

2

No. of Units Involved

Form 1 of 2

☐ Supplemental Report☐ Non-Reportable

Date Received by DMV

Crash Date  
06/30/2014  
mm/dd/ccyyCounty  
WAKETime  
12:21  
(24 Hour Clock)Local Use/Patrol Area  
14001617 / Z333 Relation to Roadway Surface 1 Crash ☒ In ☐ Near WAKE FOREST  
Municipality☐ ☐ ☐ outside municipality  
Miles N S E W☐ ☐ ☐ ft. N S E W  
(If available)on DR CALVIN JONES HWY  
Highway Number, or Highway, Street, (If ramp or service road, indicate on line)☐ Ramp or Service Road  
(R.R. Crossing # \_\_\_\_\_)

Miles (0 ft.-Intersection)

at or from HERITAGE LAKE RD  
Use Highway Number, Street Name or Adjacent County or State Line☐ ☐ ☐ ☒ N S E Wtoward S FRANKLIN ST  
Use Highway Number, Street Name or Adjacent County or State LineLatitude  
Longitude  
AltitudeUNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL  
20 VEHICLEDriver JEWELL MULLEN BAILEY  
First Middle Last Suffix

Address 465 S MAIN ST

City BUNN State NC Zip 275087275

Same Address on Driver's Driver's H ( 919 ) 496-4560  
License? ☒ Yes ☐ No Phone Numbers W ( )D.L. # 129320 D.L. Class C State NC  
CDL License ☐DOB 11/16/1922 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 1  
mm/dd/ccyy37 Alcohol/ Drugs Suspected 0 38 Alcohol/ Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) ☐Owner JEWELL MULLEN BAILEY  
Same as Driver? ☒Address 465 S MAIN ST  
Same Address as Driver? ☐

City BUNN State NC Zip 275087275

Plate # SVA6565 Plate NC Plate 2015  
State Year

VIN 4T1BG22K2YU695693

Vehicle TOYT Vehicle 2000 41 Vehicle 1 42 Vehicle ☐ Yes  
Make Year Style (Type) Drivable ☒ No

43 TAD LBQ3 44 Estimated Damage \$1,700.00

Insurance NORTH CAROLINA FARM BUREAU MU  
Company

Policy # 4690743

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHERDriver LINDA BROADIE HODGE  
First Middle Last Suffix

Address 345 E SPRING ST

City WAKE FOREST State NC Zip 275872639

Same Address on Driver's Driver's H ( 919 ) 339-8879  
License? ☒ Yes ☐ No Phone Numbers W ( )D.L. # 4324001 D.L. Class C State NC  
CDL License ☐DOB 09/05/1955 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0  
mm/dd/ccyy37 Alcohol/ Drugs Suspected 0 38 Alcohol/ Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) ☐Owner LINDA BROADIE HODGE  
Same as Driver? ☒Address 345 E SPRING ST  
Same Address as Driver? ☐

City WAKE FOREST State NC Zip 275872639

Plate # CEK6955 Plate NC Plate 2015  
State Year

VIN KNAGE123585221568

Vehicle KIA Vehicle 2008 41 Vehicle 1 42 Vehicle ☐ Yes  
Make Year Style (Type) Drivable ☒ No

43 TAD FR 2 44 Estimated Damage \$1,100.00

Insurance ALLIED PROPERTY & CASUALTY IN  
Company

Policy # PPCM0026916596

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#

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	F	2	1	0	2	1	5	see above	Veh#1 Towed To/By: WRECKER FACILITY	OWNER / OTHER
B	2	1	1	Unit2-Drv2, Ped2, etc. see above	B	F	2	1	0	2	1	5	see above	Veh#2 Towed To/By: WRECKER FACILITY	RONNIE WHITE'S
C															
D															
E															
F															
G															
H															

46 Name of EMS A WAKE COUNTY EMS

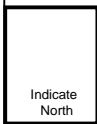
46 Name of EMS

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>7</u> Unit# <u>2</u> <u>20</u> <u>21</u>			VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED					
			60 Authorized Speed Limit		55	55	69 Road Feature		8	78 Workzone Area	5			
CRASH SEQUENCE (Unit Level)			Unit# <u>1</u> Unit# <u>2</u>		61 Estimate of Original Traveling Speed	45	25	70 Road Character		1	79 Work Activity			
49 Vehicle Maneuver/Action			4 8		62 Estimate of Speed at Impact	35	25	71 Road Classification		3	80 Work Area Marked			
50 Non-Motorist Action					63 Tire Impressions Before Impact (ft.)			72 Road Surface Type		4	81 Crash Location			
51 Non-Motorist Location Prior to Impact					64 Distance Traveled After Impact (ft.)	0	0	73 Road Configuration		4	TRAILER INFO.			
52 Crash Sequence - First Event for This Unit			30 30		65 Emergency Vehicle Use			74 Access Control		3	Unit# <u>1</u> Unit# <u>2</u>			
53 Crash Sequence - Second Event "					66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes		4	82 Trailer Type			
54 Crash Sequence - Third Event "					67 School Bus - Contact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		12	1st Trailer No. Axles			
55 Crash Sequence - Fourth Event "					68 School Bus - Noncontact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		1	Width (inches)			
56 Most Harmful Event for This Unit			30 30		<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> 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				2nd Trailer No. Axles		Length (feet)			
57 Distance/Direction to Object Struck			0 0						Width (inches)		83 Unit#		Overwidth Permit #	
58 Vehicle Underride/Override			3 3						Length (feet)		Overwidth Trailer and Overwidth Mobile Home			
59 Vehicle Defects			0 0											

## 84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ ☐ ☐ ☒ on DR CALVIN JONES HWY Unit# 2 was: ☒ Traveling ☐ ☐ ☐ ☒ on DR CALVIN JONES HWY  
☐ Parked Facing N S E W ☐ Parked Facing N S E W

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

Vehicle 1 was traveling West on Dr. Calvin Jones Hwy. Vehicle 2 was making a left turn onto Dr. Calvin Jones Hwy. Driver of vehicle 2 stated that vehicle 1 ran the red light. Vehicle 2 struck vehicle 1 in the intersection while making a left turn. Driver of vehicle 1 was evaluated by EMS and was cleared. Witness stated that vehicle 1 ran the red light.

86 Type/ Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ ADDITIONAL PROPERTY DAMAGE \_\_\_\_\_  
Estimated Damage \$ \_\_\_\_\_

WITNESSES  
Name JONATHAN FRANCIS STEPTOE Address 5877 NEWLANDS RD. COLUMBIA, NC 279258476 Phone No. ( (919) ) 593-0169  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Charge(s) \_\_\_\_\_  
Name \_\_\_\_\_ (Citation # optional) Charge(s) \_\_\_\_\_

Officer Name POT VAN WINKLE, J. R. Officer Number 953 Department 0920700 Date of Report 06/30/2014