Raw Traffic Data

EXISTING
INTERSECTION PEAK HOUR VOLUME SUMMARY

INTERSECTION: **Smithfield Road & First Avenue**

N/S STREET: **Smithfield Rd**
E/W STREET: **First Avenue**

DATE: **6/22/2011**
FILE NAME: **0**
JOB NUMBER: **54606**

Counts conducted by Gannett Fleming for checking and PHF determination

Smithfield Rd
SOUTHBOUND

(265)	[0]	106
(329)	[0]	80
(7)	[0]	1

(0.94)
0.88

First Ave
WESTBOUND

7	[0]	(18)
87	[0]	(74)
14	[0]	(39)

0.77 (0.80)

First Ave (Bethlehem Rd)
EASTBOUND

(188)	[0]	139
(95)	[0]	63
(10)	[0]	9

0.84
(0.87)

NORTHBOUND
Smithfield Rd

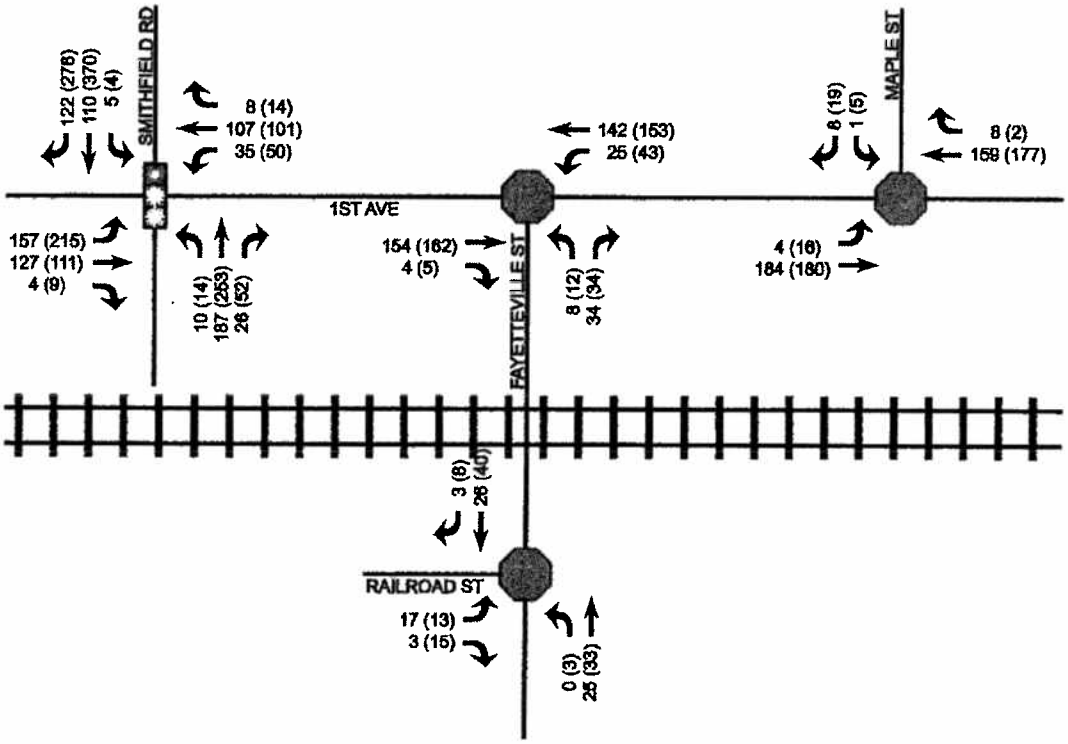
5	[0]	(10)
182	[0]	(251)
29	[0]	(31)

0.83
(0.94)

PHF
WTW
6-22-2011

← AM [MIDDAY] (PM)
(PM) [MIDDAY] AM →

INTERSECTION		AM PEAK HOUR					PM PEAK HOUR				
		2010 NO-BUILD	2010 BUILD ALT 1	2010 BUILD ALT 2	2010 BUILD ALT 3	2010 BUILD ALT 4	2010 NO-BUILD	2010 BUILD ALT 1	2010 BUILD ALT 2	2010 BUILD ALT 3	2010 BUILD ALT 4
1ST AVE & SMITHFIELD RD	LOS DELAY (SEC)	B 17.6	B 18.0	B 17.5	B 16.0	B 15.5	C 24.8	C 25.5	C 25.2	B 19.7	B 16.8
1ST AVE & FAYETTEVILLE ST	LOS DELAY (SEC)	A 9.7	- -	- -	- -	- -	B 10.1	- -	- -	- -	- -
1ST AVE & MAPLE ST	LOS DELAY (SEC)	A 9.4	A 9.4	A 9.4	A 9.4	A 9.4	A 9.8	A 9.8	A 9.8	A 9.8	A 9.8
FAYETTEVILLE ST & RAILROAD RD	LOS DELAY (SEC)	A 8.8	A 8.4	A 8.4	A 8.4	A 8.4	A 8.9	A 8.5	A 8.5	A 8.5	A 8.5



AM (PM) →

2010 EXISTING
PEAK HOUR TRAFFIC VOLUMES

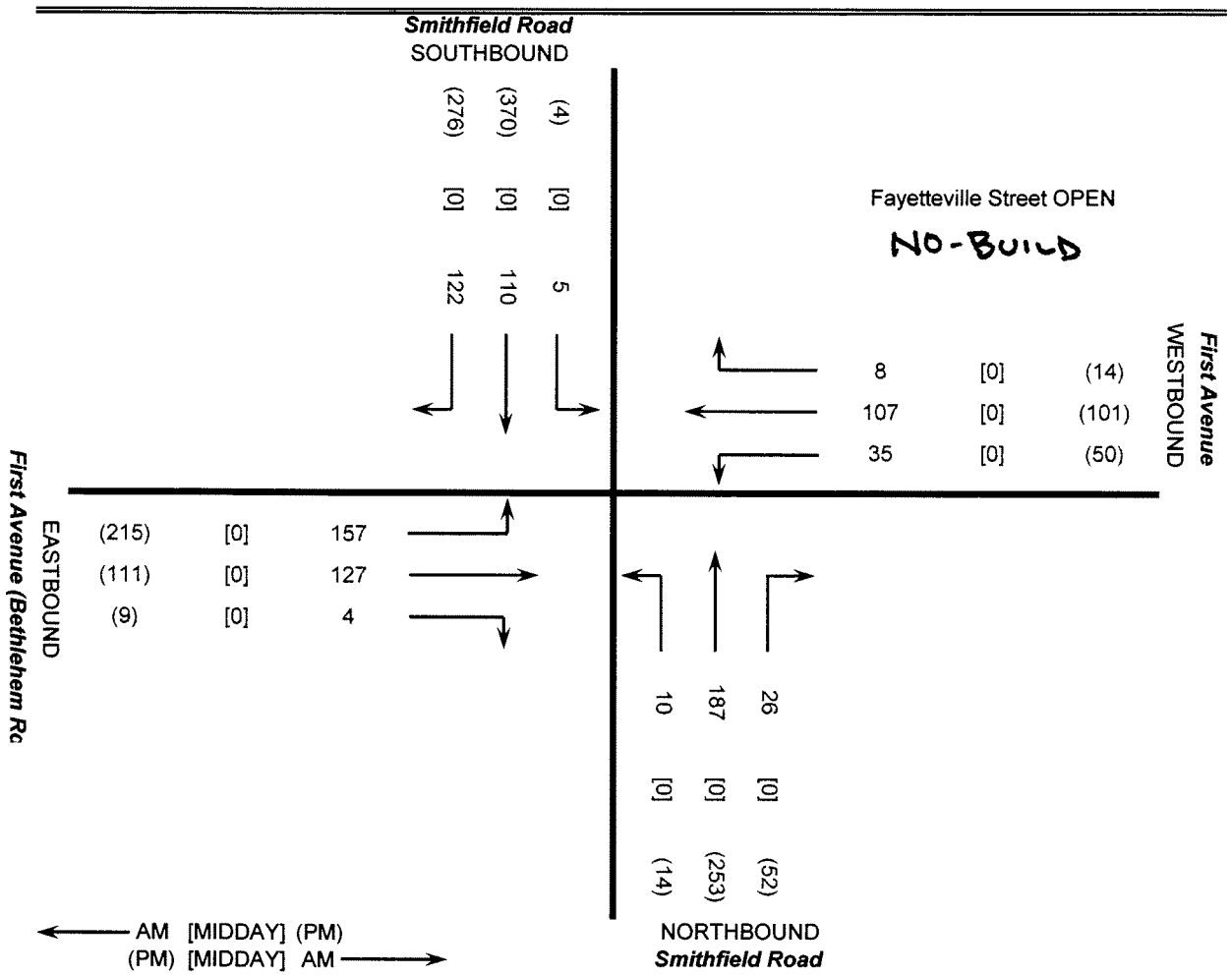
FIGURE 1

EXISTING
INTERSECTION PEAK HOUR VOLUME SUMMARY

INTERSECTION: **Smithfiled Road & First Avenue**

N/S STREET: **Smithfield Road**
E/W STREET: **First Avenue**

DATE: **23-Jun-2010**
FILE NAME:
JOB NUMBER: **54606**



NO BUILD
INTERSECTION PEAK HOUR VOLUME SUMMARY

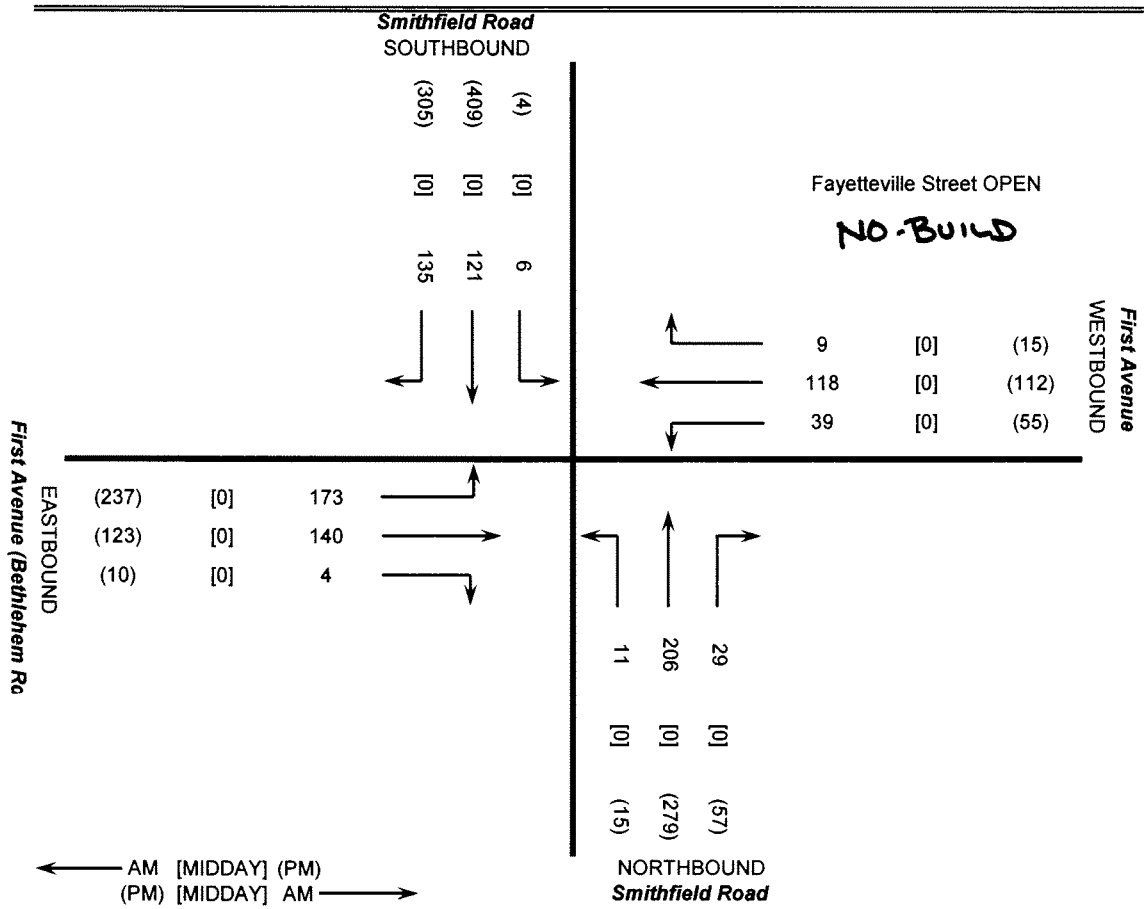
INTERSECTION: **Smithfiled Road & First Avenue**

N/S STREET: **Smithfield Road**
E/W STREET: **First Avenue**

GROWTH FACTOR PER YEAR: **2.0 %**

CURRENT YEAR: **2011**
DESIGN YEAR: **2016**

DATE: **23-Jun-2010**
FILE NAME: **0**
JOB NUMBER: **54606**



NO BUILD
INTERSECTION PEAK HOUR VOLUME SUMMARY

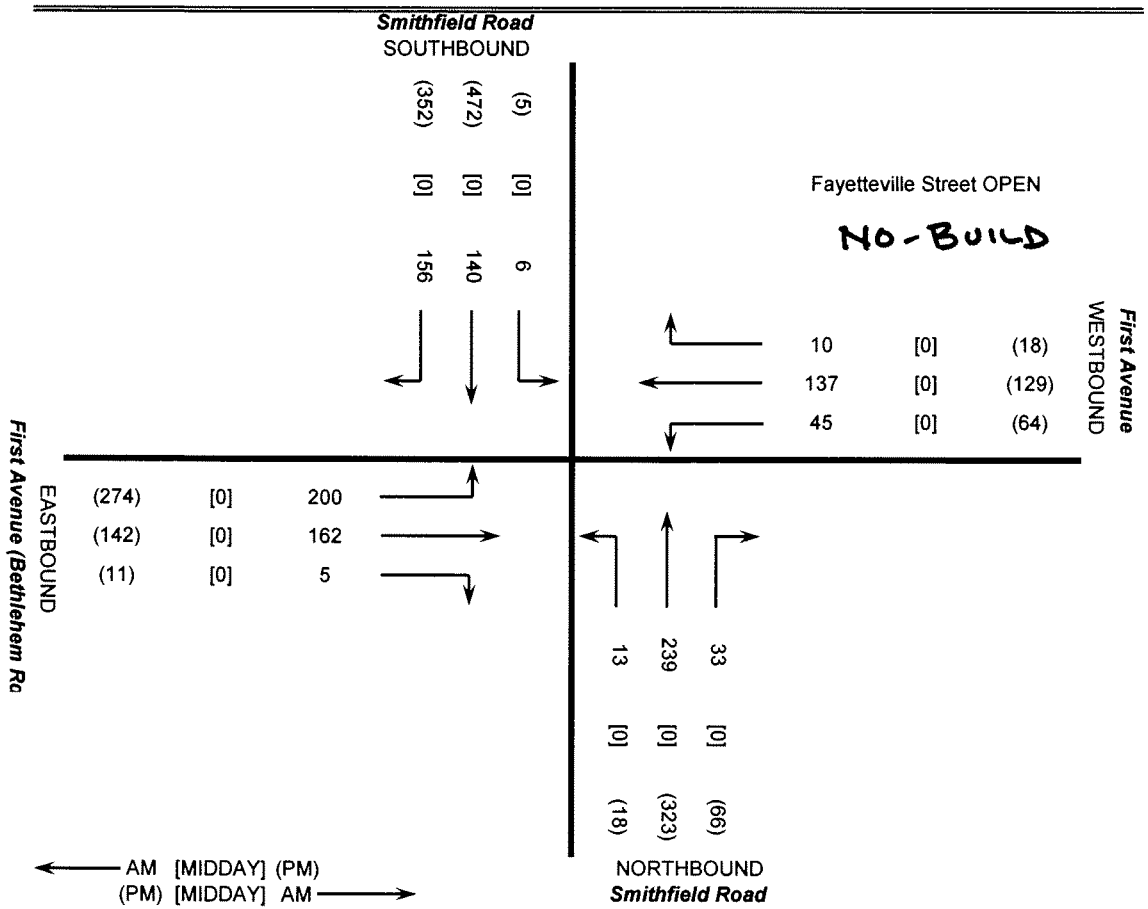
INTERSECTION: **Smithfiled Road & First Avenue**

N/S STREET: **Smithfield Road**
E/W STREET: **First Avenue**

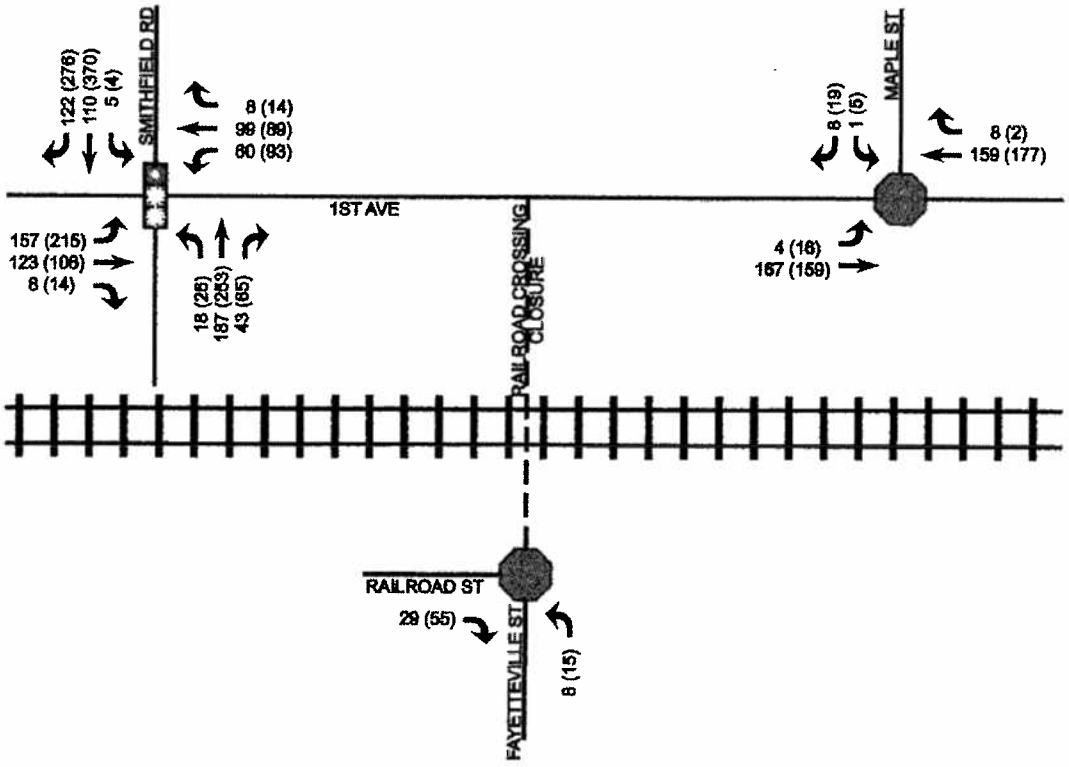
GROWTH FACTOR PER YEAR: **5.0 %**

CURRENT YEAR: **2011**
DESIGN YEAR: **2016**

DATE: **23-Jun-2010**
FILE NAME: **0**
JOB NUMBER: **54606**



INTERSECTION		AM PEAK HOUR					PM PEAK HOUR				
		2010 NO-BUILD	2010 BUILD ALT 1	2010 BUILD ALT 2	2010 BUILD ALT 3	2010 BUILD ALT 4	2010 NO-BUILD	2010 BUILD ALT 1	2010 BUILD ALT 2	2010 BUILD ALT 3	2010 BUILD ALT 4
1ST AVE & SMITHFIELD RD	LOS DELAY (SEC)	B 17.6	B 18.0	B 17.5	B 16.0	B 15.5	C 24.8	C 25.5	C 25.2	B 19.7	B 16.8
1ST AVE & FAYETTEVILLE ST	LOS DELAY (SEC)	A 9.7	- -	- -	- -	- -	B 10.1	- -	- -	- -	- -
1ST AVE & MAPLE ST	LOS DELAY (SEC)	A 9.4	A 9.4	A 9.4	A 9.4	A 9.4	A 9.8	A 9.8	A 9.8	A 9.8	A 9.8
FAYETTEVILLE ST & RAILROAD RD	LOS DELAY (SEC)	A 8.8	A 8.4	A 8.4	A 8.4	A 8.4	A 8.9	A 8.5	A 8.5	A 8.5	A 8.5



AM (PM) →

2010 BUILD
PEAK HOUR TRAFFIC VOLUMES

FIGURE 2

EXISTING
INTERSECTION PEAK HOUR VOLUME SUMMARY

INTERSECTION: **Smithfiled Road & First Avenue**

N/S STREET: **Smithfield Road**
E/W STREET: **First Avenue**

DATE: **23-Jun-2010**
FILE NAME:
JOB NUMBER: **54606**

BUILD CONDITION
WITH FAYETTEVILLE ST
CLOSED

BUILD

Smithfield Road
SOUTHBOUND

(276)	(370)	(4)
[0]	[0]	[0]
122	110	5

First Avenue
WESTBOUND

8	[0]	(14)
99	[0]	(89)
60	[0]	(93)

First Avenue (Bethlehem Rc
EASTBOUND

(215)	[0]	157
(106)	[0]	123
(14)	[0]	8

NORTHBOUND
Smithfield Road

18	187	43
[0]	[0]	[0]
(26)	(253)	(65)

← AM [MIDDAY] (PM)
(PM) [MIDDAY] AM →

NO BUILD
INTERSECTION PEAK HOUR VOLUME SUMMARY

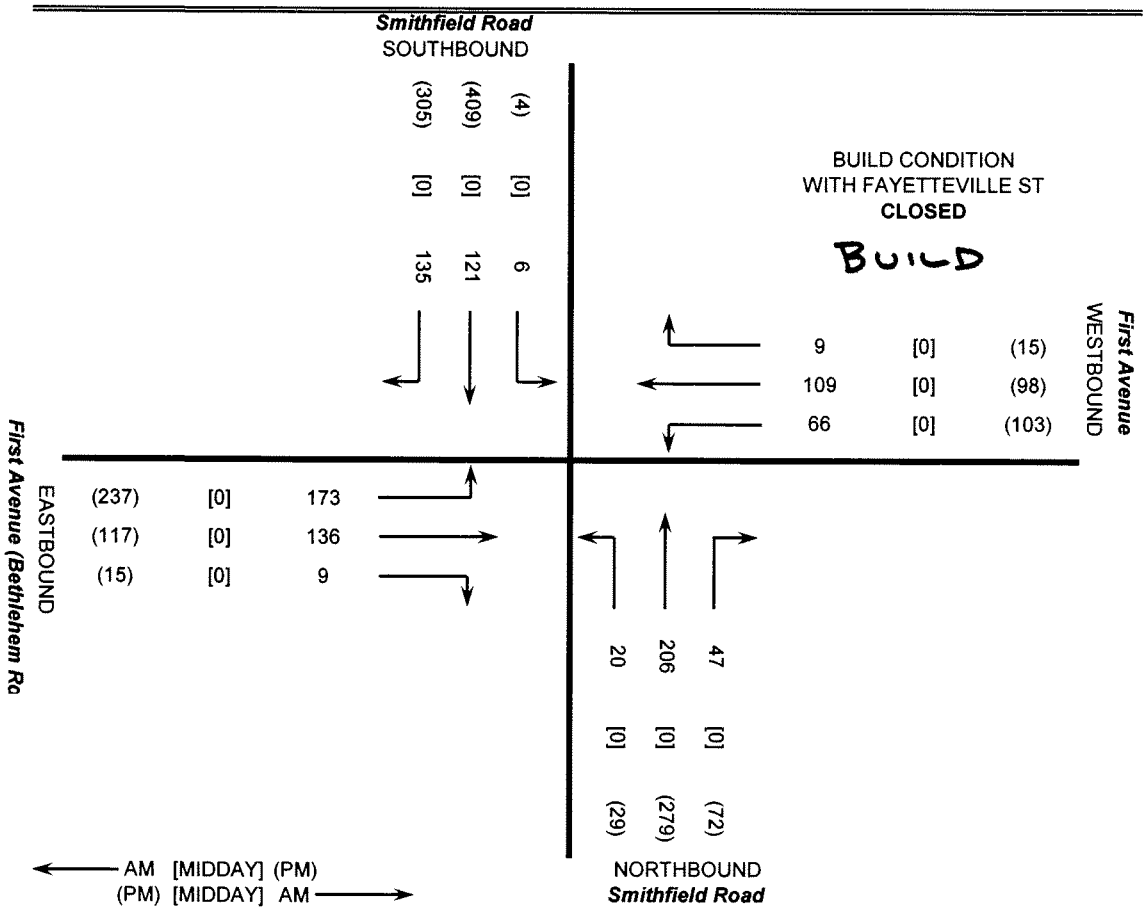
INTERSECTION: **Smithfiled Road & First Avenue**

N/S STREET: **Smithfield Road**
E/W STREET: **First Avenue**

GROWTH FACTOR PER YEAR: **2.0 %**

CURRENT YEAR: **2011**
DESIGN YEAR: **2016**

DATE: **23-Jun-2010**
FILE NAME: **0**
JOB NUMBER: **54606**



NO BUILD
INTERSECTION PEAK HOUR VOLUME SUMMARY

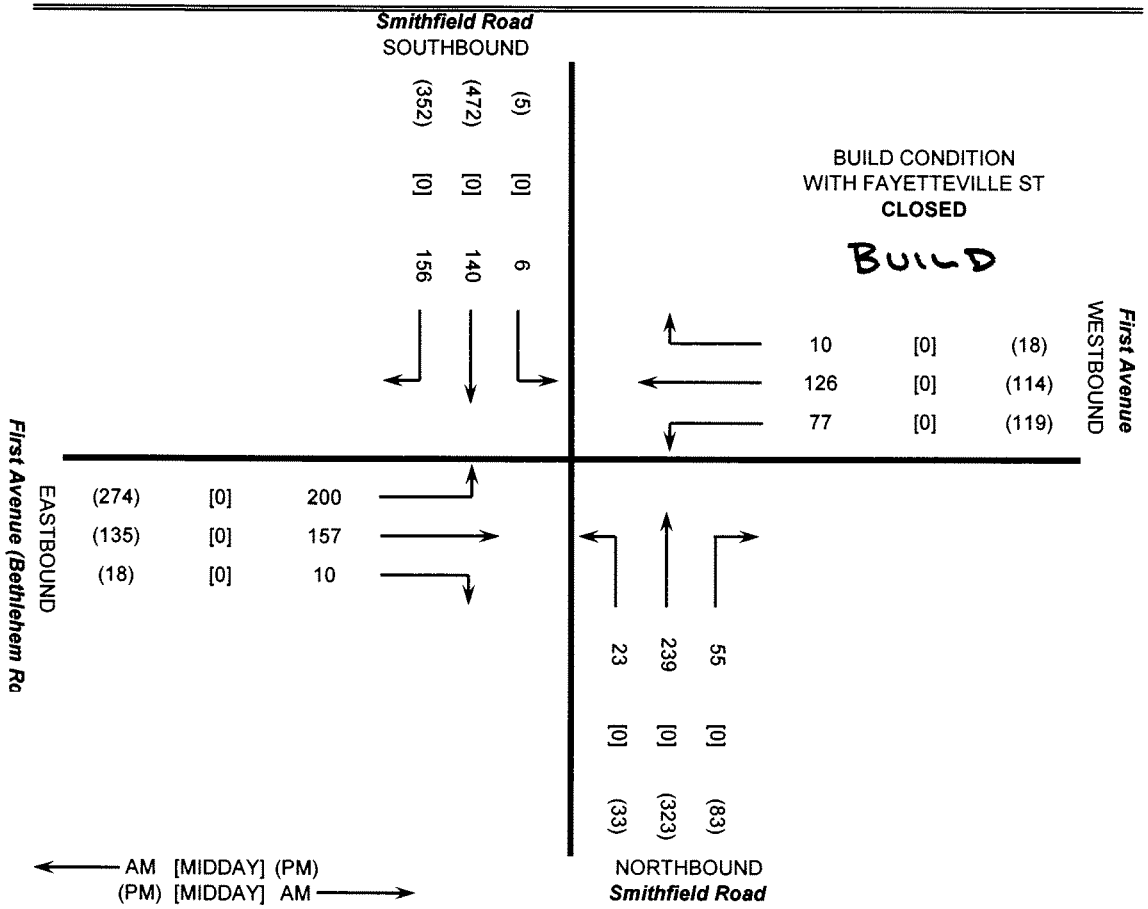
INTERSECTION: **Smithfiled Road & First Avenue**

N/S STREET: **Smithfield Road**
E/W STREET: **First Avenue**

GROWTH FACTOR PER YEAR: **5.0 %**

CURRENT YEAR: **2011**
DESIGN YEAR: **2016**

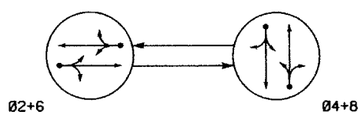
DATE: **23-Jun-2010**
FILE NAME: **0**
JOB NUMBER: **54606**



Signal Plans and Timings

PROJECT REFERENCE NO.	SHEET NO.
MOE	Sig. 1

PHASING DIAGRAM



PHASING DIAGRAM DETECTION LEGEND

- DETECTED MOVEMENT
- UNDETECTED MOVEMENT (OVERLAP)
- UNSIGNALIZED MOVEMENT
- PEDESTRIAN MOVEMENT

TABLE OF OPERATION

SIGNAL FACE	PHASE Ø2+6	PHASE Ø4+8	FLASH
21, 22	G	R	Y
41, 42	R	G	R
61, 62	G	R	Y
81, 82	R	G	R

SIGNAL FACE I.D.

All Heads L.E.D.

21, 22
41, 42
61, 62
81, 82

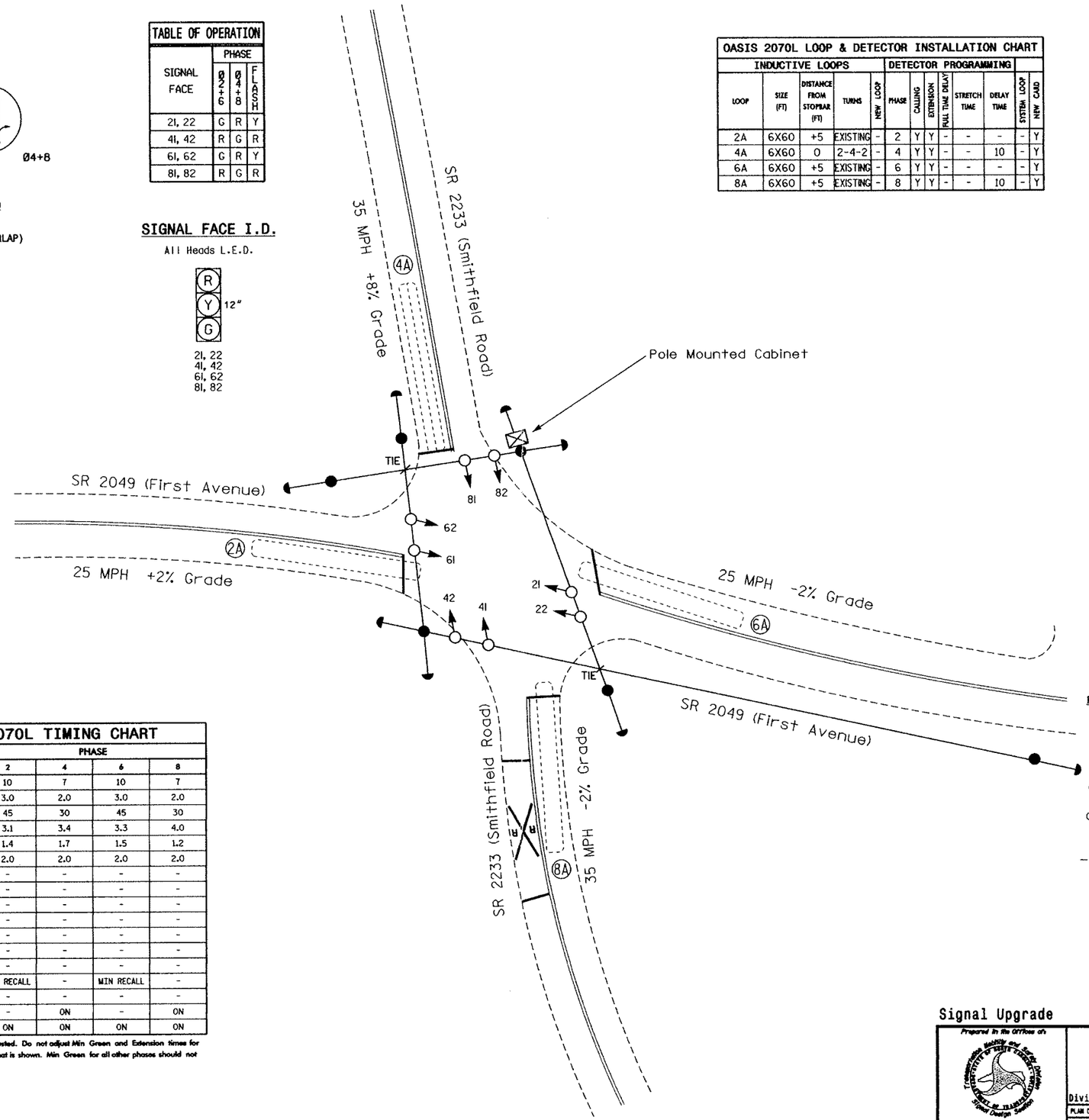
OASIS 2070L LOOP & DETECTOR INSTALLATION CHART

INDUCTIVE LOOPS					DETECTOR PROGRAMMING						
LOOP	SIZE (FT)	DISTANCE FROM STOPBAR (FT)	TURNS	NEW LOOP	PHASE	CALLING	EXTENSION	FULL TIME DELAY	STRETCH TIME	DELAY TIME	SYSTEM LOOP	NEW CARD
2A	6X60	+5	EXISTING	-	2	Y	Y	-	-	-	-	Y
4A	6X60	0	2-4-2	-	4	Y	Y	-	-	10	-	Y
6A	6X60	+5	EXISTING	-	6	Y	Y	-	-	-	-	Y
8A	6X60	+5	EXISTING	-	8	Y	Y	-	-	10	-	Y

2 Phase
Fully Actuated
(Isolated)

NOTES

1. Refer to "Roadway Standard Drawings NCDOT" dated July 2006 and "Standard Specifications for Roads and Structures" dated July 2006.
2. Do not program signal for late night flashing operation unless otherwise directed by the Engineer.
3. Set all detector units to presence mode.
4. In the event of loop replacement, refer to the current ITS and Signals Design Manual and submit a Plan of Record to the Signal Design Section.
5. Locate new cabinet so as not to obstruct sight distance of vehicles turning right on red.
6. Pavement markings are existing.



LEGEND

PROPOSED		EXISTING
	Traffic Signal Head	
	Modified Signal Head	N/A
	Sign	
	Pedestrian Signal Head With Push Button & Sign	
	Signal Pole with Guy	
	Signal Pole with Sidewalk Guy	
	Inductive Loop Detector	
	Controller & Cabinet	
	Junction Box	
	2-in Underground Conduit	
N/A	Right of Way	
	Directional Arrow	
N/A	Railroad Gate and Flasher	
N/A	Railroad Tracks	

OASIS 2070L TIMING CHART

FEATURE	PHASE 2	PHASE 4	PHASE 6	PHASE 8
Min Green 1 *	10	7	10	7
Extension 1 *	3.0	2.0	3.0	2.0
Max Green 1 *	45	30	45	30
Yellow Clearance	3.1	3.4	3.3	4.0
Red Clearance	1.4	1.7	1.5	1.2
Red Revert	2.0	2.0	2.0	2.0
Walk 1 *	-	-	-	-
Don't Walk 1	-	-	-	-
Seconds Per Actuation *	-	-	-	-
Max Variable Initial *	-	-	-	-
Time Before Reduction *	-	-	-	-
Time To Reduce *	-	-	-	-
Minimum Gap	-	-	-	-
Recall Mode	MIN RECALL	-	MIN RECALL	-
Vehicle Call Memory	-	-	-	-
Dual Entry	-	ON	-	ON
Simultaneous Gap	ON	ON	ON	ON

* These values may be field adjusted. Do not adjust Min Green and Extension times for phases 2 and 6 lower than what is shown. Min Green for all other phases should not be lower than 4 seconds.

