

1 3		No. of Units Involved Form <u>1</u> of <u>3</u>		<input type="checkbox"/> Supplemental Report <input type="checkbox"/> Non-Reportable		Date Received by DMV	
Crash Date 06/29/2014 <small>mm/dd/ccyy</small>		County WAKE		Time 12:30 <small>(24 Hour Clock)</small>		Local Use/Patrol Area 14001604 / Z3	
33 Relation to Roadway Surface <u>1</u>		Crash occurred <input checked="" type="checkbox"/> In Municipality <u>WAKE FOREST</u>		or <input type="checkbox"/> Outside municipality		Miles <u>0</u> N S E W	
on <u>S. MAIN ST</u>		Ramp or Service Road <input type="checkbox"/> (R.R. Crossing # _____)		Miles <u>0</u> ft. N S E W		(If available)	
at or from <u>CARTER ST</u>		Use Highway Number, Street Name or Adjacent County or State Line		toward <u>WAKE DR</u>		Use Highway Number, Street Name or Adjacent County or State Line	
UNIT # <u>1</u> <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> 20 VEHICLE		Driver <u>FRANK</u> <u>ALBERT</u> <u>CUDA</u> First Middle Last Suffix		Address <u>7317 STONY HILL RD</u>		City <u>WAKE FOREST</u> State <u>NC</u> Zip <u>27587-7346</u>	
Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Driver's Phone Numbers H (<u>919</u>) <u>810-8981</u> W ()		D.L. # <u>8745115</u> D.L. Class <u>C</u> State <u>NC</u> CDL License <input type="checkbox"/>		DOB <u>01/13/1956</u> 34 Vision Obstruction <u>0</u> 35 Physical Condition <u>1</u> 36 D.L. Restrictions <u>0</u> mm/dd/ccyy	
37 Alcohol/Drugs Suspected <u>0</u>		38 Alcohol/Drugs Test <u>0</u>		39 Results (if known) <u>0</u>		40 Vehicle Seizure (DWI) <input type="checkbox"/>	
Owner <u>FRANK</u> <u>ALBERT</u> <u>CUDA</u> Same as Driver? <input checked="" type="checkbox"/>		Address <u>7317 STONY HILL RD</u> Same Address as Driver? <input type="checkbox"/>		City <u>WAKE FOREST</u> State <u>NC</u> Zip <u>27587-7346</u>		Plate # <u>ZXR5182</u> Plate <u>NC</u> Year <u>2014</u> State	
VIN <u>WBACN33461LK45610</u>		Vehicle <u>BMW</u> Vehicle <u>2001</u> 41 Vehicle <u>1</u> 42 Vehicle <input checked="" type="checkbox"/> Yes Make Year Style (Type) Drivable No		43 TAD <u>FC 1</u> 44 Estimated Damage <u>\$800.00</u>		Insurance <u>NATIONWIDE MUTUAL INSURANCE C</u> Company	
Policy # <u>6132M309944</u>		20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source		Carrier Identification Numbers, GVWR, Axles			
Unit _____ 45 Cargo Body Type _____ <input type="checkbox"/> Same Address as Owner?		<input type="checkbox"/> Truck <input type="checkbox"/> Shipping papers <input type="checkbox"/> Driver		US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____		State# _____ IFTA# _____	
				FEI# _____ Fleet# _____ Gross Vehicle Weight Rating _____			

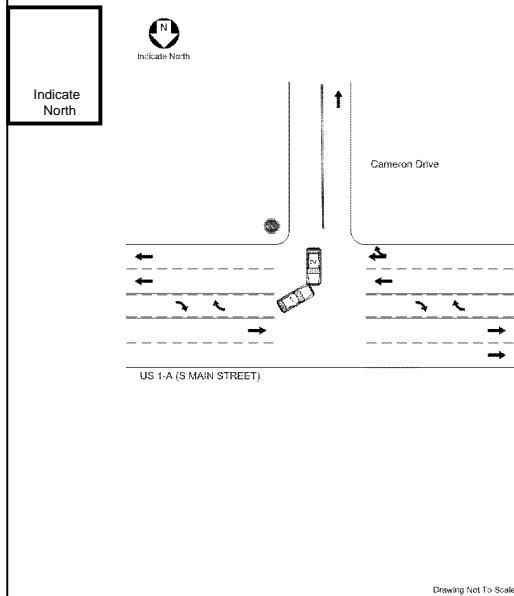
	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A	1	1	1		W	M	2	1	0	2	1	5	see above Veh# <u>1</u> Towed To/By:
B	2	1	1		W	M	2	1	0	2	1	5	see above Veh# <u>2</u> Towed To/By:
C	1	2	3	02/18/1958	W	F	2	1	0	2	1	5	X PATRICIA ANN CUDA
D													
E													
F													
G													
H													

