

2

No. of Units Involved

Form 1 of 1

Supplemental Report

Non-Reportable

Do not write in these spaces

Date Received by DMV

3

Date 03/29/2013

County WAKE

Time 22:37

Local Use/Patrol Area P13036397

3

33 Relation to Roadway Surface 1 Crash occurred In Near RALEIGH Municipality

1

On WESTERN BLVD Highway Number, or Highway, Street, (If ramp or service road, indicate on line) on HEATHER DR At From toward POWELL DR Latitude 35.7865N Longitude -78.7138W

UNIT# 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE

UNIT# 2 VEHICLE PEDESTRIAN HIT & RUN OTHER MOTOR SCOOTER MO

4

Driver UNKNOWN UNKNOWN

Driver BRIAN JOHN MOORE

5

Address Address 5028 FORT SUMTER RD, APT L

6

Same Address on Driver's License? Driver's Phone Numbers H W

2

D.L. # CDL License D.L. Class State NC

7

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

Owner Same as Driver?

Owner BRIAN JOHN MOORE Same as Driver?

Address Same Address as Driver?

Address 5028 FORT SUMTER RD, APT L Same Address as Driver?

City State Zip Plate # Plate State Year

City RALEIGH State NC Zip 27606-2329 Plate # Plate State Year

VIN

VIN LBAYCEPA301147216

Vehicle Make Year Style (Type) 41 Vehicle Style (Type) 42 Vehicle Drivable

Vehicle Make Year Style (Type) 22 42 Vehicle Drivable

43 TAD 44 Estimated Damage

43 TAD BC-5 44 Estimated Damage \$2,500.00

Insurance Company

Insurance Company

Policy #

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# FEI# Fleet# Gross Vehicle Weight Rating

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

Table with columns A-H and rows 1-8 for listing names and addresses of all persons involved in the crash.