Signal Upgrade

Prepared in the Offices of: Transportation Mobility and Safety Division, Traffic Engineering Branch, Signal Design Section, 750 N.Greenfield Pkwy, Garner, NC 27529

SCALE: 0 20, 1"=20'

SR 2049 (First Avenue) at SR 2233 (Smithfield Road)

Division 5 Wake County Knightdale

PLAN DATE: January 2010 REVIEWED BY:

PREPARED BY: C.E. Carter REVIEWED BY:

REVISIONS	INIT.	DATE

SEAL: NORTH CAROLINA PROFESSIONAL SEAL 026486 ENGINEER ROBERT J. ZIELBA

SIGNATURE: RJZ DATE: 2/10/10

SIG. INVENTORY NO. 05-1403

10-FEB-2010 14:57
S:\ITS\Signals\Signal Design Section\Central Region\Div 5\MOE\05-1403\05140 3.sig.dgn.20100210.dgn
ZCTURBO

Intersection

Accident Data

Gannett Fleming

DMV-349 (Rev. 32000)

2

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102381834

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

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
08/29/2008	WAKE	17:48 (24 Hour Clock)	24-08-005981/2	08/29/2008

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred ☒ In ☐ Near KNIGHTDALE (Municipality) or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on SMITHFIELD RD (Highway Number, or Highway, Street. (If ramp or service road, indicate on line) ☐ Ramp or Service Road) (R.R.Crossing # ____) ____ Miles 110 ft. ☒N ☐S ☐E ☐W (If ft.-Intersection) (If available)

from FIRST AVE (Use Highway Number, Street Name or Adjacent County or State Line) ☒N ☐S ☐E ☐W toward MAPLE ST (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude ____ Longitude ____ Altitude ____

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver: SHONDALE (First) HARRIS (Last) (Middle / Suffix)

Address: 210 WOODS RUN

City: KNIGHTDALE State: NC Zip: 275459787

Same Address on Driver's License? ☒ Yes ☐ No — Driver's Phone Numbers H (919) 261-9580 W ( )

D.L. # 000009747585 State: NC — CDL License ☐

DOB 02/11/1976 (mm/dd/yyyy) — 34 Vision Obstruction 00 — 35 Physical Condition 01 — 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 — 38 Alcohol/Drugs Test 0 — 39 Results (If known) 0 — 40 Vehicle Seizure (DWI) ☐

Owner: SHONDALE HARRIS — Same as Driver? ☒

Address: 210 WOODS RUN — Same Address as Driver? ☒

City: KNIGHTDALE State: NC Zip: 275459787

Plate # VYA3558 Plate State: NC Plate Year: 2009

VIN 1YVGD31C7K5211466

Vehicle Make: MAZD Vehicle Year: 1989 41 Vehicle Style (Type): 1 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD: FC-4 44 Estimated Damage: $3000

Insurance Company: INTEGON NATIONAL INS CO

Policy # 7615816

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver: SANDRA (First) ELLEN (Middle) ALGER (Last) (Suffix)

Address: 1104 DAMES CT

City: KNIGHTDALE State: NC Zip: 275457759

Same Address on Driver's License? ☒ Yes ☐ No — Driver's Phone Numbers H (919) 217-3825 W ( )

D.L. # 000022671716 State: NC — CDL License ☐

DOB 08/10/1951 (mm/dd/yyyy) — 34 Vision Obstruction 00 — 35 Physical Condition 01 — 36 D.L. Restrictions 1

37 Alcohol/Drugs Suspected 0 — 38 Alcohol/Drugs Test 0 — 39 Results (If known) 0 — 40 Vehicle Seizure (DWI) ☐

Owner: SANDRA ELLEN ALGER — Same as Driver? ☒

Address: 1104 DAMES CT — Same Address as Driver? ☒

City: KNIGHTDALE State: NC Zip: 275457759

Plate # PRZ4276 Plate State: NC Plate Year: 2008

VIN JHLRE38347C053854

Vehicle Make: HOND Vehicle Year: 2007 41 Vehicle Style (Type): 4 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD: BC-2 44 Estimated Damage: $1500

Insurance Company: PROGRESSIVE CASUALTY INSURANCE CO

Policy # 103264976

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

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 ____

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

	21	22	23	24	25	26	27	28	30	31	32	Name and Address	
A	1	1	1	Unit1-Drv1, Ped1, etc. see above	B	M	2	1 4	2	1	5	see above	Veh# 1 Towed Totally:
B	2	1	1	Unit2-Drv2, Ped2, etc. see above	W	F	2	1 4	2	1	5	see above	Veh# 2 Towed Totally:
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 1	Unit 2
	2	15

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
48 Vehicle Maneuver/Action	4	1
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	21	21
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	21	21
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	1	2
59 Vehicle Defects	7	7

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	35	35
61 Estimate of Original Traveling Speed	25	0
62 Estimate of Speed at Impact	15	0
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (If "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	0
70 Road Character	3
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	3
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement

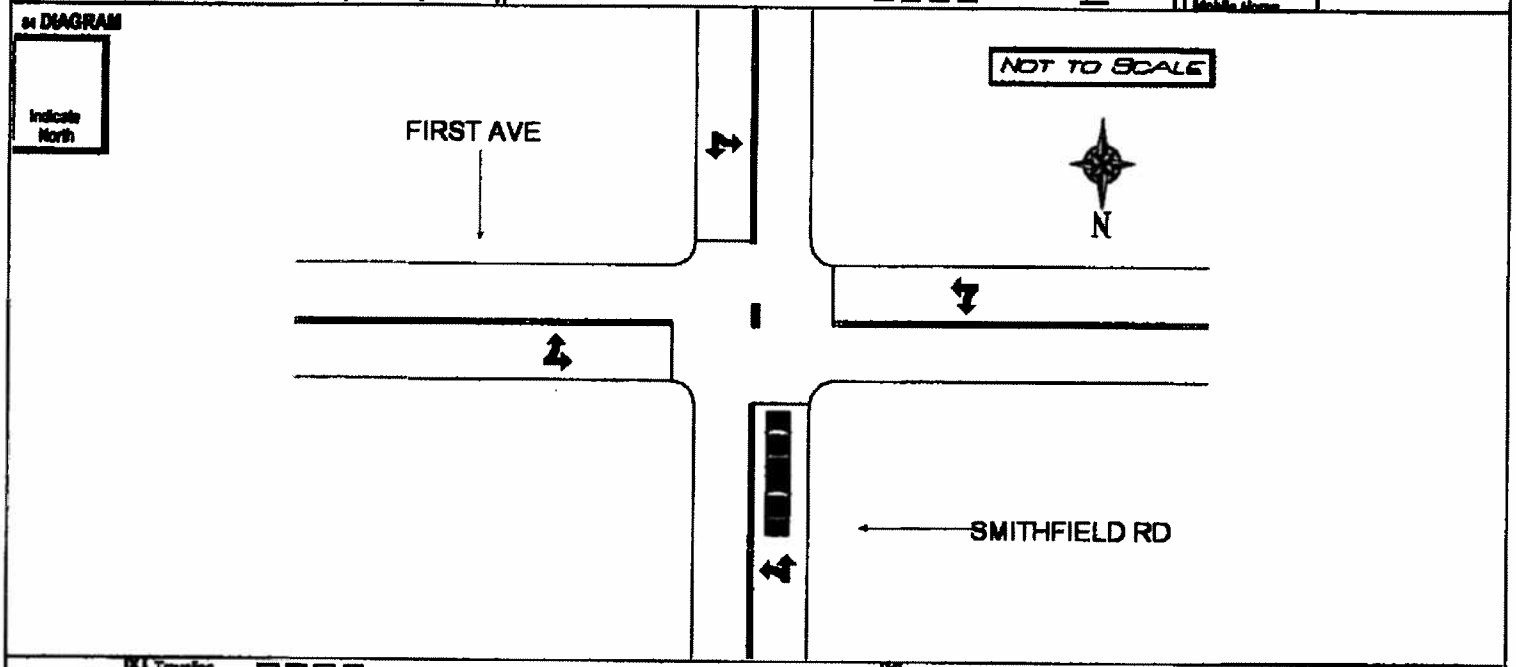
Has Mat Placard ☐ Yes ☐ No — From Placard indicate:

Hazardous Cargo ☐ Yes ☐ No — 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

Released (Also not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

84 DIAGRAM



Unit 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on SMITHFIELD RD

Unit 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on SMITHFIELD RD

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

UNIT 2 WAS STOPPED AT THE STOPLIGHT TRAVELING SOUTH ON SMITHFIELD RD WHEN UNIT 1 FAILED TO REDUCE SPEED AND MADE CONTACT WITH UNIT 2.

86 Type/Owner ___ Owner Address ___ Phone ___

ADDITIONAL PROPERTY DAMAGE

State 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	Officer Number	Department	Date of Report
t l price	3484	Knightdale Police Department	08/29/2008

DMV-349 (Rev. 3/2006)

2

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102647928

No. of Units Involved: 2 | Form 1 of 1 | ☐ Supplemental Report | ☒ Non-Reportable

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
07/12/2009	WAKE	17:00 (24-Hour Clock)	24-09-004856/Z-	08/06/2009

LOCATION: 33 Relation to Roadway Surface 1 | Crash occurred ☒ In ☐ Near KNIGHTDALE (Municipality) or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on N. SMITHFIELD RD. (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 (If available) (S.E.-Intersection)

at/With FIRST AVE. (Use Highway Number, Star or Name or Adjacent County or State Line) ☐N ☒S ☐E ☐W toward RAIL ROAD ST. (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude ____ Longitude ____ Altitude ____

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver: KELTON (First) LEE (Middle) MONTAGUE (Last) ____ (Suffix)

Address: 5600 MEADOW RUN

City: KNIGHTDALE State: NC Zip: 275459793

Same Address on Driver's License? ☒ Yes ☐ No — Driver's Phone Numbers H (919) 266-4255 W ( )

D.L. #: 000024557743 State: NC — CDL License ☐

DOB: 04/16/1985 (mm/dd/ccyy) — 34 Vision Obstruction: 00 — 35 Physical Condition: 01 — 36 D.L. Restrictions: 9

37 Alcohol/Drugs Suspected: 0 — 38 Alcohol/Drugs Test: 0 — 39 Results (If known): 0 — 40 Vehicle Seizure (DWI) ☐

Owner: KELTON LEE MONTAGUE — Same as Driver? ☒

Address: 5600 MEADOW RUN — Same Address as Driver? ☒

City: KNIGHTDALE State: NC Zip: 275459793

Plate #: SVT7788 Plate State: NC Plate Year: 2010

VIN: 1B3ES76F03D201383

Vehicle Make: DODG Vehicle Year: 2003 41 Vehicle Style (Type): 1 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD: BC-1 44 Estimated Damage: $100

Insurance Company: HORACE MANN INS CO.

Policy #: 3267842220

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver: EMILY (First) RENEE (Middle) PEARL (Last) ____ (Suffix)

Address: 205 HEATHWICK DR

City: KNIGHTDALE State: NC Zip: 275458004

Same Address on Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (919) 261-8546 W ( )

D.L. #: 000031530670 State: NC — CDL License ☐

DOB: 01/25/1992 (mm/dd/ccyy) — 34 Vision Obstruction: 00 — 35 Physical Condition: 01 — 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 — 38 Alcohol/Drugs Test: 0 — 39 Results (If known): 0 — 40 Vehicle Seizure (DWI) ☐

Owner: DIANA (First) ALISON (Middle) PEARL (Last) — Same as Driver? ☐

Address: 205 HEATHWICK DR — Same Address as Driver? ☐

City: KNIGHTDALE State: NC Zip: 275458004

Plate #: STN4426 Plate State: NC Plate Year: 2010

VIN: KMHDN46D84U711086

Vehicle Make: HYUN Vehicle Year: 2004 41 Vehicle Style (Type): 1 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD: FC-1 44 Estimated Damage: $50

Insurance Company: A10 ALLSTATE INS CO

Policy #: 78407983164

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source — 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# ____ FEIN ____ Fleet# ____ Gross Vehicle Weight Rating ____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Name and Address
A	1	1	1	Unit-Drvr, Ped, etc. - see above	B	M	2	1	3	2	1	5	see above — Veh# 1 Towed Tofly:
B	2	1	1	Unit-Drvr, Ped, etc. - see above	W	F	2	1	3	2	1	5	see above — Veh# 2 Towed Tofly:
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)

40 POINTS OF INITIAL CONTACT (Write in Codes)	Unit 1	Unit 2
	15	2

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
49 Vehicle Maneuver/Action	1	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	21	21
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	21	21
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	0	0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	35	35
61 Estimate of Original Traveling Speed	0	10
62 Estimate of Speed at Impact	0	3
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	7
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	3
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

89 Unit ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No

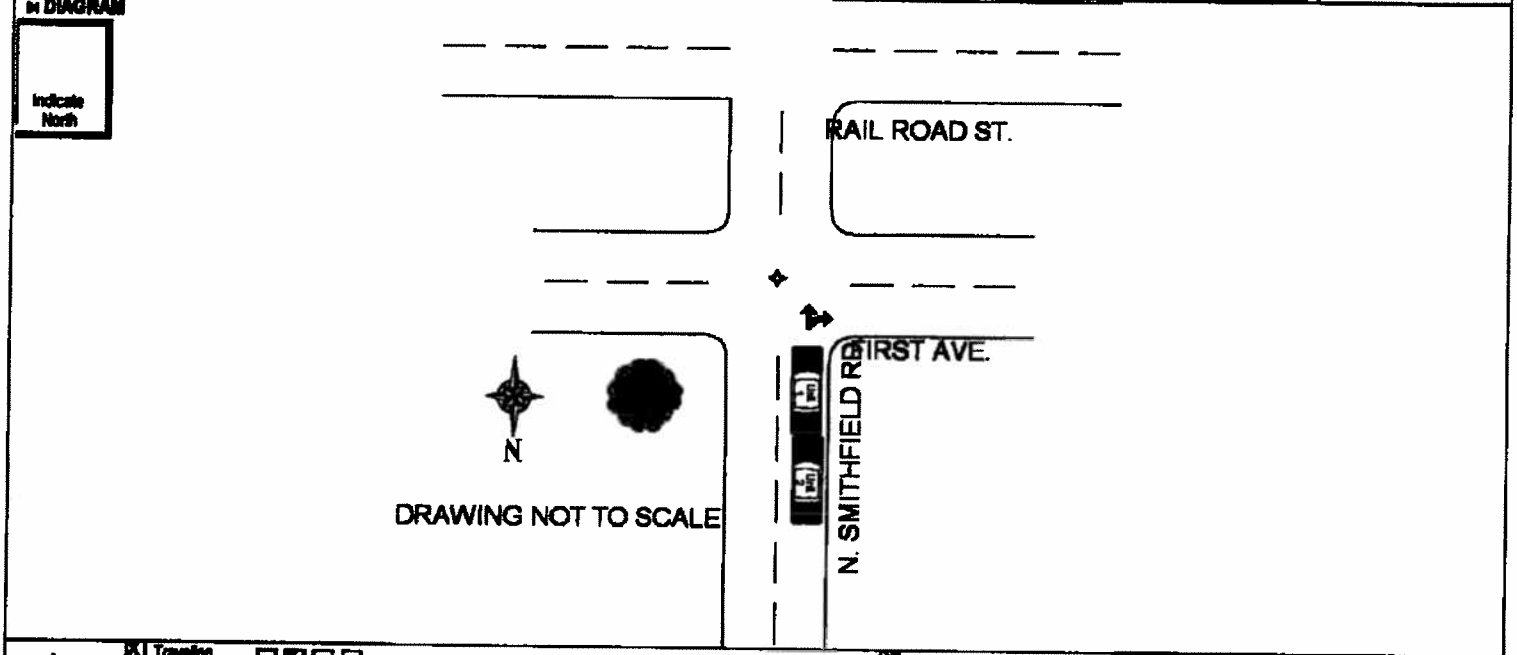
Hazardous Cargo ☐ Yes ☐ No

Released (Does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

From Placard indicate: 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

84 DIAGRAM



Unit 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on N. SMITHFIELD RD.

Unit 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on N. SMITHFIELD RD.

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

THE DRIVER OF VEHICLE #1 ADVISED THAT HE HAD STOPPED FOR THE RED LIGHT AT ON SMITHFIELD RD. AT FIRST AVENUE AND HE FELT VEHICLE #2 BUMP HIM FROM BEHIND. HE ADVISED THAT THERE DID NOT APPEAR TO BE MUCH IF ANY DAMAGE BUT HE WANTED A REPORT TAKEN BECAUSE HE SAW SOMETHING FALL FROM UNDER THE VEHICLE WHEN HE PULLED AT THE PLASTIC BUMPER. THE DRIVER OF VEHICLE #2 ADVISED THAT SHE WAS SLOWING FOR THE RED LIGHT AND VEHICLE #1 STOPPED BEFORE SHE THOUGHT HE DID AND SHE BUMPED THE REAR OF HIS CAR.

86 Type/Owner ____ Owner Address ____ Phone ____

ADDITIONAL PROPERTY DAMAGE — State Property? ☐ Estimated Damage $ ____

WITNESSES

Name ____ Address ____ Phone No. ( ) ____

Name ____ Address ____ Phone No. ( ) ____

TRAFFIC VIOLATION(S)

Name 1 - KELTON LEE MONTAGUE — Charge(s) (Citation # optional) ____

Name ____ Charge(s) ____

Officer Name	Officer Number	Department	Date of Report
j c bennett	8997	Knightdale Police Department	07/15/2009

DMV-349 (Rev. 3/2006)

2

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102618780

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

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
06/22/2009	WAKE	22:03 (24 Hour Clock)	24-09-004416/2	06/24/2009

LOCATION: 33 Relation to Roadway Surface 1 | Crash occurred [X] In ☐ Near KNIGHTDALE (Municipality) or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on SMITHFIELD RD. (Highway Number, or Highway, Street. If ramp or service road, indicate on line) ☐ Ramp or Service Road (R.R.Crossing #____) ____ Miles 20 (0.1 Intersection) ☐R ☐N ☐S ☐E ☐W (If available)

Latitude ____ Longitude ____ Altitude ____

from FIRST AVE. (Use Highway Number, Street Name or Adjacent County or State Line) ☐N [X]S ☐E ☐W toward RAILROAD ST. (Use Highway Number, Street Name or Adjacent County or State Line)

UNIT # 1 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 28 VEHICLE

Driver: DESHANDER (First) MARIA (Middle) FISHER (Last) ____ (Suffix)

Address: 5709 PRESENTATION ST

City: KNIGHTDALE State: NC Zip: 275457416

Same Address on Driver's License? [X] Yes ☐ No — Driver's Phone Numbers H (919) 266-1614 W ( )

D.L. #: 000006365216 State: NC CDL License ☐

DOB: 11/02/1965 (mm/dd/yyyy) 34 Vision Obstruction: 00 35 Physical Condition: 01 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 38 Alcohol/Drugs Test: 0 39 Results (If known): 0 40 Vehicle Seizure (DWI) ☐

Owner: DESHANDER MARIA FISHER — Same as Driver? [X]

Address: 5709 PRESENTATION ST — Same Address as Driver? [X]

City: KNIGHTDALE State: NC Zip: 275457416

Plate #: WNA3347 Plate State: NC Plate Year: 2009

VIN: 1GNDT13S352244336

Vehicle Make: CHEV Vehicle Year: 2005 41 Vehicle Style (Type): 4 42 Vehicle Drivable [X] Yes ☐ No

43 TAD: BD-1 44 Estimated Damage: $500

Insurance Company: INTEGON NATIONAL

Policy #: 4112988

UNIT # 2 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver: HEATHER (First) ANNE (Middle) LEWIS (Last) ____ (Suffix)

Address: 216 NELSON LN

City: CLAYTON State: NC Zip: 275273980

Same Address on Driver's License? [X] Yes ☐ No — Driver's Phone Numbers H (661) 714-8162 W ( )

D.L. #: 000030326939 State: NC CDL License ☐

DOB: 08/17/1978 (mm/dd/yyyy) 34 Vision Obstruction: 00 35 Physical Condition: 05 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 1 38 Alcohol/Drugs Test: 1 39 Results (If known): 2 40 Vehicle Seizure (DWI) ☐

Owner: HEATHER ANNE LEWIS — Same as Driver? [X]

Address: 216 NELSON LN — Same Address as Driver? [X]

City: CLAYTON State: NC Zip: 275273980

Plate #: WTY2235 Plate State: NC Plate Year: 2010

VIN: 1GNFK16Z93J263167

Vehicle Make: CHEV Vehicle Year: 2003 41 Vehicle Style (Type): 4 42 Vehicle Drivable [X] Yes ☐ No

43 TAD: FD-1 44 Estimated Damage: $1000

Insurance Company: AMICA MUTUAL

Policy #: 90033221AA

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source — 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# ____ FEIN ____ Fleet# ____ Gross Vehicle Weight Rating ____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Name and Address
A	1	1	1	Unit1-Drv1, Ped1,etc. see above	B	F	2	1	0	2	1	5	see above. Veh# 1 Towed Totally:
B	2	1	1	Unit2-Drv2, Ped2,etc. see above	W	F	2	1	0	2	1	5	see above. Veh# 2 Towed Totally:
C	2	2	3	06/27/1960	W	F	2	1	0	2	1	5	RACHEL ANNE HALEY 5405 SWARDSMAN CT.,KNIGHTDALE,NC 27545
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)

102618780 - 1

40 POINTS OF INITIAL CONTACT (Write in Code)	Unit 1	15
	Unit 2	2

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
40 Vehicle Maneuver/Action	11	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	21	21
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	21	21
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	0	0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	35	35
61 Estimate of Original Traveling Speed	15	15
62 Estimate of Speed at Impact	15	15
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	22
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	3
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	0
77 Traffic Control Oper	

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No

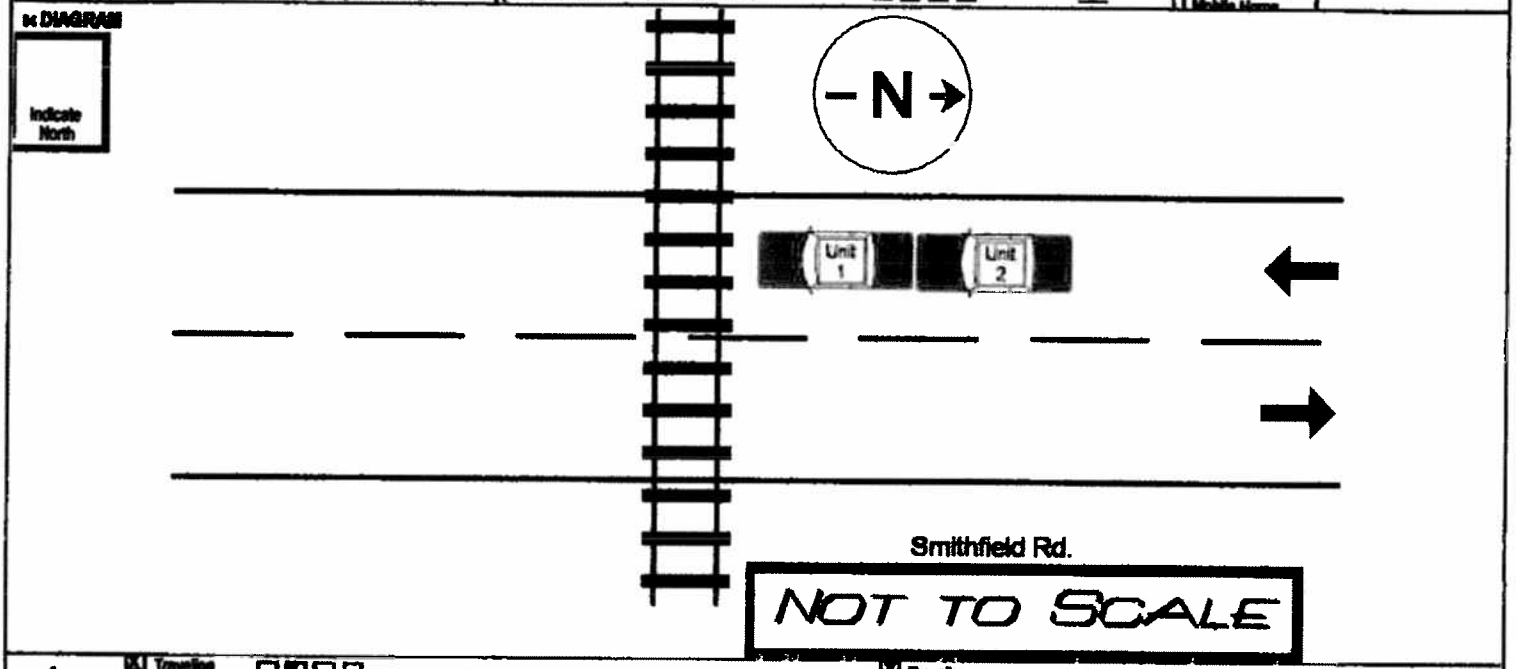
Hazardous Cargo ☐ Yes ☐ No

Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

From Placard indicate: 4-digit placard number or name from diamond or box; 1-digit number from bottom of diamond

84 DIAGRAM



Unit 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on SMITHFIELD RD

Unit 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on SMITHFIELD RD

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

VEHICLE #1 WAS SLOWING DOWN TO CROSS THE RAILROAD TRACTS. VEHICLE #2 WAS TRAVELING STRAIGHT AND RAN INTO VEHICLE #1.

ADDITIONAL PROPERTY DAMAGE

Type/Owner ____ Owner Address ____ Phone ____ State Property? ☐ Estimated Damage $ ____

WITNESSES

Name ____ Address ____ Phone No. ( ) ____

Name ____ Address ____ Phone No. ( ) ____

TRAFFIC VIOLATION(S)

Name 2 - HEATHER ANNE LEWIS Charge(s) C9326626-6 - DWI

Name ____ Charge(s) ____

Officer Name	Officer Number	Department	Date of Report
R. R. Fullerton	6069	Knightdale Police Department	06/23/2009

DMV-349 (Rev. 1/2003)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

No. of Units Involved: 2

Form 1 of 1 ☐ Supplemental Report ☐ Non-Reportable

Do not write in these spaces: 103175561

Date Received by DMV: 06/10/2011

Date	County	Time	Local Use/Patrol Area
06/06/2011	WAKE	10:12	24-11-004970/2

LOCATION

33 Relative to Roadway Surface: 1 Crash occurred ☒ In Near KNIGHTDALE (Municipality) or ☐ Miles N S E W outside municipality

on FIRST AVE (Highway Number, or Highway, Street. If ramp or service road, indicate on line) ☐ Ramp or Service Road (R.R.Crossing #_____) ☐ Miles (DOT-Information) ft. N S E W (if available)

at/near SMITHFIELD RD (Use Highway Number, Street Name or Adjacent County or State Line) ☐ N ☒ S ☐ E ☐ W toward SILLS AVE (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude / Longitude / Altitude

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver FRANCES (First) GRIFFIN (Middle) ROGERSON (Last) (Suffix)

Address 9112 POOLE RD

City KNIGHTDALE State NC Zip 275459148

Same Address as Driver's License? ☒ Yes ☐ No Driver's Phone Numbers H (919) 815-4933 W ( )

D.L. # 000001337801 CDL License ☐ D.L. Class C State NC

DOB 11/25/1938 (mm/dd/yyyy) 34 Vision Obstruction 00 35 Physical Condition 07 36 D.L. Restrictions 1

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) ☐

Owner CYNTHIA (First) GRIFFIN (Middle) PRICE (Last) (Suffix) Same as Driver? ☐

Address 9112 POOLE RD Same Address as Driver? ☐

City KNIGHTDALE State NC Zip 275459148

Plate # ACT9043 Plate State NC Plate Year 2012

VIN 1HGCB7673PA017936

Vehicle Make HOND Vehicle Year 1993 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD FD-4 44 Estimated Damage $4000

Insurance Company THE MEMBERS INS CO.

Policy # AAC 001637100

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver KIERRA (First) DOMONIQUE (Middle) MORGAN (Last) (Suffix)

Address 901 GROSSDALE ST

City KNIGHTDALE State NC Zip 275456009

Same Address as Driver's License? ☒ Yes ☐ No Driver's Phone Numbers H (919) 217-7022 W (919) 625-7378

D.L. # 000032749562 CDL License ☐ D.L. Class C State NC

DOB 04/06/1991 (mm/dd/yyyy) 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) ☐

Owner SHONDELL (First) LAVON (Middle) BROWN (Last) (Suffix) Same as Driver? ☐

Address 901 GROSSDALE ST Same Address as Driver? ☒

City KNIGHTDALE State NC Zip 275456009

Plate # SSS9718 Plate State NC Plate Year 2011

VIN JN1CA21D9WT510333

Vehicle Make NISS Vehicle Year 1998 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD BR-3 44 Estimated Damage $3000

Insurance Company NATIONWEIDE PROPERTY AND CASUALTY

Policy # 61C100942

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Unit ____ 49 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# ____

FBM ____ Fleet# ____ Gross Vehicle Weight Rating ____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Name and Address
A	1	1	1	Unit1-Drv2, Ped3, etc. see above	W	F	2	2	3	2	1	4	see above Veh# 1 Towed Totally: DEBNAMS-OWNERS REQUEST/DEBNAMS-OWNERS REQUEST
B	2	1	1	Unit2-Drv2, Ped3, etc. see above	B	F	2	2	3	2	1	3	see above Veh# 2 Towed Totally: DEBNAMS WRECKER/DEBNAMS WRECKER
C	1	2	3	12/08/1960	W	F	2	1	3	2	1	5	ANGELA JEANETTE TAYLOR 4808 APPLING CT,WENDELL,NC 27591
D													
E													
F													
G													
H													

46 Name of EMS AB-DENIED EMS TRANSPORT

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

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 1	Unit 2
	3	1

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
49 Vehicle Maneuver/Action	4	8
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	23	23
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	23	23
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	7	7

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	25	25
61 Estimate of Original Traveling Speed	25	10
62 Estimate of Speed at Impact	25	10
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	7
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	3
74 Access Control	1
75 Number of Lanes	4
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit ___

Haz Mat Placard ☐ Yes ☐ No

Hazardous Cargo ☐ Yes ☐ No

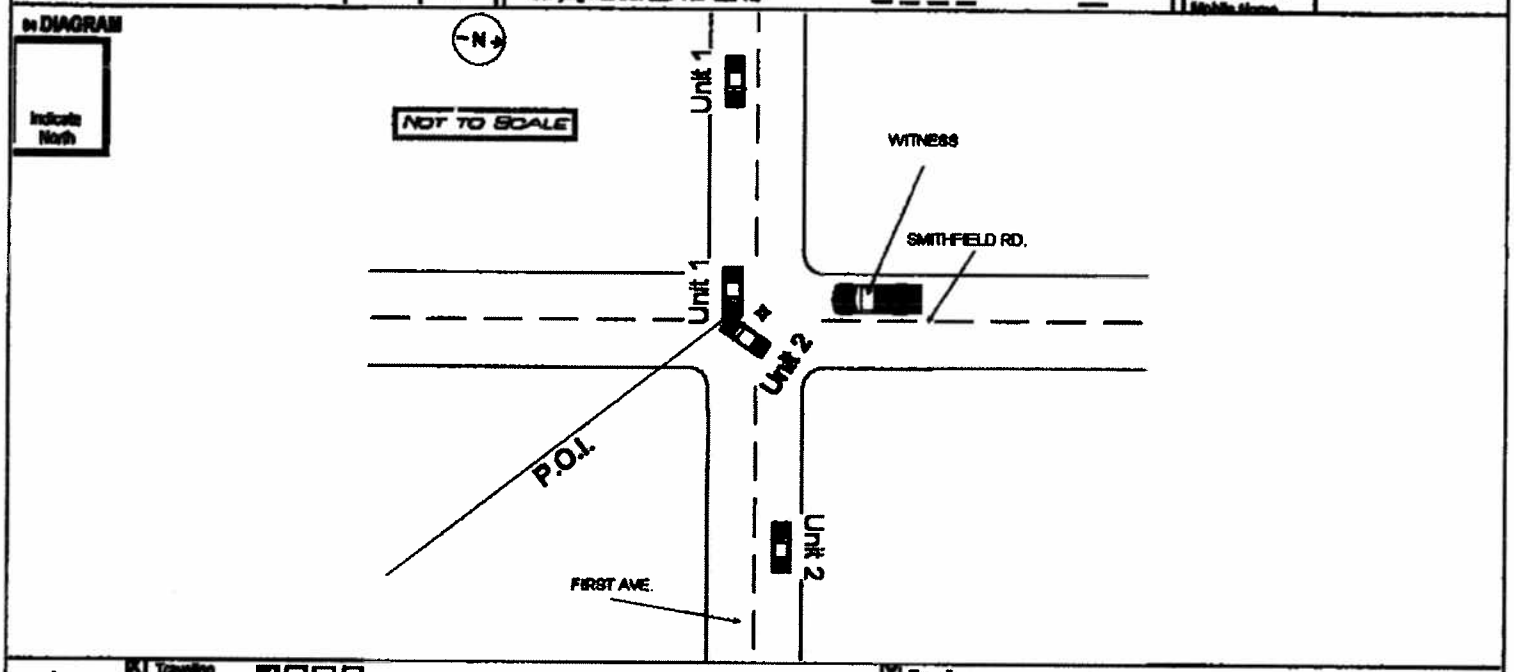
Released (Must a vent leak(s) fuel/trans fuel leak)

Carrying Haz Mat ☐ Yes ☐ No

From Placard indicate:

4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

84 DIAGRAM



Unit 1 was: ☒ Traveling ☐ Parked Facing ☒ N ☐ S ☐ E ☐ W on FIRST AVE

Unit 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on FIRST AVE

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

UNIT NUMBER 1 WAS TRAVELLING EAST ON FIRST AVE. (STRAIGHT THROUGH THE INTERSECTION) WHEN IT WAS STRUCK BY UNIT NUMMBER 2; WHICH WAS TURNING LEFT FROM FIRST AVE. (SOUTH WEST) ONTO SMITHFIELD RD. (SOUTH). OPERATOR OF UNIT NUMBER 2 SUSTAINED AN INJURY TO HER MOUTH (VISIBLE BLEEDING INSIDE) BUT DENIED TRANSPORT BY EASTERN WAKE EMS. OPERATOR AND PASSENGER OF UNIT NUMBER 1 COMPLAINED OF CHEST PAIN (FROM SEATBELT); NOTHING VISIBLE. BOTH DENIED EMS TRANSPORT FROM EASTERN WAKE EMS. OPERATOR OF UNIT NUMBER 1 REQUESTED DEBNAMS TOW THE VEHICLE SHE WAS OPERATING - AFTER ROTATION HAD BEEN CONTACTED BY RALEIGH COMMUNICATIONS. NO SPEED ESTIMATE / CALCULATION BASED ON LACK OF ANY TIRE IMPRESSIONS.

