

ATTACHMENT 3

No. of Units Involved Form 1 of 2 Supplemental Report Non-Reportable 0506582

Table with 5 columns: Date (03/15/2005), County (ORANGE), Time (1741), Local Use/Patrol Area (HOMESTEAD), Date Received by DMV.

Location details: 33 Relation to Roadway Surface 1 Occurred In CHAPEL HILL Municipality or MILES N S E W outside municipality. Includes details for WEAVER DAIRY RD EXT and HEARTHSTONE LN.

Driver information for Unit #1 (PETRINA JO KEDELL) and Unit #2 (MATTHEW EDWARD SZYMANSKI). Includes address, phone numbers, D.L.#, and DOB.

Owner information for Unit #1 (PETRINA JO KEDELL) and Unit #2 (MARK ALAN SZYMANSKI). Includes address, VIN, vehicle make/model, and insurance details.

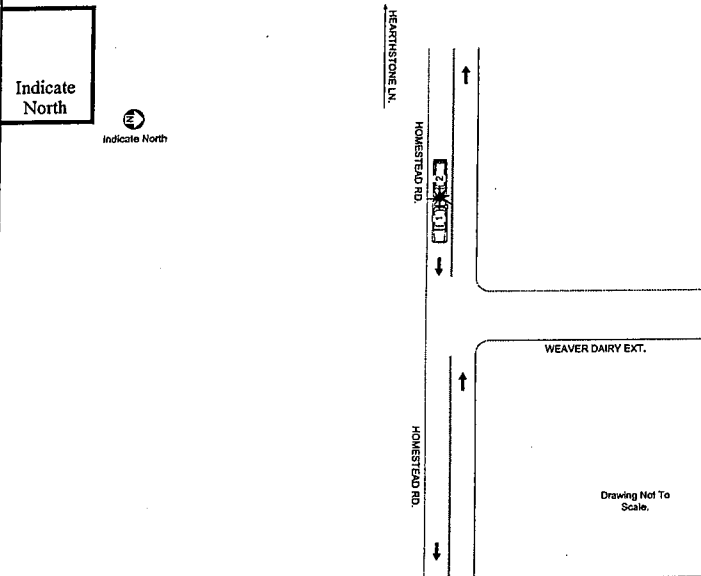
20 COMMERCIAL VEHICLE: Carrier Name, Address, Source, and Carrier Identification Numbers, GVWR, Axles.

Table with columns A-H and rows 1-32. Contains names and addresses for all persons involved in the incident.

46 Name of EMS, 47 Injured Taken by EMS to, 46 Name of EMS, 47 Injured Taken by EMS to (Treatment Facility and City or Town).

48 POINTS OF INITIAL CONTACT (Write in Codes)			VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED							
Unit# 1	Unit# 2		Veh.# 1	Veh.# 2										
14	15	16	35	35	69 Road Feature	8	78 Workzone Area	5						
2	0	0	60 Authorized Speed Limit		70 Road Character	1	79 Work Activity							
CRASH SEQUENCE (Unit Level)			61 Estimate of Original Traveling speed	0	30	71 Road Classification	5	80 Work Area Marked						
49 Vehicle Maneuver/Action	1	4	62 Estimate of Speed at Impact	0	25	72 Road Surface Type	3	81 Crash Location						
50 Non-Motorist Action			63 Tire Impressions Before Impact (ft.)	0.00	55.50	73 Road Configuration	2	TRAILER INFO.						
51 Non-Motorist Location Prior to Impact			64 Distance Traveled After Impact (ft.)	UNK	UNK	74 Access Control	1	82 Trailer Type	Unit #1					
52 Crash Sequence-First Event for This Unit	21	21	65 Emergency Vehicle Use			75 Number of Lanes	2	1st Trailer No. of Axles	Unit #2					
53 Crash Sequence-Second Event	"	"	66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	1.3	Width (inches)	0					
54 Crash Sequence-Third Event	"	"	67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control oper	1	Length (feet)	0.00					
55 Crash Sequence-Fourth Event	"	"	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>			2nd Trailer No. of Axles	0					
56 Most Harmful Event for This Unit	21	21	<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> From Placard indicate: Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				83 Unit.#		Overwidth Permit#					
57 Distance/Direction to Object Struck	0	0					4-digit placard number or name from diamond or box		1-digit number from bottom of diamond		83 Unit.#		Overwidth Permit#	
58 Vehicle Underride/Override	3	3									Overwidth Trailer and Overwidth Mobile Homes			
59 Vehicle Defects	0	0												

84 DIAGRAM



Unit # 1 was:  Traveling  Parked Facing N S E W on HOMESTEAD RD. Unit # 2 was:  Traveling  Parked Facing N S E W on HOMESTEAD RD.

85 CRASH NARRATIVE

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

UNIT #1 FAILED TO REDUCE SPEED AND COLLIDED INTO THE BACK OF UNIT #1. UNIT #1 WAS STOPPED IN TRAVEL LANE DUE TO VEHICLES IN FRONT OF UNIT #1 BEING STOPPED AND ATTEMPTING TO TURN LEFT ONTO WEAVER DAIRY EXTENSION FROM HOMESTEAD ROAD.

