

2

No. of Units Involved

Form 1 of 2

☐ Supplemental Report☐ Non-Reportable

Date Received by DMV

Crash Date
06/29/2014
mm/dd/ccyyCounty
WAKETime
19:16
(24 Hour Clock)Local Use/Patrol Area
14001608 / Z333 Relation to Roadway Surface 1 Crash occurred ☒ In Municipality
Near WAKE FOREST
on PVA WALMART (2114 S MAIN ST.)
Highway Number, or Highway, Street, (If ramp or service road, indicate on line)

Ramp or Service Road

(R.R. Crossing #)

Miles N S E W outside municipality
Miles (0 ft.-Intersection) ft. N S E W
(If available)at or from S MAIN ST
Use Highway Number, Street Name or Adjacent County or State Line

N S E W

toward
Use Highway Number, Street Name or Adjacent County or State LineLatitude
Longitude
AltitudeUNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL
20 VEHICLEDriver ROBERT MARIOTT CROCKER
First Middle Last Suffix

Address 5209 DEERCHASE TRL

City WAKE FOREST State NC Zip 27587

Same Address on Driver's Driver's H (919) 630-4775
License? ☐ Yes ☒ No Phone Numbers W ()D.L. # 2547028 D.L. Class C State NC
CDL License ☐DOB 03/03/1950 34 Vision Obstruction 9 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 ROBERT MARIOTT CROCKER
Same as Driver? ☒

Address 5209 DEERCHASE TRL

Same Address as Driver? ☐

City WAKE FOREST State NC Zip 27587

Plate # RPJ8236 Plate NC Plate 2014
State Year

VIN 1FTFW1EV5AFC59908

Vehicle FORD Vehicle 2010 41 Vehicle 2 42 Vehicle ☒ Yes
Make Year Style (Type) Drivable ☐ No

43 TAD RBQ1 44 Estimated Damage \$300.00

Insurance NATIONWIDE GENERAL INSURANCE
Company

Policy # 6132D158024

UNIT # 2 ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHERDriver
First Middle Last Suffix

Address

City State Zip

Same Address on Driver's Driver's H ()
License? ☐ Yes ☐ No Phone Numbers W ()D.L. # D.L. Class State
CDL License ☐DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions
mm/dd/ccyy37 Alcohol/ Drugs Suspected 38 Alcohol/ Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI) ☐Owner MICHAEL JACOB BAKER
Same as Driver? ☐

Address 3514 TOPAZ ST

Same Address as Driver? ☐

City WAKE FOREST State NC Zip 27587

Plate # BJL4111 Plate NC Plate 2014
State Year

VIN 1G2WP12K4XF221767

Vehicle PONT Vehicle 1999 41 Vehicle 1 42 Vehicle ☒ Yes
Make Year Style (Type) Drivable ☐ No

43 TAD FD 3 44 Estimated Damage \$3,000.00

Insurance GEICO INDEMNITY COMPANY
Company

Policy # 4340808163

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	M	2	1	3	2	1	5	see above	Veh#1 Towed To/By:
B				Unit2-Drv2, Ped2, etc. see above									see above	Veh#2 Towed To/By:
C														
D														
E														
F														
G														
H														

46 Name of 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>18</u> Unit# <u>2</u> <u>4</u> <u>3</u> <u>2</u>			VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED		
CRASH SEQUENCE (Unit Level) Unit# <u>1</u> Unit# <u>2</u>			60 Authorized Speed Limit	15	15	69 Road Feature	4	78 Workzone Area	5		
			61 Estimate of Original Traveling Speed	5	0	70 Road Character	1	79 Work Activity			
			62 Estimate of Speed at Impact	5	0	71 Road Classification	6	80 Work Area Marked			
			63 Tire Impressions Before Impact (ft.)			72 Road Surface Type	3	81 Crash Location			
			64 Distance Traveled After Impact (ft.)	0	0	73 Road Configuration	2	TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>			
50 Non-Motorist Action			65 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type	00	00	
51 Non-Motorist Location Prior to Impact			66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	1st Trailer No. Axles			
52 Crash Sequence - First Event for This Unit	28	28	67 School Bus - Contact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	0	Width (inches)			
53 Crash Sequence - Second Event "			68 School Bus - Noncontact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		Length (feet)			
54 Crash Sequence - Third Event "			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 _____ 84 DIAGRAM <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto; text-align: center; line-height: 50px;">Indicate North</div>					83 Unit# _____	Overwidth Permit # _____		
55 Crash Sequence - Fourth Event "								83 Unit# _____	Overwidth Permit # _____		
56 Most Harmful Event for This Unit	28	28						83 Unit# _____	Overwidth Permit # _____		
57 Distance/Direction to Object Struck	0	0									
58 Vehicle Underride/Override	3	3									
59 Vehicle Defects	0	0									

Unit# 1 was: ☒ Traveling ☐ ☐ ☐ ☐ on PVA (2114 S MAIN ST) Unit# 2 was: ☐ Traveling ☒ ☐ ☐ ☐ on _____
☐ 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)
The driver of vehicle 1 was leaving a parked position and turned right. Vehicle 2 was parked in a parking spot. Vehicle 1 collided with vehicle 2. No injuries to report.

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

WITNESSES
Name _____ Address _____ Phone No. (_____) _____
Name _____ Address _____ Phone No. (_____) _____

TRAFFIC VIOLATION(S)
Name _____ Charge(s) _____
Name _____ (Citation # optional) Charge(s) _____

Officer Name POT Officer Number D`HEMECOURT, D. S. Department 955 Date of Report 0920700
06/29/2014