86 Type/Owner ___ Owner Address ___ Phone ___

ADDITIONAL PROPERTY DAMAGE — State Property? ☐ Estimated Damage $ ___

WITNESSES

Name AUTHUR BARNES Address 4108 NANTUCKETT DR.WILSON,NC 27894 Phone No. ( ) ___

Name ___ Address ___ Phone No. ( ) ___

TRAFFIC VIOLATION(S)

Name ___ Charge(s) (Citation # optional) ___

Name ___ Charge(s) ___

Officer Name	Officer Number	Department	Date of Report
steve b bailey	6476	Knightdale Police Department	06/06/2011

DMV-349 (Rev. 1/2006)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 103174714

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

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
06/09/2011	WAKE	19:06 (24 Hour Clock)	24-11-005102/00	06/10/2011

LOCATION: 33 Relation to Roadway Surface 1 | Crash occurred [X] In [ ] Near KNIGHTDALE (Municipality) or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on SMITHFIELD RD (Highway Number, or Highway, Street. If ramp or service road, indicate on line) ☐ Ramp or Service Road (R.R.Crossing #____) ____ Miles ____ ft. ☐N ☐S ☐E ☐W (0 if at intersection)

at (Cross) FIRST AVE (Use Highway Number, Street Name or Adjacent County or State Line) [X]N ☐S ☐E ☐W toward MAPLE ST (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude ____ Longitude ____ Altitude ____ (If available)

30 | 30

UNIT # 1 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 28 VEHICLE

Driver: TONYA (First) NOLON (Middle) PRICHARD (Last) ____ (Suffix)

Address: 512 SOUTHAMPTON DR

City: KNIGHTDALE State: NC Zip: 275457924

Same Address on Driver's License? [X] Yes ☐ No — Driver's Phone Numbers H (919) 266-2733 W (919) 500-6952

D.L. #: 000003428776 D.L. Class: C State: NC ☐ CDL License

DOB: 09/11/1969 (mm/dd/yyyy) 34 Vision Obstruction: 00 35 Physical Condition: 01 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 38 Alcohol/Drugs Test: 0 39 Results (If known): 0 40 Vehicle Seizure (DWI) ☐

Owner: JEFFERY LYNN PRICHARD — Same as Driver? ☐

Address: 512 SOUTHAMPTON DR — Same Address as Driver? [X]

City: KNIGHTDALE State: NC Zip: 275457924

Plate #: TZB9478 Plate State: NC Plate Year: 2011

VIN: 1GNDS13SX32400274

Vehicle Make: CHEV Vehicle Year: 2003 41 Vehicle Style (Type): 4 42 Vehicle Drivable [X] Yes ☐ No

43 TAD: FL-1 44 Estimated Damage: $3000

Insurance Company: NC FARM BUREAU FEDERATION, INC

Policy #: APM 3870278 4005

UNIT # 2 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver: THEODORE (First) WATSON (Last) ____ (Middle) ____ (Suffix)

Address: 1722 COSTMARY LN

City: KNIGHTDALE State: NC Zip: 275457646

Same Address on Driver's License? [X] Yes ☐ No — Driver's Phone Numbers H (919) 961-2316 W (919) 217-2316

D.L. #: 000033857368 D.L. Class: C State: NC ☐ CDL License

DOB: 04/30/1973 (mm/dd/yyyy) 34 Vision Obstruction: 00 35 Physical Condition: 01 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 38 Alcohol/Drugs Test: 0 39 Results (If known): 0 40 Vehicle Seizure (DWI) ☐

Owner: THEODORE WATSON — Same as Driver? [X]

Address: 1722 COSTMARY LN — Same Address as Driver? [X]

City: KNIGHTDALE State: NC Zip: 275457646

Plate #: ZYT3932 Plate State: NC Plate Year: 2011

VIN: JN1CA21D0XT202128

Vehicle Make: NISS Vehicle Year: 1999 41 Vehicle Style (Type): 1 42 Vehicle Drivable [X] Yes ☐ No

43 TAD: RD-1 44 Estimated Damage: $3000

Insurance Company: NATIONWIDE AFFINITY INS CO

Policy #: 6132C468382

28 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source — Unit ____ 45 Cargo Body Type ____ ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping paper ☐ 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-Drvl, Ped1, etc. see above	B	F	2	1	4	2	1	5	see above Veh# 1 Towed Totlly:
B	2	1	1	Unit1-Drvl, Ped1, etc. see above	B	M	2	1	4	2	1	5	see above Veh# 2 Towed Totlly:
C	1	2	3	07/01/1999	B	F	2	1	3	2	1	5	MELODY ELIZABETH PRICHARD [X]512 SOUTHAMPTON DR,KNIGHTDALE,NC 275457924
D	1	2	6	09/23/2003	B	F	2	1	0	2	1	5	MEGAN FAITH PRICHARD [X]512 SOUTHAMPTON DR,KNIGHTDALE,NC 275457924
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 1: 3 / Unit 2: 15

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
49 Vehicle Maneuver/Action	4	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	30	30
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	30	30
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	7	7

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	25	35
61 Estimate of Original Traveling Speed	5	25
62 Estimate of Speed at Impact	5	25
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	7
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		
83 Unit ___ Overwidth Trailer and Overwidth Mobile/House	Overwidth Permit #	

COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit ___

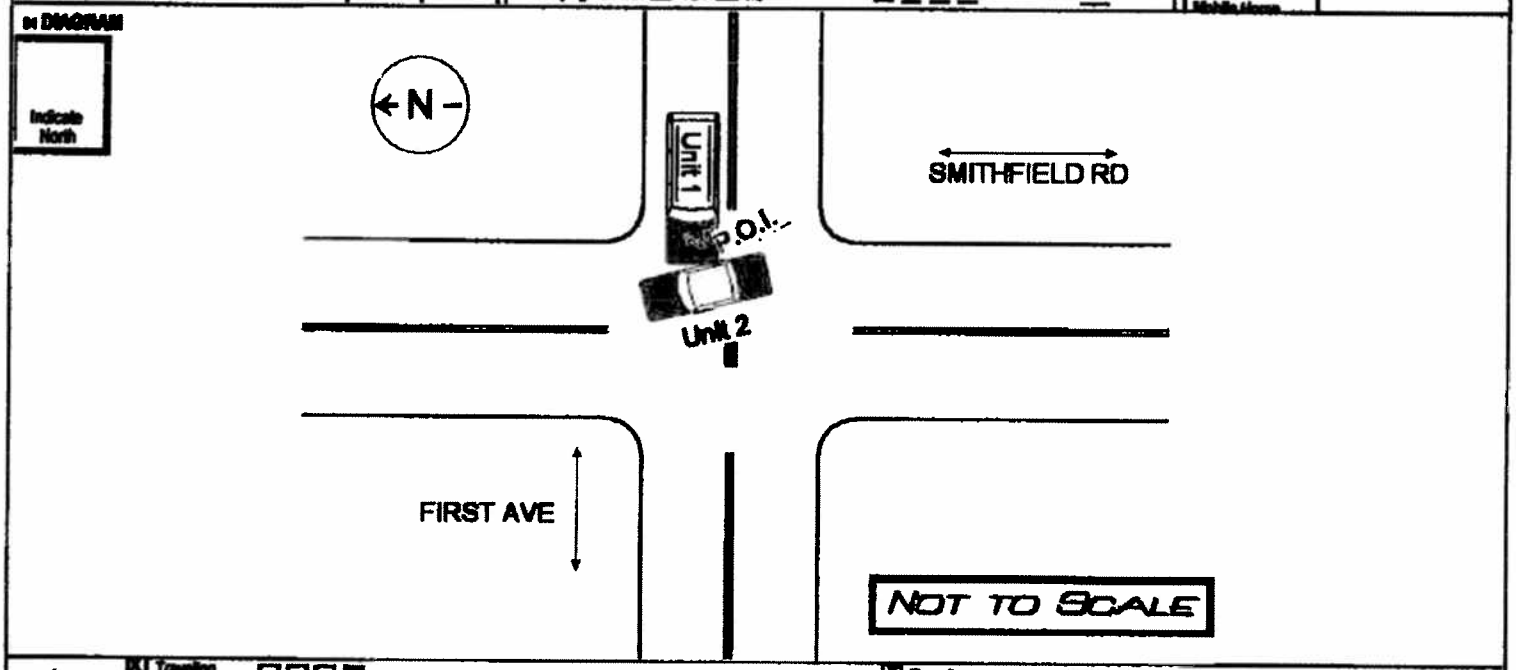
Haz Mat Placard ☐ Yes ☐ No

Hazardous Cargo Released (Please not include fuel tanks fuel tanks) ☐ Yes ☐ No

Carrying Haz Mat ☐ Yes ☐ No

From Placard indicator: 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

84 DIAGRAM



Unit 1 was: [X] Traveling ☐☐☐[X] N S E W on FIRST AVE

Unit 2 was: [X] Traveling [X]☐☐☐ N S E W on SMITHFIELD RD

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

THE OPERATOR OF VEHICLE 1 STATED SHE HAD STARTED FROM A STOP POSITION ON FIRST AVENUE AT SMITHFIELD ROAD TOWARDS BETHLEHEM ROAD DUE TO A RED TRAFFIC SIGNAL FROM RED TO GREEN. THE OPERATOR OF VEHICLE 2 STATED HE WAS TRAVELING ON SMITHFIELD ROAD AT FIRST AVENUE TOWARDS KNIGHTDALE BOULEVARD ON A GREEN TRAFFIC SIGNAL. VEHICLES 1 & 2 COLLIDED DAMAGING THE LEFT FRONT CORNER OF VEHICLE 1 AND THE RIGHT SIDE REAR DOOR OF VEHICLE 2. (NOTE: NO WITNESSES WERE ABLE TO BE LOCATED IN THIS CASE)

86 Type/Owner ___ Owner Address ___ Phone ___

ADDITIONAL PROPERTY DAMAGE

State 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	Officer Number	Department	Date of Report
T. Lashley	1304	Knightdale Police Department	06/09/2011

DMV-349 (Rev. 30000)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 103006945

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

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
11/07/2010	WAKE	17:51 (24 Hour Clock)	24-10-9520/2	11/08/2010

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred ☒ In / ☐ Near KNIGHTDALE or _____ Miles ☐N ☐S ☐E ☐W outside municipality

on SMITHFIELD ROAD (Highway Number, or Highway, Street. If ramp or service road, indicate on line) | Municipality | ☐ Ramp or Service Road | (R.R.Crossing # _____) _____ Miles 25 ft. ☒N ☐S ☐E ☐W (D.L.-Intersection) (If available)

Latitude / Longitude / Altitude

from FIRST AVE (Use Highway Number, Street Name or Adjacent County or State Line) ☒N ☐S ☐E ☐W toward MAIN STREET (Use Highway Number, Street Name or Adjacent County or State Line)

UNIT # 1

☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 28 VEHICLE

Driver: RICHARD (First) LEE (Middle) WATKINS (Last) (Suffix)

Address: 449 BETHLEHEM RD

City: KNIGHTDALE State: NC Zip: 275459309

Same Address on Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (919) 455-1777 W (919) 266-1981

D.L. #: 000036120958 State: NC COL License ☐

DOB: 09/09/1991 (mm/dd/yyyy) | 34 Vision Obstruction: 00 | 35 Physical Condition: 01 | 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (If known): 0 | 40 Vehicle Seizure (DWI) ☐

Owner: DEBBIE LEE WATKINS — Same as Driver? ☐

Address: 449 BETHLEHEM RD — Same Address as Driver? ☒

City: KNIGHTDALE State: NC Zip: 275459309

Plate #: SVT6626 Plate State: NC Plate Year: 2011

VIN: 5KBCP36829B001772

Vehicle Make: HOND Vehicle Year: 2009 | 41 Vehicle Style (Type): 1 | 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD: FD-2 | 44 Estimated Damage: $1500

Insurance Company: FARM BUREAU

Policy #: APM4991175

UNIT # 2

☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER _____

Driver: CASHAUNDA (First) JONES (Middle) MCLAURIN (Last) (Suffix)

Address: 5601 SANDY TRAIL DR

City: KNIGHTDALE State: NC Zip: 275457819

Same Address on Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (919) 412-8771 W (919) 295-1992

D.L. #: 000007222458 State: NC COL License ☐

DOB: 10/01/1971 (mm/dd/yyyy) | 34 Vision Obstruction: 00 | 35 Physical Condition: 01 | 36 D.L. Restrictions: 1

37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (If known): 0 | 40 Vehicle Seizure (DWI) ☐

Owner: EARL RODERIQUEZ HARRIS — Same as Driver? ☐

Address: 445 WESTCLIFF CT — Same Address as Driver? ☐

City: RALEIGH State: NC Zip: 276062227

Plate #: YRE6037 Plate State: NC Plate Year: 2010

VIN: 2C4GM68475R311466

Vehicle Make: CHRY Vehicle Year: 2005 | 41 Vehicle Style (Type): 4 | 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD: BD-2 | 44 Estimated Damage: $1500

Insurance Company: INTEGON

Policy #: 4460138

28 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

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 _____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses
A	1	1	1	Unit1-Drv1, Ped1, etc. see above	W	M	2	1	3	2	1	6	see above Veh# 1 Towed Totally:
B	2	1	1	Unit2-Drv2, Ped2, etc. see above	B	F	2	1	3	2	1	6	see above Veh# 2 Towed Totally:
C	2	2	6	05/13/2009	B	F	4	1	3	2	1	6	KIANNA MCLAURIN 5601 SANDY TRAIL DR,KNIGHTDALE,NC 275457819
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# 1 1 2 3
	Unit# 2 14 15 16

CRASH SEQUENCE (Unit Level)	Unit# 1	Unit# 2
49 Vehicle Maneuver/Action	4	1
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	21	21
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	21	21
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	7	7

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	35	35
61 Estimate of Original Traveling Speed	10	0
62 Estimate of Speed at Impact	10	0
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	12
70 Road Character	2
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit# 1	Unit# 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement

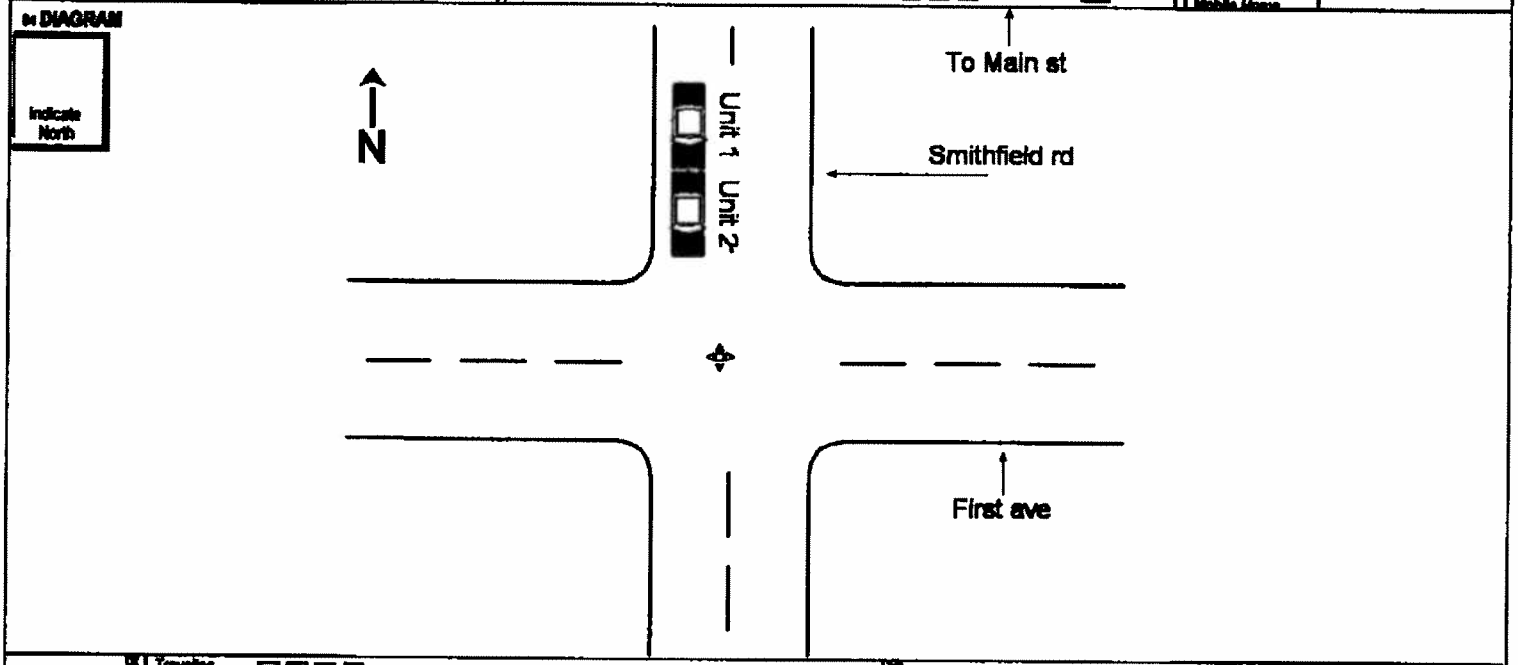
Haz Mat Placard ☐ Yes ☐ No — Fmsa Placard indicator ◇

Hazardous Cargo ☐ Yes ☐ No — 4-digit placard number or none from diamond or box — 1-digit number from bottom of diamond

Released (date and include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on SMITHFIELD RD

Unit# 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on SMITHFIELD RD

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

UNIT 1 WAS STOPPED BEHIND UNIT 2 AT THE INTERSECTION OF SMITHFIELD RD AND FIRST AVE AT THE RED LIGHT. WHEN THE LIGHT TURNED GREEN, THE DRIVER OF UNIT 1 SAID HIS FOOD HAD FALLEN IN HIS LAP. DRIVER 1 SAID HE SAW THE GREEN LIGHT AND ACCELERATED. UNIT 2 HAD NOT YET STARTED TO ACCELERATE, AND UNIT 1 STRUCK UNIT 2. DRIVER 1 WAS NOT EATING AT THE TIME OF THE COLLISION, BUT SIMPLY HAD HIS FOOD IN HIS LAP DURING TRANSPORT, AND IT HAD FALLEN CAUSING HIM TO TAKE HIS ATTENTION OFF OF DRIVING.

87 Type/Owner ____ Owner Address ____ Phone ____ ADDITIONAL PROPERTY DAMAGE State Property? ☐ Estimated Damage $

WITNESSES

Name ____ Address ____ Phone No. ( ) ____

Name ____ Address ____ Phone No. ( ) ____

TRAFFIC VIOLATION(S)

Name ____ Charge(s) ____ (Citation # optional)

Name ____ Charge(s) ____

Officer Name	Officer Number	Department	Date of Report
Richard Todd	1328	Knightdale Police Department	11/07/2010

DMV-349 (Rev. 3/2000)

2

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102945783

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

Date (mm/dd/yyyy)	County	Time (24 Hour Clock)	Local Use/Patrol Area	Date Received by DMV
08/24/2010	WAKE	18:26	24-10-007468/02	08/24/2010

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred: [X] In [ ] Near KNIGHTDALE or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on FIRST AVE (Highway Number, or Highway, Street. If ramp or service road, indicate on line) ☐ Ramp or Service Road (R.R.Crossing # F ____) ____ Miles 25 ☐N ☐S ☐E [X]W (P.L.-Intersection) (If available)

from SMITHFIELD RD (Use Highway Number, Street Name or Adjacent County or State Line) ☐N ☐S ☐E [X]W toward BETHLEHEM RD (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude ____ Longitude ____ Altitude ____

UNIT # 1 — [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver: ENOMWOYI (First) LAGRECIA (Middle) MOSER (Last) ____ (Suffix)

Address: 20 WILLOW CREEK CIR APT D

City: DURHAM State: NC Zip: 277051571

Same Address on Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (919) 848-2244 W ( )

D.L. #: 000005042652 State: NC — CDL License ☐

DOB (mm/dd/yyyy): 09/25/1975 | 34 Vision Obstruction: 00 | 35 Physical Condition: 01 | 36 D.L. Restrictions: 1

37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (If known): 0 | 40 Vehicle Seizure (DWI): ☐

Owner: ENOMWOYI LAGRECIA MOSER — Same as Driver? ☐

Address: 20 WILLOW CREEK CIR APT D — Same Address as Driver? ☐

City: DURHAM State: NC Zip: 277051571

Plate #: PYC2164 Plate State: NC Plate Year: 2011

VIN: 1HGCD5556RA127783

Vehicle Make: HOND Vehicle Year: 1994 | 41 Vehicle Style (Type): 1 | 42 Vehicle Drivable: [X] Yes ☐ No

43 TAD: BL-2 | 44 Estimated Damage: $1200

Insurance Company: LIBERTY MUTURAL INS

Policy #: AB13584630284

UNIT # 2 — [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver: JOANN (First) MAXINE (Middle) BEATTY (Last) ____ (Suffix)

Address: 3345 LEONARD RD

City: KNIGHTDALE State: NC Zip: 275456721

Same Address on Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (919) 521-7537 W ( )

D.L. #: 000007604268 State: NC — CDL License ☐

DOB (mm/dd/yyyy): 11/12/1969 | 34 Vision Obstruction: 00 | 35 Physical Condition: 01 | 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (If known): 0 | 40 Vehicle Seizure (DWI): ☐

Owner: JOANN MAXINE BEATTY — Same as Driver? ☐

Address: 3345 LEONARD RD — Same Address as Driver? ☐

City: KNIGHTDALE State: NC Zip: 275456721

Plate #: XYM2361 Plate State: NC Plate Year: 2011

VIN: KMHWF25S05A183394

Vehicle Make: HYUN Vehicle Year: 2005 | 41 Vehicle Style (Type): 1 | 42 Vehicle Drivable: [X] Yes ☐ No

43 TAD: FC-1 | 44 Estimated Damage: $500

Insurance Company: SOUTHERN GENERAL

Policy #: NCPA00009752004

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type ____ ☐ Same Address as Owner?

Source: ☐ Truck ☐ BL/Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# ____ ICC# ____ Axles on Vehicle Including Trailers ____

State ____ State# ____ IFTA# ____

FEIN# ____ 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.	B	F	2	1	0	2	1	4	☐ same as shown — Veh# 1 Towed To/By:
B	2	1	1	Unit2-Drv2, Ped2, etc.	W	F	2	1	0	2	1	5	☐ same as shown — Veh# 2 Towed To/By:
C	1	2	6	12/18/1992	W	M	2	1	0	2	1	4	HUNTER STEVENS [X] 20 WILLOW CREEK CIR APT D,DURHAM,NC 277051571
D													☐
E													☐
F													☐
G													☐
H													☐

46 Name of EMS: AC-EASTERN WAKE EMS — 46 Name of EMS: ____

47 Injured Taken by EMS to: WAKE MEDICAL,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 1 14 / Unit 2 2

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
49 Vehicle Maneuver/Action	1	11
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	21	21
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	21	21
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underside/Overside	3	3
59 Vehicle Defects	0	0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	25	25
61 Estimate of Original Traveling Speed	0	20
62 Estimate of Speed at Impact	0	15
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	5	2
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	7
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	4
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		
83 Unit __ Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #	

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No

Hazardous Cargo ☐ Yes ☐ No

Released (does not include fuel from fuel tank)

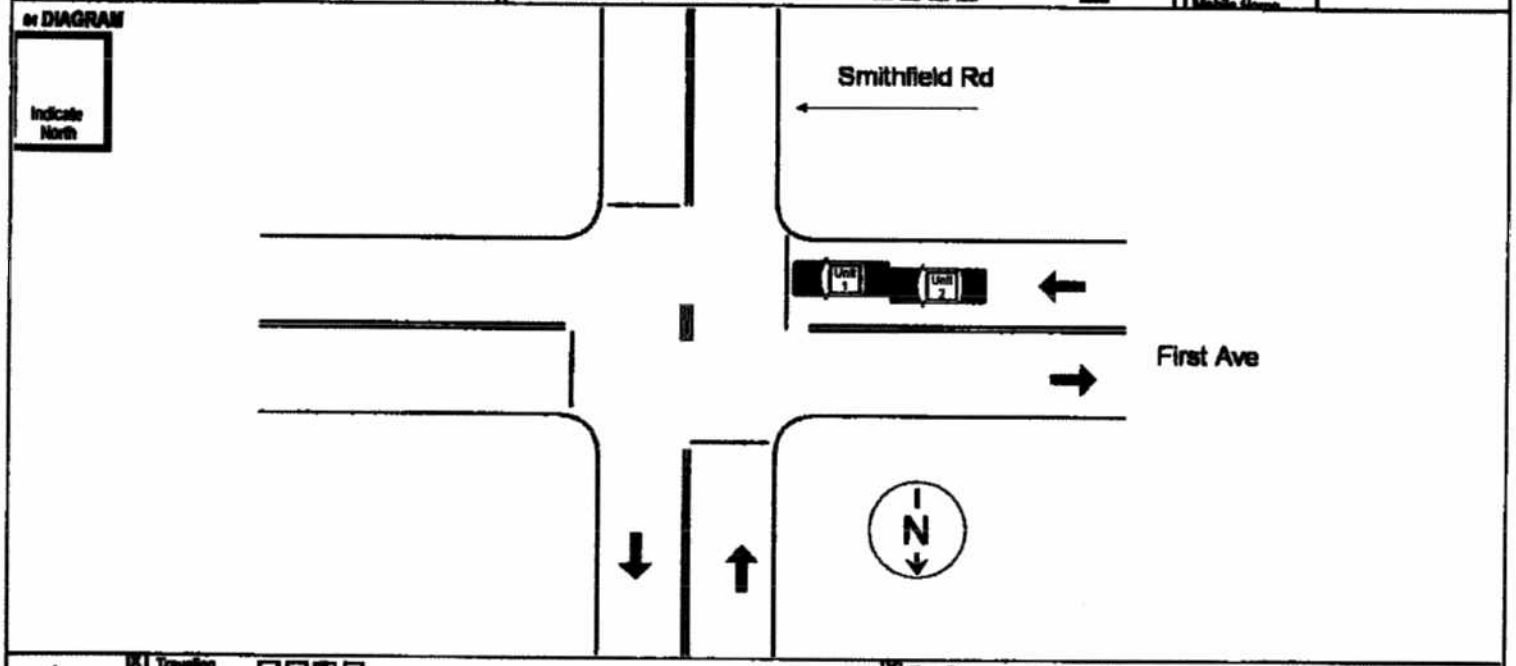
Carrying Haz Mat ☐ Yes ☐ No

From Placard indicate:

4-digit placard number or name from diamond or box

1-digit number from bottom of diamond

84 DIAGRAM



Unit 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☒ E ☐ W on FIRST AVE

Unit 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☒ E ☐ W on FIRST AVE

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

VEHICLE ONE HAD STOPPED FOR THE TRAFFIC CONTROL DEVICE. VEHICLE TWO STRUCK THE REAR OF VEHICLE ONE.

86 Type/Owner ____ Owner Address ____ Phone ____

ADDITIONAL PROPERTY DAMAGE

State 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	Officer Number	Department	Date of Report
D. W. Ayscue	1321	Knightdale Police Department	08/24/2010

DMV-349 (Rev. 3/2009)

2

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102890563

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

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
06/16/2010	WAKE	12:47	24-10-005448/2	06/17/2010

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred: [X] In / ☐ Near KNIGHTDALE or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on FIRST AVE (Municipality) ☐ Ramp or Service Road (R.R.Crossing # ____) ____ Miles ____ ft. ☐N ☐S ☐E ☐W (If available)

Highway Number, or Highway, Street, (If ramp or service road, indicate on line) — (If I.-Intersection)

at SMITHFIELD RD ☐N ☐S ☐E [X]W toward SECOND AVE

Use Highway Number, Street Name or Adjacent County or State Line — Use Highway Number, Street Name or Adjacent County or State Line

Latitude ____ Longitude ____ Altitude ____

UNIT # 1 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver: FELIPE (First) FLORES (Middle) MEDINA (Last) ____ (Suffix)

Address: 5947 PEARCES RD

City: LOUISBURG State: NC Zip: 275497667

Same Address on Driver's License? [X] Yes ☐ No — Driver's Phone Numbers: H (919) 827-6892 W ( )

D.L. # 000023159171 State: NC — CDL License ☐

DOB: 09/27/1974 (mm/dd/yyyy) 34 Vision Obstruction: 00 35 Physical Condition: 01 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 38 Alcohol/Drugs Test: 0 39 Results (If known): 0 40 Vehicle Seizure (DWI): ☐

Owner: FELIPE FLORES MEDINA — Same as Driver? [X]

Address: 5947 PEARCES RD — Same Address as Driver? [X]

City: LOUISBURG State: NC Zip: 275497667

Plate #: XNB8041 Plate State: NC Plate Year: 2010

VIN: 1FTCF15Y8HNA56458

Vehicle Make: FORD Vehicle Year: 1987 41 Vehicle Style (Type): 2 42 Vehicle Drivable: [X] Yes ☐ No

43 TAD: FL-1 44 Estimated Damage: $600

Insurance Company: INTEGON NATIONAL

Policy #: 9739887

UNIT # 2 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver: ASHLEE (First) NICOLE (Middle) KRISTENA (Last) TEEL (Suffix)

Address: 5305 EMERALD SPRING DR

City: KNIGHTDALE State: NC Zip: 275457552

Same Address on Driver's License? [X] Yes ☐ No — Driver's Phone Numbers: H (919) 327-7552 W ( )

D.L. # 000035519757 State: NC — CDL License ☐

DOB: 04/21/1992 (mm/dd/yyyy) 34 Vision Obstruction: 00 35 Physical Condition: 01 36 D.L. Restrictions: 1

37 Alcohol/Drugs Suspected: 0 38 Alcohol/Drugs Test: 0 39 Results (If known): 0 40 Vehicle Seizure (DWI): ☐

Owner: TAUNIA (First) BLACKMORE (Middle) TEEL (Last) — Same as Driver? ☐

Address: 5305 EMERALD SPRING DR — Same Address as Driver? [X]

City: KNIGHTDALE State: NC Zip: 275457552

Plate #: TZA9173 Plate State: NC Plate Year: 2010

VIN: 1HGCG66862A054654

Vehicle Make: HOND Vehicle Year: 2002 41 Vehicle Style (Type): 1 42 Vehicle Drivable: ☐ Yes [X] No

43 TAD: FR-1 44 Estimated Damage: $1000

Insurance Company: GOVERNMENT EMPLOYEES

Policy #: 4030681185

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

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# ____

FEIN ____ Fleet# ____ Gross Vehicle Weight Rating ____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Name
A	1	1	1	Unit1-Drv1, Ped1, etc. see above	H	M	2	0	0	2	1	5	see above Veh# 1 Toward Traffic:
B	2	1	1	Unit1-Drv2, Ped2, etc. see above	B	F	2	1	1	2	1	5	see above Veh# 2 Toward Traffic: DEBMANS/DEBMANS
C	2	2	6	07/31/1994	B	M	0	1	1	2	1	5	EDDIE KING 801 COLEMEN ST,KNIGHTDALE,NC 27545
D	2	2	3	01/06/1993	B	M	2	1	1	2	1	5	TORRY HARRIS 801 COLEMEN ST,KNIGHTDALE,NC 27545
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)

102890563 - 1

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# 1	Unit# 2
	3	1

CRASH SEQUENCE (Unit Level)	Unit# 1	Unit# 2
49 Vehicle Maneuver/Action	4	8
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	30	30
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	30	30
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	0	0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	25	25
61 Estimate of Original Traveling Speed	30	10
62 Estimate of Speed at Impact	15	10
63 Tire Impressions Before Impact (ft.)	7	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	7
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	3
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit# 1	Unit# 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit#___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No

Hazardous Cargo ☐ Yes ☐ No

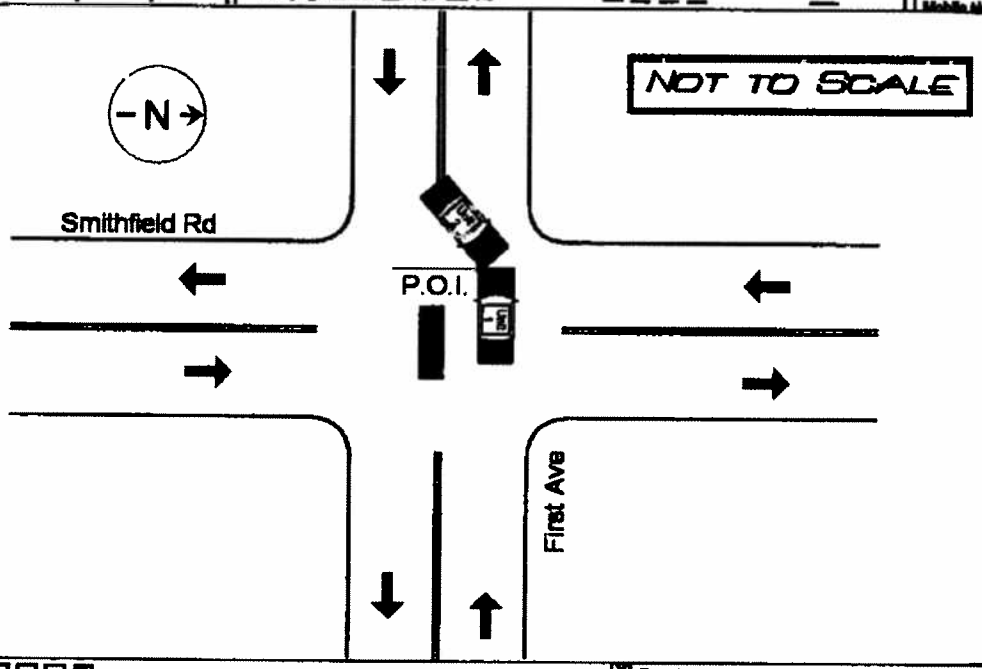
Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

From Placard indicator: 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

84 DIAGRAM

Indicate North



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☒ W on FIRST AVE

Unit# 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☒ E ☐ W on FIRST AVE

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

VEHICLE #1 WAS TRAVELING STRAIGHT. VEHICLE # 2 WAS MAKING A LEFT TURN ONTO SMITHFIELD RD. VEHICLE #2 FAILED TO YIELD THE RIGHT OF WAY AND VEHICLE #1 RAN INTO VEHICLE #2. VEHICLE #1 LEFT 7 FEET OF SKID MARKS.

86 ADDITIONAL PROPERTY DAMAGE

Type/Owner ____ Owner Address ____ Phone ____ 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 Number	Department	Date of Report
R. R. Fullerton	6089	Knightdale Police Department	06/16/2010

DMV-349 (Rev. 3/2009)

4

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102903349

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

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
07/02/2010	WAKE	12:33	24-10-005925/B-	07/03/2010

LOCATION: 33 Relation to Roadway Surface 5 | Crash occurred [X] In ☐ Near KNIGHTDALE ☐N ☐S ☐E ☐W or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on FIRST AVE (Municipality; Highway Number, or Highway, Street. (If ramp or service road, indicate on line)) ☐ Ramp or Service Road (R.R.Crossing #____) ____ Miles 200 (D.L.Intersection) ft. ☐N ☐S ☐E [X]W (If available)

from SMITHFIELD RD (Use Highway Number, Street Name or Adjacent County or State Line) ☐N ☐S ☐E [X]W toward SILLS AVE (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude ____ Longitude ____ Altitude ____

UNIT #1 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver: LETTY (First) PEARCE (Middle) LILES (Last) ____ (Suffix)

Address: 501 E WHITAKER MILL RD,APT 306B

City: RALEIGH State: NC Zip: 276062651

Same Address as Driver's License? [X] Yes ☐ No — Driver's Phone Numbers H (919) 266-2379 W ( )

D.L. #: 000008129276 State: NC ☐ CDL License

DOB: 09/03/1933 (mm/dd/yyyy) 34 Vision Obstruction: 00 35 Physical Condition: 06 36 D.L. Restrictions: 1

37 Alcohol/Drugs Suspected: 0 38 Alcohol/Drugs Test: 0 39 Results (If known): 0 40 Vehicle Seizure (DWI) ☐

Owner: LETTY PEARCE LILES — Same as Driver? [X]

Address: 501 E WHITAKER MILL RD,APT 306B — Same Address as Driver? [X]

City: RALEIGH State: NC Zip: 276062651

Plate #: YPT7300 Plate State: NC Plate Year: 2010

VIN: 2FAFP74V58X111165

Vehicle Make: FORD Vehicle Year: 2008 41 Vehicle Style (Type): 1 42 Vehicle Drivable ☐ Yes [X] No

43 TAD: FR-3 44 Estimated Damage: $3000

Insurance Company: LIBERTY MUTUAL

Policy #: AB125837725870

UNIT #2 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver: ____ (First) ____ (Middle) ____ (Last) ____ (Suffix)

Address: ____

City: ____ State: ____ Zip: ____

Same Address as Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (919) 762-2260 W ( )

D.L. #: ____ State: ____ ☐ CDL License

DOB: ____ (mm/dd/yyyy) 34 Vision Obstruction: ____ 35 Physical Condition: ____ 36 D.L. Restrictions: ____

37 Alcohol/Drugs Suspected: ____ 38 Alcohol/Drugs Test: ____ 39 Results (If known): ____ 40 Vehicle Seizure (DWI) ☐

Owner: RANDALL LEE HAILEY — Same as Driver? ☐

Address: 321 LATIMER RD — Same Address as Driver? ☐

City: RALEIGH State: NC Zip: 276095915

Plate #: RNA5051 Plate State: NC Plate Year: 2010

VIN: JTDBR32E230048712

Vehicle Make: TOYT Vehicle Year: 2003 41 Vehicle Style (Type): 1 42 Vehicle Drivable [X] Yes ☐ No

43 TAD: BR-3 44 Estimated Damage: $1200

Insurance Company: HORACE MANN PROPERTY & CASUALTY

Policy #: 67779130

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type ____ ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# ____ ICC# ____ Axles on Vehicle Include Any Trailers ____

State ____ State# ____ IFTA# ____

FEIN# ____ Fleet# ____ Gross Vehicle Weight Rating ____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Name
A	1	1	1	Unit-Dvr1, Ped1,etc. same as above	W	F	2	1	3	1	1	4	same as above Veh# 1 Towed Traffic PRICES TOWING/PRICES TOWING
B				Unit-Dvr2, Ped2,etc. same as above									same as above Veh# ___ Towed Traffic
C													
D													
E													
F													
G													
H													

46 Name of EMS: A-EASTERN WAKE

47 Injured Taken by EMS to: WAKE MEDICAL CENTER,RALEIGH (Treatment Facility and City or Town)

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# 1	Unit# 2
	1	18

CRASH SEQUENCE (Unit Level)	Unit# 1	Unit# 2
49 Vehicle Maneuver/Action	4	2
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	1	30
53 Crash Sequence - Second Event *	20	
54 Crash Sequence - Third Event *	33	
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	20	30
57 Distance/Direction to Object Struck	2	
58 Vehicle Underride/Override	3	
59 Vehicle Defects	0	

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	25	
61 Estimate of Original Traveling Speed	40	
62 Estimate of Speed at Impact	40	
63 Tire Impressions Before Impact (ft.)	0	
64 Distance Traveled After Impact (ft.)	0	
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	0
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	0
77 Traffic Control Oper	

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit# 1	Unit# 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No

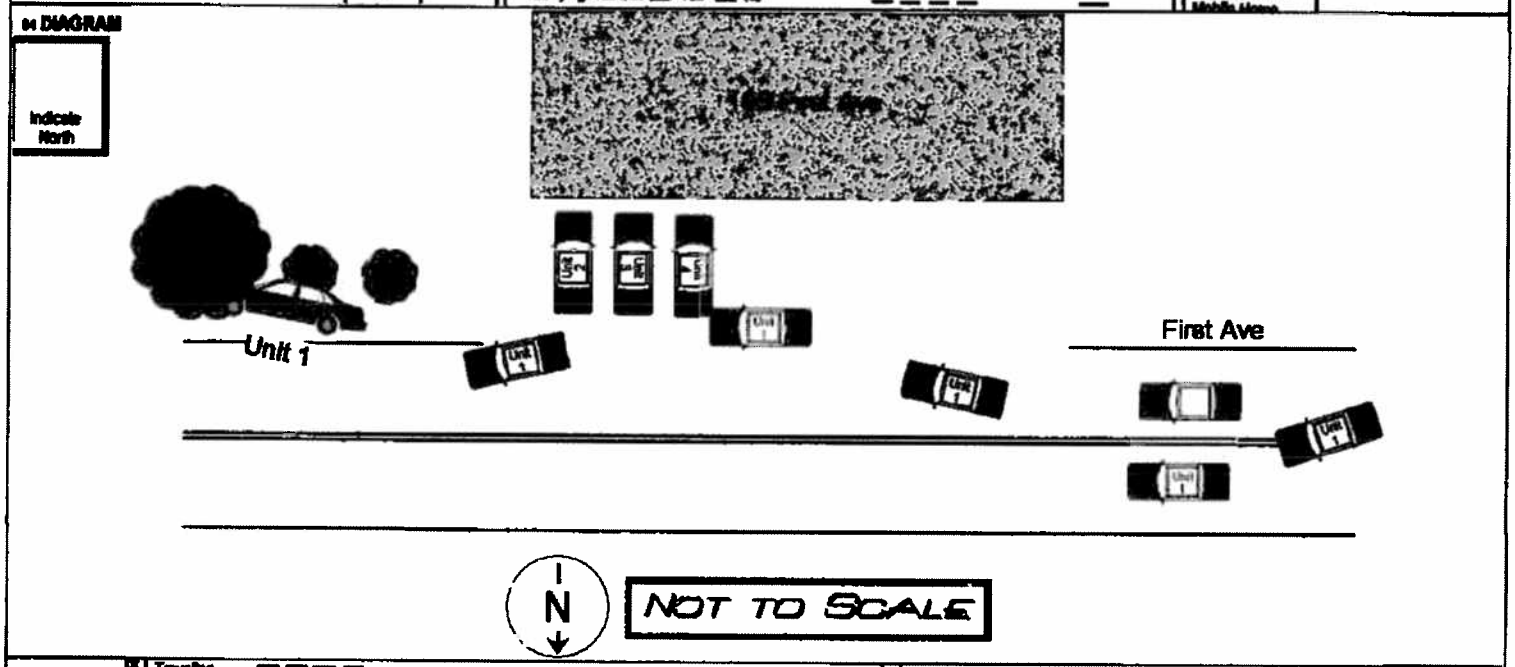
Hazardous Cargo ☐ Yes ☐ No

Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

From Placard indicate: 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☒ E ☐ W on FIRST AVE

Unit# 2 was: ☐ Traveling ☒ Parked Facing ☐ N ☒ S ☐ E ☐ W on FIRST AVE

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

UNIT #1 ILLEGALLY PASSED A VEHICLE TRAVELING THE SAME DIRECTION. AFTER PASSING THE VEHICLE, UNIT #1 LEFT THE ROAD TO THE RIGHT AND COLLIDED WITH UNIT #4, PUSHING UNIT#4 INTO UNIT #3. UNIT #1 THEN COLLIDED WITH UNIT #2. UNIT #1 CONTINUED EAST RUNNING OFF THE ROAD TO THE RIGHT AND COLLIDING WITH A TREE. UNIT #1 CAME TO A FINAL RESTING POSITION ON THE DRIVER'S SIDE.