86 Type/Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ Phone \_\_\_\_\_

ADDITIONAL PROPERTY DAMAGE \_\_\_\_\_ State Property \_\_\_\_\_ Estimated Damage \_\_\_\_\_ \$ \_\_\_\_\_

WITNESSES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

TRAFFIC VIOLATION(S)

Name MATTHEW EDWARD SZYMANSKI Charges G.S.20-141(M) FAILURE TO REDUCE SPEED

(Citation # optional)

Name \_\_\_\_\_ Charges \_\_\_\_\_

Officer Name PO1 CABE, C. Number 5993 Department 0680100 Date of report 03/16/2005

2

No. of Units Involved Form 1 of 2 Supplemental Report Non-Reportable

0508822

1 3 Date 04/09/2005 County ORANGE Time 0946 Local Use/Patrol Area Date Received by DMV

2 L 33 Relation to Crash In Roadway Surface 1 Occurred Near Municipality on HOMESTEAD RD (R.R. Crossing # ) Miles 25 ft. N S E W at or from WEAVER DAIRY EXT toward AIRPORT RD

4 1 Driver TONG GUI Address 215 BERINGER PL City CHAPEL HILL State NC Zip 27516 D.L.# 27421374 State NC DOB 11/23/1953 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restriction 1 37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) 0

6 2 D.L.# 27421374 State NC DOB 11/23/1953 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restriction 1 37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) 0

7 1 Owner TONG GUI Address 215 BERINGER PL City CHAPEL HILL State NC Zip 27516-94 Plate # JZY8174 VIN JN1EB31P2PU222798 Vehicle NISS Year 1993 41 Vehicle Style (Type) 1 42 Vehicle Drivable 43 TAD BL-1 Estimated 44 Damage \$1,000.00 Insurance Company INTEGON SPECIALTY INS CO Policy # SAN795815500

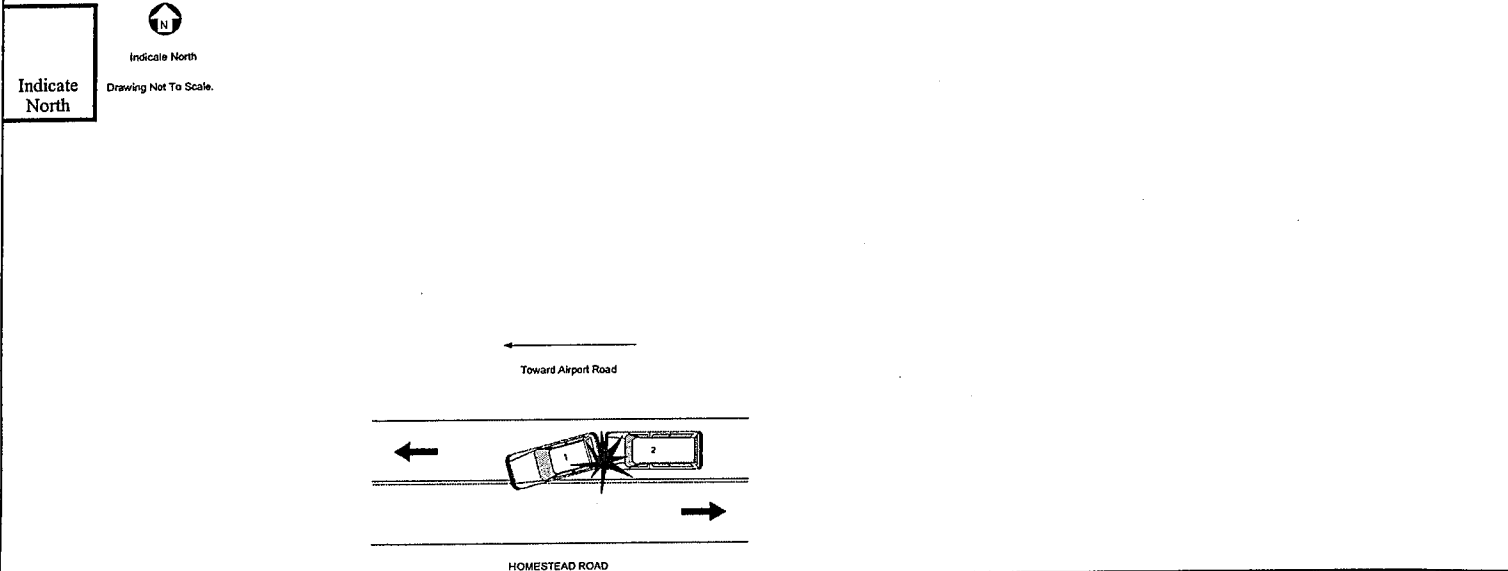
20 COMMERCIAL VEHICLE: Carrier Name, Address, Source 45 Cargo Body Type Same Address as Owner? Source Carrier Identification Nmbers, GVWR, Axles US DOT# ICC# Axles on Vehicle Including Trailers State State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

Table with columns A-H and rows 1-32. Names and Addresses for All Person (Unit 1/Unit 2 drv, Ped, etc. - See Above); Use check blocks if address same as Driver. Includes entries for XINYAN LI at 202 BERINGER PLACE CHAPEL HILL NC 27516.