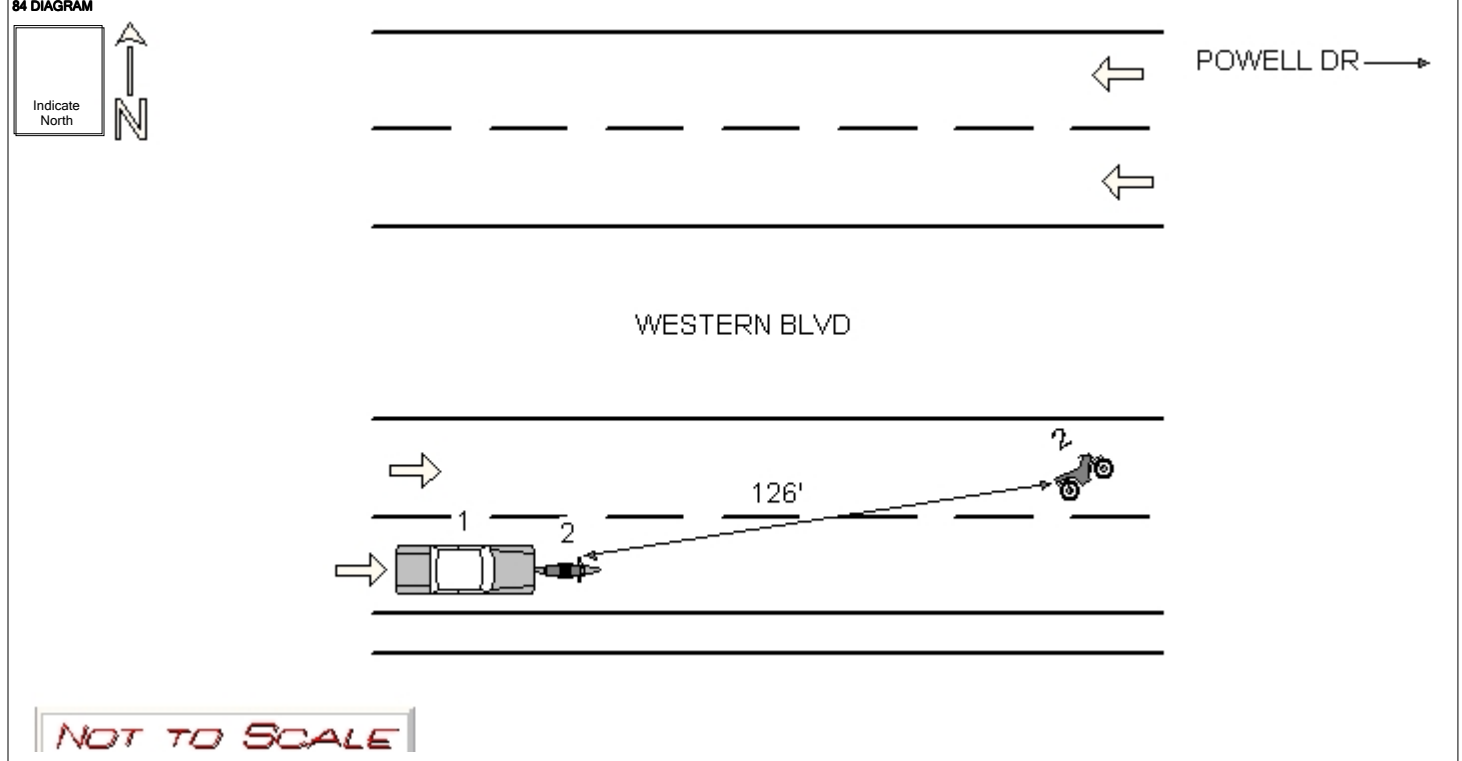
46 Name of EMS B-WAKE C OUNTY EMS

46 Name of EMS

47 Injured Taken by EMS to B-WAKE MED HOSPITAL, RALEIGH (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>1,2,3</u>	VEHICLE INFO. 60 Authorized Speed Limit	Veh# <u>1</u> <u>45</u>	Veh# <u>2</u> <u>45</u>	ROADWAY INFO. 69 Road Feature <u>0</u> 70 Road Character <u>3</u> 71 Road Classification <u>5</u> 72 Road Surface Type <u>3</u> 73 Road Configuration <u>3</u> 74 Access Control <u>1</u> 75 Number of Lanes <u>4</u> 76 Traffic Control Type <u>0</u> 77 Traffic Control Oper	WORK ZONE RELATED 78 Workzone Area <u>5</u> 79 Work Activity 80 Work Area Marked 81 Crash Location	
	Unit# <u>2</u> <u>29</u>		61 Estimate of Original Traveling Speed 62 Estimate of Speed at Impact 63 Tire Impressions Before Impact (ft.) 64 Distance traveled After Impact (ft.) 65 Emergency Vehicle Use	<u>20</u> <u>20</u> <u>0</u> <u>126</u>		TRAILER INFO. 82 Trailer Type 1st Trailer No. Axles Width (inches) Length (feet) 2nd Trailer No. Axles Width (inches) Length (feet)	Unit# <u>1</u> <u>0</u> Unit# <u>2</u> <u>0</u>
CRASH SEQUENCE (Unit Level) 49 Vehicle Maneuver/Action 50 Non-Motorist Action 51 Non-Motorist Location Prior to Impact 52 Crash Sequence - First Event for This Unit 53 Crash Sequence - Second Event 54 Crash Sequence - Third Event 55 Crash Sequence - Fourth Event 56 Most Harmful Event for This Unit 57 Distance/Direction to Object Struck 58 Vehicle Underride/Override 59 Vehicle Defects	Unit# <u>1</u> <u>4</u> Unit# <u>2</u> <u>4</u> Unit# <u>21</u> <u>21</u> Unit# <u>21</u> <u>21</u> Unit# <u>3</u> <u>3</u> Unit# <u>7</u> <u>0</u>	66 Post Crash Fire (if "Yes" check block) <input type="checkbox"/> <input checked="" type="checkbox"/> 67 School Bus - Contact Vehicle <input type="checkbox"/> <input type="checkbox"/> 68 School Bus - Noncontact Vehicle <input type="checkbox"/> <input type="checkbox"/> COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No	From Placard indicate: 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond	Unit <u> </u> Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #		



Unit# 1 was Traveling Parked Facing N S E W on WESTER BLVD

Unit# 2 was Traveling Parked Facing N S E W on WESTER BLVD

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

UNIT ONE AND UNIT TWO WERE BOTH TRAVELING EAST ON WESTERN BOULEVARD. UNIT TWO IS A MOTOR-SCOOTER AND WAS TRAVELING IN THE RIGHT LANE. UNIT ONE RAN INTO THE REAR OF UNIT TWO. UNIT ONE THEN FLED THE SCENE.

86 Type/Owner _____ **Owner Address** _____ **Owner Phone** _____ **ADDITIONAL PROPERTY DAMAGE** _____ **State Property?** **Estimated Damage \$** _____

WITNESSES

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

TRAFFIC VIOLATION(S)

Name _____ Charge(s) _____

Name _____ Charge(s) _____

Officer Name OFFICER J E RIGSBEE Officer Number 2624 Department RALEIGH POLICE DEPARTMENT State NC0920100 Date of Report 03/30/2013