbers, GVWR, Axles

Table with columns A-H and rows 1-8. Contains names and addresses for all persons involved in the accident, including drivers, owners, and witnesses.

46 Name of EMS A,C,D GUILFORD COUNTY EMS 46 Name of EMS B,E,F NONE 47 Injured Taken by EMS to A,C,D MOSES CONE HOSPITAL 47 Injured Taken by EMS to B,E,F N/A

| 48 POINTS OF INITIAL CONTACT (Write In Codes) | Unit# | | | | VEHICLE INFO. | | | ROADWAY INFO. | | WORK ZONE RELATED | | |
|--|------------------------|------|----|----|--|--------------------------|--------------------------|--|------------------|--------------------------------------|------|------|
| | 1 | 1 | 2 | 3 | Veh # 1 | Veh # 2 | 69 Road Feature | 70 | 78 Workzone Area | | | |
| | 2 | 14 | 15 | 16 | 60 Authorized Speed Limit | 45 | 45 | 0 | 5 | 5 | | |
| CRASH SEQUENCE (Unit Level) | Unit# 1 Unit# 2 | | | | 61 Estimate of Original Traveling Speed | 65 | 45 | 71 Road Classification | 5 | 79 Work Activity | 2 | |
| 49 Vehicle Maneuver/Action | 4 | 4 | | | 62 Estimate of Speed at Impact | 60 | 45 | 72 Road Surface Type | 3 | 80 Work Area Marked | 2 | |
| 50 Non-Motorist Action | ---- | ---- | | | 63 Tire Impressions Before Impact (ft.) | 0.00 | 0.00 | 73 Road Configuration | 4 | 81 Crash Location | 4 | |
| 51 Non-Motorist Location Prior to Impact | ---- | ---- | | | 64 Distance Traveled After Impact (ft.) | 0 | 50 | 74 Access Control | 3 | TRAILER INFO. Unit# 1 Unit# 2 | | |
| 52 Crash Sequence - First Event for This Unit | 44 | 30 | | | 65 Emergency Vehicle Use | ---- | ---- | 75 Number of Lanes | 3 | 82 Trailer Type | | |
| 53 Crash Sequence - Second Event | 30 | 2 | | | 66 Post Crash Fire (if "Yes" check block) | <input type="checkbox"/> | <input type="checkbox"/> | 76 Traffic Control Type | 0 | 1st Trailer No. Axles | 0 | 0 |
| 54 Crash Sequence - Third Event | 33 | 59 | | | 67 School Bus - Contact Vehicle | <input type="checkbox"/> | <input type="checkbox"/> | 77 Traffic Control Oper | ---- | Width (inches) | 0.00 | 0.00 |
| 55 Crash Sequence - Fourth Event | ---- | ---- | | | 68 School Bus - Noncontact Vehicle | <input type="checkbox"/> | <input type="checkbox"/> | COMMERCIAL VEHICLE: Hazardous Materials Involvement | | | | |
| 56 Most Harmful Event for This Unit | 44 | 59 | | | Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard Indicate: 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 | | | | | | | |
| 57 Distance/Direction to Object Struck | 1 | 1 | | | 83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home Overwidth Permit # _____ | | | | | | | |
| 58 Vehicle Underride/Override | 3 | 3 | | | | | | | | | | |
| 59 Vehicle Defects | 0 | 0 | | | | | | | | | | |



Unit# 1 was: Traveling Parked Facing N S E W on **W WENDOVER AV** Unit# 2 was: Traveling Parked Facing N S E W on **W WENDOVER AV**

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

VEHICLE #1 WAS TRAVELING WESTBOUND ON WENDOVER AVE IN THE OUTSIDE TRAVEL LANE. VEHICLE #2 WAS TRAVELING WESTBOUND ON WENDOVER IN THE CENTER TRAVEL LANE. DRIVER #1 STATED HE WAS TRAVELING APPROXIMATELY 60-65MPH AND LOST CONTROL OF THE VEHICLE, WENT ACROSS THE ROADWAY AND STRUCK THE GUARDRAIL. DRIVER #1 FURTHER STATED HE DID NOT KNOW WHAT HAPPENED AFTER CRASHING INTO THE GUARDRAIL. DRIVER #2 STATED VEHICLE #1 STRUCK THE REAR OF HER VEHICLE, CAUSING HER VEHICLE TO VEER OFF THE ROADWAY AND GO DOWN THE EMBANKMENT.

WITNESS #1 STATED SHE DID NOT SEE THE ACTUAL CRASH, BUT OBSERVED VEHICLE #1 PASSING HER VEHICLE AT APPROXIMATELY 65 MPH JUST BEFORE THE CRASH LOCATION.

WITNESS #2 STATED VEHICLE #1 WAS IN THE OUTSIDE LANE AND APPEARED TO BE PASSING IN THE

86 Type/Owner: **GUARDRAIL** City of Greensboro
 Address: **P.O. BOX 3015 GREENSBORO NC 27402**
 Phone: **3363732222**
 State Property? Estimated Damage \$ **\$1,000.00**

WITNESSES

Name: **ANNE GABLE** Address: **1707 BEARHOLLOW RD, GREENSBORO, NC** Phone No. **(336) 316-1169**

Name: **SEAN MICHAEL SUESS** Address: **415 GUILFORD COLLEGE RD, GREENSBORO, NC 274092066** Phone No. **(336) 707-2146**

Name: **ADDISON DAVID WILDER BAKER** Charge(s): **CARELESS & RECKLESS**

Officer Name: **P2 RASECKE, D. L.** Officer Number: **P11528** Department: **0410200** Date of Report: **12/17/2010**