46 Name of EMS 46 Name of EMS 47 Injured Taken by EMS to (Treatment Facility and City or Town) 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# 1		Unit# 2		VEHICLE INFO.		Veh.# 1	Veh.# 2	ROADWAY INFO.		WORK ZONE RELATED			
		8		0 0		60 Authorized Speed Limit		35	35	69 Road Feature		0	78 Workzone Area		
		3		0 0		61 Estimate of Original Traveling speed		5	20	70 Road Character		1	79 Work Activity		
CRASH SEQUENCE (Unit Level)		Unit# 1		Unit# 2		62 Estimate of Speed at Impact		20	20	71 Road Classification		5	80 Work Area Marked		
49 Vehicle Maneuver/Action		9		4		63 Tire Impressions Before Impact (ft.)		0.00	0.00	72 Road Surface Type		3	81 Crash Location		
50 Non-Motorist Action						64 Distance Traveled After Impact (ft.)				73 Road Configuration		2	TRAILER INFO. Unit.# 1 Unit.# 2		
51 Non-Motorist Location Prior to Impact						65 Emergency Vehicle Use		3		74 Access Control		3	82 Trailer Type		
52 Crash Sequence-First Event for This Unit		21		21		66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes		2	1st Trailer No. of Axles		
53 Crash Sequence-Second Event						67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		0	Width (inches)		
54 Crash Sequence-Third Event						68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control oper			Length (feet)		
55 Crash Sequence-Fourth Event						<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> From Placard indicate: Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (does not include fuel from fuel tank) Carrying Haz Mat <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				2nd Trailer No. of Axles		0		Width (inches)	
56 Most Harmful Event for This Unit		21		21								Length (feet)		0.00 0.00	
57 Distance/Direction to Object Struck												83 Unit#		Overwidth Permit#	
58 Vehicle Underride/Override		3		3								Overwidth Trailer and Overwidth Mobile Homes			
59 Vehicle Defects		0		0											

84 DIAGRAM



Unit.# 1 was:  Traveling  Parked Facing  N  S  E  W on AIRPORT ROAD Unit.# 2 was:  Traveling  Parked Facing  N  S  E  W on HOMESTEAD ROAD

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

Vehicle 1 was traveling east on Homestead Road. Vehicle 1 stopped suddenly and attempted to make u-turn on Homestead Road. Vehicle 2 was traveling east on Homestead Road, after making left turn from Weaver Dairy Extention onto Homestead. Vehicle 2 struck vehicle 1.

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

WITNESSES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

TRAFFIC VIOLATION(S)

Name TONG GUI Charges SAFE MOVEMENT GS20-154

Name MIN HUANG Charges FAIL TO REDUCE SPEED GS20-141M

Officer Name \_\_\_\_\_ Number \_\_\_\_\_ Department \_\_\_\_\_ Date of report \_\_\_\_\_

WILSON, C. 6602 0680100 04/09/2005

No. of Units Involved Form 1 of 2 Supplemental Report Non-Reportable 0506721

1 Date 03/17/2005 County ORANGE Time 1624 Local Use/Patrol Area HOMESTEAD Date Received by DMV

2 Location: 33 Relation to Roadway Surface 1 Occurred In CHAPEL HILL on HOMESTEAD RD at or from WEAVER DAIRY EXT toward HEARTHSTONE LN

3 Driver: UNIT# 1 HECTOR LUIS PANDIANI, UNIT# 2 CARLOS ENRIQUE MARTIN VEGA. Address, City, State, Zip, D.L.#, DOB, Vision, Physical, D.L. Restriction, Alcohol/Drugs Suspected, Results, Vehicle Seizure (DWI)

4 Owner: HECTOR LUIS PANDIANI and GULNARA TRAUCO. Address, City, State, Zip, Plate #, VIN, Vehicle Make, Year, Style, Drivable, Estimated Damage, Insurance Company, Policy #

