

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

103315889

Date Received by DMV

11/30/2011

No. of Units Involved

Form 1 of 2

Supplemental Report

Non-Reportable

Date 11/26/2011

County DURHAM

Time 11:47

Local Use/Patrol Area 111126226CA/03

33 Relation to Roadway Surface 2 Crash occurred in DURHAM or outside municipality

on I 85 Highway Number, or Highway, Street, (if ramp or service road, indicate on line) Municipality (R.R. Crossing #) Miles 128 ft N S E W

Highway Number, Street Name or Adjacent County or State Line N S E W toward I 85 Use Highway Number, Street Name or Adjacent County or State Line

UNIT #1 [X] VEHICLE [] PEDESTRIAN [] HIT & RUN [] COMMERCIAL 20 VEHICLE Driver: DAVID AARON HAITHCOCK

UNIT #2 [X] VEHICLE [] PEDESTRIAN [] HIT & RUN [] OTHER Driver: ALICE FAYE MULLIS

Address [Redacted]

City DURHAM State NC Zip 27701

Same Address on Driver's License? [] Yes [] No Driver's Phone Numbers H (919) W (919)

D.L. [Redacted] Class C State NC

DOB 03/18/1983 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) []

Owner NC CRIME CONTROL & PUBLIC SAFETY

Address 1300 BLUE RIDGE RD

City RALEIGH State NC Zip 276076472

Plate # [Redacted] State NC Plate 2012

VIN [Redacted] Vehicle DODG Year 2009 41 Vehicle Style (Type) 31 42 Vehicle Drivable [X] No

43 TAD FD-6 44 Estimated Damage \$18167

Insurance TRAVELERS Company

Policy # [Redacted]

Address [Redacted]

City DURHAM State NC Zip 277121615

Same Address on Driver's License? [] Yes [] No Driver's Phone Numbers H (919) W ()

D.L. [Redacted] Class C State NC

DOB 01/16/1948 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 1

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) []

Owner ALICE FAYE MULLIS

Address [Redacted]

City DURHAM State NC Zip 277121615

Plate # [Redacted] State NC Plate 2012

VIN [Redacted] Vehicle HOND Year 1997 41 Vehicle Style (Type) 1 42 Vehicle Drivable [X] No

43 TAD LP-4 44 Estimated Damage \$8500

Insurance ERIE INSURANCE EXCHANGE Company

Policy # [Redacted]

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

Unit 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# Gross Vehicle Weight Rating

Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

Table with columns A-H and rows 1-4. Contains names and addresses for all persons involved in the crash.