ADDITIONAL PROPERTY DAMAGE

Type/Owner ____ Owner Address ____ Phone ____ State Property? ☐ Estimated Damage $ ____

WITNESSES

Name JAMES CHRISTOPHER PARRISH Address 1861 SCHOLSS RD,LOUISBURG,NC 27549 Phone No. (919) 669-8383

Name MASON PARRISH Address 1861 SCHOLSS RD,LOUISBURG,NC 27549 Phone No. (919) 669-8383

TRAFFIC VIOLATION(S)

Name ____ Charge(s) (Citation # optional) ____

Name ____ Charge(s) ____

Officer Name	Officer Number	Department	Date of Report
charles s capps	9591	Knightdale Police Department	07/02/2010

DMV-349 (Rev. 3/2005)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102903349

No. of Units Involved: 4 | Form 2 of 2 | ☐ Supplemental Report | ☐ Non-Reportable

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
07/02/2010	WAKE	12:33 (24 Hour Clock)	24-10-005925/B-	07/03/2010

LOCATION

33 Relation to Roadway Surface: 5 | Crash occurred: [X] In ☐ Near KNIGHTDALE (Municipality) or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on FIRST AVE (Highway Number, or Highway, Street. If ramp or service road, indicate on line) ☐ Ramp or Service Road (R.R.Crossing #____) ____ Miles 200 ft. ☐N ☐S ☐E [X]W (If L-intersection) (If available)

from SMITHFIELD RD (Use Highway Number, Street Name or Adjacent County or State Line) ☐N ☐S ☐E [X]W toward SILLS AVE (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude ____ Longitude ____ Altitude ____

UNIT # 3 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL or VEHICLE

Driver ____ First ____ Middle ____ Last ____ Suffix ____

Address ____

City ____ State ____ Zip ____

Same Address as Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (919) 427-7717 W ( ) ____

D.L. # ____ State ____ CDL License ☐

DOB ____ 34 Vision Obstruction ____ 35 Physical Condition ____ 36 D.L. Restrictions ____

37 Alcohol/Drugs Suspected ____ 38 Alcohol/Drugs Test ____ 39 Results (If known) ____ 40 Vehicle Seizure (DMV) ☐

Owner LEIGH ANN CARAWAN — Same as Driver? ☐

Address 1001 BODIE ISLAND LN — Same Address as Driver? ☐

City RALEIGH State NC Zip 276049674

Plate # XSC7085 Plate State NC Plate Year 2011

VIN 3C8FY4BB01T537978

Vehicle Make CHRY Vehicle Year 2001 41 Vehicle Style (Type) 1 42 Vehicle Drivable [X] Yes ☐ No

43 TAD BR-2 44 Estimated Damage $1000

Insurance Company INTEGON NATIONAL

Policy # SAN3257845

UNIT # 4 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver ____ First ____ Middle ____ Last ____ Suffix ____

Address ____

City ____ State ____ Zip ____

Same Address as Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (919) 201-3830 W ( ) ____

D.L. # ____ State ____ CDL License ☐

DOB ____ 34 Vision Obstruction ____ 35 Physical Condition ____ 36 D.L. Restrictions ____

37 Alcohol/Drugs Suspected ____ 38 Alcohol/Drugs Test ____ 39 Results (If known) ____ 40 Vehicle Seizure (DMV) ☐

Owner GRICELDA GUTIERREZ ROBLES — Same as Driver? ☐

Address 1113 DEEP RIVER CT APT 71 — Same Address as Driver? ☐

City RALEIGH State NC Zip 276107241

Plate # XZR3063 Plate State NC Plate Year 2010

VIN 1GHDX03E9XD236566

Vehicle Make OLDS Vehicle Year 1999 41 Vehicle Style (Type) 5 42 Vehicle Drivable [X] Yes ☐ No

43 TAD BR-2,BL-2 44 Estimated Damage $1000

Insurance Company ALLSTATE INDEMNITY

Policy # 935197222

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

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# ____

FEIN ____ 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				Unit1-Drv1, Ped1,etc. see above									see above Veh# ___ Towed To/By:
B				Unit2-Drv2, Ped2,etc. see above									see above Veh# ___ 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 3 18 / Unit 4 18

CRASH SEQUENCE (Unit Level)	Unit 3	Unit 4
49 Vehicle Maneuver/Action	2	2
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	30	30
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	30	30
57 Distance/Direction to Object Struck		
58 Vehicle Underride/Override		
59 Vehicle Defects		

VEHICLE INFO.	Veh # 3	Veh # 4
60 Authorized Speed Limit		
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		
66 Post Crash Fire (If "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	
70 Road Character	
71 Road Classification	
72 Road Surface Type	
73 Road Configuration	
74 Access Control	
75 Number of Lanes	
76 Traffic Control Type	
77 Traffic Control Oper	

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No

Hazardous Cargo ☐ Yes ☐ No

Released (does not include fuel loss fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

From Placard indicator

4-digit placard number or name from diamond or box

1-digit number from bottom of diamond

WORK ZONE RELATED	
78 Workzone Area	
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 3	Unit 4
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

84 DIAGRAM

Indicate North

Unit 3 was: ☐ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on FIRST AVE

Unit 4 was: ☐ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on FIRST AVE

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

86 Type/Owner — Owner Address — Phone — ADDITIONAL PROPERTY DAMAGE — State Property? ☐ — Estimated Damage $

WITNESSES

Name KATELYNE STEWART Address 1861 SCHOLSS RD,LOUISBURG,NC 27549 Phone No. (919) 986-2799

Name EDWARD GEORGE SHREVE Address 312 ELLEN DR,KNIGHTDALE,NC 27545 Phone No. (919) 217-8028

TRAFFIC VIOLATION(S)

Name ___ Charge(s) ___ (Citation # optional)

Name ___ Charge(s) ___

Officer Name	Officer Number	Department	Date of Report
charles s capps	9591	Knightdale Police Department	07/02/2010

DMV-349 (Rev. 3/2008)

1

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102886123

No. of Units Involved: 1 | Form 1 of 1 | ☐ Supplemental Report | ☐ Non-Reportable

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
06/12/2010	WAKE	18:05 (24 Hour Clock)	24-10-005349/	06/14/2010

LOCATION

33 Relative to Roadway Surface: 2 | Crash occurred: [X] In | Near: KNIGHTDALE | or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on SMITHFIELD ROAD (Municipality) ☐ Ramp or Service Road (R.R.Crossing #____) ____ Miles 30 ft. ☐N [X]S ☐E ☐W (D.O.T.-Intersection) (If available)

Highway Number, or Highway, Street. (If ramp or service road, indicate on line)

from FIRST AVE ☐N [X]S ☐E ☐W toward RAIL ROAD STREET

Use Highway Number, Street Name or Adjacent County or State Line — Use Highway Number, Street Name or Adjacent County or State Line

Latitude ____ Longitude ____ Altitude ____

UNIT # 1 ☐ VEHICLE ☐ PEDESTRIAN [X] HIT & RUN ☐ COMMERCIAL VEHICLE

Driver: GREGORY (First) OLAKUNLE (Middle) ABEOGUN (Last) JR (Suffix)

Address: 1020 MAILWOOD DRIVE

City: KNIGHTDALE State: NC Zip: 27545

Same Address on Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers: H ( ) ____ W ( ) ____

D.L. #: 31703657 State: NC — CDL License ☐

DOB: 11/09/1990 (mm/dd/yyyy) | 34 Vision Obstruction: 00 | 35 Physical Condition: 10 | 36 D.L. Restrictions: ____

37 Alcohol/Drugs Suspected: 7 | 38 Alcohol/Drugs Test: 0 | 39 Results (If known): 0 | 40 Vehicle Seizure (DWI) ☐

Owner: THOMASINE LOVETTE CANNON — Same as Driver? ☐

Address: 1104 CASSIA LANE — Same Address as Driver? ☐

City: KNIGHTDALE State: NC Zip: 27545

Plate #: ZRN4771 Plate State: NC Plate Year: 2010

VIN: WDBHA22E0RF05526

Vehicle Make: MERCEDES BENZ | Vehicle Year: 1994 | 41 Vehicle Style (Type): 1 | 42 Vehicle Drivable ☐ Yes [X] No

43 TAD: RD-3 | 44 Estimated Damage: $10000

Insurance Company: THE MEMBERS INSURANCE COMPANY

Policy #: AAD 000142201

UNIT # ____ ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver: ____ (First) ____ (Middle) ____ (Last) ____ (Suffix)

Address: ____

City: ____ State: ____ Zip: ____

Same Address on Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers: H ( ) ____ W ( ) ____

D.L. #: ____ State: ____ — CDL License ☐

DOB: ____ (mm/dd/yyyy) | 34 Vision Obstruction: ____ | 35 Physical Condition: ____ | 36 D.L. Restrictions: ____

37 Alcohol/Drugs Suspected: ____ | 38 Alcohol/Drugs Test: ____ | 39 Results (If known): ____ | 40 Vehicle Seizure (DWI) ☐

Owner: ____ — Same as Driver? ☐

Address: ____ — Same Address as Driver? ☐

City: ____ State: ____ Zip: ____

Plate #: ____ Plate State: ____ Plate Year: ____

VIN: ____

Vehicle Make: ____ | Vehicle Year: ____ | 41 Vehicle Style (Type): ____ | 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD: ____ | 44 Estimated Damage: $ ____

Insurance Company: ____

Policy #: ____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type: ____ ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping papers ☐ Other

Carrier Identification Numbers, GVWR, Axles

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 address same as Driver

	21	22	23	24	25	26	27	28	29	30	31	32	Name and Address
A	1	1	1	Unit/Drv1, Ped1, etc. see above	B	M	2	2	0	2	1	5	Veh# 1 Towed To/By: TOW RIFFIC/TOW RIFFIC
B				Unit/Drv2, Ped2, etc. see above									Veh# ____ 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)

102886123 - 1

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit 1 21 / Unit#

CRASH SEQUENCE (Unit Level)	Unit 1	Unit#
49 Vehicle Maneuver/Action	4	
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	1	
53 Crash Sequence - Second Event *	37	
54 Crash Sequence - Third Event *	33	
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	1	
57 Distance/Direction to Object Struck	2	
58 Vehicle Underride/Override	3	
59 Vehicle Defects	7	

VEHICLE INFO.	Veh # 1	Veh #
60 Authorized Speed Limit	35	
61 Estimate of Original Traveling Speed	35	
62 Estimate of Speed at Impact	30	
63 Tire Impressions Before Impact (ft.)	0	
64 Distance Traveled After Impact (ft.)	15	
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	0
70 Road Character	2
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	0
77 Traffic Control Oper	

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit#
82 Trailer Type	00	
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		
83 Unit# Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #	

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Hax Mat Placard ☐ Yes ☐ No

Hazardous Cargo ☐ Yes ☐ No

Released (Place not include fuel from fuel tank)

Carrying Hax Mat ☐ Yes ☐ No

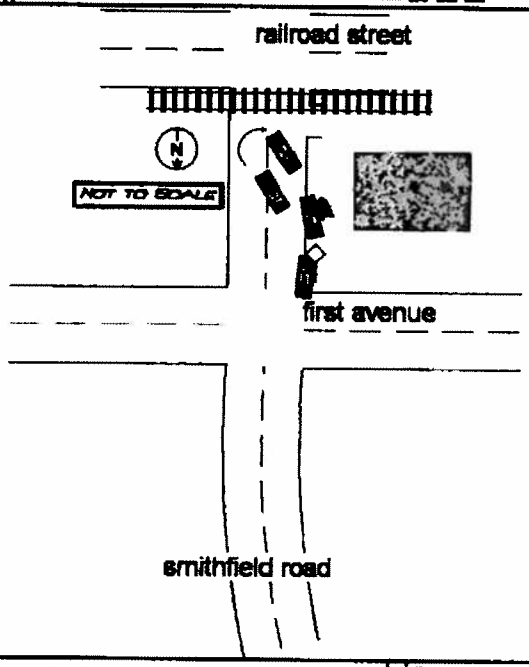
From Placard indicate:

4-digit placard number or name from diamond or box

1-digit number from bottom of diamond

84 DIAGRAM

Indicate North



Unit 1 was: [X] Traveling ☐ Parked Facing N [X] E ☐ W ☐ on SMITHFIELD ROAD

Unit# was: ☐ Traveling ☐ Parked Facing N ☐ E ☐ W ☐ on

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

VEHICLE ONE RAN OFF OF THE ROAD TO THE RIGHT SIDE. VEHICLE ON STRUCK A RAILROAD CROSSING SIGN. VEHICLE ONE THEN STRUCK A TREE. VEHICLE ONE CAME BACK ON THE ROAD WAY TURNING A 180 DEGREE TURN FACING NORTH IN THE SOUTH LANE. VEHICLE ONE WAS FLEEING FROM A PREVIOUS COLLISION. DRIVER ONE THEN RAN ON FOOT FROM THE SCENE.

86 Type/Owner RAILROAD CROSSING SIGN- Owner Address/Phone 1589 CARSON STREET,RALEIGH,NC 27608-9189313656

ADDITIONAL PROPERTY DAMAGE State Property? ☐ Estimated Damage $250

WITNESSES

Name DON BECK Address 2016 MACK FARM LANE,WENDELL,NC 27591 Phone No. (919) 365-8383

Name Address Phone No. ( )

TRAFFIC VIOLATION(S)

Name Charge(s)

Name Charge(s) (Citation # optional)

Officer Name	Officer Number	Department	Date of Report
J. D. Phillips	1325	Knightdale Police Department	06/12/2010

DMV-349 (Rev. 3/2009)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102864233

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

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
05/15/2010	WAKE	18:35 (24 Hour Clock)	24-10-004406/00	05/17/2010

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred ☒ In ☐ Near KNIGHTDALE (Municipality) or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on SMITHFIELD RD (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 (P.L.-Intersection)

at/With N FIRST AVENUE (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 Line)

(If available) Latitude 78.48242 Longitude 35.78806 Altitude

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver NANCY (First) GONZALEZ (Middle) ESPINOZA (Last) (Suffix)

Address 411 LAURENS WAY

City KNIGHTDALE State NC Zip 275457917

Same Address on Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (919) 266-4201 W ( )

D.L. # 000029070174 State NC — CDL License ☐

DOB 08/26/1986 (mm/dd/yyyy) 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (If known) 0 40 Vehicle Seizure (DWI) ☐

Owner MIGUEL GONZALEZ HERNANDEZ — Same as Driver? ☐

Address 411 LAURENS WAY — Same Address as Driver? ☐

City KNIGHTDALE State NC Zip 275457917

Plate # YYY5948 Plate State NC Plate Year 2010

VIN 2P4FP25B1VR178360

Vehicle Make PLYM Vehicle Year 1997 41 Vehicle Style (Type) 5 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD FC-4 44 Estimated Damage $5000

Insurance Company ALLSTATE INDEMNITY

Policy # 635452705

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver RICHARD (First) SAMUEL (Middle) HAYNES (Last) (Suffix)

Address 7261 HUNT VALLEY TRAIL

City WENDELL State NC Zip 27591

Same Address on Driver's License? ☐ Yes ☒ No — Driver's Phone Numbers H (919) 602-7796 W (919) 217-2261

D.L. # 000022235138 State NC — CDL License ☐

DOB 10/11/1975 (mm/dd/yyyy) 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 1

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (If known) 0 40 Vehicle Seizure (DWI) ☐

Owner TOWN OF KNIGHTDALE — Same as Driver? ☐

Address 950 STEEPLE SQUARE COURT — Same Address as Driver? ☐

City KNIGHTDALE State NC Zip 275457655

Plate # 86464S Plate State NC Plate Year 2099

VIN 2FAFP71V68X122276

Vehicle Make FORD Vehicle Year 2008 41 Vehicle Style (Type) 31 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD RD-4,FC-0 44 Estimated Damage $7000

Insurance Company SELECTIVE INSURANCE OF S.C.

Policy # S1446973

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type ____ ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping papers ☐ Other

Carrier Identification Numbers, GVWR, Axles

US DOT# ____ ICC# ____ Axles on Vehicle Including Trailers ____

State ____ State# ____ IFTA# ____

FEIN ____ 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.	H	F	2	2	0	2	1	4	Veh# 1 Towed To/By: DEBNAMS TOWING/DEBNAMS TOWING
B	2	1	1	Unit1-Drv2, Ped2, etc.	W	M	2	1	0	2	1	4	Veh# 2 Towed To/By: B AND B TOWING/B AND B TOWING
C	1	2	3	12/15/1991	H	M	2	2	3	2	1	5	DAGO ARTURO ESPINOZA ☒ 411 LAURENS WAY,KNIGHTDALE,NC 275457917
D	1	2	5	01/04/1972	H	F	10	0	0	2	1	5	ANGELA ESPINOZA OLIVERA ☒ 411 LAURENS WAY,KNIGHTDALE,NC 275457917
E	1	2	9	12/15/1996	H	F	2	0	0	2	1	5	LIZABETH GONZALEZ ESPINOZA ☒ 411 LAURENS WAY,KNIGHTDALE,NC 275457917
F	1	2	4	05/01/2004	H	M	4	0	0	2	1	5	NESTOR JOSUE GONZALEZ ☒ 411 LAURENS WAY,KNIGHTDALE,NC 275457917
G													
H													

46 Name of EMS: A-EASTERN WAKE EMS

47 Injured Taken by EMS to: REFUSED TX,KNIGHTDALE (Treatment Facility and City or Town)

46 Name of EMS: B-EASTERN WAKE EMS

47 Injured Taken by EMS to: REFUSED,KNIGHTDALE (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# 1 2 / Unit# 2 2 19

CRASH SEQUENCE (Unit Level)	Unit# 1	Unit# 2
49 Vehicle Maneuver/Action	4	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	30	30
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	30	30
57 Distance/Direction to Object Struck		
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	0	0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	35	25
61 Estimate of Original Traveling Speed	30	0
62 Estimate of Speed at Impact	30	10
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	22	33
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	7
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	4
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit# 1	Unit# 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit# ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No — From Placard indicate:

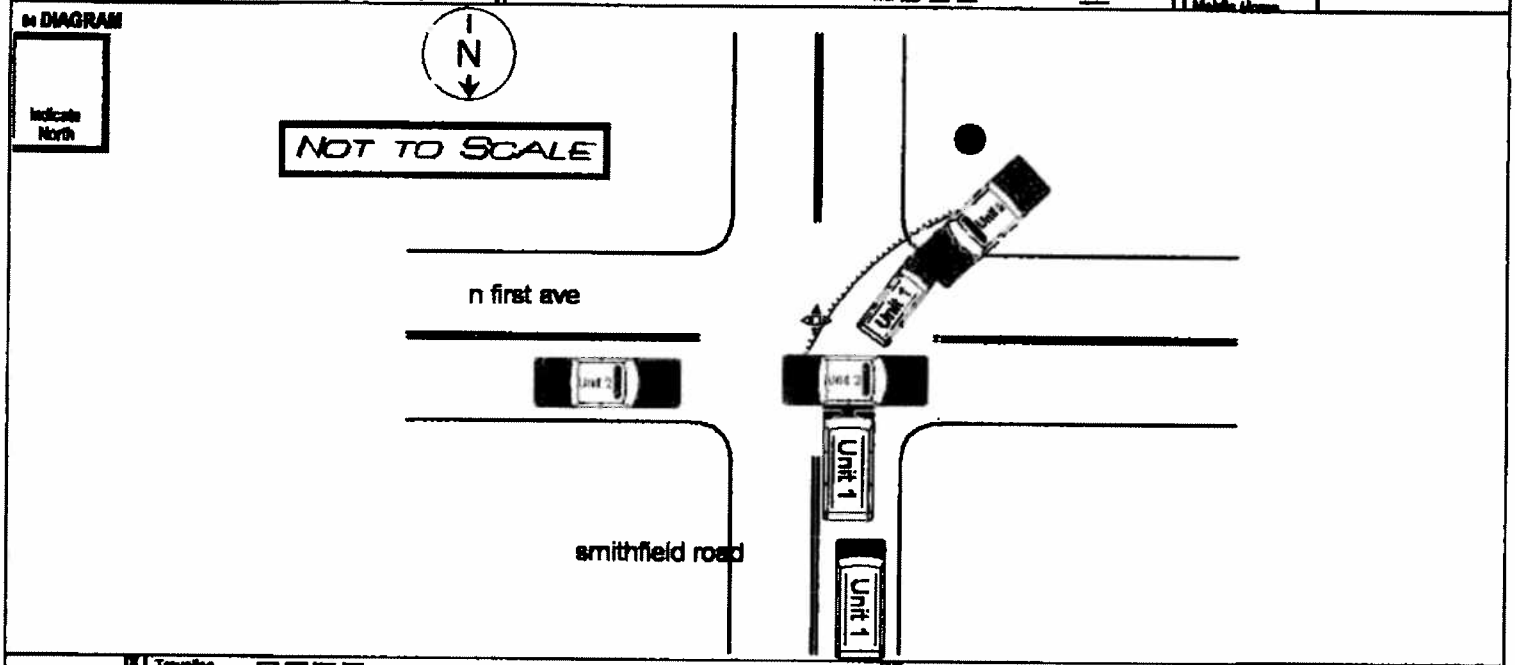
Hazardous Cargo ☐ Yes ☐ No — 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

84 DIAGRAM

Indicate North



Unit# 1 was: [X] Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on SMITHFIELD RD

Unit# 2 was: [X] Traveling ☐ Parked Facing ☐ N ☐ S ☐ E [X] W on FIRST AVENUE

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

VEHICLE TWO WAS TRAVELLING WEST THROUGH THE INTERSECTION OF FIRST AVENUE AND SMITHFIELD ROAD. VEHICLE ONE ENTERED THE INTERSECTION WHILE A TRAFFIC LIGHT WAS EMITTING A STEADY RED SIGNAL FOR ITS DIRECTION OF TRAVEL. VEHICLE ONE COLLIDED WITH VEHICLE TWO IN THE RIGHT SIDE. VEHICLE TWO SPUN 180 DEGREES AND VEHICLE ONE COLLIDED WITH VEHICLE TWO AGAIN IN THE FRONT.

86 Type/ Owner ___ Owner Address ___ Phone ___ ADDITIONAL PROPERTY DAMAGE ___ State Property? ☐ Estimated Damage $ ___

WITNESSES

Name ___ Address ___ Phone No. ( ) ___

Name ___ Address ___ Phone No. ( ) ___

TRAFFIC VIOLATION(S)

Name 1 - NANCY GONZALEZ ESPINOZA — Charge(s) 392.2001 - BY ENTERING AN INTERSECTION WHILE A TRAFFIC LIGHT WAS EMITTING A STEADY RED LIGHT FOR TRAFFIC IN THE DEFENDANT'S DIRECTION (Citation # optional)

Name ___ Charge(s) ___

Officer Name	Officer Number	Department	Date of Report
J. D. Phillips	1325	Knightdale Police Department	05/16/2010

DMV-349 (Rev. 3/2009)

2

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102824014

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

Date (mm/dd/yyyy)	County	Time (24 Hour Clock)	Local Use/Patrol Area	Date Received by DMV
03/22/2010	WAKE	10:36	2410002590/KP	03/26/2010

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred: ☒ In | Near: KNIGHTDALE | or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on SMITHFIELD (Municipality) | ☐ Ramp or Service Road | (R.R.Crossing #____) ____ Miles ☐N ☐S ☐E ☐W (R.L.Intersection) (If available)

Highway Number, or Highway, Street. (If ramp or service road, indicate on line)

at (Within) FIRST AVE ☒N ☐S ☐E ☐W toward MCKNIGHT DR

Use Highway Number, Street Name or Adjacent County or State Line

Latitude ____ Longitude ____ Altitude ____

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver: DWIGHT (First) XAVIER (Middle) NEAL (Last) ____ (Suffix)

Address: 206 SOUTHAMPTON DR

City: KNIGHTDALE State: NC Zip: 275459440

Same Address on Driver's License? ☐ Yes ☐ No | Driver's Phone Numbers H ( ) ____ W ( ) ____

D.L. #: 000036520254 State: NC | CDL License ☐

DOB: 04/26/1990 (mm/dd/yyyy) | 34 Vision Obstruction: 00 | 35 Physical Condition: 01 | 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drug Test: 0 | 39 Results (If known): 0 | 40 Vehicle Seizure (DWI) ☐

Owner: DWIGHT KIRBY | Same as Driver? ☐

Address: 206 SOUTHAMPTON DR | Same Address as Driver? ☐

City: KNIGHTDALE State: NC Zip: 275459440

Plate #: YWL8295 Plate State: NC Plate Year: 2010

VIN: 4A3AA46G2XE032729

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

43 TAD: BD-1 44 Estimated Damage: $500

Insurance Company: STATE NATIONAL INS

Policy #: NCQD115404831

UNIT # 2 ☐ VEHICLE ☐ PEDESTRIAN ☒ HIT & RUN ☐ OTHER ____

Driver: ____ (First) ____ (Middle) ____ (Last) ____ (Suffix)

Address: ____

City: ____ State: ____ Zip: ____

Same Address on Driver's License? ☐ Yes ☐ No | Driver's Phone Numbers H ( ) ____ W ( ) ____

D.L. #: ____ State: ____ | CDL License ☐

DOB: ____ (mm/dd/yyyy) | 34 Vision Obstruction: ____ | 35 Physical Condition: ____ | 36 D.L. Restrictions: ____

37 Alcohol/Drugs Suspected: ____ | 38 Alcohol/Drug Test: ____ | 39 Results (If known): ____ | 40 Vehicle Seizure (DWI) ☐

Owner: ____ | Same as Driver? ☐

Address: ____ | Same Address as Driver? ☐

City: ____ State: ____ Zip: ____

Plate #: ____ Plate State: ____ Plate Year: ____

VIN: ____

Vehicle Make: ____ Vehicle Year: ____ 41 Vehicle Style (Type): 1 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD: FD-1 44 Estimated Damage: $500

Insurance Company: ____

Policy #: ____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

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#: ____

FEIN#: ____ Fleet#: ____ Gross Vehicle Weight Rating: ____

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

	21	22	23	24	25	26	27	28	29	30	31	32	
A	1	1	1	Unit1-Drvr, Ped,etc. same as above	B	M	2	1	0	2	1	5	same as above; Veh# 1 Towed To/By:
B				Unit1-Drvr, Ped,etc. same as above									same as above; Veh# ___ 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)

102824014 - 1

49 POINTS OF INITIAL CONTACT (Make in Order)	Unit 1 15 / Unit 2 2

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
49 Vehicle Maneuver/Action	8	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	22	22
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	22	22
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	0	0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	35	35
61 Estimate of Original Traveling Speed	35	35
62 Estimate of Speed at Impact	2	5
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	7
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	3
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		
83 Unit ___ Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #	

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No

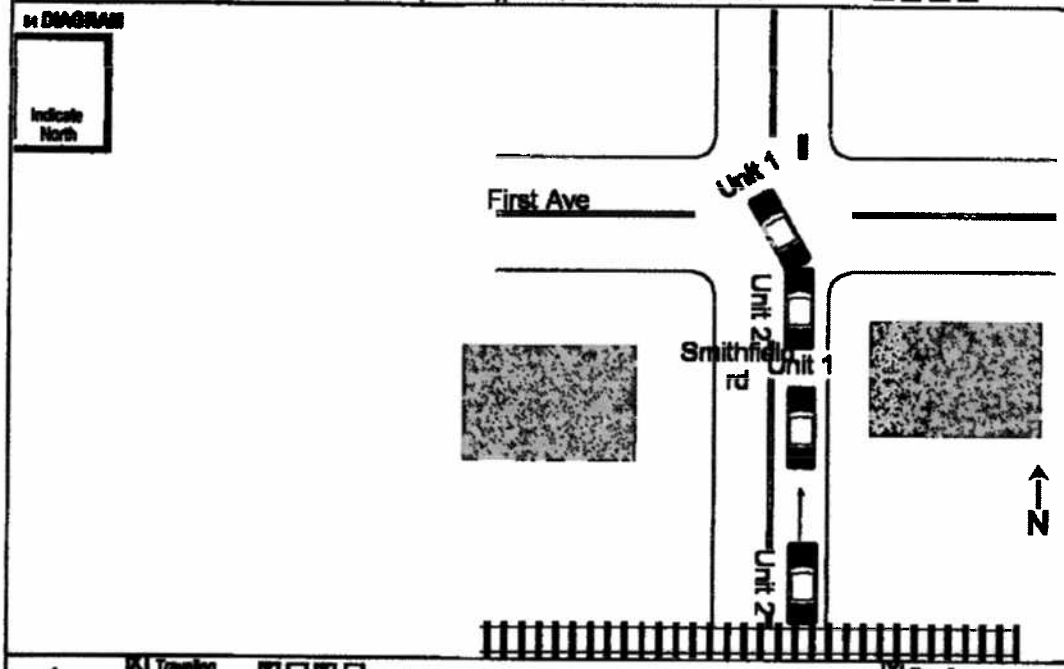
Hazardous Cargo ☐ Yes ☐ No

Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

From Placard indicate: 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

84 DIAGRAM



Unit 1 was: ☒ Traveling ☐ Parked Facing ☒ N ☐ S ☒ E ☐ W on SMITHFIELD RD

Unit 2 was: ☒ Traveling ☐ Parked Facing ☒ N ☐ S ☒ E ☐ W on SMITHFIELD RD

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

UNIT ONE WAS TRAVELING NORTH ON SMITHFIELD ROAD. UNIT TWO WAS FOLLOWING TOO CLOSELY AND STRUCK UNIT ONE IN THE REAR WHILE UNIT ONE WAS ATTEMPTING TO MAKE A LEFT TURN. THE DRIVER OF UNIT ONE STOPPED AND PULLED TO THE SIDE OF THE ROAD. UNIT TWO CONTINUED AROUND UNIT ONE WITH OUT STOPPING AT THE SCENE. THE DRIVER OF UNIT ONE DID NOT GET A LICENSE TAG NUMBER BUT DID BELIEVE THE SUSPECT VEHICLE WAS A GRAY TOYOTA. THE DRIVER OF UNIT ONE DID NOT GET A GOOD LOOK AT THE OPERATOR OF CAR TWO BUT DID BELIEVE IT WAS A BLACK MALE WITH DREAD LOCKS.

86 Type/Owner ____ Owner Address ____ Phone ____ ADDITIONAL PROPERTY DAMAGE State 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	Officer Number	Department	Date of Report
M. W. Kempinski	1323	Knightdale Police Department	03/22/2010

DMV-349 (Rev. 3/2006)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102736287

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

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
12/05/2009	WAKE	14:00 (24 Hour Clock)	24-09-008267/2	12/05/2009

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred: [X] In / ☐ Near KNIGHTDALE (Municipality) or ☐ Miles N S E W outside municipality

on SMITHFIELD RD (Highway Number, or Highway, Street (If ramp or service road, indicate on line)) ☐ Ramp or Service Road (R.R.Crossing #_____) Miles 170 (R.L.-Intersection) [X] ft. N S E W (If available)

from FIRST AVE (Use Highway Number, Street Name or Adjacent County or State Line) [X] N S E W toward MAPLE ST (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude / Longitude / Altitude

UNIT # 1 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver: RICHARD (First) LEWIS (Middle) SOLTIS (Last) (Suffix)

Address: 4705 ROYAL TROON DR

City: RALEIGH State: NC Zip: 276045845

Same Address on Driver's License? [X] Yes ☐ No — Driver's Phone Numbers H (919) 250-9298 W ( )

D.L. # 000008744903 State: NC — CDL License ☐

DOB 04/14/1967 (mm/dd/ccyy) 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 1, 19

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (If known) 0 40 Vehicle Seizure (DWI) ☐

Owner: LISA MARIE SOLTIS — Same as Driver? ☐

Address: 4705 ROYAL TROON DR — Same Address as Driver? [X]

City: RALEIGH State: NC Zip: 276045845

Plate # VXZ9166 Plate State: NC Plate Year: 2010

VIN 1J8HG58N26C141387

Vehicle Make: JEEP Vehicle Year: 2006 41 Vehicle Style (Type): 4 42 Vehicle Drivable [X] Yes ☐ No

43 TAD: FL-2 44 Estimated Damage: $600

Insurance Company: PROGRESSIVE CASUALTY INSURANCE

Policy # 413319273

UNIT # 2 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver: SALLIE (First) DAVIS (Middle) SQUIREWELL (Last) (Suffix)

Address: 208 HEATHWICK DR

City: KNIGHTDALE State: NC Zip: 275456003

Same Address on Driver's License? ☐ Yes [X] No — Driver's Phone Numbers H (919) 217-2848 W ( )

D.L. # 000002625250 State: NC — CDL License ☐

DOB 04/24/1942 (mm/dd/ccyy) 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (If known) 0 40 Vehicle Seizure (DWI) ☐

Owner: SALLIE DAVIS SQUIREWELL — Same as Driver? [X]

Address: 208 HEATHWICK DR — Same Address as Driver? [X]

City: KNIGHTDALE State: NC Zip: 275456003

Plate # XZB9136 Plate State: NC Plate Year: 2010

VIN 2G1WW12M6T9220521

Vehicle Make: CHEV Vehicle Year: 1996 41 Vehicle Style (Type): 1 42 Vehicle Drivable [X] Yes ☐ No

43 TAD: BR-2 44 Estimated Damage: $600

Insurance Company: SOUTHERN GENERAL INS CO

Policy # NCPA00020665

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

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 _____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses
A	1	1	1	Unit-Drv1, Ped1, etc. (if shown)	W	M	2	1	4	2	1	5	CW shown — Veh# 1 Towed To/By:
B	2	1	1	Unit-Drv2, Ped2, etc. (if shown)	B	F	2	1	4	2	1	5	pro shown — Veh# 2 Towed To/By:
C	1	2	6	04/09/2001	W	F	2	1	4	2	1	5	ASHLEY SOLTIS [X] 4705 ROYAL TROON DR,RALEIGH,NC 276045845
D	2	2	3	09/28/1964	B	M	2	1	4	2	1	5	REGINALD SQUIREWELL ☐ 220 SNOW AVE,RALEIGH ,NC 27604
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# 1 3
	Unit# 2 16

CRASH SEQUENCE (Unit Level)	Unit# 1	Unit# 2
49 Vehicle Maneuver/Action	4	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	21	21
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	21	21
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	7	7

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	25	25
61 Estimate of Original Traveling Speed	10	0
62 Estimate of Speed at Impact	10	0
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	0
70 Road Character	3
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	9
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit# 1	Unit# 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		
88 Unit___ Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #	

COMMERCIAL VEHICLE: Hazardous Materials Involvement

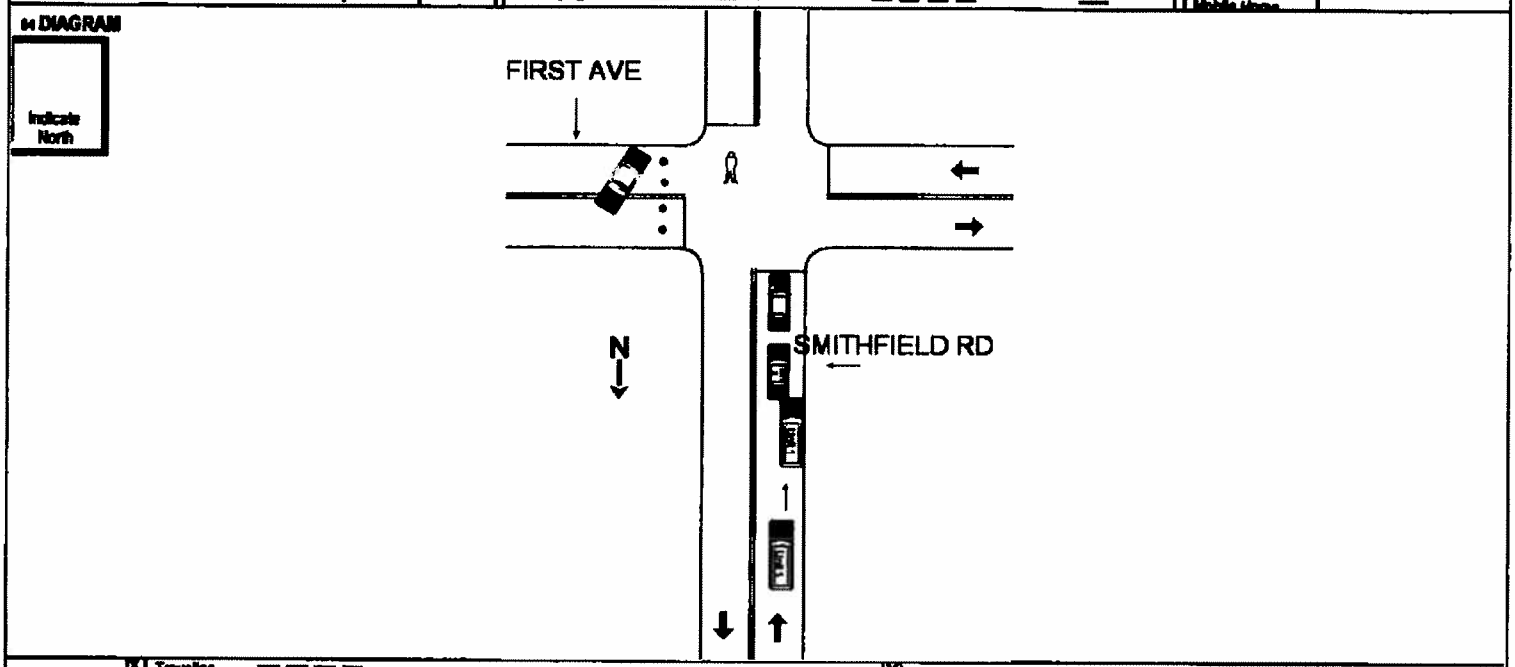
Haz Mat Placard ☐ Yes ☐ No — Front Placard indicates:

Hazardous Cargo ☐ Yes ☐ 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 ☐ Yes ☐ No

84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on SMITHFIELD RD

Unit# 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on SMITHFIELD RD

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

UNIT 2 WAS STOPPED BEHIND ANOTHER VEHICLE AT THE INTERSECTION OF SMITHFIELD RD AND FIRST AVE. UNIT 1 FAILED TO STOP AND STRUCK UNIT 2 IN THE REAR. A POLICE OFFICER WAS DIRECTING TRAFFIC AT THAT INTERSECTION DUE TO THE CHRISTMAS PARADE.