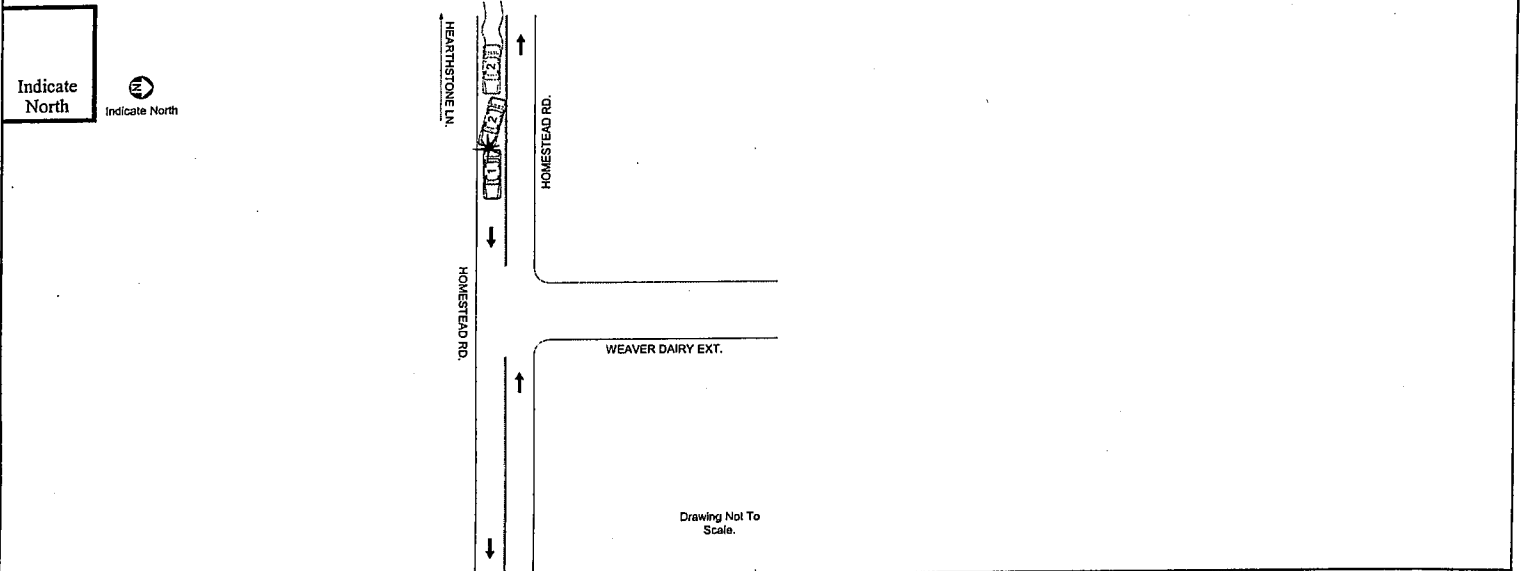
20 COMMERCIAL VEHICLE: Carrier Name, Address, Source, Carrier Identification Numbers, GVWR, Axles, US DOT#, ICC#, State, State#, IFTA#, FEI#, Fleet#, Gross Vehicle Weight Rating

Table with columns for Unit 1-Driv1, Ped1, etc. and Unit 2-Driv2, Ped2, etc. Rows A-H for names and addresses of all persons involved.

46 Name of EMS, 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# 1		Unit# 2		VEHICLE INFO.		Veh.# 1	Veh.# 2	ROADWAY INFO.		WORK ZONE RELATED			
		16		0 0		60 Authorized Speed Limit		35	35	69 Road Feature		8	78 Workzone Area	5	
CRASH SEQUENCE (Unit Level)		Unit# 1		Unit# 2		61 Estimate of Original Traveling speed		0	35	70 Road Character		1	79 Work Activity		
49 Vehicle Maneuver/Action		1		4		62 Estimate of Speed at Impact		0	20	71 Road Classification		5	80 Work Area Marked		
50 Non-Motorist Action						63 Tire Impressions Before Impact (ft.)		0.00	0.00	72 Road Surface Type		3	81 Crash Location		
51 Non-Motorist Location Prior to Impact						64 Distance Traveled After Impact (ft.)		UNK	UNK	73 Road Configuration		2	TRAILER INFO. Unit.# 1 Unit.# 2		
52 Crash Sequence-First Event for This Unit		21		21		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		2	1st Trailer No. of Axles	0	
54 Crash Sequence-Third Event						67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		13	Width (inches)	0.00	
55 Crash Sequence-Fourth Event						68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control oper		1	Length (feet)	0.00	
56 Most Harmful Event for This Unit		21		21		<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> From Placard indicate: Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (does not include fuel from fuel tank) Carrying Haz Mat <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				82 Trailer No. of Axles		0	0		
57 Distance/Direction to Object Struck		0		0						83 Unit#		Overwidth Trailer and Overwidth Mobile Homes		0.00	0.00
58 Vehicle Underride/Override		3		3						83 Unit#		Overwidth Trailer and Overwidth Mobile Homes		0.00	0.00
59 Vehicle Defects		0		0						83 Unit#		Overwidth Trailer and Overwidth Mobile Homes		0.00	0.00

84 DIAGRAM



Unit.# 1 was:  Traveling  Parked Facing N S E W on HOMESTEAD RD. Unit.# 2 was:  Traveling  Parked Facing N S E W on HOMESTEAD RD.

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

UNIT #1 STOPPED DUE TO TRAFFIC AHEAD OF UNIT #1 STOPPING TO TURN LEFT FROM HOMESTEAD RD. ONTO WEAVER DAIRY EXT. UNIT #2 FAILED TO REDUCE SPEED AND COLLIDED INTO THE BACK OF UNIT #1.