46 Name of EMS. _____ 46 Name of EMS. _____

47 Injured Taken _____ 47 Injured Taken _____
by EMS to (Treatment Facility and City or Town) by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>2</u> <u>3</u> Unit# <u>2</u> <u>1</u> <u>2</u> <u>3</u>			VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED				
			60 Authorized Speed Limit		35	35	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		10	10	70 Road Character	1	79 Work Activity		
49 Vehicle Maneuver/Action			8 8		62 Estimate of Speed at Impact		5	5	71 Road Classification	2	80 Work Area Marked		
50 Non-Motorist Action					63 Tire Impressions Before Impact (ft.)				72 Road Surface Type	3	81 Crash Location		
51 Non-Motorist Location Prior to Impact					64 Distance Traveled After Impact (ft.)				73 Road Configuration	2	TRAILER INFO.		
52 Crash Sequence - First Event for This Unit			24 24		65 Emergency Vehicle Use				74 Access Control	3	Unit# <u>1</u> Unit# <u>2</u>		
53 Crash Sequence - Second Event "			30 30		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	1	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			27 27		COMMERCIAL VEHICLE: Hazardous Materials Involvement 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		Width (inches)	
57 Distance/Direction to Object Struck			0 0							Length (feet)		83 Unit#	Overwidth Permit #
58 Vehicle Underride/Override			3 3							Overwidth Trailer and Overwidth Mobile Home			
59 Vehicle Defects			7 7										

84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☒ W on S. MAIN ST

Unit# 2 was: ☒ Traveling ☐ Parked Facing ☒ N ☐ S ☐ E ☐ W on CARTER ST

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

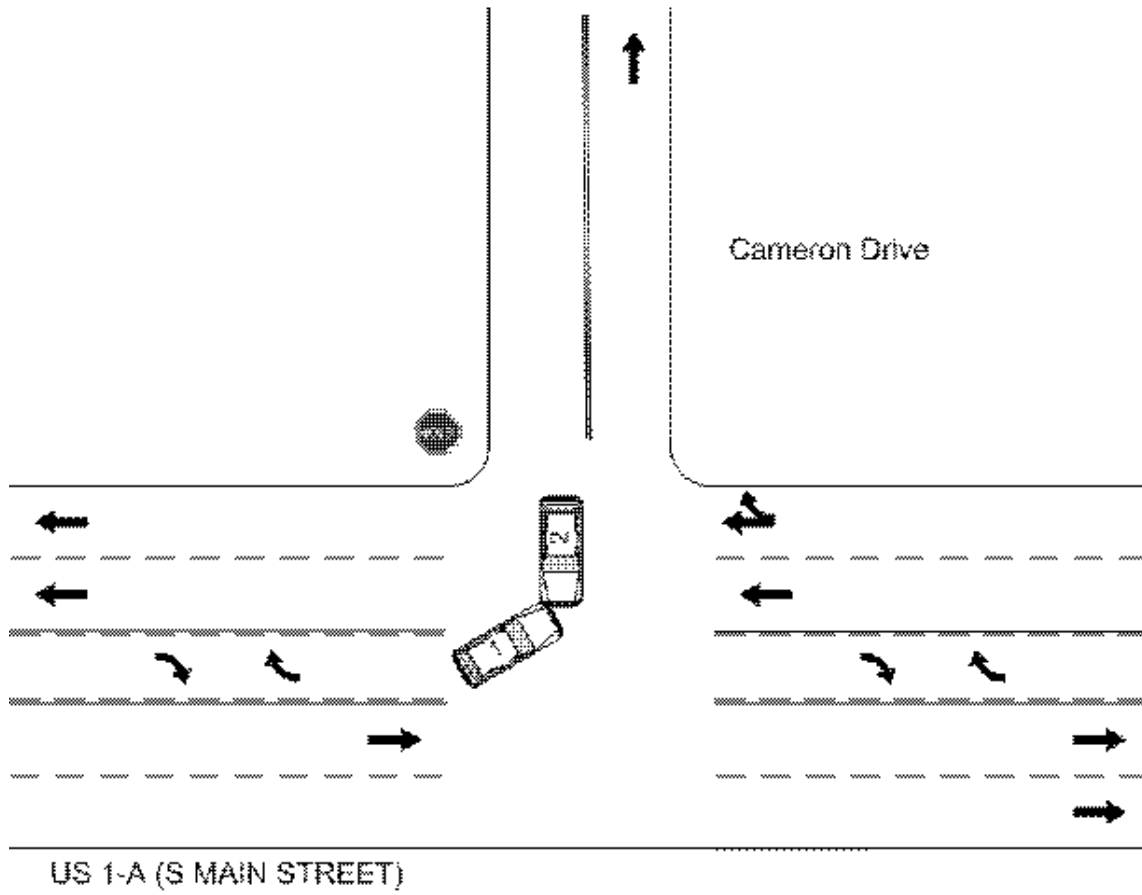
Vehicle 1 was traveling West on South Main Street attempting to turn left onto Cameron Drive. Vehicle 2 was traveling North on Cameron Drive attempting to turn left onto South Main Street. Vehicle 2 stopped at the stop sign and vehicle 1 began to turn left onto Cameron Street when traffic subsided. Vehicle 2 failed to yield to vehicle 1. As a result a crash occurred, a head on collision. Vehicle 2 crashed head on into vehicle 1.

86 Type/Owner		Owner Address	ADDITIONAL PROPERTY DAMAGE	State Property?	Estimated Damage \$
		Phone		<input type="checkbox"/>	
WITNESSES					
Name	Address		Phone No. ()		
Name	Address		Phone No. ()		
TRAFFIC VIOLATION(S)					
Name	Charge(s)				
Name	(Citation # optional) Charge(s)				
Officer Name		Officer Number	Department	Date of Report	
PO WOYICKI, R. J.		517	0920700	06/29/2014	

DIAGRAM



Indicate North



Drawing Not To Scale.