86 Type/Owner ____ Owner Address ____ Phone ____

ADDITIONAL PROPERTY DAMAGE — State Property? ☐ — Estimated Damage $

WITNESSES

Name ____ Address ____ Phone No. ( ) ____

Name ____ Address ____ Phone No. ( ) ____

TRAFFIC VIOLATION(S)

Name ____ Charge(s) ____ (Citation # optional)

Name ____ Charge(s) ____

Officer Name	Officer Number	Department	Date of Report
t l price	3484	Knightdale Police Department	12/05/2009

DMV-349 (Rev. 3/2000)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

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

Do not write in these spaces: 102735590

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
12/04/2009	WAKE	07:22 (24 Hour Clock)	24-09-008218/2	12/04/2009

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred: ☒ In ☐ Near KNIGHTDALE (Municipality) or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on FIRST AVE (Highway Number, or Highway, Street. (If ramp or service road, indicate on line)) ☐ Ramp or Service Road (R.R.Crossing #____) ____ Miles 120 (0 if I.-Intersection) ft. ☐N ☐S ☐E ☒W (If available)

from SMITHFIELD RD (Use Highway Number, Street Name or Adjacent County or State Line) ☐N ☐S ☐E ☒W toward SILLS AVE (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude ____ Longitude ____ Altitude ____

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver: CHRISTOPHERTROY (First) CARDAMONE (Last) (Middle / Suffix)

Address: 1205 RIVERBIRCH DR

City: KNIGHTDALE State: NC Zip: 275458851

Same Address on Driver's License? ☒ Yes ☐ No — Driver's Phone Numbers: H (919) 217-1211 W ( )

D.L. # 000029784298 State: NC — CDL License ☐

DOB 02/02/1992 (mm/dd/ccyy) — 34 Vision Obstruction 00 — 35 Physical Condition 01 — 36 D.L. Restrictions 1, 17

37 Alcohol/Drugs Suspected 0 — 38 Alcohol/Drugs Test 0 — 39 Results (If known) 0 — 40 Vehicle Seizure (DWI) ☐

Owner: DIANE SEBASTIAN CARDAMONE — Same as Driver? ☐

Address: 1205 RIVERBIRCH DR — Same Address as Driver? ☒

City: KNIGHTDALE State: NC Zip: 275458851

Plate # WYR7422 — Plate State NC — Plate Year 2010

VIN 1J4FA39S23P308046

Vehicle Make JEEP — Vehicle Year 2003 — 41 Vehicle Style (Type) 4 — 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD FC-0 — 44 Estimated Damage $0

Insurance Company: STATE FARM INSURANCE

Policy # 231303833T002

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver: CONNIE (First) FELTON (Middle) BOYETTE (Last) / Suffix

Address: 420 REDPATH DR

City: GARNER State: NC Zip: 275298225

Same Address on Driver's License? ☒ Yes ☐ No — Driver's Phone Numbers: H (919) 779-3057 W (919) 524-2217

D.L. # 000002533549 State: NC — CDL License ☐

DOB 01/21/1950 (mm/dd/ccyy) — 34 Vision Obstruction 00 — 35 Physical Condition 01 — 36 D.L. Restrictions 1

37 Alcohol/Drugs Suspected 0 — 38 Alcohol/Drugs Test 0 — 39 Results (If known) 0 — 40 Vehicle Seizure (DWI) ☐

Owner: LAW GIBB GROUP — Same as Driver? ☐

Address: 3301 ATLANTIC AVE — Same Address as Driver? ☐

City: RALEIGH State: NC Zip: 276041658

Plate # NWV9606 — Plate State NC — Plate Year 2010

VIN 1FTZF17261NA24827

Vehicle Make FORD — Vehicle Year 2001 — 41 Vehicle Style (Type) 2 — 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD BC-2 — 44 Estimated Damage $600

Insurance Company: ZURICH AMERICAN INS CO

Policy # BAP64451306

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

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 ____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Name and Address
A	1	1	1	Unit1-Drv1, Ped1,etc. see above	W	M	2	1	4	2	1	5	see above Vehicle 1 Towed To/By:
B	2	1	1	Unit2-Drv2, Ped2,etc. see above	W	M	2	1	4	2	1	5	see above Vehicle 2 Towed To/By:
C	1	2	3	07/19/1994	W	F	2	1	4	2	1	5	TYLER CORNETT 1905 WOODHALL SPA CT,RALEIGH,NC 27604
D	1	2	6	06/26/1994	W	F	2	1	4	2	1	5	MEGAN WOODLIEF 1208 RIVERBIRCH DR,KNIGHTDALE,NC 27545
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# 1 2
	Unit# 2 15

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
49 Vehicle Maneuver/Action	4	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	21	21
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	21	21
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	7	7

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	25	25
61 Estimate of Original Traveling Speed	8	0
62 Estimate of Speed at Impact	8	0
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	0
70 Road Character	3
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		
83 Unit___ Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #	

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Has Mat Placard ☐ Yes ☐ No

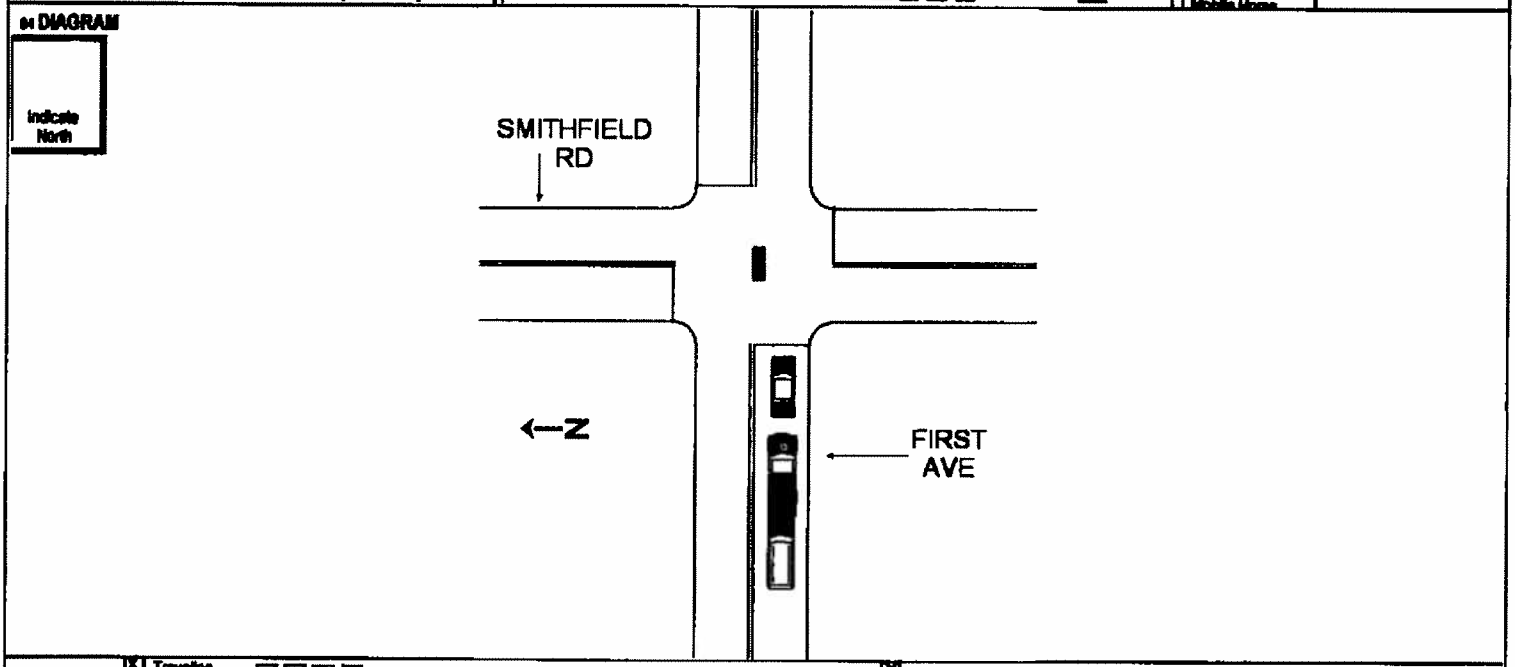
Hazardous Cargo ☐ Yes ☐ No

Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

From Placard indicate: 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☒ E ☐ W on FIRST AVE

Unit# 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☒ E ☐ W on FIRST AVE

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

UNIT 2 WAS STOPPED BEHIND ANOTHER VEHICLE THAT WAS WAITING TO MAKE A LEFT TURN WHEN UNIT 1 STRUCK UNIT 2 IN THE REAR.

86 Type/Owner ____ Owner Address ____ 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) ____

(Victim # optional)

Officer Name	Officer Number	Department	Date of Report
t l price	3484	Knightdale Police Department	12/04/2009

DMV-349 (Rev. 3/2009)

2

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102708944

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

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
11/01/2009	WAKE	17:24 (24 Hour Clock)	24-09-007472/00	11/02/2009

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred ☒ in ☐ Near KNIGHTDALE Municipality | or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on N FIRST AVE (Highway Number, or Highway, Street. (If ramp or service road, indicate on line) ☐ Ramp or Service Road (R.R.Crossing #____) ____ Miles ____ (S.E. Intersection) ☐N ☐S ☐E ☐W (If available)

at SMITHFIELD RD (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 Line)

Latitude ____ Longitude ____ Altitude ____

UNIT # 1 ☐ VEHICLE ☐ PEDESTRIAN ☒ HIT & RUN ☐ COMMERCIAL 28 VEHICLE

Driver ____ (First / Middle / Last / Suffix)
Address ____
City ____ State ____ Zip ____
Same Address as Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H ( ) ____ W ( ) ____
D.L. # ____ State ____ CDL License ☐
DOB ____ (mm/dd/yyyy) 34 Vision Obstruction 00 35 Physical Condition 10 36 D.L. Restrictions ____
37 Alcohol/Drugs Suspected 7 38 Alcohol/Drugs Test 0 39 Results (If known) ____ 40 Vehicle Seizure (DWI) ☐

Owner ____ Same as Driver? ☐
Address ____ Same Address as Driver? ☐
City ____ State ____ Zip ____
Plate # ____ Plate State ____ Plate Year ____
VIN ____
Vehicle Make ____ Vehicle Year ____ 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☒ Yes ☐ No
43 TAD LFQ-2 44 Estimated Damage $1000
Insurance Company ____
Policy # ____

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver LYNN SAPAUGH (First / Middle / Last / Suffix)
Address 103 CLIFFVIEW DR
City KNIGHTDALE State NC Zip 275459513
Same Address as Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (919) 389-3873 W ( ) ____
D.L. # 000003227335 State NC CDL Licence ☐
DOB 12/26/1950 (mm/dd/yyyy) 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 1
37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (If known) 0 40 Vehicle Seizure (DWI) ☐

Owner LYNN WHITINGTON BINGHAM Same as Driver? ☐
Address 103 CLIFFVIEW DR Same Address as Driver? ☐
City KNIGHTDALE State NC Zip 275459513
Plate # RZL6049 Plate State NC Plate Year 2010
VIN 4T1SK12C5RU456271
Vehicle Make TOYT Vehicle Year 1994 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☒ Yes ☐ No
43 TAD FD-2 44 Estimated Damage $1500
Insurance Company ERIE
Policy # Q011306454

28 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source
48 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 ____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Name	Veh#	Transp. To/By
A				Unit1-Drv1, Ped1, etc.											
B	2	1	1	Unit2-Drv2, Ped2, etc.	W	F	2	1	0	2	1	5		2	
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)

102708944 - 1

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit 1	Unit 2
	3	2

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
49 Vehicle Maneuver/Action	8	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	24	30
53 Crash Sequence - Second Event *	30	
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	30	30
57 Distance/Direction to Object Struck		
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	7	0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	25	25
61 Estimate of Original Traveling Speed	0	0
62 Estimate of Speed at Impact	15	15
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	7
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	4
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Item ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placed ☐ Yes ☐ No — Fmsa Placed indicator: ◇

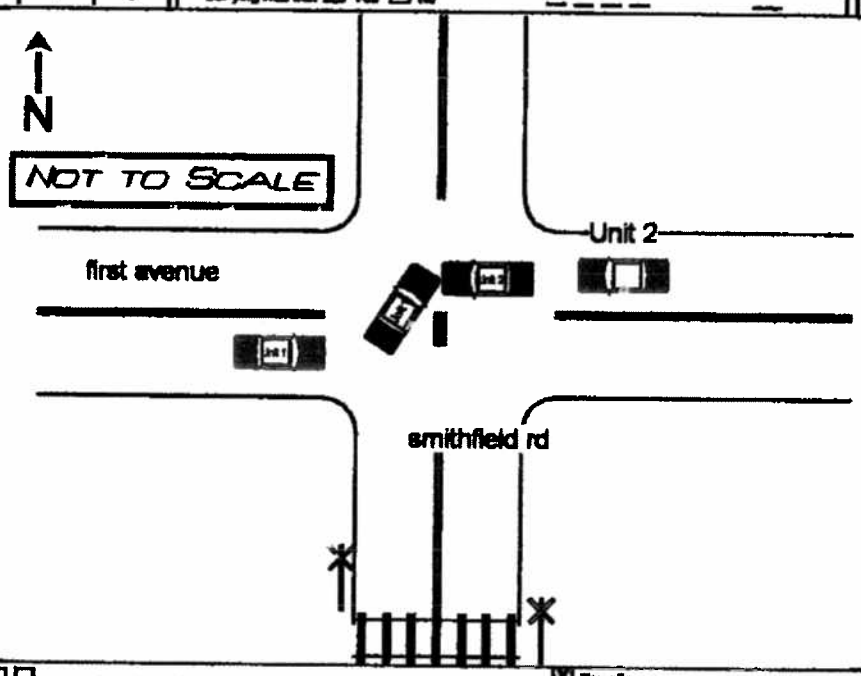
Hazardous Cargo ☐ Yes ☐ No — 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

Reportable (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

84 DIAGRAM

Indicate North



Unit 1 was: ☒ Traveling ☐ Parked Facing ☐☐☐☐ N S E W on SMITHFIELD

Unit 2 was: ☒ Traveling ☐ Parked Facing ☐☐☐☒ N S E W on FIRST AVE

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

VEHICLE ONE AND TWO WERE STOPPED AT THE TRAFFIC LIGHT AT SMITHIFLED ROAD AND FIRST AVENUE. THE LIGHT CHANGED. VEHICLE TWO BEGAN TO GO STRAIGHT ACROSSTHE INTERSECTION. VEHICLE ONE MADE A LEFT TURN IN FRONT OF VEHICLE TWO. VEHICLE ONE LEFT THE SCENE.

86 Type/Owner ___ Owner Address ___ Phone ___ ADDITIONAL PROPERTY DAMAGE ___ State Property? ☐ Estimated Damage $ ___

WITNESSES

Name DAVIE PERRY Address 2745 SOUTHBRIDGE ST.RALEIGH.NC 27610 Phone No. (919) 799-3447

Name ___ Address ___ Phone No. ( ) ___

TRAFFIC VIOLATION(S)

Name ___ Charge(s) (Citation # optional) ___

Name ___ Charge(s) ___

Officer Name	Officer Number	Department	Date of Report
J. D. Phillips	1325	Knightdale Police Department	11/01/2009

DMV-349 (Rev. 3/2000)

2

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102681401

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

Date (mm/dd/yyyy)	County	Time (24 Hour Clock)	Local Use/Patrol Area	Date Received by DMV
09/22/2009	WAKE	14:14	24-09-006534/2	09/27/2009

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred: [X] In [ ] Near KNIGHTDALE | or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on FIRST AVE (Highway Number, or Highway, Street, (If ramp or service road, indicate on line)) | Municipality | ☐ Ramp or Service Road | (R.R.Crossing #____) ____ Miles 20 (D.L.-Intersection) R. ☐N ☐S [X]E ☐W (if available)

from SMITHFIELD RD (Use Highway Number, Street Name or Adjacent County or State Line) ☐N ☐S ☐E [X]W toward SILLS AVE. (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude ____ Longitude ____ Altitude ____

29 | 29

UNIT #1 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver: DAYLA (First) CORINE (Middle) VALENTINE (Last) ____ (Suffix)

Address: 102 AMBER RIVER CT

City: KNIGHTDALE State: NC Zip: 275457671

Same Address on Driver's License? [X] Yes ☐ No | Driver's Phone Numbers H (919) 758-2056 W ( )

D.L. #: 000037349138 State: NC | CDL License ☐

DOB (mm/dd/yyyy): 09/04/1991 | 34 Vision Obstruction: 00 | 35 Physical Condition: 01 | 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (If known): 0 | 40 Vehicle Seizure (DWI) ☐

Owner: WAYNE LAMONT WOOTEN | Same as Driver? ☐

Address: 5933 SANDY RUN | Same Address as Driver? ☐

City: KNIGHTDALE State: NC Zip: 275458957

Plate #: XWJ3320 Plate State: NC Plate Year: 2010

VIN: JHMBB226XNC014380

Vehicle Make: HOND Vehicle Year: 1992 | 41 Vehicle Style (Type): 1 | 42 Vehicle Drivable [X] Yes ☐ No

43 TAD: FL-1 | 44 Estimated Damage: $750

Insurance Company: A00 ALLSTATE PROPERTY AND CASUALTY INS

Policy #: 955821667

UNIT #2 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver: LISA (First) DENNING (Middle) FOWLER (Last) ____ (Suffix)

Address: 406 BETHLEHEM RD

City: KNIGHTDALE State: NC Zip: 275459308

Same Address on Driver's License? [X] Yes ☐ No | Driver's Phone Numbers H (919) 266-3566 W (919) 889-8631

D.L. #: 000002873364 State: NC | CDL License ☐

DOB (mm/dd/yyyy): 07/30/1973 | 34 Vision Obstruction: 00 | 35 Physical Condition: 01 | 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (If known): 0 | 40 Vehicle Seizure (DWI) ☐

Owner: CAROL MATKINS DENNING | Same as Driver? ☐

Address: 406 BETHLEHEM RD | Same Address as Driver? ☐

City: KNIGHTDALE State: NC Zip: 275459308

Plate #: YNB8841 Plate State: NC Plate Year: 2010

VIN: KNDMB233886196453

Vehicle Make: KIA Vehicle Year: 2008 | 41 Vehicle Style (Type): 3 | 42 Vehicle Drivable [X] Yes ☐ No

43 TAD: LD-3 | 44 Estimated Damage: $2500

Insurance Company: KEMPER-UNITRIN AUTO & HOME

Policy #: PZ - 046056

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

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 ____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons
A	1	1	1	Unit1-Drv1, Ped1,etc. see above	B	F	2	1	3	2	1	5	see above Veh# 1 Towed Traffic:
B	2	1	1	Unit2-Drv2, Ped2,etc. see above	W	F	2	1	3	2	1	5	see above Veh# 2 Towed Traffic:
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)

40 POINTS OF INITIAL CONTACT (Write in Codes)	Unit 1 5 / Unit 2 6

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
46 Vehicle Maneuver/Action	7	11
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	6	29
53 Crash Sequence - Second Event *	29	
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	29	29
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underside/Overside	3	3
59 Vehicle Defects	0	0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	35	35
61 Estimate of Original Traveling Speed	15	30
62 Estimate of Speed at Impact	10	5
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	0
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
79 Workzone Area	5
78 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement

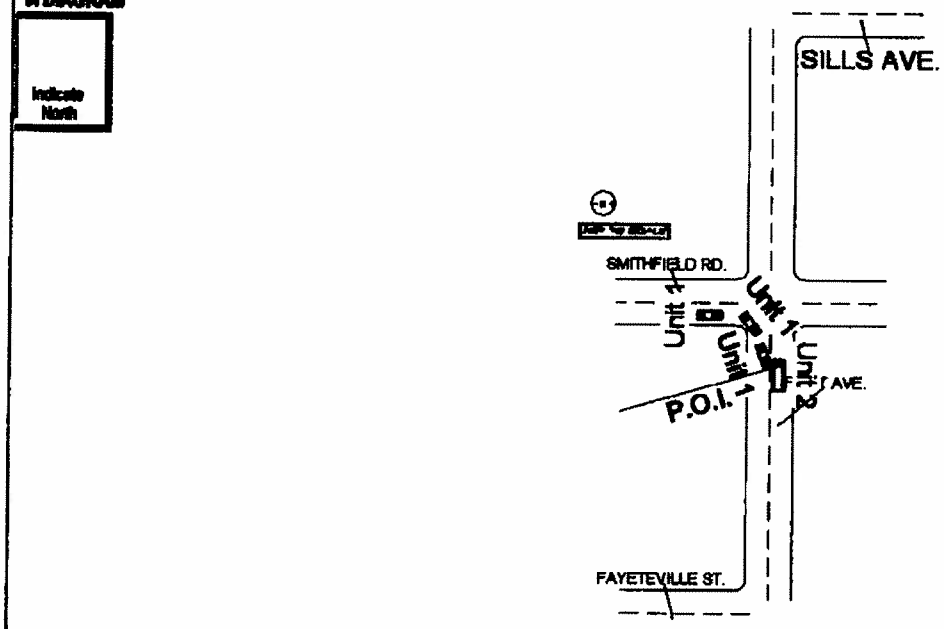
Haz Mat Placard ☐ Yes ☐ No — Front Placard indicate:

Hazardous Cargo ☐ Yes ☐ 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 ☐ Yes ☐ No

84 DIAGRAM



Unit 1 was: ☒ Traveling ☐ Parked Facing ☒ N ☐ S ☒ E ☐ W on FIRST AVE

Unit 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☒ W on FIRST AVE.

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

UNIT NUMBER 2 WAS SLOWING TO A STOP AT THE STOP AND GO SIGNAL AT THE INTERSECTION OF FIRST AVE AND SMITHFIELD RD. WHEN IT WAS STRUCK IN THE DRIVER'S SIDE DOOR BY UNIT NUMBER 1 WHO CROSSED THE CENTER LINE. THE STOP AND GO SIGNAL WAS EMITTING A STEADY RED LIGHT FOR THE EAST AND WESTBOUND LANES OF TRAVELL ON FIRST AVE - WHILE THE MOTORIST TRAVELLING SMITHFIELD RD. HAD A STEADY GREEN LIGHT. THE OPERATOR OF UNIT NUMBER 1 MADE A WIDE RIGHT TURN, CROSSED THE CENTER LINE AND STRUCK UNIT NUMBER 2. THE REGISTERED OWNER OF UNIT NUMBER 1 WAS TRAVELLING IN A SEPERATE CAR LOCATED BEHIND UNIT NUMBER 1. REGISTERED OWNER OF UNIT NUMBER 1 STATED AND PRODUCED A NOTARIZED TITLE FOR THE SALE OF UNIT NUMBER 1 TO THE OPERATOR, DAYLA VALENTINE; EVEN THOUGH THE INSURANCE AND REGISTRATION FOR UNIT NUMBER 1 WAS STILL IN THE NAME OF WAYNE LAMONT WOOTEN. OPERATOR OF UNIT NUMBER 1 WAS NOT LICENSED BY THE N.C. DMV AT THE TIME OF THIS CRASH.

86 Type/Owner ___ Owner Address ___ Phone ___ ADDITIONAL PROPERTY DAMAGE ___ State Property? ☐ Estimated Damage $ ___

WITNESSES

Name ___ Address ___ Phone No. (___) ___

Name ___ Address ___ Phone No. (___) ___

TRAFFIC VIOLATION(S)

Name 1 - DAYLA CORINE VALENTINE Charge(s) G.S. 20-7(A) - NO OPERATORS LICENSE

Name ___ (Citation # optional) Charge(s) ___

Officer Name	Officer Number	Department	Date of Report
steve b bailey	6476	Knightdale Police Department	09/22/2009

DMV-349 (Rev. 2009)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

2

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

Do not write in these spaces: 102676263

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
09/19/2009	WAKE	15:31	24-09-006465/00	09/21/2009

LOCATION: 33 Relation to Roadway Surface 1 | Crash occurred ☒ In ☐ Near KNIGHTDALE (Municipality) or ☐☐☐☐ Miles N S E W outside municipality

on SMITHFIELD RD. (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 (S.R.-Intersection)

at/near FIRST AVE. (Use Highway Number, Street Name or Adjacent County or State Line) ☒☐☐☐ N S E W toward MAPLE ST. (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude / Longitude / Altitude (If available)

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 28 VEHICLE

Driver WILLIE (First) RAY (Middle) JONES (Last) JR (Suffix)

Address 205 SILLS AVE

City KNIGHTDALE State NC Zip 275457002

Same Address on Driver's License? ☒ Yes ☐ No — Driver's Phone Numbers H (619) 243-6012 W ( )

D.L. # 000008687777 State NC — CDL License ☐

DOB 07/24/1975 (mm/dd/ccyy) 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (If known) 0 40 Vehicle Seizure (DWI) ☐

Owner WILLIE RAY JONES JR — Same as Driver? ☒

Address 205 SILLS AVE — Same Address as Driver? ☒

City KNIGHTDALE State NC Zip 275457002

Plate # XSB7182 Plate State NC Plate Year 2010

VIN JT8UF11E1M0089050

Vehicle Make LEXS Vehicle Year 1991 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD BR-1 44 Estimated Damage $300

Insurance Company PROGRESSIVE UNIVERSAL INS. CO.

Policy # 51400689-0

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver CHRISTY (First) LYNNE (Middle) WEBB (Last) (Suffix)

Address 1625 CAPITOL BLVD.

City RALEIGH State NC Zip 27604

Same Address on Driver's License? ☐ Yes ☒ No — Driver's Phone Numbers H (919) 796-4950 W (919) 796-4950

D.L. # 000003663875 State NC — CDL License ☐

DOB 10/26/1974 (mm/dd/ccyy) 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (If known) 0 40 Vehicle Seizure (DWI) ☐

Owner TRIANGLE RENT A CAR LLC — Same as Driver? ☐

Address 4817 HARGROVE RD — Same Address as Driver? ☐

City RALEIGH State NC Zip 276161890

Plate # WRW2210 Plate State NC Plate Year 2010

VIN JM1BK32F091208375

Vehicle Make MAZD Vehicle Year 2009 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD FL-1 44 Estimated Damage $300

Insurance Company EMPIRE FIRE AND MARINE INS. CO.

Policy # SF281536

28 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source — 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# ____ FEIN# ____ Fleet# ____ Gross Vehicle Weight Rating ____

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

	21	22	23	24	25	26	27	28	29	30	31	32	Name / Address
A	1	1	1	Unit1-Drv1, Ped1, etc. (see above)	B	M	2	1	3	2	1	5	(see above) Veh# 1 Towed Totally:
B	2	1	1	Unit2-Drv2, Ped2, etc. (see above)	W	F	2	1	3	2	1	5	(see above) Veh# 2 Towed Totally:
C	2	2	3	10/15/1968	B	M	2	1	3	2	1	5	IRVIN BRANTLEY ☒ 1625 CAPITOL BLVD.,RALEIGH,NC 27604
D	2	2	6	12/01/1989	B	M	2	1	3	2	1	5	KENNETH R. J. ALLEN ☒ 1625 CAPITOL BLVD.,RALEIGH,NC 27604
E	2	2	5	11/11/2000	B	M	2	1	3	2	1	5	CHRISTOPHER J. ALLEN ☒ 1625 CAPITOL BLVD.,RALEIGH,NC 27604
F	2	2	4	02/22/2007	B	F	4	1	3	2	1	5	JADEN R. CHAMBERS ☒ 1625 CAPITOL BLVD.,RALEIGH,NC 27604
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 1 16 / Unit 2 3

CRASH SEQUENCE (Unit Level)	Unit 1	Unit 2
49 Vehicle Maneuver/Action	8	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	23	23
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	23	23
57 Distance/Direction to Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	0	0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	25	25
61 Estimate of Original Traveling Speed	15	25
62 Estimate of Speed at Impact	15	10
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	0
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit 1	Unit 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit $

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No

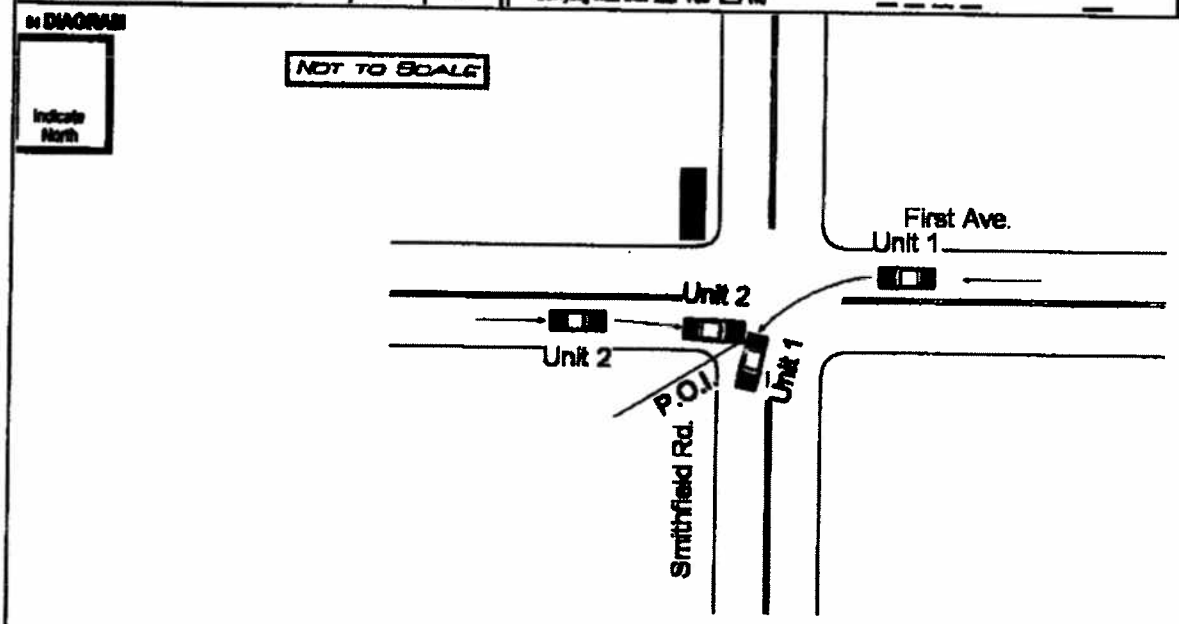
Hazardous Cargo ☐ Yes ☐ No (Placarded (does not include fuel from fuel tank))

Carrying Haz Mat ☐ Yes ☐ No

From Placard indicate:

4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

84 DIAGRAM



Unit 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☒ E ☐ W on FIRST AVE.

Unit 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☒ W on FIRST AVE.

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

V1 WAS TRAVELING EASTBOUND ON FIRST AVE. APPROACHING THE INTERSECTION OF SMITHFIELD RD. V2 WAS TRAVELING WESTBOUND ON FIRST AVE. ALSO APPROACHING THE INTERSECTION OF SMITHFIELD RD. BOTH DIRECTIONS HAD GREEN LIGHTS. V1 WAS INTENDING TO MAKE A LEFT TURN. V2 WAS INTENDING TO GO STRAIGHT THROUGH THE INTERSECTION. V1 TURNED LEFT IN THE INTERSECTION IN FRONT OF V2. THE DRIVER OF V2 APPLIED BRAKES AND MOVED TO THE RIGHT TO AVIOD A COLLISION. V2 STRUCK V1 WITH ITS FRONT LEFT BUMPER IN THE RIGHT REAR FENDER OF V1. LITTLE DAMAGE WAS NOTED, AND THERE WERE NO REPORTED INJURIES. V2 IS A RENTAL VEHICLE.

87 Type/Owner ____ Owner Address ____ Phone ____

ADDITIONAL PROPERTY DAMAGE — State 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	Officer Number	Department	Date of Report
R S Haynes	4048	Knightdale Police Department	09/19/2009

FRA Grade Crossing Information

Gannett Fleming

U.S. DOT - CROSSING INVENTORY INFORMATION
AS OF 6/24/2011

Crossing No.: ***465682W*** Update Reason: ***Changed Crossing*** Effective Begin-Date of Record: ***12/18/09***

Railroad: ***CLNA Carolina Coastal Rwy, Inc. [CLNA]*** End-Date of Record:

Initiating Agency ***Railroad*** Type and Positiion: ***Public At Grade***

Part I Location and Classification of Crossing

Division:	***LEASED/FOREIGN***	State:	***NC***
Subdivision:	***CENTRAL***	County:	***WAKE***
Branch or Line Name:	***MAIN***	City:	***In KNIGHTDALE***
Railroad Milepost:	***S220.98***	Street or Road Name:	***SMITHFIELD ROAD***
RailRoad I.D. No.:		Highway Type & No.:	***SR 2233***
Nearest RR Timetable Stn:	***KNIGHTDALE***	HSR Corridor ID:	
Parent Railroad:		County Map Ref. No.:	
Crossing Owner:	***Norfolk Southern Corp. [NS]***	Latitude:	***35.7871890***
ENS Sign Installed:		Longitude:	***-78.4823840***
Passenger Service:	***None***	Lat/Long Source:	
Avg Passenger Train Count:	***0***	Quiet Zone:	***No***
Adjacent Crossing with Separate Number:			

Private Crossing Information:

Category: Public Access:

Specify Signs: Specify Signals:

	ST/RR A	ST/RR B	ST/RR C	ST/RR D
Railroad Use:				
State Use:				

Narrative:

Emergency Contact: ***(800)946-4744*** Railroad Contact: State Contact: ***(919)715-5564***

Part II Railroad Information

Number of Daily Train Movements: Less Than One Movement Per Day: ***No***

Total Trains: ***4*** Total Switching: ***0*** Day Thru: ***2***

Typical Speed Range Over Crossing: From ***10*** to ***49*** mph Maximum Time Table Speed: ***49***

Type and Number of Tracks: Main: ***1*** Other ***0*** Specify:

Does Another RR Operate a Separate Track at Crossing? ***No***

Does Another RR Operate Over Your Track at Crossing? ***No***

U.S. DOT - CROSSING INVENTORY INFORMATION
Continued

Crossing ***465682W***

Effective Begin-Date of Record: ***12/18/09***

End-Date of Record:

Part III: Traffic Control Device Information

Signs:

Crossbucks:	***2***	Highway Stop Signs:	***0***
Advanced Warning:	***Yes***	Hump Crossing Sign:	***No***
Pavement Markings:	***Stop Lines and RR Xing Symbols***	Other Signs: ***0*** ***0***	Specify:

Train Activated Devices:

Gates:	***2***	4 Quad or Full Barrier:	***No***
Mast Mounted FL:	***2***	Total Number FL Pairs:	***6***
Cantilevered FL (Over):	***0***	Cantilevered FL (Not over):	***0***
Other Flashing Lights:	***0***	Specify Other Flashing Lights:	
Highway Traffic Signals:	***0***	Wigwags: ***0***	Bells: ***1***
Other Train Activated Warning Devices:		Special Warning Devices Not Train Activated:	
Channelization:	***None***	Type of Train Detection:	***None***
Track Equipped with Train Signals?	***No***	Traffic Light Interconnection/Preemption:	***N/A***

Part IV: Physical Characteristics

Type of Development:	***Commercial***	Smallest Crossing Angle:	***60 to 90 Degrees***
Number of Traffic Lanes Crossing Railroad:	***2***	Are Truck Pullout Lanes Present?	***No***
Is Highway Paved?	***Yes***		
Crossing Surface:	***Asphalt and Flange***	If Other:	
Nearby Intersecting Highway?	***76 to 200 feet***	Is it Signalized?	***No***
Does Track Run Down a Street?	***No***	Is Crossing Illuminated?	***No***
Is Commercial Power Available?	***Yes***		

Part V: Highway Information

Highway System:	***Non-Federal-aid***	Functional Classification of Road at Crossing:	***Rural Minor Collector***
Is Crossing on State Highway System:	***Yes***		
Annual Average Daily Traffic (AADT):	***008345***	AADT Year:	***2005***
Estimated Percent Trucks:	***06***	Avg. No of School Buses per Day:	***2***
Posted Highway Speed:	***35***		

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad	Carolina Coastal Rwy, Inc. [CLNA]	1a. CLNA	1b. 2
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance	Carolina Coastal Rwy, Inc. [CLNA]	3a. CLNA	3b. 2

4. U.S. DOT-AAR Grade Crossing ID No. **465681P** | 5. Date of Accident/Incident 01/16/09 | 6. Time of Accident/Incident 12:28 PM

7. Nearest Railroad Station: KNIGHTDALE | 8. Division: WILSON | 9. County: WAKE | 10. State Abbr. 37 Code NC

11. City *(if in a city)* KNIGHTDALE | 12. Highway Name or No. FAYETTEVILLE ST | ☑ Public ☐ Private

Highway User Involved

13. Type — A. Auto, B. Truck, C. Truck-trailer, D. Pick-up truck, E. Van, F. Bus, G. School Bus, H. Motorcycle, J. Other Motor Vehicle, K. Pedestrian, M. Other *(specify)* — Code: A

14. Vehicle Speed *(est. mph at impact)* 0

15. Direction *(geographical)* 1. North 2. South 3. East 4. West — Code: 4

16. Position 1. Stalled on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped — Code: 2

20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code: 4

Rail Equipment Involved

17. Equipment — 1. Train *(units pulling)* 2. Train *(units pushing)* 3. Train *(standing)* 4. Car(s) *(moving)* 5. Car(s) *(standing)* 6. Light loco(s) *(moving)* 7. Light loco(s) *(standing)* 8. Other *(specify)* A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL — Code: 1

18. Position of Car Unit in Train: 1

19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user — Code: 1

20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code: 4

20c. State the name and quantity of the hazardous materials released, if any

21. Temperature *(specify if minus)* 24 °F

22. Visibility *(single entry)* 1. Dawn 2. Day 3. Dusk 4. Dark — Code: 2

23. Weather *(single entry)* 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow — Code: 1

24. Type of Equipment Consist *(single entry)* 1. Freight train 2. Passenger train 3. Commuter train 4. Work train 5. Single car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Main./inspect. car A. Spec. MoW Equip — Code: 1

25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry — Code: 1

26. Track Number or Name: NS MAIN

27. FRA Track Class: 2

28. Number of Locomotive Units: 2

29. Number of Cars: 22

30. Consist Speed *(Recorded if available)* R. Recorded E. Estimated 20 mph — Code: E

31. Time Table Direction 1. North 2. South 3. East 4. West — Code: 2

32. Type of Crossing Warning 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other *(specify)* 12. None — Code(s): 07

33. Signaled Crossing Warning

34. Whistle Ban 1. Yes 2. No 3. Unknown — Code: 2

35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach — Code: 1

36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown — Code: 2

37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown — Code: 1

38. Driver's Age: 42

39. Driver's Gender 1. Male 2. Female — Code: 2

40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown — Code: 2

41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other *(specify)* — Code: 4

42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown — Code: 2

43. View of Track Obscured by *(primary obstruction)* 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other *(specify)* 8. Not Obstructed — Code: 8

Casualties to:	Killed	Injured
46. Highway-Rail Crossing Users	0	1
49. Railroad Employees	0	0
52. Passengers on Train	0	0

44. Driver was 1. Killed 2. Injured 3. Uninjured — Code: 2

45. Was Driver in the Vehicle? 1. Yes 2. No — Code: 1

47. Highway Vehicle Property Damage *(est. dollar damage)* $25,000

48. Total Number of Highway-Rail Crossing Users *(include driver)* 1

50. Total Number of People on Train *(include passengers and crew)* 2

51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No — Code: 2

53a. Special Study Block | 53b. Special Study Block

54. Narrative Description

VEHICLE STOPPED ON CROSSING AFTER RUNNING A STOP SIGN ON AN ADJACENT HIGHWAY AND WAS STUCK BY TRAIN.