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

WITNESSES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

TRAFFIC VIOLATION(S)

Name CARLOS ENRIQUE MARTIN VEGA Charges G.S. 20-141 (M) FAILURE TO REDUCE SPEED

Name \_\_\_\_\_ Charges \_\_\_\_\_ (Citation # optional)

Officer Name \_\_\_\_\_ Number \_\_\_\_\_ Department \_\_\_\_\_ Date of report \_\_\_\_\_

PO1 CABE, C. 5993 0680100 03/17/2005

1

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9

No. of Units Involved Form 1 of 2 Supplemental Report Non-Reportable 0429136

1 Date 10/23/2004 County ORANGE Time 1753 Local Use/Patrol Area IRONWOODS Date Received by DMV

2 L 33 Relation to Roadway Surface 1 Crash Occurred In CHAPEL HILL Municipality or Miles N S E W outside municipality

10  
17  
11  
17

3 1 UNIT# 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE Driver MICHAEL SCOTT WALTMAN Address 2406 OUTRIDER TRACE City CHAPEL HILL State NC Zip 27516

4 1 5 6 2 7 1 Owner MICHAEL SCOTT WALTMAN Address 2406 OUTRIDER TRACE City CHAPEL HILL State NC Zip 27516 Plate # NOLE899 Year 2005 VIN 1G8ZK52754Z161664

12  
0  
13  
14  
0  
15  
16  
17  
18  
19

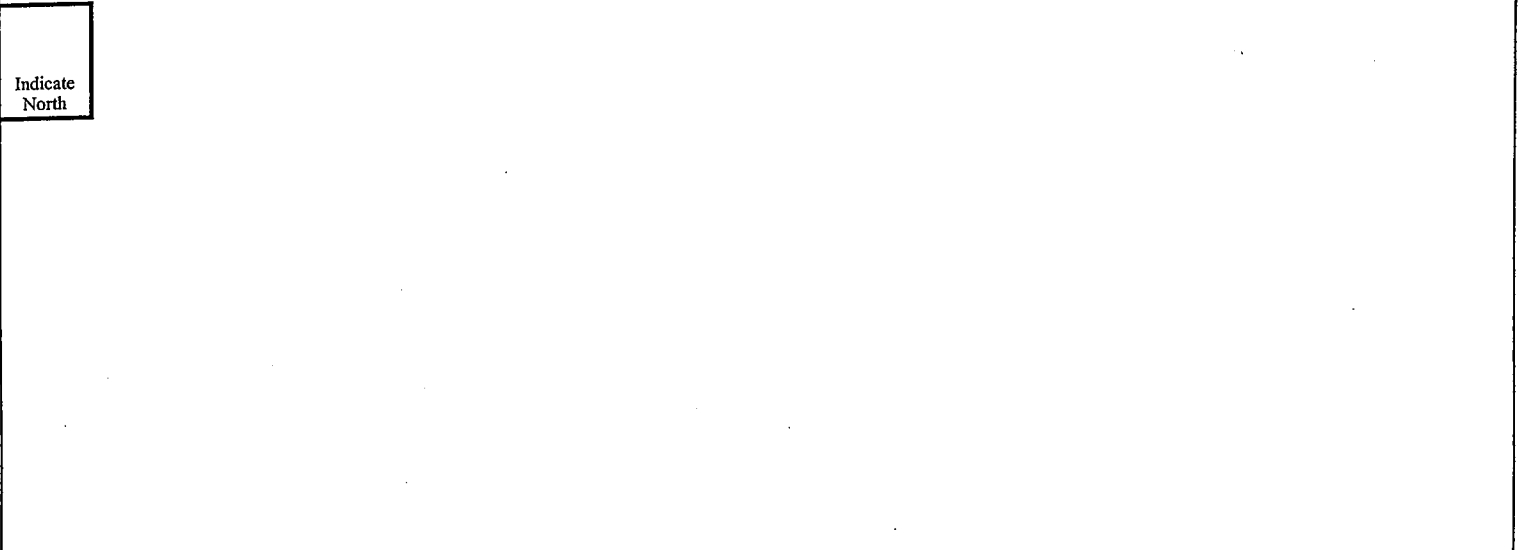
20 COMMERCIAL VEHICLE: Carrier Name, Address, Source 45 Cargo Body Type Same Address as Owner? Source Truck Shipping papers Driver

Table with columns for driver status (A-H) and rows for unit details (Unit 1-32). Includes fields for Vehicle #, Towed To/By, and Owner.

