

Do not write in these spaces

2

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

1 Date 7/5/2005 County 13 Time 1 7 1 5 Local Use/Patrol Area 0705200502 Date Received by DMV

2 1 Location 33 Relation to Roadway Surface 1 Crash occurred In Raleigh Municipality or 2 5 Miles outside municipality

4 2 5 UNIT# 1 VEHICLE Driver Sheldon Brent Harding Address 8482 S Dawson St City Raleigh State NC Zip 27602

6 2 7 2 Owner Sheldon Brent Harding Address 8482 S Dawson St City Raleigh State NC Zip 27602 Plate # 8472HM

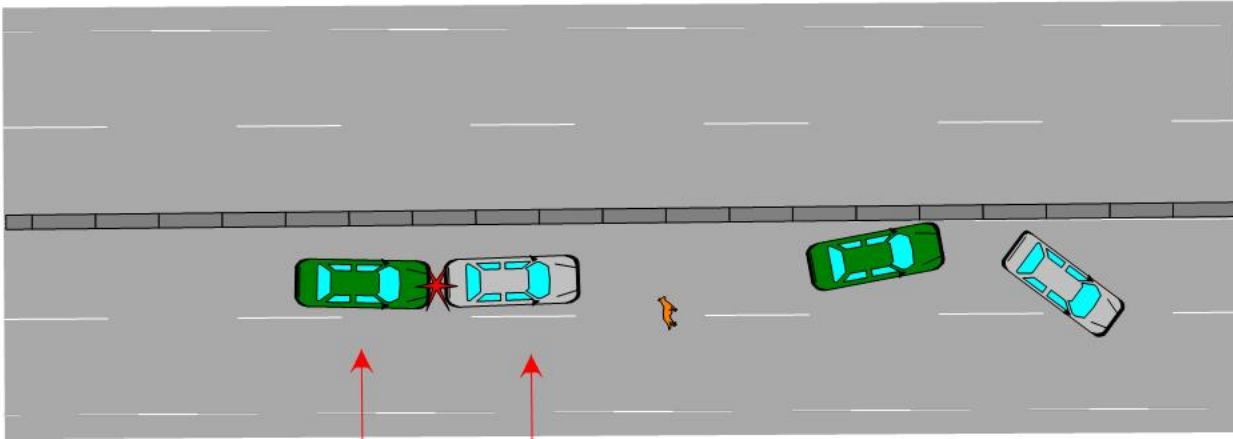
20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Carrier Identification Numbers, GVWR, Axles

Table with columns A-H and rows 01-02, listing names and addresses for all persons involved in the incident.

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# <u>1</u> <u>14,15,16</u>		VEHICLE INFO.		Veh.# <u>1</u>	Veh.# <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED			
		Unit# <u>2</u> <u>1,2</u>		60 Authorized Speed Limit		5	0	5	0	69 Road Feature	0	78 Workzone Area	5
CRASH SEQUENCE (Unit Level)		Unit# <u>1</u>	Unit# <u>2</u>	61 Estimate of Original Traveling Speed		5	5	6	0	70 Road Character	3	79 Work Activity	
49 Vehicle Maneuver/Action		11	4	62 Estimate of Speed at Impact		4	5	5	5	71 Road Classification	2	80 Work Area Marked	
50 Non-Motorist Action				63 Tire Impressions Before Impact (ft.)		1	0	2	0	72 Road Surface Type	3	81 Crash Location	
51 Non-Motorist Location Prior to Impact				64 Distance Traveled After Impact (ft.)		7	5	5	0	73 Road Configuration	4	TRAILER INFO. Unit# ___ Unit# ___	
52 Crash Sequence - First Event for This Unit		17	21	65 Emergency Vehicle Use						74 Access Control	1	82 Trailer Type	
53 Crash Sequence - Second Event "		21	48	66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/>	<input type="checkbox"/>			75 Number of Lanes	0	1st Trailer No. Axles	
54 Crash Sequence - Third Event "		58		67 School Bus - Contact Vehicle "		<input type="checkbox"/>	<input type="checkbox"/>			76 Traffic Control Type	0	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		21	48	COMMERCIAL VEHICLE: Hazardous Materials Involvement								2nd Trailer No. Axles	
57 Distance/Direction to Object Struck		0	6	Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No		From Placard indicate:						Width (inches)	
58 Vehicle Underride/Override		3	3	Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No		4-digit placard number or name from diamond box		1-digit number from bottom of diamond				Length (feet)	
59 Vehicle Defects		0	0	Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No		-----		---				83 Unit# ___	Overwidth Permit #
												Overwidth Trailer and Overwidth Mobile Home	

84 DIAGRAM



Unit# 1 was: Traveling Parked Facing N S E W on HWY 40

Unit# 2 was: Traveling Parked Facing N S E W on HWY 40

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

Veh1 was traveling East bound on the highway when a deer began to cross the roadway. Veh1 began slowing so avoid hitting the deer. Veh2 was following too closely to Veh2 and was approximately 10MPH over the speed limit. Veh2 couldnt stop in time and rear ended Veh1 pushing Veh1 into the middle of the road and itself into the center median.

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

WITNESSES

Name Carey Tyra McCaw Address 98335 York Ave Raleigh NC 27602 Phone No. (9 1 9) 3 5 4 6 1 3 2

Name _____ Address _____ Phone No. (____) _____

TRAFFIC VIOLATION(S)

Name Heidi Don Smith Charge(s) Following too close
(Citation # optional)

Name _____ Charge(s) _____

Officer Name Trent McDonald Officer Number c99 Department Raleigh Police Department Date of Report 7/6/2005