55. Typed Name and Title | 56. Signature | 57. Date

FORM FRA F 6180.57

* NOTE THAT ALL CASUALTIES MUST BE REPORTED ON FORM FRA F 6180.55A

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad	Norfolk Southern Corp. [NS]	1a. NS	1b. 016783
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance	Norfolk Southern Corp. [NS]	3a. NS	3b. 016783

4. U.S. DOT-AAR Grade Crossing ID No.	5. Date of Accident/Incident	6. Time of Accident/Incident
465681P	05/14/04	07:30 AM

7. Nearest Railroad Station	8. Division	9. County	10. State Abbr.	Code
KNIGHTDALE	EAST	WAKE	37	NC

11. City *(if in a city)* KNIGHTDALE | 12. Highway Name or No. FAYETTEVILLE ST | ☑ Public ☐ Private

Highway User Involved

13. Type — A. Auto, B. Truck, C. Truck-trailer, D. Pick-up truck, E. Van, F. Bus, G. School Bus, H. Motorcycle, J. Other Motor Vehicle, K. Pedestrian, M. Other *(specify)* — Code: A

14. Vehicle Speed *(est. mph at impact)*: 15

15. Direction *(geographical)* — 1. North 2. South 3. East 4. West — Code: 2

16. Position — 1. Stalled on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped — Code: 3

20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? — 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code: 2

Rail Equipment Involved

17. Equipment — 1. Train *(units pulling)* 2. Train *(units pushing)* 3. Train *(standing)* 4. Car(s) *(moving)* 5. Car(s) *(standing)* 6. Light loco(s) *(moving)* 7. Light loco(s) *(standing)* 8. Other *(specify)* A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL — Code: 1

18. Position of Car Unit in Train: 1

19. Circumstance — 1. Rail equipment struck highway user 2. Rail equipment struck by highway user — Code: 1

20b. Was there a hazardous materials release by — 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code: 4

20c. State the name and quantity of the hazardous materials released, if any

21. Temperature *(specify if minus)*: 72 °F

22. Visibility *(single entry)* — 1. Dawn 2. Day 3. Dusk 4. Dark — Code: 2

23. Weather *(single entry)* — 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow — Code: 1

24. Type of Equipment Consist *(single entry)* — 1. Freight train 2. Passenger train 3. Commuter train 4. Work train 5. Single car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Main./inspect. car A. Spec. MoW Equip — Code: 1

25. Track Type Used by Rail Equipment Involved — 1. Main 2. Yard 3. Siding 4. Industry — Code: 1

26. Track Number or Name: NS MAIN TRACK

27. FRA Track Class: 3

28. Number of Locomotive Units: 4

29. Number of Cars: 123

30. Consist Speed *(Recorded if available)* — R. Recorded E. Estimated — 26 mph — Code: E

31. Time Table Direction — 1. North 2. South 3. East 4. West — Code: 4

32. Type of Crossing Warning — 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other *(specify)* 12. None

Code(s): 07

33. Signaled Crossing Warning

34. Whistle Ban — 1. Yes 2. No 3. Unknown — Code: 2

35. Location of Warning — 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach — Code: 1

36. Crossing Warning Interconnected with Highway Signals — 1. Yes 2. No 3. Unknown — Code: 2

37. Crossing Illuminated by Street Lights or Special Lights — 1. Yes 2. No 3. Unknown — Code: 2

38. Driver's Age: 75

39. Driver's Gender — 1. Male 2. Female — Code: 1

40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train — 1. Yes 2. No 3. Unknown — Code: 2

41. Driver — 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other *(specify)* — Code: 3

42. Driver Passed Standing Highway Vehicle — 1. Yes 2. No 3. Unknown — Code: 2

43. View of Track Obscured by *(primary obstruction)* — 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other *(specify)* 8. Not Obstructed — Code: 8

Casualties to:	Killed	Injured
46. Highway-Rail Crossing Users	0	0
49. Railroad Employees	0	0
52. Passengers on Train		

44. Driver was — 1. Killed 2. Injured 3. Uninjured — Code: 3

45. Was Driver in the Vehicle? — 1. Yes 2. No — Code: 1

47. Highway Vehicle Property Damage *(est. dollar damage)*: $14,000

48. Total Number of Highway-Rail Crossing Users *(include driver)*: 1

50. Total Number of People on Train *(include passengers and crew)*: 2

51. Is a Rail Equipment Accident / Incident Report Being Filed — 1. Yes 2. No — Code: 2

53a. Special Study Block | 53b. Special Study Block

54. Narrative Description

55. Typed Name and Title | 56. Signature | 57. Date

FORM FRA F 6180.57

* NOTE THAT ALL CASUALTIES MUST BE REPORTED ON FORM FRA F 6180.55A

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad	Norfolk Southern Corp. [NS]	1a. NS	1b. 005707
2. Other Railroad Involved in Train Accident/Incident		2a.	2b. 005707
3. Railroad Responsible for Track Maintenance	Norfolk Southern Corp. [NS]	3a. NS	3b. 005707

4. U.S. DOT-AAR Grade Crossing ID No.	5. Date of Accident/Incident	6. Time of Accident/Incident
465681P	06/05/01	07:10 AM

7. Nearest Railroad Station	8. Division	9. County	10. State Abbr.	Code
KNIGHTDALE	PIEDMONT	WAKE	37	NC

11. City *(if in a city)* KNIGHTDALE | 12. Highway Name or No. FAYETTEVILLE ST | ☑ Public ☐ Private

Highway User Involved

13. Type — A. Auto, B. Truck, C. Truck-trailer, D. Pick-up truck, E. Van, F. Bus, G. School Bus, H. Motorcycle, J. Other Motor Vehicle, K. Pedestrian, M. Other *(specify)* — Code: B

14. Vehicle Speed *(est. mph at impact)*: 0

15. Direction *(geographical)* — 1. North 2. South 3. East 4. West — Code: 4

16. Position — 1. Stalled on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped — Code: 2

20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? — 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code: 2

Rail Equipment Involved

17. Equipment — 1. Train *(units pulling)* 2. Train *(units pushing)* 3. Train *(standing)* 4. Car(s) *(moving)* 5. Car(s) *(standing)* 6. Light loco(s) *(moving)* 7. Light loco(s) *(standing)* 8. Other *(specify)* A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL — Code: 1

18. Position of Car Unit in Train: 1

19. Circumstance — 1. Rail equipment struck highway user 2. Rail equipment struck by highway user — Code: 1

20b. Was there a hazardous materials release by — 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code: 4

20c. State the name and quantity of the hazardous materials released, if any

21. Temperature *(specify if minus)*: 70 °F

22. Visibility *(single entry)* — 1. Dawn 2. Day 3. Dusk 4. Dark — Code: 2

23. Weather *(single entry)* — 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow — Code: 1

24. Type of Equipment Consist *(single entry)* — 1. Freight train 2. Passenger train 3. Commuter train 4. Work train 5. Single car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Main./inspect. car A. Spec. MoW Equip — Code: 1

25. Track Type Used by Rail Equipment Involved — 1. Main 2. Yard 3. Siding 4. Industry — Code: 1

26. Track Number or Name: NS MAIN TRACK

27. FRA Track Class: 4

28. Number of Locomotive Units: 3

29. Number of Cars: 60

30. Consist Speed *(Recorded if available)* — R. Recorded E. Estimated — 35 mph — Code: E

31. Time Table Direction — 1. North 2. South 3. East 4. West — Code: 2

32. Type of Crossing Warning — 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other *(specify)* 12. None

Code(s): 07

33. Signaled Crossing Warning

34. Whistle Ban — 1. Yes 2. No 3. Unknown — Code: 2

35. Location of Warning — 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach — Code: 1

36. Crossing Warning Interconnected with Highway Signals — 1. Yes 2. No 3. Unknown — Code: 2

37. Crossing Illuminated by Street Lights or Special Lights — 1. Yes 2. No 3. Unknown — Code: 2

38. Driver's Age: 25

39. Driver's Gender — 1. Male 2. Female — Code: 1

40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train — 1. Yes 2. No 3. Unknown — Code: 2

41. Driver — 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other *(specify)* — Code: 4

42. Driver Passed Standing Highway Vehicle — 1. Yes 2. No 3. Unknown — Code: 2

43. View of Track Obscured by *(primary obstruction)* — 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other *(specify)* 8. Not Obstructed — Code: 8

Casualties to:	Killed	Injured
46. Highway-Rail Crossing Users	0	0
49. Railroad Employees	0	0
52. Passengers on Train	0	0

44. Driver was — 1. Killed 2. Injured 3. Uninjured — Code: 3

45. Was Driver in the Vehicle? — 1. Yes 2. No — Code: 1

47. Highway Vehicle Property Damage *(est. dollar damage)*: $1,500

48. Total Number of Highway-Rail Crossing Users *(include driver)*: 1

50. Total Number of People on Train *(include passengers and crew)*: 2

51. Is a Rail Equipment Accident / Incident Report Being Filed — 1. Yes 2. No — Code: 2

53a. Special Study Block | 53b. Special Study Block

54. Narrative Description

55. Typed Name and Title | 56. Signature | 57. Date

FORM FRA F 6180.57

* NOTE THAT ALL CASUALTIES MUST BE REPORTED ON FORM FRA F 6180.55A

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad	Southern Rwy Co. [SOU]	1a. SOU	1b. X010690077
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance	Southern Rwy Co. [SOU]	3a. SOU	3b. X010690077

4. U.S. DOT-AAR Grade Crossing ID No.	5. Date of Accident/Incident	6. Time of Accident/Incident
465683D	06/18/90	05:35 PM

7. Nearest Railroad Station	8. Division	9. County	10. State Abbr.	Code
KNIGHTDALE		WAKE	37	NC

11. City *(if in a city)* KNIGHTDALE | 12. Highway Name or No. SR 2049 | ☑ Public ☐ Private

Highway User Involved

13. Type — A. Auto, B. Truck, C. Truck-trailer, D. Pick-up truck, E. Van, F. Bus, G. School Bus, H. Motorcycle, J. Other Motor Vehicle, K. Pedestrian, M. Other *(specify)* — Code: A

14. Vehicle Speed *(est. mph at impact)*: 0

15. Direction *(geographical)* — 1. North 2. South 3. East 4. West — Code: 4

16. Position — 1. Stalled on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped — Code: 2

20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? — 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code: 4

Rail Equipment Involved

17. Equipment — 1. Train *(units pulling)* 2. Train *(units pushing)* 3. Train *(standing)* 4. Car(s) *(moving)* 5. Car(s) *(standing)* 6. Light loco(s) *(moving)* 7. Light loco(s) *(standing)* 8. Other *(specify)* A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL — Code: 1

18. Position of Car Unit in Train: 1

19. Circumstance — 1. Rail equipment struck highway user 2. Rail equipment struck by highway user — Code: 1

20b. Was there a hazardous materials release by — 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code:

20c. State the name and quantity of the hazardous materials released, if any

21. Temperature *(specify if minus)*: 90 °F

22. Visibility *(single entry)* — 1. Dawn 2. Day 3. Dusk 4. Dark — Code: 2

23. Weather *(single entry)* — 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow — Code: 1

24. Type of Equipment Consist *(single entry)* — 1. Freight train 2. Passenger train 3. Commuter train 4. Work train 5. Single car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Main./inspect. car A. Spec. MoW Equip — Code: 1

25. Track Type Used by Rail Equipment Involved — 1. Main 2. Yard 3. Siding 4. Industry — Code: 1

26. Track Number or Name: 1

27. FRA Track Class: 3

28. Number of Locomotive Units: 4

29. Number of Cars: 14

30. Consist Speed *(Recorded if available)* — R. Recorded E. Estimated: 35 mph — Code: R

31. Time Table Direction — 1. North 2. South 3. East 4. West — Code: 2

32. Type of Crossing Warning — 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other *(specify)* 12. None

Code(s): 07

33. Signaled Crossing Warning

34. Whistle Ban — 1. Yes 2. No 3. Unknown — Code:

35. Location of Warning — 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach — Code: 1

36. Crossing Warning Interconnected with Highway Signals — 1. Yes 2. No 3. Unknown — Code: 2

37. Crossing Illuminated by Street Lights or Special Lights — 1. Yes 2. No 3. Unknown — Code: 2

38. Driver's Age

39. Driver's Gender — 1. Male 2. Female — Code:

40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train — 1. Yes 2. No 3. Unknown — Code: 2

41. Driver — 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other *(specify)* — Code: 4

42. Driver Passed Standing Highway Vehicle — 1. Yes 2. No 3. Unknown — Code: 2

43. View of Track Obscured by *(primary obstruction)* — 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other *(specify)* 8. Not Obstructed — Code: 8

Casualties to:	Killed	Injured
46. Highway-Rail Crossing Users	0	2
49. Railroad Employees	0	0
52. Passengers on Train	0	0

44. Driver was — 1. Killed 2. Injured 3. Uninjured — Code: 2

45. Was Driver in the Vehicle? — 1. Yes 2. No — Code: 1

47. Highway Vehicle Property Damage *(est. dollar damage)*: $200,000

48. Total Number of Highway-Rail Crossing Users *(include driver)*: 2

50. Total Number of People on Train *(include passengers and crew)*:

51. Is a Rail Equipment Accident / Incident Report Being Filed — 1. Yes 2. No — Code: 2

53a. Special Study Block | 53b. Special Study Block

54. Narrative Description

55. Typed Name and Title | 56. Signature | 57. Date

FORM FRA F 6180.57

* NOTE THAT ALL CASUALTIES MUST BE REPORTED ON FORM FRA F 6180.55A

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad	Southern Rwy Co. [SOU]	1a. SOU	1b. GC0189031
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance	Southern Rwy Co. [SOU]	3a. SOU	3b. GC0189031

4. U.S. DOT-AAR Grade Crossing ID No.	5. Date of Accident/Incident	6. Time of Accident/Incident
465681P	04/08/89	10:25 PM

7. Nearest Railroad Station	8. Division	9. County	10. State Abbr.	Code
KNIGHTDALE		WAKE	37	NC

11. City *(if in a city)* KNIGHTDALE | 12. Highway Name or No. SR 2513 FAYETTEVILLE | ☑ Public ☐ Private

Highway User Involved

13. Type — A. Auto, B. Truck, C. Truck-trailer, D. Pick-up truck, E. Van, F. Bus, G. School Bus, H. Motorcycle, J. Other Motor Vehicle, K. Pedestrian, M. Other *(specify)* — Code: B

14. Vehicle Speed *(est. mph at impact)*: 1

15. Direction *(geographical)* 1. North 2. South 3. East 4. West — Code: 4

16. Position 1. Stalled on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped — Code: 3

20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code: 4

Rail Equipment Involved

17. Equipment 1. Train *(units pulling)* 2. Train *(units pushing)* 3. Train *(standing)* 4. Car(s) *(moving)* 5. Car(s) *(standing)* 6. Light loco(s) *(moving)* 7. Light loco(s) *(standing)* 8. Other *(specify)* A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL — Code: 1

18. Position of Car Unit in Train: 89

19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user — Code: 2

20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code:

20c. State the name and quantity of the hazardous materials released, if any

21. Temperature *(specify if minus)*: 40 °F

22. Visibility *(single entry)* 1. Dawn 2. Day 3. Dusk 4. Dark — Code: 4

23. Weather *(single entry)* 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow — Code: 2

24. Type of Equipment Consist *(single entry)* 1. Freight train 2. Passenger train 3. Commuter train 4. Work train 5. Single car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Main./inspect. car A. Spec. MoW Equip — Code: 1

25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry — Code: 1

26. Track Number or Name: MAIN

27. FRA Track Class: 3

28. Number of Locomotive Units: 4

29. Number of Cars: 116

30. Consist Speed *(Recorded if available)* R. Recorded E. Estimated: 6 mph — Code: E

31. Time Table Direction 1. North 2. South 3. East 4. West — Code: 1

32. Type of Crossing Warning 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other *(specify)* 12. None

Code(s): 07

33. Signaled Crossing Warning

34. Whistle Ban 1. Yes 2. No 3. Unknown — Code:

35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach — Code: 1

36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown — Code: 2

37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown — Code: 2

38. Driver's Age

39. Driver's Gender 1. Male 2. Female — Code:

40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown — Code: 2

41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other *(specify)* — Code: 3

42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown — Code: 2

43. View of Track Obscured by *(primary obstruction)* 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other *(specify)* 8. Not Obstructed — Code: 8

Casualties to:	Killed	Injured
46. Highway-Rail Crossing Users	0	0
49. Railroad Employees	0	0
52. Passengers on Train	0	0

44. Driver was 1. Killed 2. Injured 3. Uninjured — Code: 3

45. Was Driver in the Vehicle? 1. Yes 2. No — Code: 1

47. Highway Vehicle Property Damage *(est. dollar damage)*: $0

48. Total Number of Highway-Rail Crossing Users *(include driver)*: 1

50. Total Number of People on Train *(include passengers and crew)*

51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No — Code: 2

53a. Special Study Block | 53b. Special Study Block

54. Narrative Description

55. Typed Name and Title | 56. Signature | 57. Date

FORM FRA F 6180.57

* NOTE THAT ALL CASUALTIES MUST BE REPORTED ON FORM FRA F 6180.55A

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad	Norfolk Southern Corp. [NS]	1a. NS	1b. GC0176089
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance	Southern Rwy Co. [SOU]	3a. SOU	3b. XXX

4. U.S. DOT-AAR Grade Crossing ID No.	5. Date of Accident/Incident	6. Time of Accident/Incident
465681P	12/16/76	08:35 PM

7. Nearest Railroad Station	8. Division	9. County	10. State Abbr.	Code
KNIGHTDALE		WAKE	37	NC

11. City *(if in a city)* KNIGHTDALE

12. Highway Name or No. SR 2513 FAYETTEVILLE ☑ Public ☐ Private

Highway User Involved

13. Type — A. Auto, B. Truck, C. Truck-trailer, D. Pick-up truck, E. Van, F. Bus, G. School Bus, H. Motorcycle, J. Other Motor Vehicle, K. Pedestrian, M. Other *(specify)* — Code: A

14. Vehicle Speed *(est. mph at impact)*: 0

15. Direction *(geographical)* — 1. North 2. South 3. East 4. West — Code: 3

16. Position — 1. Stalled on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped — Code: 2

20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? — 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code: 4

Rail Equipment Involved

17. Equipment — 1. Train *(units pulling)* 2. Train *(units pushing)* 3. Train *(standing)* 4. Car(s) *(moving)* 5. Car(s) *(standing)* 6. Light loco(s) *(moving)* 7. Light loco(s) *(standing)* 8. Other *(specify)* A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL — Code: 1

18. Position of Car Unit in Train: 1

19. Circumstance — 1. Rail equipment struck highway user 2. Rail equipment struck by highway user — Code: 1

20b. Was there a hazardous materials release by — 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code:

20c. State the name and quantity of the hazardous materials released, if any

21. Temperature *(specify if minus)*: 45 °F

22. Visibility *(single entry)* — 1. Dawn 2. Day 3. Dusk 4. Dark — Code: 4

23. Weather *(single entry)* — 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow — Code: 1

24. Type of Equipment Consist *(single entry)* — 1. Freight train 2. Passenger train 3. Commuter train 4. Work train 5. Single car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Main./inspect. car A. Spec. MoW Equip — Code: 1

25. Track Type Used by Rail Equipment Involved — 1. Main 2. Yard 3. Siding 4. Industry — Code: 1

26. Track Number or Name: MAIN LINE

27. FRA Track Class: 3

28. Number of Locomotive Units: 4

29. Number of Cars: 33

30. Consist Speed *(Recorded if available)* — R. Recorded E. Estimated 15 mph — Code: E

31. Time Table Direction — 1. North 2. South 3. East 4. West — Code: 1

32. Type of Crossing Warning — 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other *(specify)* 12. None

Code(s): 07

33. Signaled Crossing Warning

34. Whistle Ban — 1. Yes 2. No 3. Unknown — Code:

35. Location of Warning — 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach — Code: 1

36. Crossing Warning Interconnected with Highway Signals — 1. Yes 2. No 3. Unknown — Code: 2

37. Crossing Illuminated by Street Lights or Special Lights — 1. Yes 2. No 3. Unknown — Code: 2

38. Driver's Age

39. Driver's Gender — 1. Male 2. Female — Code:

40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train — 1. Yes 2. No 3. Unknown — Code: 2

41. Driver — 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other *(specify)* — Code: 4

42. Driver Passed Standing Highway Vehicle — 1. Yes 2. No 3. Unknown — Code: 2

43. View of Track Obscured by *(primary obstruction)* — 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other *(specify)* 8. Not Obstructed — Code: 8

Casualties to:	Killed	Injured
46. Highway-Rail Crossing Users	0	0
49. Railroad Employees	0	0
52. Passengers on Train	0	0

44. Driver was — 1. Killed 2. Injured 3. Uninjured — Code: 3

45. Was Driver in the Vehicle? — 1. Yes 2. No — Code: 1

47. Highway Vehicle Property Damage *(est. dollar damage)*: $250

48. Total Number of Highway-Rail Crossing Users *(include driver)*: 8

50. Total Number of People on Train *(include passengers and crew)*:

51. Is a Rail Equipment Accident / Incident Report Being Filed — 1. Yes 2. No — Code: 2

53a. Special Study Block

53b. Special Study Block

54. Narrative Description

55. Typed Name and Title

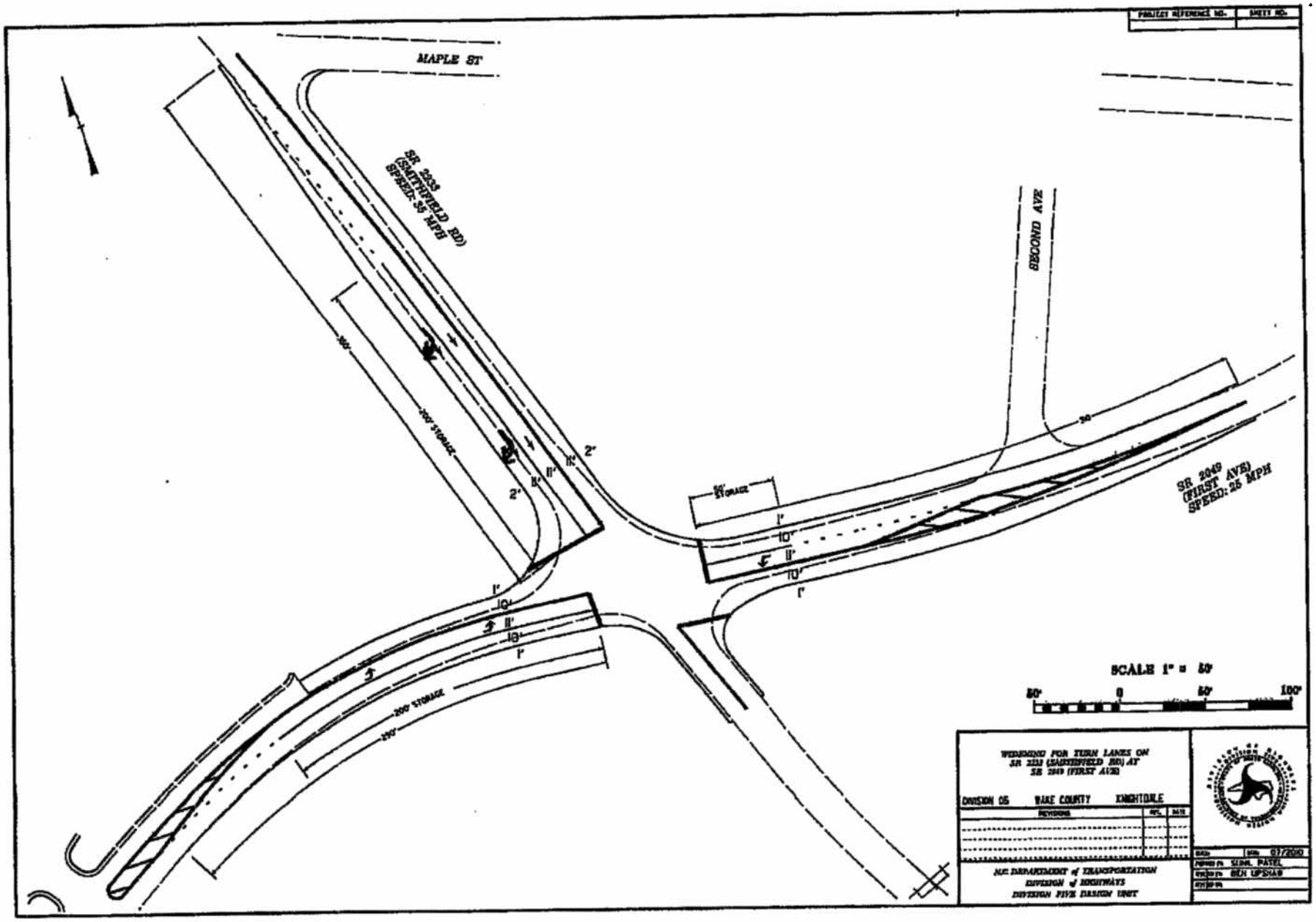
56. Signature

57. Date

FORM FRA F 6180.57

* NOTE THAT ALL CASUALTIES MUST BE REPORTED ON FORM FRA F 6180.55A

Synchro Reports


PROJECT REFERENCE NO.
SHEET NO.
MAPLE ST
SR 2238
(SMITHFIELD RD)
SPEED: 55 MPH
SECOND AVE
SR 2049
(FIRST AVE)
SPEED: 25 MPH
200' STORAGE
200' STORAGE
50' STORAGE
SCALE 1" = 50'
50' 0 50' 100'
WIDENING FOR TURN LANES ON
SR 2238 (SMITHFIELD RD) AT
SR 2049 (FIRST AVE)
DIVISION 05 WAKE COUNTY KNIGHTDALE
REVISIONS
NO. DATE
N.C. DEPARTMENT of TRANSPORTATION
DIVISION of HIGHWAYS
DIVISION FIVE DESIGN UNIT
DATE 07/2010
DESIGNED BY SUNIL PATEL
DRAWN BY BEN UPSHAW

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	157	127	4	35	107	8	10	187	26	5	110	122
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)		4.5			4.8			5.2			5.1	
Lane Util. Factor		1.00			1.00			1.00			1.00	
Frt		1.00			0.99			0.98			0.93	
Flt Protected		0.97			0.99			1.00			1.00	
Satd. Flow (prot)		1689			1707			1708			1616	
Flt Permitted		0.73			0.87			0.98			0.99	
Satd. Flow (perm)		1262			1502			1670			1600	
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	187	151	5	45	139	10	12	225	31	6	125	139
RTOR Reduction (vph)	0	1	0	0	3	0	0	6	0	0	53	0
Lane Group Flow (vph)	0	342	0	0	191	0	0	262	0	0	217	0
Turn Type	Perm			Perm			Perm			Perm		
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		
Actuated Green, G (s)		16.4			16.1			11.0			11.1	
Effective Green, g (s)		16.4			16.1			11.0			11.1	
Actuated g/C Ratio		0.44			0.43			0.30			0.30	
Clearance Time (s)		4.5			4.8			5.2			5.1	
Vehicle Extension (s)		3.0			3.0			2.0			2.0	
Lane Grp Cap (vph)		558			652			495			479	
v/s Ratio Prot												
v/s Ratio Perm		c0.27			0.13			c0.16			0.14	
v/c Ratio		0.61			0.29			0.53			0.45	
Uniform Delay, d1		7.9			6.8			10.9			10.5	
Progression Factor		1.00			1.00			1.00			1.00	
Incremental Delay, d2		2.0			0.3			0.5			0.2	
Delay (s)		9.9			7.1			11.4			10.8	
Level of Service		A			A			B			B	
Approach Delay (s)		9.9			7.1			11.4			10.8	
Approach LOS		A			A			B			B	

Intersection Summary			
HCM Average Control Delay	10.0	HCM Level of Service	A
HCM Volume to Capacity ratio	0.58		
Actuated Cycle Length (s)	37.1	Sum of lost time (s)	9.7
Intersection Capacity Utilization	46.9%	ICU Level of Service	A
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	215	111	9	50	101	14	14	253	52	4	370	276
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)		4.5			4.8			5.2			5.1	
Lane Util. Factor		1.00			1.00			1.00			1.00	
Frt		1.00			0.99			0.98			0.94	
Flt Protected		0.97			0.99			1.00			1.00	
Satd. Flow (prot)		1679			1693			1697			1638	
Flt Permitted		0.71			0.83			0.96			1.00	
Satd. Flow (perm)		1229			1431			1638			1636	
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	247	128	10	62	126	18	15	269	55	4	394	294
RTOR Reduction (vph)	0	2	0	0	6	0	0	8	0	0	30	0
Lane Group Flow (vph)	0	383	0	0	200	0	0	331	0	0	662	0
Turn Type	Perm			Perm			Perm			Perm		
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		
Actuated Green, G (s)		23.1			22.8			25.3			25.4	
Effective Green, g (s)		23.1			22.8			25.3			25.4	
Actuated g/C Ratio		0.40			0.39			0.44			0.44	
Clearance Time (s)		4.5			4.8			5.2			5.1	
Vehicle Extension (s)		3.0			3.0			2.0			2.0	
Lane Grp Cap (vph)		489			562			713			715	
v/s Ratio Prot												
v/s Ratio Perm		c0.31			0.14			0.20			c0.40	
v/c Ratio		0.78			0.36			0.46			0.93	
Uniform Delay, d1		15.3			12.5			11.6			15.5	
Progression Factor		1.00			1.00			1.00			1.00	
Incremental Delay, d2		8.0			0.4			0.2			17.6	
Delay (s)		23.3			12.9			11.8			33.1	
Level of Service		C			B			B			C	
Approach Delay (s)		23.3			12.9			11.8			33.1	
Approach LOS		C			B			B			C	

Intersection Summary			
HCM Average Control Delay	23.8	HCM Level of Service	C
HCM Volume to Capacity ratio	0.86		
Actuated Cycle Length (s)	58.1	Sum of lost time (s)	9.6
Intersection Capacity Utilization	70.7%	ICU Level of Service	C
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	173	140	4	39	118	9	11	206	29	6	121	135
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)		4.5			4.8			5.2			5.1	
Lane Util. Factor		1.00			1.00			1.00			1.00	
Frt		1.00			0.99			0.98			0.93	
Flt Protected		0.97			0.99			1.00			1.00	
Satd. Flow (prot)		1689			1705			1707			1616	
Flt Permitted		0.74			0.86			0.98			0.99	
Satd. Flow (perm)		1280			1482			1670			1600	
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	206	167	5	51	153	12	13	248	35	7	138	153
RTOR Reduction (vph)	0	1	0	0	3	0	0	7	0	0	53	0
Lane Group Flow (vph)	0	377	0	0	213	0	0	289	0	0	245	0
Turn Type	Perm			Perm			Perm			Perm		
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		
Actuated Green, G (s)		18.7			18.4			12.4			12.5	
Effective Green, g (s)		18.7			18.4			12.4			12.5	
Actuated g/C Ratio		0.46			0.45			0.30			0.31	
Clearance Time (s)		4.5			4.8			5.2			5.1	
Vehicle Extension (s)		3.0			3.0			2.0			2.0	
Lane Grp Cap (vph)		587			668			508			490	
v/s Ratio Prot												
v/s Ratio Perm		c0.29			0.14			c0.17			0.15	
v/c Ratio		0.64			0.32			0.57			0.50	
Uniform Delay, d1		8.5			7.2			12.0			11.6	
Progression Factor		1.00			1.00			1.00			1.00	
Incremental Delay, d2		2.4			0.3			0.9			0.3	
Delay (s)		10.9			7.5			12.8			11.9	
Level of Service		B			A			B			B	
Approach Delay (s)		10.9			7.5			12.8			11.9	
Approach LOS		B			A			B			B	

Intersection Summary			
HCM Average Control Delay	11.0	HCM Level of Service	B
HCM Volume to Capacity ratio	0.61		
Actuated Cycle Length (s)	40.8	Sum of lost time (s)	9.7
Intersection Capacity Utilization	56.3%	ICU Level of Service	B
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	237	123	10	55	112	15	15	279	57	4	409	305
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)		4.5			4.8			5.2			5.1	
Lane Util. Factor		1.00			1.00			1.00			1.00	
Frt		1.00			0.99			0.98			0.94	
Flt Protected		0.97			0.99			1.00			1.00	
Satd. Flow (prot)		1679			1693			1697			1638	
Flt Permitted		0.69			0.82			0.97			1.00	
Satd. Flow (perm)		1197			1405			1643			1636	
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	272	141	11	69	140	19	16	297	61	4	435	324
RTOR Reduction (vph)	0	2	0	0	5	0	0	8	0	0	31	0
Lane Group Flow (vph)	0	422	0	0	223	0	0	366	0	0	732	0
Turn Type	Perm			Perm			Perm			Perm		
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		
Actuated Green, G (s)		26.1			25.8			25.3			25.4	
Effective Green, g (s)		26.1			25.8			25.3			25.4	
Actuated g/C Ratio		0.43			0.42			0.41			0.42	
Clearance Time (s)		4.5			4.8			5.2			5.1	
Vehicle Extension (s)		3.0			3.0			2.0			2.0	
Lane Grp Cap (vph)		511			593			680			680	
v/s Ratio Prot												
v/s Ratio Perm		c0.35			0.16			0.22			c0.45	
v/c Ratio		0.83			0.38			0.54			1.08	
Uniform Delay, d1		15.5			12.1			13.5			17.9	
Progression Factor		1.00			1.00			1.00			1.00	
Incremental Delay, d2		10.5			0.4			0.4			57.0	
Delay (s)		26.0			12.5			13.9			74.8	
Level of Service		C			B			B			E	
Approach Delay (s)		26.0			12.5			13.9			74.8	
Approach LOS		C			B			B			E	

Intersection Summary			
HCM Average Control Delay	42.6	HCM Level of Service	D
HCM Volume to Capacity ratio	0.95		
Actuated Cycle Length (s)	61.1	Sum of lost time (s)	9.6
Intersection Capacity Utilization	83.7%	ICU Level of Service	E
Analysis Period (min)	15		

c Critical Lane Group

1: First Ave (Bethlehem Rd) & Smithfield Rd

Timing Plan: AM Peak

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	173	136	9	66	109	9	20	206	47	6	121	135
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)		4.5			4.8			5.2			5.1	
Lane Util. Factor		1.00			1.00			1.00			1.00	
Frt		1.00			0.99			0.98			0.93	
Flt Protected		0.97			0.98			1.00			1.00	
Satd. Flow (prot)		1686			1696			1692			1616	
Flt Permitted		0.74			0.79			0.96			0.99	
Satd. Flow (perm)		1275			1359			1626			1599	
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	206	162	11	86	142	12	24	248	57	7	138	153
RTOR Reduction (vph)	0	2	0	0	3	0	0	10	0	0	52	0
Lane Group Flow (vph)	0	377	0	0	237	0	0	319	0	0	246	0
Turn Type	Perm			Perm			Perm			Perm		
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		
Actuated Green, G (s)		19.8			19.5			13.7			13.8	
Effective Green, g (s)		19.8			19.5			13.7			13.8	
Actuated g/C Ratio		0.46			0.45			0.32			0.32	
Clearance Time (s)		4.5			4.8			5.2			5.1	
Vehicle Extension (s)		3.0			3.0			2.0			2.0	
Lane Grp Cap (vph)		584			613			516			511	
v/s Ratio Prot												
v/s Ratio Perm		c0.30			0.17			c0.20			0.15	
v/c Ratio		0.65			0.39			0.62			0.48	
Uniform Delay, d1		9.0			7.9			12.5			11.8	
Progression Factor		1.00			1.00			1.00			1.00	
Incremental Delay, d2		2.5			0.4			1.6			0.3	
Delay (s)		11.5			8.3			14.1			12.1	
Level of Service		B			A			B			B	
Approach Delay (s)		11.5			8.3			14.1			12.1	
Approach LOS		B			A			B			B	