46 Name of EMS 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# 1		4		0		0		VEHICLE INFO.		Veh.# 1	Veh.#	ROADWAY INFO.		WORK ZONE RELATED			
60 Authorized Speed Limit										35				69 Road Feature		0		78 Workzone Area	
61 Estimate of Original Traveling speed										35				70 Road Character		1		79 Work Activity	
62 Estimate of Speed at Impact										35				71 Road Classification		5		80 Work Area Marked	
63 Tire Impressions Before Impact (ft.)										0.00				72 Road Surface Type		3		81 Crash Location	
64 Distance Traveled After Impact (ft.)										0				73 Road Configuration		2		TRAILER INFO. Unit.# 1 Unit.#	
65 Emergency Vehicle Use														74 Access Control		3		82 Trailer Type	
66 Post Crash Fire (if "Yes" check block)										<input type="checkbox"/>		<input type="checkbox"/>		75 Number of Lanes		2		1st Trailer No. of Axles	
67 School Bus - Contact Vehicle "										<input type="checkbox"/>		<input type="checkbox"/>		76 Traffic Control Type		0		Width (inches)	
68 School Bus - Noncontact Vehicle "										<input type="checkbox"/>		<input type="checkbox"/>		77 Traffic Control oper				Length (feet)	
56 Most Harmful Event for This Unit		17																2nd Trailer No. of Axles	
57 Distance/Direction to Object Struck		0																Width (inches)	
58 Vehicle Underride/Override		3																Length (feet)	
59 Vehicle Defects		7																2nd Trailer No. of Axles	
																		Width (inches)	
																		Length (feet)	
																		83 Unit.#	
																		Overwidth Trailer and Overwidth Mobile Homes	
																		Overwidth Permit#	

84 DIAGRAM



Unit.# 1 was:  Traveling     on HOMESTEAD ROAD Unit.# was:  Traveling         on  Parked Facing N S E W on  Parked Facing N S E W on

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

Vehicle 1 was traveling west on Homestead Road. Vehicle 1 struck a deer that ran across the roadway. Vehicle 1 was unable to stop or maneuver around the animal.

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

WITNESSES  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

TRAFFIC VIOLATION(S)  
Name \_\_\_\_\_ Charges \_\_\_\_\_  
(Citation # optional)  
Name \_\_\_\_\_ Charges \_\_\_\_\_

Officer Name	Number	Department	Date of report
MCCIMORE, J.	6762	0680100	10/25/2004



2

No. of Units Involved Form 1 of 2 Supplemental Report Non-Reportable 0428284

1 Date 10/15/2004 County ORANGE Time 0707 Local Use/Patrol Area CHHS Date Received by DMV

2 Location: 33 Relation to Roadway Surface 1 Crash Occurred In Near CHAPEL HILL Municipality on HOMESTEAD RD 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 (If available) at or from WEAVER DAIRY EXT toward HEARTHSTONE Use Highway Number, Street Name or Adjacent County or State Line N S E W Use Highway Number, Street Name or Adjacent County or State Line

3 Driver: VALERIE PAIGE FOUSHEE Address: 106 CLARIS CT City: CHAPEL HILL State: NC Zip: 27514 Driver's License: Yes Phone: 919-942-2669 D.L.#: 3707998 State: NC DOB: 05/07/1956

3 Driver: RANDY GUY RIGSBEE Address: 7409 MOUNTAIN DR City: CHAPEL HILL State: NC Zip: 27516 Driver's License: Yes Phone: 919-942-9989 D.L.#: 8311345 State: NC DOB: 02/16/1973

4 Owner: VALERIE PAIGE FOUSHEE Address: 106 CLARIS CT City: CHAPEL HILL State: NC Zip: 27514 Plate #: RXL9958 VIN: WDBEA30E3NB598837 Vehicle Make: MERZ Year: 1992 Style: 1 Vehicle Drivable: No 43 TAD: FD4 44 Damage: \$8,000.00 Insurance Company: ERIE INSURANCE EXCHANGE Policy #: Q101206539

4 Owner: RANDY GUY RIGSBEE Address: 7409 MOUNTAIN DR City: CHAPEL HILL State: NC Zip: 27516 Plate #: NRP1297 VIN: 1FTZX18W1WNA89932 Vehicle Make: FORD Year: 1998 Style: 2 Vehicle Drivable: No 43 TAD: RFQ3 44 Damage: \$4,000.00 Insurance Company: NATIONWIDE Policy #: 61J796448

20 COMMERCIAL VEHICLE: Carrier Name, Address, Source 45 Cargo Body Type Same Address as Owner? Source Truck Shipping papers Driver

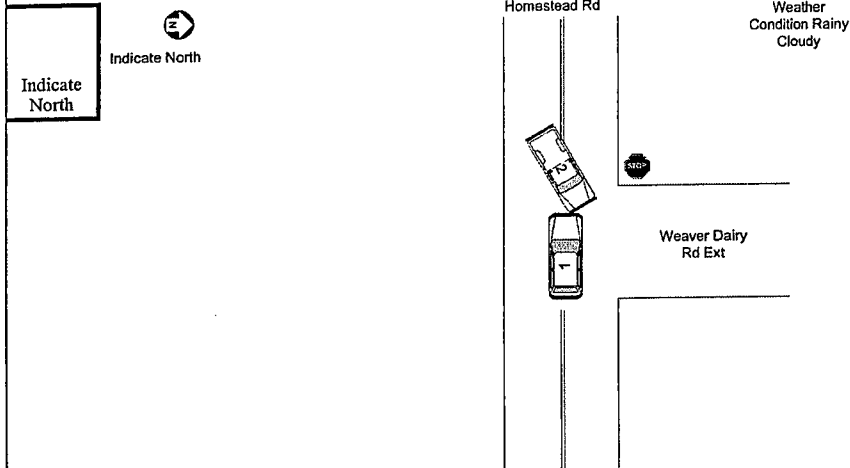
Carrier Identification Numbers, GVWR, Axles US DOT# ICC# Axles on Vehicle Including Trailers State State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

Table with columns A-H and rows 1-32. Names and Addresses for All Person (Unit 1/Unit 2 drv, Ped, etc. - See Above); Use check blocks if address same as Driver. Includes entries for BLALOCK'S TOWING AND T-ROYS, and TERRANCE MICHAEL FOUSHEE.