46 Name of EMS ABC-DURHAM COUNTY EMS

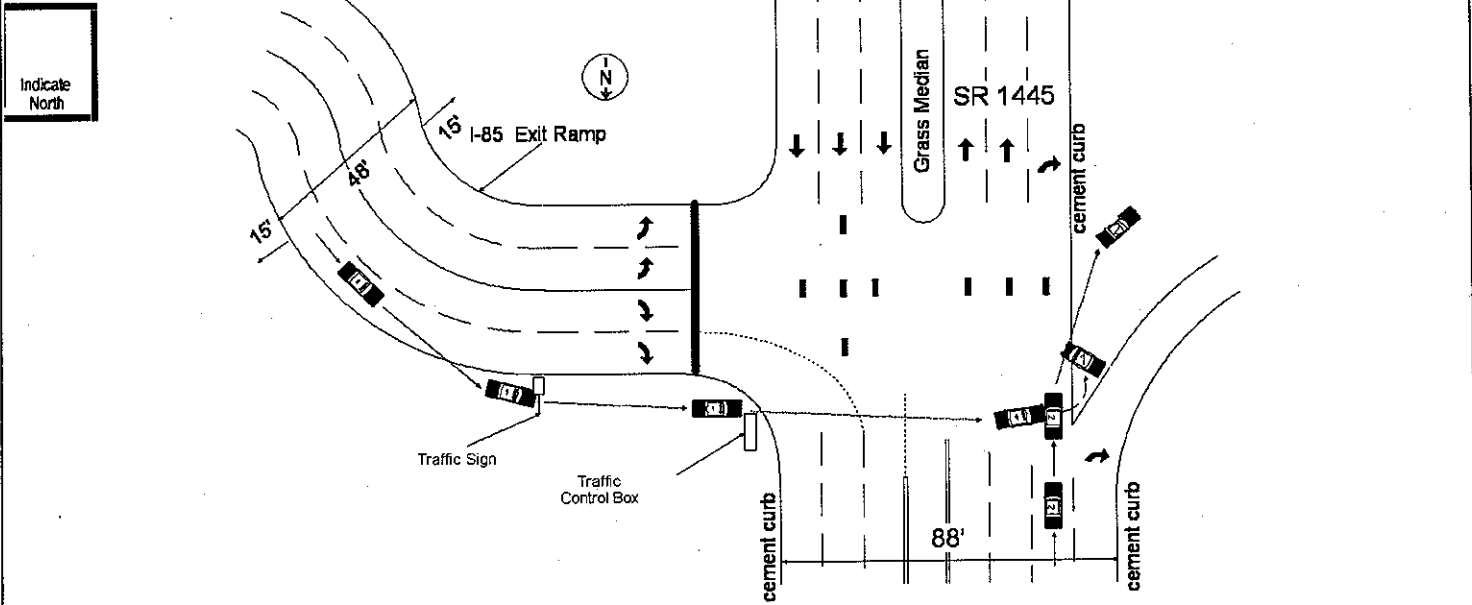
46 Name of EMS

47 Injured Taken by EMS to DUKE UNIVERSITY MEDICAL CENTER, DURHAM

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# <u>1</u> <u>3</u> Unit# <u>2</u> <u>6</u> <u>7</u>			Veh # <u>1</u> Veh # <u>2</u>		69 Road Feature <u>16</u>		78 Workzone Area <u>5</u>			
CRASH SEQUENCE (Unit Level)			60 Authorized Speed Limit <u>60</u> <u>35</u>		70 Road Character <u>7</u>		79 Work Activity			
Unit# <u>1</u> Unit# <u>2</u>			61 Estimate of Original Traveling Speed <u>70</u> <u>10</u>		71 Road Classification <u>1</u>		80 Work Area Marked			
49 Vehicle Maneuver/Action <u>4</u> <u>11</u>			62 Estimate of Speed at Impact <u>25</u> <u>10</u>		72 Road Surface Type <u>3</u>		81 Crash Location			
50 Non-Motorist Action			63 Tire Impressions Before Impact (ft.) <u>292</u> <u>0</u>		73 Road Configuration <u>1</u>		TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>			
51 Non-Motorist Location Prior to Impact			64 Distance Traveled After Impact (ft.) <u>21</u> <u>81</u>		74 Access Control <u>2</u>		82 Trailer Type <u>00</u> <u>00</u>			
52 Crash Sequence - First Event for This Unit <u>38</u> <u>30</u>			65 Emergency Vehicle Use <u>4</u>		75 Number of Lanes <u>4</u>		1st Trailer No. Axles			
53 Crash Sequence - Second Event <u>64</u> <u>1</u>			66 Post Crash Fee (if "Yes" check block) <input type="checkbox"/> <input type="checkbox"/>		76 Traffic Control Type <u>0</u>		Width (inches)			
54 Crash Sequence - Third Event <u>58</u>			67 School Bus - Contact Vehicle <input type="checkbox"/> <input type="checkbox"/>		77 Traffic Control Oper		Length (feet)			
55 Crash Sequence - Fourth Event <u>30</u>			68 School Bus - Noncontact Vehicle <input type="checkbox"/> <input type="checkbox"/>				2nd Trailer No. Axles			
56 Most Harmful Event for This Unit <u>30</u> <u>30</u>			COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit: _____ Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				Width (inches)			
57 Distance/Direction to Object Struck <u>3</u> <u>0</u>									Length (feet)	
58 Vehicle Underide/Override <u>3</u> <u>3</u>									83 Unit# _____	
59 Vehicle Defects <u>0</u> <u>0</u>									Overwidth Trailer and Overwidth Mobile Home	
							Overwidth Permit # _____			

84 DIAGRAM



Unit# 1 was: Traveling Parked Facing N S E W on I-85
 Unit# 2 was: Traveling Parked Facing N S E W on US 501

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form) VEHICLE ONE AN UNMARKED STATE HIGHWAY PATROL CAR WAS TRAVELING WEST ON I-85 EXIT RAMP WITH BLUE LIGHTS AND SIREN ACTIVATED. VEHICLE ONE WAS ATTEMPTING TO ASSIST ANOTHER STATE HIGHWAY PATROL MEMBER. VEHICLE TWO WAS TRAVELING SOUTH ON DUKE STREET (US 501). VEHICLE ONE MADE AN EVASIVE MANEUVER TO THE RIGHT TO AVOID COLLIDING WITH STOPPED TRAFFIC ON THE I-85 EXIT RAMP. VEHICLE ONE TRAVELED OFF THE RIGHT SIDE OF THE ROADWAY, LOST CONTROL AND STRUCK A TRAFFIC SIGN. VEHICLE ONE CONTINUED ON THE RIGHT SHOULDER, STRUCK A TRAFFIC CONTROL BOX, A DITCH AND WENT AIRBORNE. VEHICLE ONE LANDED ON DUKE STREET (US 501). TRAVELED 16 FEET AND COLLIDED WITH VEHICLE TWO. BOTH VEHICLES ONE AND TWO CAME TO REST ON THE RIGHT SHOULDER OF DUKE STREET (US 501).