Intersection Summary			
HCM Average Control Delay	11.7	HCM Level of Service	B
HCM Volume to Capacity ratio	0.63		
Actuated Cycle Length (s)	43.2	Sum of lost time (s)	9.7
Intersection Capacity Utilization	56.0%	ICU Level of Service	B
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	237	117	15	103	98	15	29	279	72	4	409	305
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)		4.5			4.8			5.2			5.1	
Lane Util. Factor		1.00			1.00			1.00			1.00	
Frt		0.99			0.99			0.97			0.94	
Flt Protected		0.97			0.98			1.00			1.00	
Satd. Flow (prot)		1675			1682			1687			1638	
Flt Permitted		0.67			0.71			0.92			1.00	
Satd. Flow (perm)		1155			1219			1551			1636	
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	272	134	17	129	122	19	31	297	77	4	435	324
RTOR Reduction (vph)	0	2	0	0	5	0	0	10	0	0	31	0
Lane Group Flow (vph)	0	421	0	0	265	0	0	395	0	0	732	0
Turn Type	Perm			Perm			Perm			Perm		
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		
Actuated Green, G (s)		26.8			26.5			25.3			25.4	
Effective Green, g (s)		26.8			26.5			25.3			25.4	
Actuated g/C Ratio		0.43			0.43			0.41			0.41	
Clearance Time (s)		4.5			4.8			5.2			5.1	
Vehicle Extension (s)		3.0			3.0			2.0			2.0	
Lane Grp Cap (vph)		501			523			635			672	
v/s Ratio Prot												
v/s Ratio Perm		c0.36			0.22			0.25			c0.45	
v/c Ratio		0.84			0.51			0.62			1.09	
Uniform Delay, d1		15.6			12.9			14.5			18.2	
Progression Factor		1.00			1.00			1.00			1.00	
Incremental Delay, d2		11.8			0.8			1.4			61.4	
Delay (s)		27.4			13.7			15.8			79.6	
Level of Service		C			B			B			E	
Approach Delay (s)		27.4			13.7			15.8			79.6	
Approach LOS		C			B			B			E	

Intersection Summary			
HCM Average Control Delay	44.3	HCM Level of Service	D
HCM Volume to Capacity ratio	0.96		
Actuated Cycle Length (s)	61.8	Sum of lost time (s)	9.6
Intersection Capacity Utilization	76.0%	ICU Level of Service	D
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	173	136	9	66	109	9	20	206	47	6	121	135
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)		4.5			4.8			5.2			5.1	5.1
Lane Util. Factor		1.00			1.00			1.00			1.00	1.00
Frt		1.00			0.99			0.98			1.00	0.85
Flt Protected		0.97			0.98			1.00			1.00	1.00
Satd. Flow (prot)		1686			1696			1692			1734	1478
Flt Permitted		0.74			0.79			0.97			0.98	1.00
Satd. Flow (perm)		1276			1362			1648			1698	1478
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	206	162	11	86	142	12	24	248	57	7	138	153
RTOR Reduction (vph)	0	2	0	0	3	0	0	11	0	0	0	104
Lane Group Flow (vph)	0	377	0	0	237	0	0	318	0	0	145	49
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)		19.7			19.4			13.8			13.9	13.9
Effective Green, g (s)		19.7			19.4			13.8			13.9	13.9
Actuated g/C Ratio		0.46			0.45			0.32			0.32	0.32
Clearance Time (s)		4.5			4.8			5.2			5.1	5.1
Vehicle Extension (s)		3.0			3.0			2.0			2.0	2.0
Lane Grp Cap (vph)		582			612			526			546	476
v/s Ratio Prot												
v/s Ratio Perm		c0.30			0.17			c0.19			0.09	0.03
v/c Ratio		0.65			0.39			0.60			0.27	0.10
Uniform Delay, d1		9.1			7.9			12.4			10.9	10.3
Progression Factor		1.00			1.00			1.00			1.00	1.00
Incremental Delay, d2		2.5			0.4			1.4			0.1	0.0
Delay (s)		11.6			8.3			13.8			11.0	10.3
Level of Service		B			A			B			B	B
Approach Delay (s)		11.6			8.3			13.8			10.6	
Approach LOS		B			A			B			B	

Intersection Summary			
HCM Average Control Delay	11.3	HCM Level of Service	B
HCM Volume to Capacity ratio	0.63		
Actuated Cycle Length (s)	43.2	Sum of lost time (s)	9.7
Intersection Capacity Utilization	57.8%	ICU Level of Service	B
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	237	117	15	103	98	15	29	279	72	4	409	305
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)		4.5			4.8			5.2			5.1	5.1
Lane Util. Factor		1.00			1.00			1.00			1.00	1.00
Frt		0.99			0.99			0.97			1.00	0.85
Flt Protected		0.97			0.98			1.00			1.00	1.00
Satd. Flow (prot)		1675			1682			1687			1738	1478
Flt Permitted		0.68			0.71			0.93			1.00	1.00
Satd. Flow (perm)		1171			1222			1572			1732	1478
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	272	134	17	129	122	19	31	297	77	4	435	324
RTOR Reduction (vph)	0	2	0	0	4	0	0	12	0	0	0	210
Lane Group Flow (vph)	0	421	0	0	266	0	0	393	0	0	439	114
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)		25.8			25.5			19.1			19.2	19.2
Effective Green, g (s)		25.8			25.5			19.1			19.2	19.2
Actuated g/C Ratio		0.47			0.47			0.35			0.35	0.35
Clearance Time (s)		4.5			4.8			5.2			5.1	5.1
Vehicle Extension (s)		3.0			3.0			2.0			2.0	2.0
Lane Grp Cap (vph)		553			571			550			609	520
v/s Ratio Prot												
v/s Ratio Perm		c0.36			0.22			0.25			c0.25	0.08
v/c Ratio		0.76			0.47			0.72			0.72	0.22
Uniform Delay, d1		11.9			9.9			15.4			15.4	12.4
Progression Factor		1.00			1.00			1.00			1.00	1.00
Incremental Delay, d2		6.1			0.6			3.7			3.6	0.1
Delay (s)		18.0			10.5			19.1			18.9	12.5
Level of Service		B			B			B			B	B
Approach Delay (s)		18.0			10.5			19.1			16.2	
Approach LOS		B			B			B			B	

Intersection Summary			
HCM Average Control Delay	16.4	HCM Level of Service	B
HCM Volume to Capacity ratio	0.74		
Actuated Cycle Length (s)	54.6	Sum of lost time (s)	9.6
Intersection Capacity Utilization	78.6%	ICU Level of Service	D
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	173	136	9	66	109	9	20	206	47	6	121	135
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Frt	1.00	0.99		1.00	0.99			0.98			1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00			1.00	1.00
Satd. Flow (prot)	1652	1722		1652	1718			1692			1734	1478
Flt Permitted	0.66	1.00		0.65	1.00			0.97			0.97	1.00
Satd. Flow (perm)	1146	1722		1126	1718			1645			1695	1478
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	206	162	11	86	142	12	24	248	57	7	138	153
RTOR Reduction (vph)	0	4	0	0	5	0	0	11	0	0	0	102
Lane Group Flow (vph)	206	169	0	86	149	0	0	318	0	0	145	51
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)	13.5	13.5		13.2	13.2			11.6			11.7	11.7
Effective Green, g (s)	13.5	13.5		13.2	13.2			11.6			11.7	11.7
Actuated g/C Ratio	0.39	0.39		0.38	0.38			0.33			0.34	0.34
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0			2.0	2.0
Lane Grp Cap (vph)	445	668		427	652			548			570	497
v/s Ratio Prot		0.10			0.09							
v/s Ratio Perm	c0.18			0.08				c0.19			0.09	0.03
v/c Ratio	0.46	0.25		0.20	0.23			0.58			0.25	0.10
Uniform Delay, d1	7.9	7.2		7.3	7.3			9.6			8.4	7.9
Progression Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Incremental Delay, d2	0.8	0.2		0.2	0.2			0.9			0.1	0.0
Delay (s)	8.7	7.4		7.5	7.5			10.5			8.5	8.0
Level of Service	A	A		A	A			B			A	A
Approach Delay (s)		8.1			7.5			10.5			8.2	
Approach LOS		A			A			B			A	

Intersection Summary			
HCM Average Control Delay	8.7	HCM Level of Service	A
HCM Volume to Capacity ratio	0.52		
Actuated Cycle Length (s)	34.8	Sum of lost time (s)	9.7
Intersection Capacity Utilization	55.8%	ICU Level of Service	B
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	237	117	15	103	98	15	29	279	72	4	409	305
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Frt	1.00	0.98		1.00	0.98			0.97			1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00			1.00	1.00
Satd. Flow (prot)	1652	1709		1652	1703			1687			1738	1478
Flt Permitted	0.67	1.00		0.66	1.00			0.94			1.00	1.00
Satd. Flow (perm)	1160	1709		1149	1703			1598			1731	1478
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	272	134	17	129	122	19	31	297	77	4	435	324
RTOR Reduction (vph)	0	7	0	0	8	0	0	12	0	0	0	202
Lane Group Flow (vph)	272	144	0	129	133	0	0	393	0	0	439	122
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)	17.5	17.5		17.2	17.2			16.2			16.3	16.3
Effective Green, g (s)	17.5	17.5		17.2	17.2			16.2			16.3	16.3
Actuated g/C Ratio	0.40	0.40		0.40	0.40			0.37			0.38	0.38
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0			2.0	2.0
Lane Grp Cap (vph)	468	689		455	675			596			650	555
v/s Ratio Prot		0.08			0.08							
v/s Ratio Perm	c0.23			0.11				0.25			c0.25	0.08
v/c Ratio	0.58	0.21		0.28	0.20			0.66			0.68	0.22
Uniform Delay, d1	10.1	8.4		8.9	8.6			11.3			11.3	9.2
Progression Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Incremental Delay, d2	1.8	0.2		0.3	0.1			2.0			2.2	0.1
Delay (s)	11.9	8.6		9.3	8.7			13.3			13.5	9.3
Level of Service	B	A		A	A			B			B	A
Approach Delay (s)		10.7			9.0			13.3			11.7	
Approach LOS		B			A			B			B	

Intersection Summary			
HCM Average Control Delay	11.5	HCM Level of Service	B
HCM Volume to Capacity ratio	0.63		
Actuated Cycle Length (s)	43.4	Sum of lost time (s)	9.6
Intersection Capacity Utilization	77.2%	ICU Level of Service	D
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	173	136	9	66	109	9	20	206	47	6	121	135
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2	5.2		5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00	1.00		1.00	1.00
Frt	1.00	0.99		1.00	0.99			1.00	0.85		1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00	1.00		1.00	1.00
Satd. Flow (prot)	1652	1722		1652	1718			1731	1478		1734	1478
Flt Permitted	0.66	1.00		0.65	1.00			0.96	1.00		0.98	1.00
Satd. Flow (perm)	1146	1722		1126	1718			1670	1478		1697	1478
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	206	162	11	86	142	12	24	248	57	7	138	153
RTOR Reduction (vph)	0	4	0	0	5	0	0	0	39	0	0	104
Lane Group Flow (vph)	206	169	0	86	149	0	0	272	18	0	145	49
Turn Type	Perm			Perm			Perm		Perm	Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8		8	4		4
Actuated Green, G (s)	13.0	13.0		12.7	12.7			10.4	10.4		10.5	10.5
Effective Green, g (s)	13.0	13.0		12.7	12.7			10.4	10.4		10.5	10.5
Actuated g/C Ratio	0.39	0.39		0.38	0.38			0.31	0.31		0.32	0.32
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2	5.2		5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0	2.0		2.0	2.0
Lane Grp Cap (vph)	450	676		432	659			525	464		538	469
v/s Ratio Prot		0.10			0.09							
v/s Ratio Perm	c0.18			0.08				c0.16	0.01		0.09	0.03
v/c Ratio	0.46	0.25		0.20	0.23			0.52	0.04		0.27	0.10
Uniform Delay, d1	7.4	6.8		6.8	6.9			9.3	7.9		8.4	8.0
Progression Factor	1.00	1.00		1.00	1.00			1.00	1.00		1.00	1.00
Incremental Delay, d2	0.7	0.2		0.2	0.2			0.4	0.0		0.1	0.0
Delay (s)	8.2	7.0		7.0	7.1			9.7	7.9		8.5	8.0
Level of Service	A	A		A	A			A	A		A	A
Approach Delay (s)		7.6			7.1			9.4			8.3	
Approach LOS		A			A			A			A	

Intersection Summary			
HCM Average Control Delay	8.1	HCM Level of Service	A
HCM Volume to Capacity ratio	0.48		
Actuated Cycle Length (s)	33.1	Sum of lost time (s)	9.7
Intersection Capacity Utilization	52.9%	ICU Level of Service	A
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	237	117	15	103	98	15	29	279	72	4	409	305
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2	5.2		5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00	1.00		1.00	1.00
Frt	1.00	0.98		1.00	0.98			1.00	0.85		1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00	1.00		1.00	1.00
Satd. Flow (prot)	1652	1709		1652	1703			1730	1478		1738	1478
Flt Permitted	0.67	1.00		0.66	1.00			0.93	1.00		1.00	1.00
Satd. Flow (perm)	1160	1709		1149	1703			1619	1478		1732	1478
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	272	134	17	129	122	19	31	297	77	4	435	324
RTOR Reduction (vph)	0	7	0	0	8	0	0	0	48	0	0	202
Lane Group Flow (vph)	272	144	0	129	133	0	0	328	29	0	439	122
Turn Type	Perm			Perm			Perm		Perm	Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8		8	4		4
Actuated Green, G (s)	17.5	17.5		17.2	17.2			16.2	16.2		16.3	16.3
Effective Green, g (s)	17.5	17.5		17.2	17.2			16.2	16.2		16.3	16.3
Actuated g/C Ratio	0.40	0.40		0.40	0.40			0.37	0.37		0.38	0.38
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2	5.2		5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0	2.0		2.0	2.0
Lane Grp Cap (vph)	468	689		455	675			604	552		650	555
v/s Ratio Prot		0.08			0.08							
v/s Ratio Perm	c0.23			0.11				0.20	0.02		c0.25	0.08
v/c Ratio	0.58	0.21		0.28	0.20			0.54	0.05		0.68	0.22
Uniform Delay, d1	10.1	8.4		8.9	8.6			10.7	8.7		11.3	9.2
Progression Factor	1.00	1.00		1.00	1.00			1.00	1.00		1.00	1.00
Incremental Delay, d2	1.8	0.2		0.3	0.1			0.5	0.0		2.2	0.1
Delay (s)	11.9	8.6		9.3	8.7			11.2	8.7		13.5	9.3
Level of Service	B	A		A	A			B	A		B	A
Approach Delay (s)		10.7			9.0			10.7			11.7	
Approach LOS		B			A			B			B	

Intersection Summary			
HCM Average Control Delay	10.9	HCM Level of Service	B
HCM Volume to Capacity ratio	0.63		
Actuated Cycle Length (s)	43.4	Sum of lost time (s)	9.6
Intersection Capacity Utilization	72.4%	ICU Level of Service	C
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	173	136	9	66	109	9	20	206	47	6	121	135
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Frt	1.00	0.99		1.00	0.99			0.98			1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00			1.00	1.00
Satd. Flow (prot)	1652	1722		1652	1718			1692			1734	1478
Flt Permitted	0.66	1.00		0.65	1.00			0.97			0.97	1.00
Satd. Flow (perm)	1146	1722		1126	1718			1644			1694	1478
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	206	162	11	86	142	12	24	248	57	7	138	153
RTOR Reduction (vph)	0	4	0	0	6	0	0	10	0	0	0	102
Lane Group Flow (vph)	206	169	0	86	148	0	0	319	0	0	145	51
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)	13.7	13.7		13.4	13.4			11.4			11.5	11.5
Effective Green, g (s)	13.7	13.7		13.4	13.4			11.4			11.5	11.5
Actuated g/C Ratio	0.39	0.39		0.39	0.39			0.33			0.33	0.33
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0			2.0	2.0
Lane Grp Cap (vph)	451	678		434	662			539			560	488
v/s Ratio Prot		0.10			0.09							
v/s Ratio Perm	c0.18			0.08				c0.19			0.09	0.03
v/c Ratio	0.46	0.25		0.20	0.22			0.59			0.26	0.10
Uniform Delay, d1	7.8	7.1		7.1	7.2			9.8			8.5	8.1
Progression Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Incremental Delay, d2	0.7	0.2		0.2	0.2			1.2			0.1	0.0
Delay (s)	8.5	7.3		7.3	7.4			10.9			8.6	8.1
Level of Service	A	A		A	A			B			A	A
Approach Delay (s)		8.0			7.4			10.9			8.4	
Approach LOS		A			A			B			A	

Intersection Summary			
HCM Average Control Delay	8.7	HCM Level of Service	A
HCM Volume to Capacity ratio	0.52		
Actuated Cycle Length (s)	34.8	Sum of lost time (s)	9.7
Intersection Capacity Utilization	55.8%	ICU Level of Service	B
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	237	117	15	103	98	15	29	279	72	4	409	305
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Frt	1.00	0.98		1.00	0.98			0.97			1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00			1.00	1.00
Satd. Flow (prot)	1652	1709		1652	1703			1687			1738	1478
Flt Permitted	0.67	1.00		0.66	1.00			0.95			1.00	1.00
Satd. Flow (perm)	1160	1709		1149	1703			1602			1732	1478
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	272	134	17	129	122	19	31	297	77	4	435	324
RTOR Reduction (vph)	0	8	0	0	10	0	0	10	0	0	0	191
Lane Group Flow (vph)	272	143	0	129	131	0	0	395	0	0	439	133
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)	17.4	17.4		17.1	17.1			18.6			18.7	18.7
Effective Green, g (s)	17.4	17.4		17.1	17.1			18.6			18.7	18.7
Actuated g/C Ratio	0.38	0.38		0.37	0.37			0.41			0.41	0.41
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0			2.0	2.0
Lane Grp Cap (vph)	442	651		430	637			652			709	605
v/s Ratio Prot		0.08			0.08							
v/s Ratio Perm	c0.23			0.11				0.25			c0.25	0.09
v/c Ratio	0.62	0.22		0.30	0.21			0.61			0.62	0.22
Uniform Delay, d1	11.4	9.6		10.1	9.7			10.7			10.7	8.8
Progression Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Incremental Delay, d2	2.5	0.2		0.4	0.2			1.1			1.1	0.1
Delay (s)	14.0	9.7		10.5	9.9			11.8			11.8	8.8
Level of Service	B	A		B	A			B			B	A
Approach Delay (s)		12.5			10.2			11.8			10.6	
Approach LOS		B			B			B			B	

Intersection Summary			
HCM Average Control Delay	11.2	HCM Level of Service	B
HCM Volume to Capacity ratio	0.62		
Actuated Cycle Length (s)	45.7	Sum of lost time (s)	9.6
Intersection Capacity Utilization	77.2%	ICU Level of Service	D
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	200	162	5	45	137	10	13	239	33	6	140	156
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)		4.5			4.8			5.2			5.1	
Lane Util. Factor		1.00			1.00			1.00			1.00	
Frt		1.00			0.99			0.98			0.93	
Flt Protected		0.97			0.99			1.00			1.00	
Satd. Flow (prot)		1689			1706			1707			1616	
Flt Permitted		0.73			0.85			0.97			0.99	
Satd. Flow (perm)		1265			1460			1665			1601	
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	238	193	6	58	178	13	16	288	40	7	159	177
RTOR Reduction (vph)	0	1	0	0	3	0	0	6	0	0	53	0
Lane Group Flow (vph)	0	436	0	0	246	0	0	338	0	0	290	0
Turn Type	Perm			Perm			Perm			Perm		
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		
Actuated Green, G (s)		23.2			22.9			14.7			14.8	
Effective Green, g (s)		23.2			22.9			14.7			14.8	
Actuated g/C Ratio		0.49			0.48			0.31			0.31	
Clearance Time (s)		4.5			4.8			5.2			5.1	
Vehicle Extension (s)		3.0			3.0			2.0			2.0	
Lane Grp Cap (vph)		617			702			514			498	
v/s Ratio Prot												
v/s Ratio Perm		c0.35			0.17			c0.20			0.18	
v/c Ratio		0.71			0.35			0.66			0.58	
Uniform Delay, d1		9.5			7.7			14.3			13.8	
Progression Factor		1.00			1.00			1.00			1.00	
Incremental Delay, d2		3.7			0.3			2.3			1.1	
Delay (s)		13.2			8.0			16.6			14.9	
Level of Service		B			A			B			B	
Approach Delay (s)		13.2			8.0			16.6			14.9	
Approach LOS		B			A			B			B	

Intersection Summary			
HCM Average Control Delay	13.6	HCM Level of Service	B
HCM Volume to Capacity ratio	0.69		
Actuated Cycle Length (s)	47.6	Sum of lost time (s)	9.7
Intersection Capacity Utilization	63.7%	ICU Level of Service	B
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	274	142	11	64	129	18	18	323	66	5	472	352
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)		4.5			4.8			5.2			5.1	
Lane Util. Factor		1.00			1.00			1.00			1.00	
Frt		1.00			0.99			0.98			0.94	
Flt Protected		0.97			0.99			1.00			1.00	
Satd. Flow (prot)		1679			1693			1697			1638	
Flt Permitted		0.67			0.79			0.93			1.00	
Satd. Flow (perm)		1154			1360			1586			1635	
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	315	163	13	80	161	22	19	344	70	5	502	374
RTOR Reduction (vph)	0	2	0	0	5	0	0	9	0	0	33	0
Lane Group Flow (vph)	0	489	0	0	258	0	0	424	0	0	848	0
Turn Type	Perm			Perm			Perm			Perm		
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		
Actuated Green, G (s)		32.0			31.7			25.2			25.3	
Effective Green, g (s)		32.0			31.7			25.2			25.3	
Actuated g/C Ratio		0.48			0.47			0.38			0.38	
Clearance Time (s)		4.5			4.8			5.2			5.1	
Vehicle Extension (s)		3.0			3.0			2.0			2.0	
Lane Grp Cap (vph)		552			644			597			618	
v/s Ratio Prot												
v/s Ratio Perm		c0.42			0.19			0.27			c0.52	
v/c Ratio		0.89			0.40			0.71			1.37	
Uniform Delay, d1		15.8			11.4			17.7			20.8	
Progression Factor		1.00			1.00			1.00			1.00	
Incremental Delay, d2		15.7			0.4			3.3			177.6	
Delay (s)		31.6			11.8			21.1			198.4	
Level of Service		C			B			C			F	
Approach Delay (s)		31.6			11.8			21.1			198.4	
Approach LOS		C			B			C			F	

Intersection Summary			
HCM Average Control Delay	97.9	HCM Level of Service	F
HCM Volume to Capacity ratio	1.10		
Actuated Cycle Length (s)	66.9	Sum of lost time (s)	9.6
Intersection Capacity Utilization	94.9%	ICU Level of Service	F
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	200	157	10	77	126	10	23	239	55	6	140	156
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)		4.5			4.8			5.2			5.1	
Lane Util. Factor		1.00			1.00			1.00			1.00	
Frt		1.00			0.99			0.98			0.93	
Flt Protected		0.97			0.98			1.00			1.00	
Satd. Flow (prot)		1686			1697			1692			1616	
Flt Permitted		0.71			0.77			0.96			0.99	
Satd. Flow (perm)		1232			1333			1629			1601	
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	238	187	12	100	164	13	28	288	66	7	159	177
RTOR Reduction (vph)	0	2	0	0	3	0	0	10	0	0	52	0
Lane Group Flow (vph)	0	435	0	0	274	0	0	372	0	0	291	0
Turn Type	Perm			Perm			Perm			Perm		
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		
Actuated Green, G (s)		24.6			24.3			16.3			16.4	
Effective Green, g (s)		24.6			24.3			16.3			16.4	
Actuated g/C Ratio		0.49			0.48			0.32			0.32	
Clearance Time (s)		4.5			4.8			5.2			5.1	
Vehicle Extension (s)		3.0			3.0			2.0			2.0	
Lane Grp Cap (vph)		599			640			525			519	
v/s Ratio Prot												
v/s Ratio Perm		c0.35			0.21			c0.23			0.18	
v/c Ratio		0.73			0.43			0.71			0.56	
Uniform Delay, d1		10.3			8.6			15.1			14.1	
Progression Factor		1.00			1.00			1.00			1.00	
Incremental Delay, d2		4.4			0.5			3.6			0.8	
Delay (s)		14.7			9.1			18.6			15.0	
Level of Service		B			A			B			B	
Approach Delay (s)		14.7			9.1			18.6			15.0	
Approach LOS		B			A			B			B	

Intersection Summary			
HCM Average Control Delay	14.7	HCM Level of Service	B
HCM Volume to Capacity ratio	0.72		
Actuated Cycle Length (s)	50.6	Sum of lost time (s)	9.7
Intersection Capacity Utilization	67.9%	ICU Level of Service	C
Analysis Period (min)	15		
c Critical Lane Group			

1: First Ave (Bethlehem Rd) & Smithfield Rd

Timing Plan: PM Peak

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	274	135	18	119	114	18	33	323	83	5	472	352
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)		4.5			4.8			5.2			5.1	
Lane Util. Factor		1.00			1.00			1.00			1.00	
Frt		0.99			0.99			0.97			0.94	
Flt Protected		0.97			0.98			1.00			1.00	
Satd. Flow (prot)		1675			1682			1688			1638	
Flt Permitted		0.64			0.68			0.83			1.00	
Satd. Flow (perm)		1112			1169			1399			1635	
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	315	155	21	149	142	22	35	344	88	5	502	374
RTOR Reduction (vph)	0	3	0	0	4	0	0	11	0	0	33	0
Lane Group Flow (vph)	0	488	0	0	309	0	0	456	0	0	848	0
Turn Type	Perm			Perm			Perm			Perm		
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		
Actuated Green, G (s)		33.2			32.9			25.1			25.2	
Effective Green, g (s)		33.2			32.9			25.1			25.2	
Actuated g/C Ratio		0.49			0.48			0.37			0.37	
Clearance Time (s)		4.5			4.8			5.2			5.1	
Vehicle Extension (s)		3.0			3.0			2.0			2.0	
Lane Grp Cap (vph)		543			566			516			606	
v/s Ratio Prot												
v/s Ratio Perm		c0.44			0.26			0.33			c0.52	
v/c Ratio		0.90			0.55			0.88			1.40	
Uniform Delay, d1		15.9			12.3			20.1			21.4	
Progression Factor		1.00			1.00			1.00			1.00	
Incremental Delay, d2		17.6			1.1			16.0			189.3	
Delay (s)		33.5			13.4			36.1			210.7	
Level of Service		C			B			D			F	
Approach Delay (s)		33.5			13.4			36.1			210.7	
Approach LOS		C			B			D			F	

Intersection Summary			
HCM Average Control Delay	103.7	HCM Level of Service	F
HCM Volume to Capacity ratio	1.12		
Actuated Cycle Length (s)	68.0	Sum of lost time (s)	9.6
Intersection Capacity Utilization	89.2%	ICU Level of Service	E
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	200	157	10	77	126	10	23	239	55	6	140	156
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)		4.5			4.8			5.2			5.1	5.1
Lane Util. Factor		1.00			1.00			1.00			1.00	1.00
Frt		1.00			0.99			0.98			1.00	0.85
Flt Protected		0.97			0.98			1.00			1.00	1.00
Satd. Flow (prot)		1686			1697			1692			1735	1478
Flt Permitted		0.71			0.77			0.97			0.98	1.00
Satd. Flow (perm)		1232			1334			1645			1703	1478
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	238	187	12	100	164	13	28	288	66	7	159	177
RTOR Reduction (vph)	0	2	0	0	3	0	0	11	0	0	0	118
Lane Group Flow (vph)	0	435	0	0	274	0	0	371	0	0	166	59
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)		24.1			23.8			16.6			16.7	16.7
Effective Green, g (s)		24.1			23.8			16.6			16.7	16.7
Actuated g/C Ratio		0.48			0.47			0.33			0.33	0.33
Clearance Time (s)		4.5			4.8			5.2			5.1	5.1
Vehicle Extension (s)		3.0			3.0			2.0			2.0	2.0
Lane Grp Cap (vph)		589			630			542			564	490
v/s Ratio Prot												
v/s Ratio Perm		c0.35			0.21			c0.23			0.10	0.04
v/c Ratio		0.74			0.44			0.68			0.29	0.12
Uniform Delay, d1		10.6			8.8			14.6			12.5	11.7
Progression Factor		1.00			1.00			1.00			1.00	1.00
Incremental Delay, d2		4.8			0.5			2.9			0.1	0.0
Delay (s)		15.5			9.3			17.5			12.6	11.8
Level of Service		B			A			B			B	B
Approach Delay (s)		15.5			9.3			17.5			12.2	
Approach LOS		B			A			B			B	

Intersection Summary			
HCM Average Control Delay	14.0	HCM Level of Service	B
HCM Volume to Capacity ratio	0.72		
Actuated Cycle Length (s)	50.4	Sum of lost time (s)	9.7
Intersection Capacity Utilization	68.6%	ICU Level of Service	C
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	274	135	18	119	114	18	33	323	83	5	472	352
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)		4.5			4.8			5.2			5.1	5.1
Lane Util. Factor		1.00			1.00			1.00			1.00	1.00
Frt		0.99			0.99			0.97			1.00	0.85
Flt Protected		0.97			0.98			1.00			1.00	1.00
Satd. Flow (prot)		1675			1682			1688			1738	1478
Flt Permitted		0.64			0.68			0.82			1.00	1.00
Satd. Flow (perm)		1108			1169			1390			1731	1478
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	315	155	21	149	142	22	35	344	88	5	502	374
RTOR Reduction (vph)	0	2	0	0	4	0	0	11	0	0	0	231
Lane Group Flow (vph)	0	489	0	0	309	0	0	456	0	0	507	143
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)		34.0			33.7			27.0			27.1	27.1
Effective Green, g (s)		34.0			33.7			27.0			27.1	27.1
Actuated g/C Ratio		0.48			0.48			0.38			0.38	0.38
Clearance Time (s)		4.5			4.8			5.2			5.1	5.1
Vehicle Extension (s)		3.0			3.0			2.0			2.0	2.0
Lane Grp Cap (vph)		533			557			531			664	567
v/s Ratio Prot												
v/s Ratio Perm		c0.44			0.26			c0.33			0.29	0.10
v/c Ratio		0.92			0.56			0.86			0.76	0.25
Uniform Delay, d1		17.0			13.2			20.1			19.0	14.9
Progression Factor		1.00			1.00			1.00			1.00	1.00
Incremental Delay, d2		20.6			1.2			12.6			4.7	0.1
Delay (s)		37.7			14.4			32.7			23.7	15.0
Level of Service		D			B			C			C	B
Approach Delay (s)		37.7			14.4			32.7			20.0	
Approach LOS		D			B			C			B	

Intersection Summary			
HCM Average Control Delay	26.0	HCM Level of Service	C
HCM Volume to Capacity ratio	0.89		
Actuated Cycle Length (s)	70.7	Sum of lost time (s)	9.7
Intersection Capacity Utilization	91.7%	ICU Level of Service	F
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	200	157	10	77	126	10	23	239	55	6	140	156
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Frt	1.00	0.99		1.00	0.99			0.98			1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00			1.00	1.00
Satd. Flow (prot)	1652	1723		1652	1719			1692			1735	1478
Flt Permitted	0.65	1.00		0.63	1.00			0.97			0.98	1.00
Satd. Flow (perm)	1122	1723		1100	1719			1644			1700	1478
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	238	187	12	100	164	13	28	288	66	7	159	177
RTOR Reduction (vph)	0	4	0	0	4	0	0	11	0	0	0	114
Lane Group Flow (vph)	238	195	0	100	173	0	0	371	0	0	166	63
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)	15.6	15.6		15.3	15.3			13.8			13.9	13.9
Effective Green, g (s)	15.6	15.6		15.3	15.3			13.8			13.9	13.9
Actuated g/C Ratio	0.40	0.40		0.39	0.39			0.35			0.36	0.36
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0			2.0	2.0
Lane Grp Cap (vph)	448	687		430	673			580			604	525
v/s Ratio Prot		0.11			0.10							
v/s Ratio Perm	c0.21			0.09				c0.23			0.10	0.04
v/c Ratio	0.53	0.28		0.23	0.26			0.64			0.27	0.12
Uniform Delay, d1	9.0	8.0		8.0	8.1			10.6			9.0	8.5
Progression Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Incremental Delay, d2	1.2	0.2		0.3	0.2			1.7			0.1	0.0
Delay (s)	10.2	8.2		8.2	8.3			12.3			9.1	8.5
Level of Service	B	A		A	A			B			A	A
Approach Delay (s)		9.3			8.3			12.3			8.8	
Approach LOS		A			A			B			A	

Intersection Summary			
HCM Average Control Delay	9.8	HCM Level of Service	A
HCM Volume to Capacity ratio	0.58		
Actuated Cycle Length (s)	39.1	Sum of lost time (s)	9.7
Intersection Capacity Utilization	60.6%	ICU Level of Service	B
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	274	135	18	119	114	18	33	323	83	5	472	352
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Frt	1.00	0.98		1.00	0.98			0.97			1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00			1.00	1.00
Satd. Flow (prot)	1652	1707		1652	1704			1688			1738	1478
Flt Permitted	0.65	1.00		0.65	1.00			0.94			1.00	1.00
Satd. Flow (perm)	1136	1707		1123	1704			1592			1731	1478
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	315	155	21	149	142	22	35	344	88	5	502	374
RTOR Reduction (vph)	0	7	0	0	8	0	0	11	0	0	0	220
Lane Group Flow (vph)	315	169	0	149	156	0	0	456	0	0	507	154
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)	21.4	21.4		21.1	21.1			21.6			21.7	21.7
Effective Green, g (s)	21.4	21.4		21.1	21.1			21.6			21.7	21.7
Actuated g/C Ratio	0.41	0.41		0.40	0.40			0.41			0.41	0.41
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0			2.0	2.0
Lane Grp Cap (vph)	461	693		450	682			653			713	609
v/s Ratio Prot		0.10			0.09							
v/s Ratio Perm	c0.28			0.13				0.29			c0.29	0.10
v/c Ratio	0.68	0.24		0.33	0.23			0.70			0.71	0.25
Uniform Delay, d1	12.9	10.3		10.9	10.4			12.9			12.9	10.2
Progression Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Incremental Delay, d2	4.2	0.2		0.4	0.2			2.6			2.8	0.1
Delay (s)	17.0	10.5		11.4	10.6			15.5			15.7	10.3
Level of Service	B	B		B	B			B			B	B
Approach Delay (s)		14.7			11.0			15.5			13.4	
Approach LOS		B			B			B			B	

Intersection Summary			
HCM Average Control Delay	13.8	HCM Level of Service	B
HCM Volume to Capacity ratio	0.70		
Actuated Cycle Length (s)	52.7	Sum of lost time (s)	9.6
Intersection Capacity Utilization	85.6%	ICU Level of Service	E
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	200	157	10	77	126	10	23	239	55	6	140	156
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2	5.2		5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00	1.00		1.00	1.00
Frt	1.00	0.99		1.00	0.99			1.00	0.85		1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00	1.00		1.00	1.00
Satd. Flow (prot)	1652	1723		1652	1719			1731	1478		1735	1478
Flt Permitted	0.65	1.00		0.63	1.00			0.96	1.00		0.98	1.00
Satd. Flow (perm)	1122	1723		1100	1719			1668	1478		1702	1478
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	238	187	12	100	164	13	28	288	66	7	159	177
RTOR Reduction (vph)	0	4	0	0	4	0	0	0	44	0	0	118
Lane Group Flow (vph)	238	195	0	100	173	0	0	316	22	0	166	59
Turn Type	Perm			Perm			Perm		Perm	Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8		8	4		4
Actuated Green, G (s)	14.7	14.7		14.4	14.4			12.0	12.0		12.1	12.1
Effective Green, g (s)	14.7	14.7		14.4	14.4			12.0	12.0		12.1	12.1
Actuated g/C Ratio	0.40	0.40		0.40	0.40			0.33	0.33		0.33	0.33
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2	5.2		5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0	2.0		2.0	2.0
Lane Grp Cap (vph)	453	696		435	680			550	487		566	491
v/s Ratio Prot		0.11			0.10							
v/s Ratio Perm	c0.21			0.09				c0.19	0.01		0.10	0.04
v/c Ratio	0.53	0.28		0.23	0.25			0.57	0.04		0.29	0.12
Uniform Delay, d1	8.2	7.3		7.3	7.4			10.1	8.3		9.0	8.4
Progression Factor	1.00	1.00		1.00	1.00			1.00	1.00		1.00	1.00
Incremental Delay, d2	1.1	0.2		0.3	0.2			0.9	0.0		0.1	0.0
Delay (s)	9.3	7.5		7.6	7.6			11.0	8.3		9.1	8.5
Level of Service	A	A		A	A			B	A		A	A
Approach Delay (s)		8.5			7.6			10.5			8.8	
Approach LOS		A			A			B			A	