46 Name of EMS A, B, C ORANGE COUNTY EMS 46 Name of EMS 47 Injured Taken by EMS to (Treatment Facility and City or Town) 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)			VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED		
Unit# 1	1	3 21	60 Authorized Speed Limit	Veh.# 1 35	Veh.# 2 35	69 Road Feature	0	78 Workzone Area	5
Unit# 2	20		61 Estimate of Original Traveling speed	35	5	70 Road Character	2	79 Work Activity	
CRASH SEQUENCE (Unit Level)			62 Estimate of Speed at Impact	30	5	71 Road Classification	5	80 Work Area Marked	
Unit# 1	Unit# 2		63 Tire Impressions Before Impact (ft.)	0.00	0.00	72 Road Surface Type	3	81 Crash Location	
49 Vehicle Maneuver/Action	4	8	64 Distance Traveled After Impact (ft.)			73 Road Configuration	2	TRAILER INFO.	
50 Non-Motorist Action			65 Emergency Vehicle Use			74 Access Control	1	Unit# 1	Unit# 2
51 Non-Motorist Location Prior to Impact			66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	82 Trailer Type	
52 Crash Sequence-First Event for This Unit	23	23	67 School Bus - Contact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	0	1st Trailer No. of Axles	0
53 Crash Sequence-Second Event "			68 School Bus - Noncontact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control oper		Width (inches)	0.00
54 Crash Sequence-Third Event "			<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> From Placard indicate: Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (does not include fuel from fuel tank) Carrying Haz Mat <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				Length (feet)	0.00	0.00
55 Crash Sequence-Fourth Event "							82 Trailer No. of Axles	0	0
56 Most Harmful Event for This Unit	23	23					Width (inches)	0.00	0.00
57 Distance/Direction to Object Struck							Length (feet)	0.00	0.00
58 Vehicle Underride/Override	3	3					83 Unit#	Overwidth Permit#	
59 Vehicle Defects	0	0					Overwidth Trailer and Overwidth Mobile Homes		

84 DIAGRAM



Drawing Not To Scale.

Unit.# 1 was:  Traveling  Parked Facing N S E W on HOMESTEAD Unit.# 2 was:  Traveling  Parked Facing N S E W on HOMESTEAD

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

VEH 1 WAS TRAVELING WEST ON HOMESTEAD RD WHEN VEH 2 TRAVELING EAST, TURNING NORTH ON WEAVER DAIRY RD EXT. COLLIDED WITH IT. DRIVER OF VEH 2 SAYS HE DID NOT SEE VEH 1 AND THAT VEH 1 HAD NO HEADLIGHTS ON. DRIVER OF VEH 1 BELIEVES SHE HAD EITHER PARK OR HEADLIGHTS ON, BUT IS NOT SURE WHICH ONE. VEH 1 DRIVER SAID SHE ATTEMPTED TO VEER LEFT WHEN SHE NOTICED VEH 2 ENTER HER LANE OF TRAVEL BUT WAS UNABLE TO AVOID VEH 2.

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

WITNESSES

Name SALLY E LEWIS Address 221 CHATEAU PL CHAPEL HILL NC Phone 919-960-5940

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

TRAFFIC VIOLATION(S)

Name RANDY GUY RIGSBEE Charges SAFE MOVEMENT VIOLATION (Citation # optional) \_\_\_\_\_

Name \_\_\_\_\_ Charges \_\_\_\_\_

Officer Name Number Department Date of report

BELL, P. 7081 0680100 10/18/2004

2

No. of Units Involved Form 1 of 2 Supplemental Report Non-Reportable

0419513

1 Date 07/19/2004 County ORANGE Time 1818 Local Use/Patrol Area TIMBERLYNE Date Received by DMV

2 Location 33 Relation to Roadway Surface 1 Occurred In CHAPEL HILL Municipality on WEAVER DAIRY RD. EXT. Highway Number, or Highway, Street (If ramp or service road, indicate on line) Airport or from HOMESTEAD ROAD toward AIRPORT ROAD

4 Driver SANDRA BERNS PRESS Address 113 CABERNET DRIVE City CHAPEL HILL State NC Zip 27516 Driver's Phone H (919) 967-9726 D.L.# T61418401 State VA DOB 12/22/1966

4 Driver IRENE RODAK FERGUSON Address 200 WESTMINSTER DRIVE City CHAPEL HILL State NC Zip 27514 Driver's Phone H (919) 929-1258 D.L.# 7508261 State NC DOB 08/12/1930