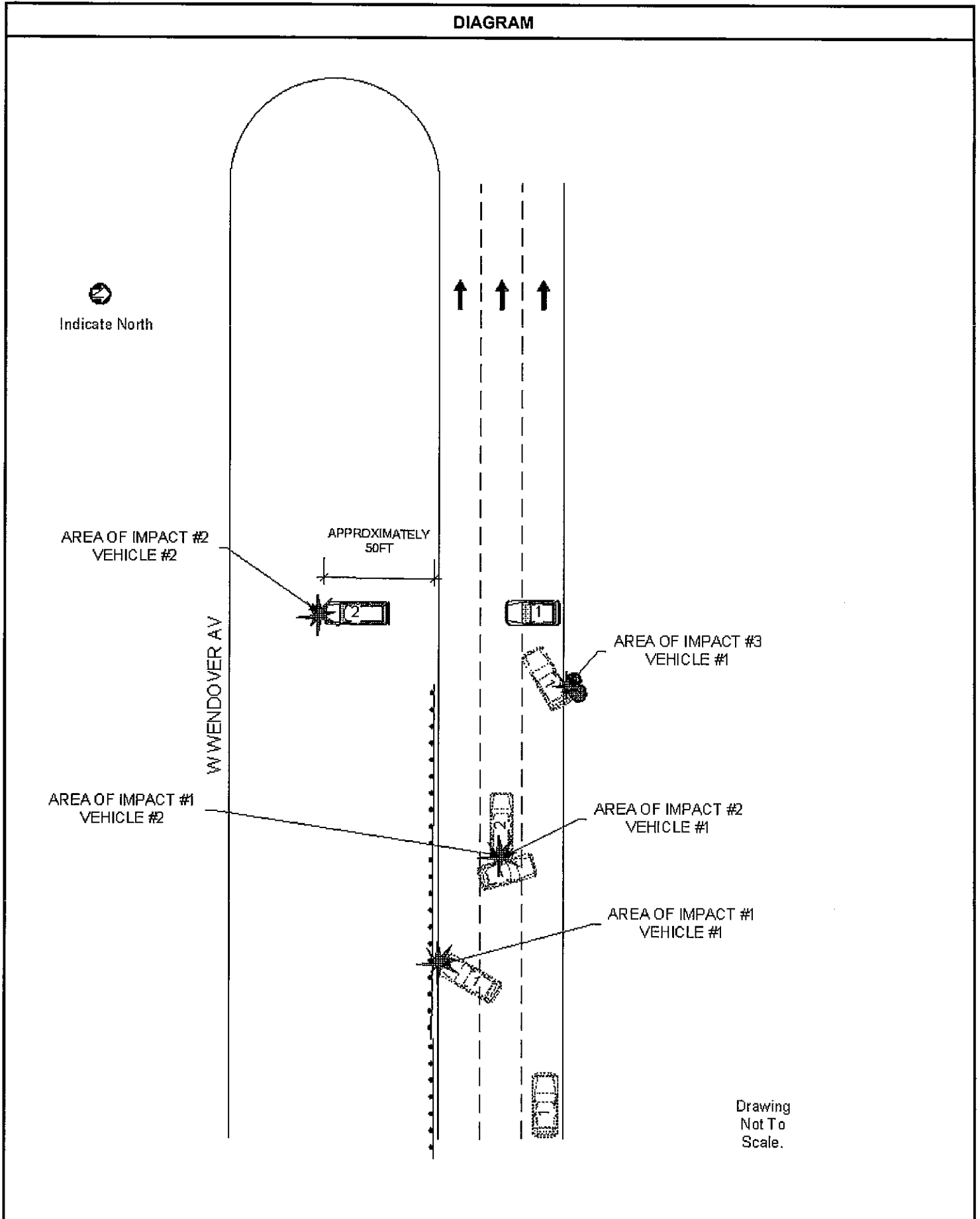
ACCIDENT DESCRIPTION (continued)

CURVE. HE FURTHER STATED THE DRIVER APPEARED TO HAVE "GUNNED" THE VEHICLE AND LOST CONTROL, CRASHING INTO VEHICLE #2 WHILE CROSSING THREE LANES OF TRAVEL. WITNESS #2 STATED DRIVER #2 WAS SPEEDING APPROXIMATELY 65 MPH.

WITNESS #3 STATED VEHICLE #1 WAS IN THE OUTSIDE LANE AND SPEEDING APPROXIMATELY 70 MPH IN THE CURVE. HE STATED THE DRIVER LOST CONTROL OF THE VEHICLE, CROSSED THREE LANES OF TRAVEL, AND STRUCK THE GUARDRAIL. HE FURTHER STATED THE VEHICLE THEN CONTINUED BACK ACROSS THE ROADWAY, STRUCK THE REAR OF VEHICLE #2, THEN RAN OFF THE ROADWAY WHERE IT CRASHED INTO A TREE. WITNESS #3 STATED VEHICLE #2 WENT DOWN THE EMBANKMENT IN THE MEDIAN.

DRIVER #1 WAS DRIVING IN EXCESS OF THE SPEED LIMIT AND CARELESS AND RECKLESSLY. AS A RESULT, HE LOST CONTROL OF VEHICLE #1, CROSSED THREE LANES OF TRAVEL AND STRUCK A GUARDRAIL. VEHICLE #1 CONTINUED BACK ACROSS THE ROADWAY, CRASHING INTO THE REAR OF VEHICLE #2, AND CONTINUED OFF THE ROADWAY TO THE RIGHT, WHERE IT STRUCK A TREE AND CAME TO REST. DUE TO THE COLLISION, VEHICLE #2 WENT OFF THE ROADWAY TO THE LEFT AND DOWN THE EMBANKMENT. [12/17/2010 17:42, RASECKED, 820]

DIAGRAM



Drawing
Not To
Scale.