86 Type/Owner: TRAFFIC SIGN- Owner Address: P.O. BOX 25201, RALEIGH, NC 27611-9195606854 State Property? Estimated Damage: \$500
TRAFFIC CONTROL BOX- P.O. BOX 25201, RALEIGH, NC 27611-9195606854 2500

WITNESSES
 Name: _____ Address: _____ DURHAM, NC 27712 Phone No. (919) _____
 Name: _____ Address: _____ DURHAM, NC 27712 Phone No. (919) _____
 Name: _____ Charge(s): _____
 Name: _____ Charge(s): _____

Officer Name: M A DeValle Officer Number: 1966 Department: North Carolina State Highway P Date of Report: 11/27/2011

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2

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

Date Received by DMV 11/30/2011

Date 11/26/2011 County DURHAM Time 11:47 Local Use/Patrol Area 111126226CA/03

LOCATION

33 Relation to Roadway Surface 2 Crash occurred in DURHAM Municipality 128 Miles N S E W

UNIT # VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE

UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver First Middle Last Suffix Address City State Zip D.L. # Class State DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions

Driver First Middle Last Suffix Address City State Zip D.L. # Class State DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions

Owner Same as Driver? Address City State Zip Plate # State Year VIN Vehicle Make Year Style (Type) 41 Vehicle Style (Type) 42 Vehicle Drivable 43 TAD 44 Estimated Damage Insurance Company Policy #

Owner Same as Driver? Address City State Zip Plate # State Year VIN Vehicle Make Year Style (Type) 41 Vehicle Style (Type) 42 Vehicle Drivable 43 TAD 44 Estimated Damage Insurance Company Policy #


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

Carrier Identification Numbers, GVWR, Axles

Unit 45 Cargo Body Type Source: Truck Shipping papers Driver US DOT# ICC# Axles on Vehicle Including Trailers State State# IFTA# Gross Vehicle Weight Rating FE# Fleet#

Table with columns for Unit numbers (21-32) and rows A-H. Includes 'Names and Addresses for All Persons' and 'see above' references.

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# _____ Unit# _____		60 Authorized Speed Limit	Veh.# _____	Veh.# _____	69 Road Feature	78 Workzone Area	
CRASH SEQUENCE (Unit Level)	Unit# _____ Unit# _____	61 Estimate of Original Traveling Speed			70 Road Character	79 Work Activity	
49 Vehicle Maneuver/Action		62 Estimate of Speed at Impact			71 Road Classification	80 Work Area Marked	
50 Non-Motorist Action		63 Tire Impressions Before Impact (ft.)			72 Road Surface Type	81 Crash Location	
51 Non-Motorist Location Prior to Impact		64 Distance Traveled After Impact (ft.)			73 Road Configuration	TRAILER INFO. Unit# _____ Unit# _____	
52 Crash Sequence - First Event for This Unit		65 Emergency Vehicle Use			74 Access Control	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	1st Trailer No. Axles	
54 Crash Sequence - Third Event		67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	Width (inches)	
55 Crash Sequence - Fourth Event		68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	Length (feet)	
56 Most Harmful Event for This Unit		COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit _____  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 1-digit number from Released (does not include fuel from fuel tank) name from diamond or box bottom of diamond Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			83 Unit# _____	Overwidth Permit # _____	
57 Distance/Direction to Object Struck					83 Unit# _____	Overwidth Trailer and Overwidth Mobile Home	
58 Vehicle Underide/Override							
59 Vehicle Defects							

84 DIAGRAM

Indicate North

Unit# _____ was: Traveling on _____ Unit# _____ was: Traveling on _____
 Parked Facing N S E W

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

88 Type/Owner _____ Owner Address _____ Phone _____ State Property? Estimated Damage \$ _____

WITNESSES
 Name **THOMAS ALLEN SUTTON III** Address _____ Phone No. _____
 Name _____ Address _____ Phone No. () _____
 Name _____ Charge(s) _____
 Name _____ Charge(s) _____

Officer Name **M A DeValle** Officer Number **1966** Department **North Carolina State Highway P** Date of Report **11/27/2011**