Owner SANDRA BERNS PRESS Address 113 CABERNET DRIVE City CHAPEL HILL State NC Zip 27516 Plate # ZEK6138 VIN JTEHF21A810006310 Vehicle TOYT Year 2001 Style (Type) 4 42 Vehicle Drivable Yes

Owner IRENE RODAK FERGUSON Address 200 WESTMINSTER DRIVE City CHAPEL HILL State NC Zip 27514 Plate # KKY3709 VIN 1FAFP6532WK182315 Vehicle FORD Year 1998 Style (Type) 1 42 Vehicle Drivable Yes

20 COMMERCIAL VEHICLE: Carrier Name, Address, Source 45 Cargo Body Type Same Address as Owner? Source Truck Shipping papers Driver

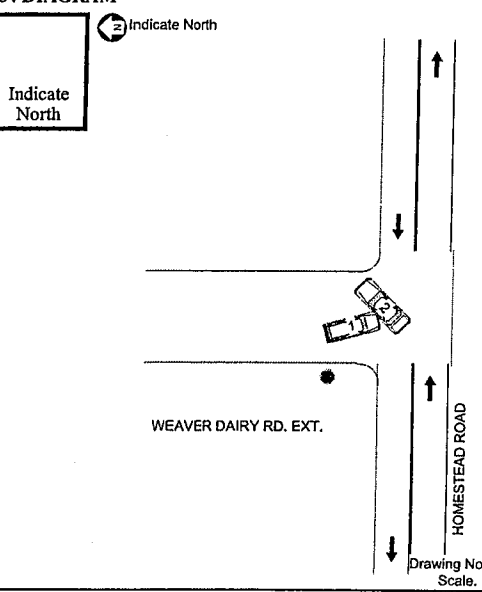
Carrier Identification Numbers, GVWR, Axles US DOT# ICC# Axles on Vehicle Including Trailers State State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

Table with columns for names and addresses of all persons (Unit 1/Unit 2 drv, Ped, etc.) and rows A through H.

46 Name of EMS 46 Name of EMS

47 Injured Taken by EMS to (Treatment Facility and City or Town) 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)			Unit# 1 2 3 0		Unit# 2 6 7 0		VEHICLE INFO.		Veh.# 1	Veh.# 2	ROADWAY INFO.		WORK ZONE RELATED		
CRASH SEQUENCE (Unit Level)			Unit# 1	Unit# 2	60 Authorized Speed Limit	25	35	69 Road Feature	8	78 Workzone Area	5				
49 Vehicle Maneuver/Action			4	8	61 Estimate of Original Traveling speed	5	10	70 Road Character	1	79 Work Activity					
50 Non-Motorist Action					62 Estimate of Speed at Impact	5	10	71 Road Classification	5	80 Work Area Marked					
51 Non-Motorist Location Prior to Impact					63 Tire Impressions Before Impact (ft.)	0.00	0.00	72 Road Surface Type	3	81 Crash Location					
52 Crash Sequence-First Event for This Unit			24	24	64 Distance Traveled After Impact (ft.)	0	0	73 Road Configuration	2	TRAILER INFO.		Unit.# 1	Unit.# 2		
53 Crash Sequence-Second Event			"		65 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type					
54 Crash Sequence-Third Event			"		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	1st Trailer No. of Axles	0	0			
55 Crash Sequence-Fourth Event			"		67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	1	Width (inches)	0.00	0.00			
56 Most Harmful Event for This Unit			24	24	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control oper	1	Length (feet)	0.00	0.00			
57 Distance/Direction to Object Struck			1	1	<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> From Placard indicate: Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (does not include fuel from fuel tank) Carrying Haz Mat <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				82 Trailer No. of Axles		0	0			
58 Vehicle Underride/Override			3	3					82 Trailer Type		2nd Trailer No. of Axles		0	0	
59 Vehicle Defects			0	0					82 Trailer Width (inches)		82 Trailer Length (feet)		0.00	0.00	
84 DIAGRAM			83 Unit.# Overwidth Trailer and Overwidth Mobile Homes Overwidth Permit#												



Unit.# 1 was:  Traveling  Parked Facing N S E W on WEAVER DAIRY RD. EXT. Unit.# 2 was:  Traveling  Parked Facing N S E W on HOMESTEAD ROAD

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

IT APPEARS THAT V1 DID NOT COMPLETELY STOP PASSED THE STOPSIGN ON WEAVER DAIRY EXT. V1 CONTINUED TO MOVE FORWARD TOWARD HOMESTEAD ROAD AND COLLIDED WITH V2 WHICH WAS TURNING INTO WEAVER DAIRY EXT.

86 Type/Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ Phone \_\_\_\_\_

ADDITIONAL PROPERTY DAMAGE \_\_\_\_\_ State Property \_\_\_\_\_ Estimated Damage \$ \_\_\_\_\_

WITNESSES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

TRAFFIC VIOLATION(S)

Name \_\_\_\_\_ Charges \_\_\_\_\_ (Citation # optional)

Name \_\_\_\_\_ Charges \_\_\_\_\_

Officer Name: SEAGROVES, S. Number: 5632 Department: 0680100 Date of report: 07/19/2004