

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

FATALITY

No. of Units Involved

Form 1 of 1

Supplemental Report

Non-Reportable

Date Received by DMV

1 Date 05/23/2010 County GUILFORD Time 1143 Local Use/Patrol Area 044 A3
33 Relation to Roadway Surface 1 Crash occurred in JAMESTOWN Municipality
on US 29/70 (I-85 BUSINESS) Highway Number, or Highway, Street (If ramp or service road, indicate on line)
at or from RP 1144 (RIVER ROAD) toward RP 1145 (RIVERDALE DRIVE) Use Highway Number, Street Name or Adjacent County or State Line

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE
Driver JAMES D. GOODNIGHT Address 650 FRANCIS STREET City HIGH POINT State NC Zip 27263
D.L. # 2817223 State NC DOB 06/17/1969
37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) --N/A 40 Vehicle Seizure (DWI)
UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER
Driver SANDRA GAIL ALLMOND Address 2514 JOHNSONTON ROAD City THOMASVILLE State NC Zip 27360
D.L. # 36023929 State NC DOB 06/18/1954
37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) --N/A 40 Vehicle Seizure (DWI)

Owner NC DEPT. OF CRIME CONTROL AND PUBLIC SAFETY Address 4702 MAIL SERVICE CENTER City RALEIGH State NC Zip 27699
Plate # SHP-1037 State NC Year 2010 VIN 2B3KA43T79H607686
Vehicle Make DODGE Year 2009 Style (Type) 31 42 Vehicle Drivable
43 TAD FL-7 44 Estimated Damage 22,094.00
Insurance Company TRJCAP104T6820
Owner GERALD PAUL ALLMOND Address 3311 DILLON ROAD City JAMESTOWN State NC Zip 27360
Plate # ZNV-4415 State NC Year 2010 VIN 1HGCD7130SA041732
Vehicle Make HONDA Year 1995 Style (Type) 1 42 Vehicle Drivable
43 TAD RFQ-7 44 Estimated Damage 3500.00
Insurance Company GREENVILLE CASUALTY Policy # NCP00262491

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 Drv, Fed, etc. - See Above); Use check blocks if address same as Driver

Table with columns A-H and rows 1-32. Contains names and addresses for all persons involved in the crash, including James D. Goodnight, Sandra Gail Allmond, and various witnesses and EMS personnel.

46 Name of EMS A GUILFORD COUNTY EMS 46 Name of EMS B,C,D,E GUILFORD COUNTY EMS
47 Injured Taken A MOSES CONE/HIGH POINT 47 Injured Taken B,C,D,E WAKE FOREST BAPTIST/WINSTON-SALEM
by EMS to (Treatment Facility and City or Town) by EMS to (Treatment Facility and City or Town)