Intersection Summary			
HCM Average Control Delay	8.9	HCM Level of Service	A
HCM Volume to Capacity ratio	0.55		
Actuated Cycle Length (s)	36.4	Sum of lost time (s)	9.7
Intersection Capacity Utilization	57.3%	ICU Level of Service	B
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	274	135	18	119	114	18	33	323	83	5	472	352
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2	5.2		5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00	1.00		1.00	1.00
Frt	1.00	0.98		1.00	0.98			1.00	0.85		1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00	1.00		1.00	1.00
Satd. Flow (prot)	1652	1707		1652	1704			1731	1478		1738	1478
Flt Permitted	0.65	1.00		0.65	1.00			0.89	1.00		1.00	1.00
Satd. Flow (perm)	1136	1707		1123	1704			1548	1478		1731	1478
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	315	155	21	149	142	22	35	344	88	5	502	374
RTOR Reduction (vph)	0	7	0	0	8	0	0	0	54	0	0	228
Lane Group Flow (vph)	315	169	0	149	156	0	0	379	34	0	507	146
Turn Type	Perm			Perm			Perm		Perm	Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8		8	4		4
Actuated Green, G (s)	21.0	21.0		20.7	20.7			19.6	19.6		19.7	19.7
Effective Green, g (s)	21.0	21.0		20.7	20.7			19.6	19.6		19.7	19.7
Actuated g/C Ratio	0.42	0.42		0.41	0.41			0.39	0.39		0.39	0.39
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2	5.2		5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0	2.0		2.0	2.0
Lane Grp Cap (vph)	474	713		462	701			603	576		678	579
v/s Ratio Prot		0.10			0.09							
v/s Ratio Perm	c0.28			0.13				0.24	0.02		c0.29	0.10
v/c Ratio	0.66	0.24		0.32	0.22			0.63	0.06		0.75	0.25
Uniform Delay, d1	11.8	9.5		10.0	9.6			12.4	9.6		13.2	10.3
Progression Factor	1.00	1.00		1.00	1.00			1.00	1.00		1.00	1.00
Incremental Delay, d2	3.5	0.2		0.4	0.2			1.5	0.0		4.0	0.1
Delay (s)	15.3	9.6		10.4	9.7			13.9	9.6		17.1	10.4
Level of Service	B	A		B	A			B	A		B	B
Approach Delay (s)		13.3			10.1			13.1			14.3	
Approach LOS		B			B			B			B	

Intersection Summary			
HCM Average Control Delay	13.2	HCM Level of Service	B
HCM Volume to Capacity ratio	0.70		
Actuated Cycle Length (s)	50.3	Sum of lost time (s)	9.6
Intersection Capacity Utilization	80.1%	ICU Level of Service	D
Analysis Period (min)	15		

c Critical Lane Group

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	200	157	10	77	126	10	23	239	55	6	140	156
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Frt	1.00	0.99		1.00	0.99			0.98			1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00			1.00	1.00
Satd. Flow (prot)	1652	1723		1652	1719			1692			1735	1478
Flt Permitted	0.65	1.00		0.63	1.00			0.97			0.98	1.00
Satd. Flow (perm)	1122	1723		1100	1719			1643			1700	1478
Peak-hour factor, PHF	0.84	0.84	0.84	0.77	0.77	0.77	0.83	0.83	0.83	0.88	0.88	0.88
Adj. Flow (vph)	238	187	12	100	164	13	28	288	66	7	159	177
RTOR Reduction (vph)	0	4	0	0	5	0	0	10	0	0	0	115
Lane Group Flow (vph)	238	195	0	100	172	0	0	372	0	0	166	62
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)	15.6	15.6		15.3	15.3			13.5			13.6	13.6
Effective Green, g (s)	15.6	15.6		15.3	15.3			13.5			13.6	13.6
Actuated g/C Ratio	0.40	0.40		0.39	0.39			0.35			0.35	0.35
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0			2.0	2.0
Lane Grp Cap (vph)	451	693		434	678			572			596	518
v/s Ratio Prot		0.11			0.10							
v/s Ratio Perm	c0.21			0.09				c0.23			0.10	0.04
v/c Ratio	0.53	0.28		0.23	0.25			0.65			0.28	0.12
Uniform Delay, d1	8.8	7.8		7.8	7.9			10.7			9.1	8.5
Progression Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Incremental Delay, d2	1.1	0.2		0.3	0.2			2.0			0.1	0.0
Delay (s)	9.9	8.0		8.1	8.1			12.7			9.2	8.6
Level of Service	A	A		A	A			B			A	A
Approach Delay (s)		9.1			8.1			12.7			8.9	
Approach LOS		A			A			B			A	

Intersection Summary			
HCM Average Control Delay	9.8	HCM Level of Service	A
HCM Volume to Capacity ratio	0.58		
Actuated Cycle Length (s)	38.8	Sum of lost time (s)	9.7
Intersection Capacity Utilization	60.6%	ICU Level of Service	B
Analysis Period (min)	15		
c Critical Lane Group			

Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Volume (vph)	274	135	18	119	114	18	33	323	83	5	472	352
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Lane Width	10	10	10	10	10	10	10	10	10	10	10	10
Total Lost time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Lane Util. Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Frt	1.00	0.98		1.00	0.98			0.97			1.00	0.85
Flt Protected	0.95	1.00		0.95	1.00			1.00			1.00	1.00
Satd. Flow (prot)	1652	1707		1652	1704			1688			1738	1478
Flt Permitted	0.65	1.00		0.65	1.00			0.94			1.00	1.00
Satd. Flow (perm)	1136	1707		1123	1704			1596			1731	1478
Peak-hour factor, PHF	0.87	0.87	0.87	0.80	0.80	0.80	0.94	0.94	0.94	0.94	0.94	0.94
Adj. Flow (vph)	315	155	21	149	142	22	35	344	88	5	502	374
RTOR Reduction (vph)	0	9	0	0	10	0	0	9	0	0	0	204
Lane Group Flow (vph)	315	167	0	149	154	0	0	458	0	0	507	170
Turn Type	Perm			Perm			Perm			Perm		Perm
Protected Phases		2			6			8			4	
Permitted Phases	2			6			8			4		4
Actuated Green, G (s)	20.6	20.6		20.3	20.3			25.2			25.3	25.3
Effective Green, g (s)	20.6	20.6		20.3	20.3			25.2			25.3	25.3
Actuated g/C Ratio	0.37	0.37		0.37	0.37			0.45			0.46	0.46
Clearance Time (s)	4.5	4.5		4.8	4.8			5.2			5.1	5.1
Vehicle Extension (s)	3.0	3.0		3.0	3.0			2.0			2.0	2.0
Lane Grp Cap (vph)	422	634		411	623			725			789	674
v/s Ratio Prot		0.10			0.09							
v/s Ratio Perm	c0.28			0.13				0.29			c0.29	0.12
v/c Ratio	0.75	0.26		0.36	0.25			0.63			0.64	0.25
Uniform Delay, d1	15.2	12.2		12.9	12.3			11.6			11.6	9.3
Progression Factor	1.00	1.00		1.00	1.00			1.00			1.00	1.00
Incremental Delay, d2	7.0	0.2		0.5	0.2			1.3			1.4	0.1
Delay (s)	22.2	12.4		13.4	12.5			12.9			13.0	9.4
Level of Service	C	B		B	B			B			B	A
Approach Delay (s)		18.7			12.9			12.9			11.4	
Approach LOS		B			B			B			B	

Intersection Summary			
HCM Average Control Delay	13.6	HCM Level of Service	B
HCM Volume to Capacity ratio	0.69		
Actuated Cycle Length (s)	55.5	Sum of lost time (s)	9.6
Intersection Capacity Utilization	85.6%	ICU Level of Service	E
Analysis Period (min)	15		

c Critical Lane Group

QUEUING REPORTS

- Synchro
- SimTraffic

Gannett Fleming

Lane Group	EBT	WBT	NBT	SBT
Lane Group Flow (vph)	343	194	268	270
v/c Ratio	0.63	0.30	0.54	0.51
Control Delay	14.5	8.6	16.5	12.7
Queue Delay	0.0	0.0	0.0	0.0
Total Delay	14.5	8.6	16.5	12.7
Queue Length 50th (ft)	46	21	40	29
Queue Length 95th (ft)	122	54	111	99
Internal Link Dist (ft)	420	420	421	421
Turn Bay Length (ft)				
Base Capacity (vph)	1189	1413	1171	1146
Starvation Cap Reductn	0	0	0	0
Spillback Cap Reductn	0	0	0	0
Storage Cap Reductn	0	0	0	0
Reduced v/c Ratio	0.29	0.14	0.23	0.24

Intersection Summary

Lane Group	EBT	WBT	NBT	SBT
Lane Group Flow (vph)	385	206	339	692
v/c Ratio	0.79	0.36	0.47	0.93
Control Delay	27.2	13.0	16.3	40.3
Queue Delay	0.0	0.0	0.0	0.0
Total Delay	27.2	13.0	16.3	40.3
Queue Length 50th (ft)	110	45	74	198
Queue Length 95th (ft)	186	72	196	#549
Internal Link Dist (ft)	420	420	421	421
Turn Bay Length (ft)				
Base Capacity (vph)	871	1009	718	743
Starvation Cap Reductn	0	0	0	0
Spillback Cap Reductn	0	0	0	0
Storage Cap Reductn	0	0	0	0
Reduced v/c Ratio	0.44	0.20	0.47	0.93

Intersection Summary

95th percentile volume exceeds capacity, queue may be longer.
Queue shown is maximum after two cycles.

Lane Group	EBT	WBT	NBT	SBT
Lane Group Flow (vph)	378	216	296	298
v/c Ratio	0.66	0.33	0.59	0.56
Control Delay	15.6	9.2	18.8	14.8
Queue Delay	0.0	0.0	0.0	0.0
Total Delay	15.6	9.2	18.8	14.8
Queue Length 50th (ft)	56	26	51	38
Queue Length 95th (ft)	150	66	140	128
Internal Link Dist (ft)	420	420	421	421
Turn Bay Length (ft)				
Base Capacity (vph)	1152	1333	1088	1070
Starvation Cap Reductn	0	0	0	0
Spillback Cap Reductn	0	0	0	0
Storage Cap Reductn	0	0	0	0
Reduced v/c Ratio	0.33	0.16	0.27	0.28

Intersection Summary

Lane Group	EBT	WBT	NBT	SBT
Lane Group Flow (vph)	424	228	374	763
v/c Ratio	0.83	0.38	0.54	1.07
Control Delay	29.7	12.9	19.4	78.4
Queue Delay	0.0	0.0	0.0	0.0
Total Delay	29.7	12.9	19.4	78.4
Queue Length 50th (ft)	129	52	95	~310
Queue Length 95th (ft)	216	80	236	#664
Internal Link Dist (ft)	420	420	421	421
Turn Bay Length (ft)				
Base Capacity (vph)	808	945	687	710
Starvation Cap Reductn	0	0	0	0
Spillback Cap Reductn	0	0	0	0
Storage Cap Reductn	0	0	0	0
Reduced v/c Ratio	0.52	0.24	0.54	1.07

Intersection Summary

~ Volume exceeds capacity, queue is theoretically infinite.
Queue shown is maximum after two cycles.

95th percentile volume exceeds capacity, queue may be longer.
Queue shown is maximum after two cycles.

Lane Group	EBT	WBT	NBT	SBT
Lane Group Flow (vph)	379	240	329	298
v/c Ratio	0.66	0.40	0.64	0.54
Control Delay	16.5	10.9	20.3	14.5
Queue Delay	0.0	0.0	0.0	0.0
Total Delay	16.5	10.9	20.3	14.5
Queue Length 50th (ft)	61	33	60	39
Queue Length 95th (ft)	165	82	162	132
Internal Link Dist (ft)	420	420	421	421
Turn Bay Length (ft)				
Base Capacity (vph)	1118	1188	1016	1026
Starvation Cap Reductn	0	0	0	0
Spillback Cap Reductn	0	0	0	0
Storage Cap Reductn	0	0	0	0
Reduced v/c Ratio	0.34	0.20	0.32	0.29

Intersection Summary

Lane Group	EBT	WBT	NBT	SBT
Lane Group Flow (vph)	423	270	405	763
v/c Ratio	0.84	0.51	0.63	1.09
Control Delay	31.1	15.6	22.6	82.9
Queue Delay	0.0	0.0	0.0	0.0
Total Delay	31.1	15.6	22.6	82.9
Queue Length 50th (ft)	131	67	111	~320
Queue Length 95th (ft)	222	102	#300	#664
Internal Link Dist (ft)	420	420	421	421
Turn Bay Length (ft)				
Base Capacity (vph)	772	809	643	702
Starvation Cap Reductn	0	0	0	0
Spillback Cap Reductn	0	0	0	0
Storage Cap Reductn	0	0	0	0
Reduced v/c Ratio	0.55	0.33	0.63	1.09

Intersection Summary

~ Volume exceeds capacity, queue is theoretically infinite.
Queue shown is maximum after two cycles.

95th percentile volume exceeds capacity, queue may be longer.
Queue shown is maximum after two cycles.

Lane Group	EBT	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	379	240	329	145	153
v/c Ratio	0.66	0.40	0.63	0.27	0.27
Control Delay	16.7	11.0	19.7	14.6	4.6
Queue Delay	0.0	0.0	0.0	0.0	0.0
Total Delay	16.7	11.0	19.7	14.6	4.6
Queue Length 50th (ft)	61	33	59	24	0
Queue Length 95th (ft)	167	83	163	81	32
Internal Link Dist (ft)	420	420	421	421	
Turn Bay Length (ft)					150
Base Capacity (vph)	1089	1158	1111	1144	1046
Starvation Cap Reductn	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0
Reduced v/c Ratio	0.35	0.21	0.30	0.13	0.15

Intersection Summary

Lane Group	EBT	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	423	270	405	439	324
v/c Ratio	0.78	0.48	0.74	0.73	0.45
Control Delay	24.2	14.0	26.0	25.9	4.5
Queue Delay	0.0	0.0	0.0	0.0	0.0
Total Delay	24.2	14.0	26.0	25.9	4.5
Queue Length 50th (ft)	105	55	108	122	0
Queue Length 95th (ft)	235	109	254	276	50
Internal Link Dist (ft)	420	420	421	421	
Turn Bay Length (ft)					150
Base Capacity (vph)	851	883	897	983	979
Starvation Cap Reductn	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0
Reduced v/c Ratio	0.50	0.31	0.45	0.45	0.33

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	206	173	86	154	329	145	153
v/c Ratio	0.47	0.26	0.20	0.24	0.60	0.26	0.26
Control Delay	13.2	9.1	9.8	9.1	14.9	10.5	3.6
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	13.2	9.1	9.8	9.1	14.9	10.5	3.6
Queue Length 50th (ft)	26	19	10	17	42	17	0
Queue Length 95th (ft)	77	56	31	46	114	57	25
Internal Link Dist (ft)		420		420	421	421	
Turn Bay Length (ft)	150		75				150
Base Capacity (vph)	1064	1597	1043	1590	1417	1459	1294
Starvation Cap Reductn	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0
Reduced v/c Ratio	0.19	0.11	0.08	0.10	0.23	0.10	0.12

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	272	151	129	141	405	439	324
v/c Ratio	0.60	0.22	0.29	0.21	0.68	0.69	0.43
Control Delay	18.1	10.3	12.7	10.3	18.6	19.0	3.8
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	18.1	10.3	12.7	10.3	18.6	19.0	3.8
Queue Length 50th (ft)	45	19	19	18	69	79	0
Queue Length 95th (ft)	144	66	60	56	207	226	42
Internal Link Dist (ft)		420		420	421	421	
Turn Bay Length (ft)	150		75				150
Base Capacity (vph)	951	1404	938	1394	1173	1269	1170
Starvation Cap Reductn	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0
Reduced v/c Ratio	0.29	0.11	0.14	0.10	0.35	0.35	0.28

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	NBR	SBT	SBR
Lane Group Flow (vph)	206	173	86	154	272	57	145	153
v/c Ratio	0.46	0.26	0.20	0.24	0.52	0.11	0.27	0.27
Control Delay	12.3	8.4	9.1	8.4	14.1	4.2	10.7	3.8
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	12.3	8.4	9.1	8.4	14.1	4.2	10.7	3.8
Queue Length 50th (ft)	24	17	9	15	34	0	16	0
Queue Length 95th (ft)	70	51	29	42	94	14	55	25
Internal Link Dist (ft)		420		420	421		421	
Turn Bay Length (ft)	150		100					150
Base Capacity (vph)	1093	1642	1071	1634	1486	1322	1514	1335
Starvation Cap Reductn	0	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0	0
Reduced v/c Ratio	0.19	0.11	0.08	0.09	0.18	0.04	0.10	0.11

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	NBR	SBT	SBR
Lane Group Flow (vph)	272	151	129	141	328	77	439	324
v/c Ratio	0.60	0.22	0.29	0.21	0.56	0.13	0.69	0.43
Control Delay	18.1	10.3	12.7	10.3	16.0	4.0	19.0	3.8
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	18.1	10.3	12.7	10.3	16.0	4.0	19.0	3.8
Queue Length 50th (ft)	45	19	19	18	55	0	79	0
Queue Length 95th (ft)	144	66	60	56	166	22	226	42
Internal Link Dist (ft)		420		420	421		421	
Turn Bay Length (ft)	150		75			100		150
Base Capacity (vph)	951	1404	938	1394	1183	1101	1269	1170
Starvation Cap Reductn	0	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0	0
Reduced v/c Ratio	0.29	0.11	0.14	0.10	0.28	0.07	0.35	0.28

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	206	173	86	154	329	145	153
v/c Ratio	0.46	0.26	0.20	0.23	0.61	0.26	0.26
Control Delay	12.7	8.8	9.4	8.7	15.6	10.9	3.8
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	12.7	8.8	9.4	8.7	15.6	10.9	3.8
Queue Length 50th (ft)	25	18	10	16	42	17	0
Queue Length 95th (ft)	75	54	30	44	116	58	26
Internal Link Dist (ft)		420		420	421	421	
Turn Bay Length (ft)	200		50				200
Base Capacity (vph)	1103	1656	1083	1652	1220	1255	1136
Starvation Cap Reductn	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0
Reduced v/c Ratio	0.19	0.10	0.08	0.09	0.27	0.12	0.13

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	272	151	129	141	405	439	324
v/c Ratio	0.62	0.23	0.30	0.22	0.62	0.63	0.41
Control Delay	19.7	10.8	13.4	10.6	16.4	16.7	3.5
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	19.7	10.8	13.4	10.6	16.4	16.7	3.5
Queue Length 50th (ft)	57	24	23	22	74	84	0
Queue Length 95th (ft)	129	59	54	50	196	215	42
Internal Link Dist (ft)		420		420	421	421	
Turn Bay Length (ft)	200		50				200
Base Capacity (vph)	995	1468	982	1458	918	988	982
Starvation Cap Reductn	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0
Reduced v/c Ratio	0.27	0.10	0.13	0.10	0.44	0.44	0.33

Intersection Summary

Lane Group	EBT	WBT	NBT	SBT
Lane Group Flow (vph)	437	249	344	343
v/c Ratio	0.73	0.36	0.68	0.63
Control Delay	18.7	10.1	23.7	18.7
Queue Delay	0.0	0.0	0.0	0.0
Total Delay	18.7	10.1	23.7	18.7
Queue Length 50th (ft)	82	37	75	57
Queue Length 95th (ft)	203	83	191	177
Internal Link Dist (ft)	420	420	421	421
Turn Bay Length (ft)				
Base Capacity (vph)	1045	1202	950	946
Starvation Cap Reductn	0	0	0	0
Spillback Cap Reductn	0	0	0	0
Storage Cap Reductn	0	0	0	0
Reduced v/c Ratio	0.42	0.21	0.36	0.36

Intersection Summary

Lane Group	EBT	WBT	NBT	SBT
Lane Group Flow (vph)	491	263	433	881
v/c Ratio	0.89	0.41	0.72	1.35
Control Delay	35.8	12.6	28.2	192.1
Queue Delay	0.0	0.0	0.0	0.0
Total Delay	35.8	12.6	28.2	192.1
Queue Length 50th (ft)	168	63	153	~506
Queue Length 95th (ft)	#331	94	#329	#793
Internal Link Dist (ft)	420	420	421	421
Turn Bay Length (ft)				
Base Capacity (vph)	709	832	605	651
Starvation Cap Reductn	0	0	0	0
Spillback Cap Reductn	0	0	0	0
Storage Cap Reductn	0	0	0	0
Reduced v/c Ratio	0.69	0.32	0.72	1.35

Intersection Summary

~ Volume exceeds capacity, queue is theoretically infinite.
Queue shown is maximum after two cycles.

95th percentile volume exceeds capacity, queue may be longer.
Queue shown is maximum after two cycles.

Lane Group	EBT	WBT	NBT	SBT
Lane Group Flow (vph)	437	277	382	343
v/c Ratio	0.74	0.44	0.73	0.61
Control Delay	20.3	11.8	26.1	18.3
Queue Delay	0.0	0.0	0.0	0.0
Total Delay	20.3	11.8	26.1	18.3
Queue Length 50th (ft)	93	48	92	61
Queue Length 95th (ft)	207	97	215	177
Internal Link Dist (ft)	420	420	421	421
Turn Bay Length (ft)				
Base Capacity (vph)	983	1059	932	945
Starvation Cap Reductn	0	0	0	0
Spillback Cap Reductn	0	0	0	0
Storage Cap Reductn	0	0	0	0
Reduced v/c Ratio	0.44	0.26	0.41	0.36

Intersection Summary

Lane Group	EBT	WBT	NBT	SBT
Lane Group Flow (vph)	491	313	467	881
v/c Ratio	0.90	0.55	0.89	1.38
Control Delay	37.9	15.7	44.1	204.0
Queue Delay	0.0	0.0	0.0	0.0
Total Delay	37.9	15.7	44.1	204.0
Queue Length 50th (ft)	172	83	192	~538
Queue Length 95th (ft)	#341	124	#398	#793
Internal Link Dist (ft)	420	420	421	421
Turn Bay Length (ft)				
Base Capacity (vph)	671	702	527	638
Starvation Cap Reductn	0	0	0	0
Spillback Cap Reductn	0	0	0	0
Storage Cap Reductn	0	0	0	0
Reduced v/c Ratio	0.73	0.45	0.89	1.38

Intersection Summary

~ Volume exceeds capacity, queue is theoretically infinite.
Queue shown is maximum after two cycles.

95th percentile volume exceeds capacity, queue may be longer.
Queue shown is maximum after two cycles.

Lane Group	EBT	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	437	277	382	166	177
v/c Ratio	0.76	0.45	0.71	0.30	0.30
Control Delay	21.6	12.4	24.1	16.5	4.6
Queue Delay	0.0	0.0	0.0	0.0	0.0
Total Delay	21.6	12.4	24.1	16.5	4.6
Queue Length 50th (ft)	93	48	90	35	0
Queue Length 95th (ft)	222	104	204	96	36
Internal Link Dist (ft)	420	420	421	421	
Turn Bay Length (ft)					150
Base Capacity (vph)	953	1027	959	988	932
Starvation Cap Reductn	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0
Reduced v/c Ratio	0.46	0.27	0.40	0.17	0.19

Intersection Summary

Lane Group	EBT	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	491	313	467	507	374
v/c Ratio	0.92	0.56	0.86	0.76	0.47
Control Delay	42.1	17.1	40.1	30.1	4.3
Queue Delay	0.0	0.0	0.0	0.0	0.0
Total Delay	42.1	17.1	40.1	30.1	4.3
Queue Length 50th (ft)	185	89	198	210	0
Queue Length 95th (ft)	#358	133	#381	#372	53
Internal Link Dist (ft)	420	420	421	421	
Turn Bay Length (ft)					150
Base Capacity (vph)	610	640	541	663	797
Starvation Cap Reductn	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0
Reduced v/c Ratio	0.80	0.49	0.86	0.76	0.47

Intersection Summary

95th percentile volume exceeds capacity, queue may be longer.
Queue shown is maximum after two cycles.

Lane Group	EBL	EBT	WBL	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	238	199	100	177	382	166	177
v/c Ratio	0.54	0.29	0.24	0.27	0.66	0.28	0.28
Control Delay	15.7	10.3	11.1	10.2	17.3	11.5	3.6
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	15.7	10.3	11.1	10.2	17.3	11.5	3.6
Queue Length 50th (ft)	35	25	13	22	57	22	0
Queue Length 95th (ft)	105	74	41	60	156	74	29
Internal Link Dist (ft)		420		420	421	421	
Turn Bay Length (ft)	150		75				150
Base Capacity (vph)	981	1505	957	1495	1302	1347	1208
Starvation Cap Reductn	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0
Reduced v/c Ratio	0.24	0.13	0.10	0.12	0.29	0.12	0.15

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	315	176	149	164	467	507	374
v/c Ratio	0.70	0.26	0.34	0.24	0.72	0.73	0.46
Control Delay	23.6	11.8	14.8	11.7	21.7	22.0	3.8
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	23.6	11.8	14.8	11.7	21.7	22.0	3.8
Queue Length 50th (ft)	78	32	31	30	109	124	0
Queue Length 95th (ft)	174	75	68	64	284	310	49
Internal Link Dist (ft)		420		420	421	421	
Turn Bay Length (ft)	150		75				150
Base Capacity (vph)	800	1206	786	1197	985	1066	1054
Starvation Cap Reductn	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0
Reduced v/c Ratio	0.39	0.15	0.19	0.14	0.47	0.48	0.35

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	NBR	SBT	SBR
Lane Group Flow (vph)	238	199	100	177	316	66	166	177
v/c Ratio	0.53	0.29	0.23	0.26	0.58	0.13	0.30	0.29
Control Delay	14.4	9.3	10.0	9.2	16.1	4.3	11.7	3.8
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	14.4	9.3	10.0	9.2	16.1	4.3	11.7	3.8
Queue Length 50th (ft)	32	23	12	20	46	0	21	0
Queue Length 95th (ft)	93	65	36	53	124	16	70	29
Internal Link Dist (ft)		420		420	421		421	
Turn Bay Length (ft)	150		75			100		150
Base Capacity (vph)	1018	1563	995	1555	1387	1241	1419	1261
Starvation Cap Reductn	0	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0	0
Reduced v/c Ratio	0.23	0.13	0.10	0.11	0.23	0.05	0.12	0.14

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	NBR	SBT	SBR
Lane Group Flow (vph)	315	176	149	164	379	88	507	374
v/c Ratio	0.68	0.25	0.33	0.24	0.64	0.14	0.76	0.47
Control Delay	21.7	11.0	13.8	11.0	20.3	4.3	24.0	4.0
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	21.7	11.0	13.8	11.0	20.3	4.3	24.0	4.0
Queue Length 50th (ft)	71	29	28	27	83	0	118	0
Queue Length 95th (ft)	174	75	68	64	227	25	310	49
Internal Link Dist (ft)		420		420	421		421	
Turn Bay Length (ft)	150		75			100		150
Base Capacity (vph)	832	1255	818	1246	1001	987	1124	1091
Starvation Cap Reductn	0	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0	0
Reduced v/c Ratio	0.38	0.14	0.18	0.13	0.38	0.09	0.45	0.34

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	238	199	100	177	382	166	177
v/c Ratio	0.54	0.29	0.23	0.26	0.67	0.28	0.28
Control Delay	15.3	9.9	10.8	9.8	17.8	11.6	3.7
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	15.3	9.9	10.8	9.8	17.8	11.6	3.7
Queue Length 50th (ft)	34	24	13	22	59	23	0
Queue Length 95th (ft)	102	71	40	58	150	71	29
Internal Link Dist (ft)		420		420	421	421	
Turn Bay Length (ft)	200		50				200
Base Capacity (vph)	1037	1591	1014	1584	1113	1150	1057
Starvation Cap Reductn	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0
Reduced v/c Ratio	0.23	0.13	0.10	0.11	0.34	0.14	0.17

Intersection Summary

Lane Group	EBL	EBT	WBL	WBT	NBT	SBT	SBR
Lane Group Flow (vph)	315	176	149	164	467	507	374
v/c Ratio	0.75	0.28	0.36	0.26	0.64	0.64	0.43
Control Delay	26.8	11.5	14.8	11.3	19.2	19.5	3.6
Queue Delay	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Delay	26.8	11.5	14.8	11.3	19.2	19.5	3.6
Queue Length 50th (ft)	86	36	34	32	103	117	0
Queue Length 95th (ft)	153	66	60	55	#310	#336	49
Internal Link Dist (ft)		420		420	421	421	
Turn Bay Length (ft)	200		50				200
Base Capacity (vph)	840	1267	825	1256	733	788	876
Starvation Cap Reductn	0	0	0	0	0	0	0
Spillback Cap Reductn	0	0	0	0	0	0	0
Storage Cap Reductn	0	0	0	0	0	0	0
Reduced v/c Ratio	0.38	0.14	0.18	0.13	0.64	0.64	0.43

Intersection Summary

95th percentile volume exceeds capacity, queue may be longer.
Queue shown is maximum after two cycles.

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	WB	NB	SB	SB
Directions Served	LTR	LTR	LTR	LT	R
Maximum Queue (ft)	133	98	180	96	76
Average Queue (ft)	70	46	87	45	35
95th Queue (ft)	120	88	140	80	58
Link Distance (ft)	480	490	491	491	
Upstream Blk Time (%)					
Queuing Penalty (veh)					
Storage Bay Dist (ft)					150
Storage Blk Time (%)					
Queuing Penalty (veh)					

Network Summary

Network wide Queuing Penalty: 0

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	WB	NB	SB	SB
Directions Served	LTR	LTR	LTR	LT	R
Maximum Queue (ft)	215	164	352	333	250
Average Queue (ft)	129	74	165	143	54
95th Queue (ft)	196	137	301	239	144
Link Distance (ft)	480	488	489	489	
Upstream Blk Time (%)					
Queuing Penalty (veh)					
Storage Bay Dist (ft)					150
Storage Blk Time (%)				5	
Queuing Penalty (veh)				17	

Network Summary

Network wide Queuing Penalty: 17

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	SB	SB
Directions Served	L	TR	L	TR	LTR	LT	R
Maximum Queue (ft)	130	88	72	121	160	116	77
Average Queue (ft)	43	33	32	40	88	44	34
95th Queue (ft)	88	68	63	86	142	79	61
Link Distance (ft)		480		490	486	486	
Upstream Blk Time (%)							
Queuing Penalty (veh)							
Storage Bay Dist (ft)	150		75				150
Storage Blk Time (%)			0	1			
Queuing Penalty (veh)			0	1			

Network Summary

Network wide Queuing Penalty: 1

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	SB	SB
Directions Served	L	TR	L	TR	LTR	LT	R
Maximum Queue (ft)	133	114	113	122	225	250	249
Average Queue (ft)	86	49	43	47	123	128	45
95th Queue (ft)	132	92	88	91	212	216	115
Link Distance (ft)		480		488	484	484	
Upstream Blk Time (%)							
Queuing Penalty (veh)							
Storage Bay Dist (ft)	150		75				150
Storage Blk Time (%)	0		3	4		4	
Queuing Penalty (veh)	0		3	4		12	

Network Summary

Network wide Queuing Penalty: 19

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	NB	SB	SB
Directions Served	L	TR	L	TR	LT	R	LT	R
Maximum Queue (ft)	92	88	67	112	137	52	117	77
Average Queue (ft)	46	33	25	29	70	19	41	36
95th Queue (ft)	85	68	53	72	112	48	74	58
Link Distance (ft)		480		480	486		486	
Upstream Blk Time (%)								
Queuing Penalty (veh)								
Storage Bay Dist (ft)	150		75			100		150
Storage Blk Time (%)			0	0	2			
Queuing Penalty (veh)			0	0	1			

Network Summary

Network wide Queuing Penalty: 1

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	NB	SB	SB
Directions Served	L	TR	L	TR	LT	R	LT	R
Maximum Queue (ft)	136	88	92	116	226	51	207	118
Average Queue (ft)	81	46	38	41	108	22	124	42
95th Queue (ft)	134	86	78	83	194	47	204	78
Link Distance (ft)		480		480	484		484	
Upstream Blk Time (%)								
Queuing Penalty (veh)								
Storage Bay Dist (ft)	150		75			100		150
Storage Blk Time (%)	0		1	2	13		4	
Queuing Penalty (veh)	0		2	2	9		11	

Network Summary

Network wide Queuing Penalty: 24

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	SB	SB
Directions Served	L	TR	L	TR	LTR	LT	R
Maximum Queue (ft)	108	88	72	121	160	117	77
Average Queue (ft)	44	37	33	39	85	44	35
95th Queue (ft)	83	69	63	84	142	80	59
Link Distance (ft)		480		490	486	486	
Upstream Blk Time (%)							
Queuing Penalty (veh)							
Storage Bay Dist (ft)	200		50				200
Storage Blk Time (%)			3	4			
Queuing Penalty (veh)			3	3			

Network Summary

Network wide Queuing Penalty: 6

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	SB	SB
Directions Served	L	TR	L	TR	LTR	LT	R
Maximum Queue (ft)	133	88	95	95	423	290	78
Average Queue (ft)	85	43	40	43	149	139	39
95th Queue (ft)	127	77	77	83	287	248	62
Link Distance (ft)		480		488	484	484	
Upstream Blk Time (%)							
Queuing Penalty (veh)							
Storage Bay Dist (ft)	200		50				200
Storage Blk Time (%)			8	8		3	
Queuing Penalty (veh)			9	8		8	

Network Summary

Network wide Queuing Penalty: 26

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	WB	NB	SB	SB
Directions Served	LTR	LTR	LTR	LT	R
Maximum Queue (ft)	197	141	203	134	53
Average Queue (ft)	101	64	103	63	33
95th Queue (ft)	178	121	168	112	45
Link Distance (ft)	480	490	491	491	
Upstream Blk Time (%)					
Queuing Penalty (veh)					
Storage Bay Dist (ft)					150
Storage Blk Time (%)				0	
Queuing Penalty (veh)				0	

Network Summary

Network wide Queuing Penalty: 0

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	WB	NB	SB	SB
Directions Served	LTR	LTR	LTR	LT	R
Maximum Queue (ft)	244	224	466	504	250
Average Queue (ft)	140	95	237	207	96
95th Queue (ft)	220	162	429	400	233
Link Distance (ft)	480	488	489	489	
Upstream Blk Time (%)				1	
Queuing Penalty (veh)				0	
Storage Bay Dist (ft)					150
Storage Blk Time (%)				16	0
Queuing Penalty (veh)				55	2

Network Summary

Network wide Queuing Penalty: 57

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	SB	SB
Directions Served	L	TR	L	TR	LTR	LT	R
Maximum Queue (ft)	131	88	74	123	143	115	53
Average Queue (ft)	56	38	33	47	91	52	32
95th Queue (ft)	101	79	64	102	133	97	43
Link Distance (ft)		480		490	486	486	
Upstream Blk Time (%)							
Queuing Penalty (veh)							
Storage Bay Dist (ft)	150		75				150
Storage Blk Time (%)	0		1	3			
Queuing Penalty (veh)	0		1	2			

Network Summary

Network wide Queuing Penalty: 3

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	SB	SB
Directions Served	L	TR	L	TR	LTR	LT	R
Maximum Queue (ft)	197	134	115	101	437	498	250
Average Queue (ft)	96	50	56	52	185	159	54
95th Queue (ft)	160	96	96	85	341	287	146
Link Distance (ft)		480		488	484	484	
Upstream Blk Time (%)						0	
Queuing Penalty (veh)						0	
Storage Bay Dist (ft)	150		75				150
Storage Blk Time (%)	2	0	6	4		8	1
Queuing Penalty (veh)	3	0	8	4		28	3

Network Summary

Network wide Queuing Penalty: 46

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	NB	SB	SB
Directions Served	L	TR	L	TR	LT	R	LT	R
Maximum Queue (ft)	131	86	70	114	137	77	99	53
Average Queue (ft)	53	36	27	35	87	26	56	32
95th Queue (ft)	95	69	58	81	126	51	94	41
Link Distance (ft)		480		480	486		486	
Upstream Blk Time (%)								
Queuing Penalty (veh)								
Storage Bay Dist (ft)	150		75			100		150
Storage Blk Time (%)	0		0	1	4			
Queuing Penalty (veh)	0		0	1	2			

Network Summary

Network wide Queuing Penalty: 3

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	NB	SB	SB
Directions Served	L	TR	L	TR	LT	R	LT	R
Maximum Queue (ft)	197	112	112	91	392	199	228	140
Average Queue (ft)	94	47	44	42	145	34	144	46
95th Queue (ft)	158	95	89	73	282	90	230	85
Link Distance (ft)		480		480	484		484	
Upstream Blk Time (%)								
Queuing Penalty (veh)								
Storage Bay Dist (ft)	150		75			100		150
Storage Blk Time (%)	2		3	1	16		8	0
Queuing Penalty (veh)	3		4	1	13		28	0

Network Summary

Network wide Queuing Penalty: 49

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	SB	SB
Directions Served	L	TR	L	TR	LTR	LT	R
Maximum Queue (ft)	109	88	74	122	143	115	53
Average Queue (ft)	56	38	34	49	90	52	32
95th Queue (ft)	98	80	64	103	134	97	42
Link Distance (ft)		480		490	486	486	
Upstream Blk Time (%)							
Queuing Penalty (veh)							
Storage Bay Dist (ft)	200		50				200
Storage Blk Time (%)			4	6			
Queuing Penalty (veh)			5	4			

Network Summary

Network wide Queuing Penalty: 9

Intersection: 1: First Ave (Bethlehem Rd) & Smithfield Rd

Movement	EB	EB	WB	WB	NB	SB	SB
Directions Served	L	TR	L	TR	LTR	LT	R
Maximum Queue (ft)	197	112	95	114	437	264	146
Average Queue (ft)	91	48	54	54	182	146	43
95th Queue (ft)	158	91	95	91	345	230	80
Link Distance (ft)		480		488	484	484	
Upstream Blk Time (%)							
Queuing Penalty (veh)							
Storage Bay Dist (ft)	200		50				200
Storage Blk Time (%)	0		14	10		1	
Queuing Penalty (veh)	0		18	12		4	

Network Summary

Network wide Queuing Penalty: 34