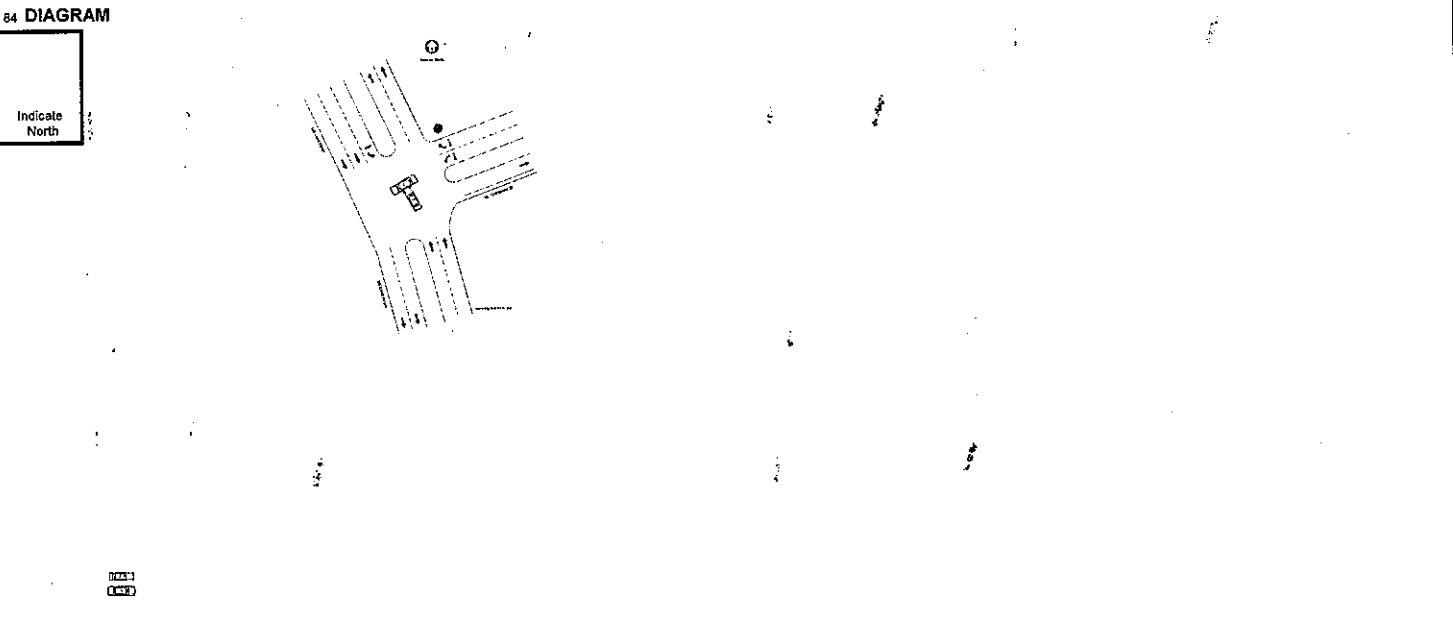


48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# 1 5 6 7			Unit# 2 1 2 3			VEHICLE INFO.		Veh # 1		Veh # 2		ROADWAY INFO.		WORK ZONE RELATED		
								60 Authorized Speed Limit	35	45	69 Road Feature	8		78 Workzone Area	5		
CRASH SEQUENCE (Unit Level)	Unit# 1		Unit# 2				61 Estimate of Original Traveling Speed	15	52	70 Road Character	1		79 Work Activity				
49 Vehicle Maneuver/Action	8		4				62 Estimate of Speed at Impact	15	52	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.)	75	550	73 Road Configuration	3		TRAILER INFO.		Unit# 1	Unit# 2	
52 Crash Sequence - First Event for This Unit	24		24				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	4		1st Trailer No. Axles	0	0		
54 Crash Sequence - Third Event							67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	1		Width (inches)	0.00	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	0.00		
56 Most Harmful Event for This Unit	24		24				COMMERCIAL VEHICLE: Hazardous Materials Involvement										
57 Distance/Direction to Object Struck	0		0				<input type="checkbox"/> Haz Mat Placard Yes <input type="checkbox"/> No <input type="checkbox"/> Hazardous Cargo Released (does not include fuel from fuel tank) Yes <input type="checkbox"/> No <input type="checkbox"/> Carrying Haz Mat Yes <input type="checkbox"/> No From Placard Indicate: <input type="checkbox"/> 4-digit placard number or name from diamond or box <input type="checkbox"/> 1-digit number from bottom of diamond										
58 Vehicle Under/Over/ride	3		3				83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home Overwidth Permit # _____										
59 Vehicle Defects	7		7														



Unit# 1 was: Traveling Parked Facing N S E W on **W CHATHAM**

Unit# 2 was: Parked Facing N S E W on **SW CARY PKWY**

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

Vehicle 1 was traveling West on W. Chatham attempting to make a left turn on to SW Cary Parkway. Vehicle 2 was traveling North on SW Cary Parkway. Vehicle 1 collided with Vehicle 2

86 Type/Owner _____ Owner Address _____ Phone _____

State Property? Estimated Damage \$ _____

WITNESSES

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

TRAFFIC VIOLATION(S) _____

Name _____ Charge(s) _____

Name _____ Charge(s) _____

Officer Name **PO READY, B. T.** Officer Number **6013** Department **0920300** Date of Report **02/12/2012**