

2

No. of Units Involved

Form 1 of 2

☐ Supplemental Report☐ Non-Reportable

Date Received by DMV

Crash Date
01/08/2015
mm/dd/ccyyCounty
WAKETime
06:36
(24 Hour Clock)Local Use/Patrol Area
15000200 / 117

LOCATION

33 Relation to Roadway Surface 1 Crash occurred ☒ In Near CARY Municipality
on NC 55 HWY
Highway Number, or Highway, Street. (If ramp or service road, indicate on line)

Ramp or Service Road

(R.R. Crossing # .1)

☐ ☐ ☐ outside municipality
Miles N S E W

Miles (0 ft.-Intersection) ft. N S E W

(If available)

at or from S.R 1615 (HIGH HOUSE RD)
Use Highway Number, Street Name or Adjacent County or State Line☐ ☒ ☐ ☐ N S E Wtoward PARKSCENE
Use Highway Number, Street Name or Adjacent County or State Line

Latitude 35.7857

Longitude -78.8715

Altitude

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLEDriver STEVEN FREDERICK KILLEN
First Middle Last Suffix

Address 621 W SOUTH ST

City RALEIGH State NC Zip 276032119

Same Address on Driver's License? ☐ Yes ☒ No Driver's Phone H (919) 949-6960
Numbers W ()D.L. # 38239719 D.L. Class C State NC
CDL License ☐

DOB 09/25/1979 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 STEVEN FREDERICK KILLEN
Same as Driver? ☒Address 621 W SOUTH ST
Same Address as Driver? ☒

City RALEIGH State NC Zip 276032119

Plate # CBM8329 Plate NC Plate 2014
State Year

VIN KMHCT5AE3DU110935

Vehicle HYUN Vehicle 2013 41 Vehicle 1 42 Vehicle ☐ Yes
Make Year Style (Type) Drivable ☒ No

43 TAD FL 2 44 Estimated Damage \$2,500.00

Insurance STATE FARM MUTUAL AUTOMOBILE
Company

Policy # 0829561A0833E

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHERDriver REINA LAWRENCE
First Middle Last Suffix

Address 103 PARKMOUNT CIR

City CARY State NC Zip 27519

Same Address on Driver's License? ☐ Yes ☒ No Driver's Phone H (919) 601-8274
Numbers W ()D.L. # 29889110 D.L. Class C State NC
CDL License ☐

DOB 02/09/1977 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 MARK RICHARD LAWRENCE
Same as Driver? ☒Address 103 PARKMOUNT CIR
Same Address as Driver? ☒

City CARY State NC Zip 275196607

Plate # TRK7912 Plate NC Plate 2012
State Year

VIN 1HGCP368X9A033474

Vehicle HOND Vehicle 2009 41 Vehicle 1 42 Vehicle ☒ Yes
Make Year Style (Type) Drivable ☐ No

43 TAD 44 Estimated Damage \$0.00

Insurance ALLSTATE PROPERTY AND CASUALTY
Company

Policy # 963747345

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Unit 45 Cargo Body Type ☐ Same Address as Owner?☐ 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 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

A	1	1	1	Unit1-Drv1, Ped1, etc. see above	W	M	2	1	0	2	1	5	see above	Veh#1 Towed To/By: PEAK TOWING	PEAK TOWING
B	2	1	1	Unit2-Drv2, Ped2, etc. see above	W	F	2	1	0	2	1	5	see above	Veh#2 Towed To/By:	
C															
D															
E															
F															
G															
H															

46 Name of EMS


46 Name of EMS

47 Injured Taken by EMS to

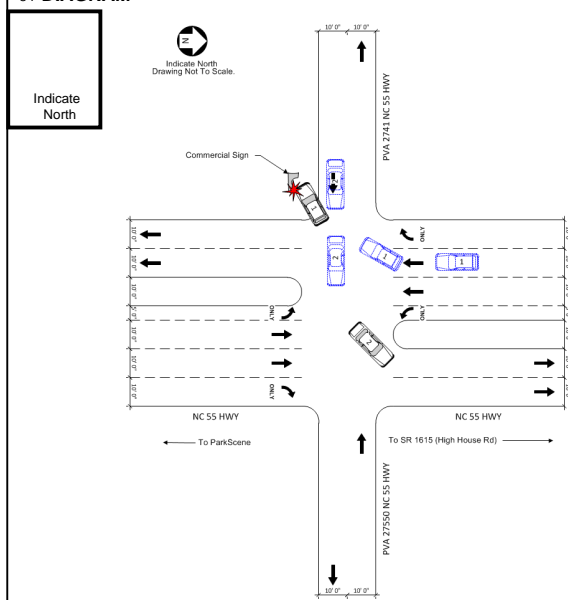
(Treatment Facility and City or Town)

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>4</u> Unit# <u>2</u> _____			VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level) Unit# <u>1</u> Unit# <u>2</u>			60 Authorized Speed Limit	50		69 Road Feature	0	78 Workzone Area	5	
			61 Estimate of Original Traveling Speed	50	15	70 Road Character	3	79 Work Activity		
			62 Estimate of Speed at Impact	30		71 Road Classification	3	80 Work Area Marked		
			63 Tire Impressions Before Impact (ft.)			72 Road Surface Type	3	81 Crash Location		
			64 Distance Traveled After Impact (ft.)	0	0	73 Road Configuration	3			
49 Vehicle Maneuver/Action	4	8	65 Emergency Vehicle Use			74 Access Control	3	TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>		
50 Non-Motorist Action			66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	4	82 Trailer Type	00	00
51 Non-Motorist Location Prior to Impact			67 School Bus - Contact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	1	1st Trailer No. Axles		
52 Crash Sequence - First Event for This Unit	1	13	68 School Bus - Noncontact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	1	Width (inches)		
53 Crash Sequence - Second Event "	55		COMMERCIAL VEHICLE: Hazardous Materials Involvement 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 _____					Length (feet)		
54 Crash Sequence - Third Event "	40							83 Unit# _____	Overwidth Permit # _____	
55 Crash Sequence - Fourth Event "								Overwidth Trailer and Overwidth Mobile Home		
56 Most Harmful Event for This Unit	40	13								
57 Distance/Direction to Object Struck	3	0								
58 Vehicle Underride/Override	3	3								
59 Vehicle Defects	7	7								

84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on NC 55 HWY Unit# 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☒ E ☐ W on PVA 2741 NC 55 HWY

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)
Vehicle 1 was traveling South on NC 55 Hwy. Vehicle 2 was traveling East on PVA 2741 NC 55 HWY. Vehicle 2 made a left turn in front of Vehicle 1. To avoid a collision with Vehicle 2, Vehicle 1 turned hard to the right and collided with a buisness sign.

Driver of Vehicle 2 returned to the scene to advise of what happened and to check on the well being of the driver of Vehicle 1.

86 Type/Owner COMMERCIAL SIGN Owner Address _____ Phone _____ State Property? ☐ Estimated Damage \$ 2,500.00

WITNESSES
Name _____ Address _____ Phone No. (_____) _____
Name _____ Address _____ Phone No. (_____) _____
TRAFFIC VIOLATION(S)
Name _____ Charge(s) _____
Name _____ (Citation # optional) Charge(s) _____
Officer Name PO Officer Number 6013 Department 0920300 Date of Report 01/08/2015