

Do not write in these spaces

2

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

1 3 Date 11/28/2020 County MECKLENBURG Time 1 6 3 9 Local Use/Patrol Area 20201128163904 16 Date Received by DMV

2 3 3 1 LOCATION 33 Relation to Roadway Surface 1 Crash occurred In Charlotte Municipality LCL Queens Rd AT LCL S Kings Dr toward LCL Scott Ave

4 1 5 1 6 2 7 1 UNIT# 1 VEHICLE Driver NIKOLE MARIE HUNTER Address CINDER NOOK DR City PICKENS State SC Zip 29671 D.L. # 0004161097 DOB 09/21/1974

UNIT# 2 VEHICLE Driver DANIELLE JAMIE ADLER Address 10105 WHITETHORN DR City CHARLOTTE State NC Zip 282779059 D.L. # 34263633 DOB 01/15/1996

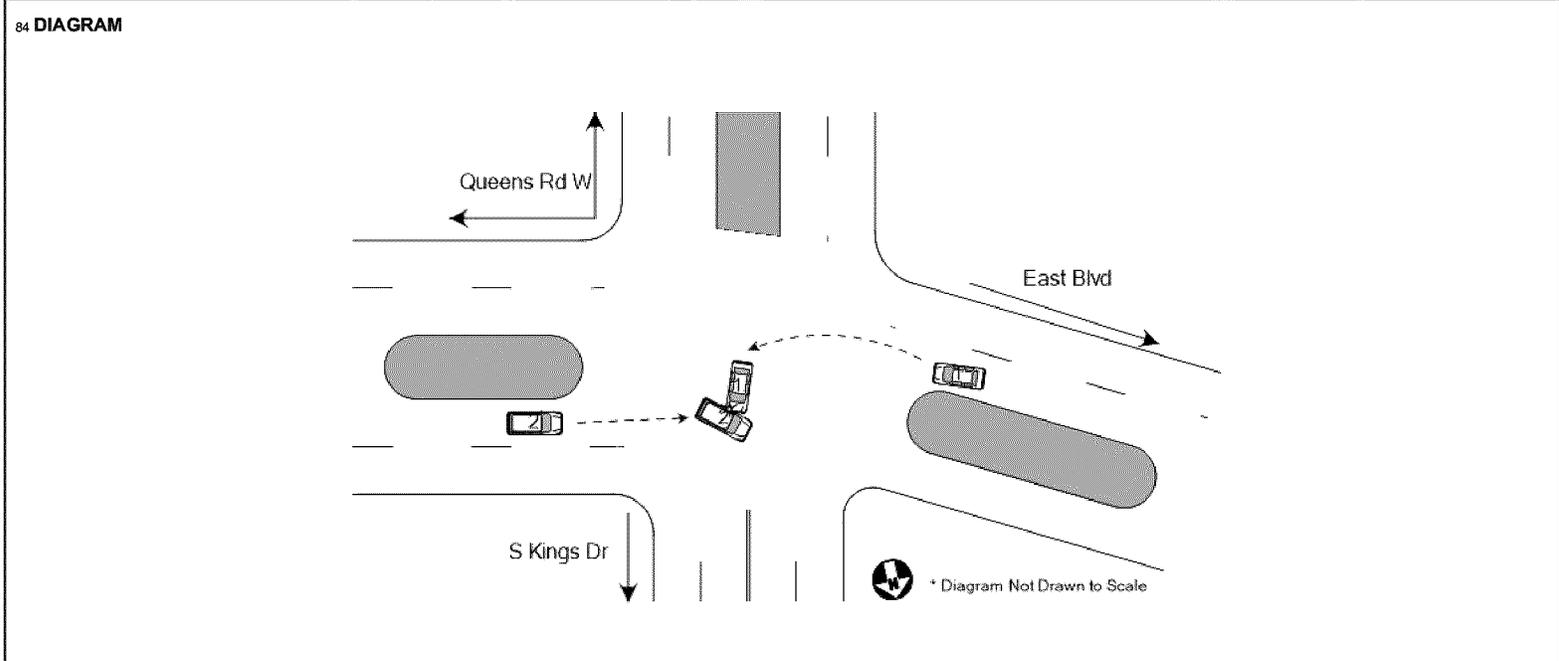
Owner NIKOLE MARIE HUNTER Address 108 CINDER NOOK DR City PICKENS State SC Zip 29671 Plate # IDQ752 VIN WMWSU3C51BT253168 Vehicle MNNI Year 2011

Owner CAB EAST LLC Address PO BOX 105704 City ATLANTA State NC Zip 28277 Plate # PJ N6945 VIN 1FMCU0GDJ UA48153 Vehicle FORD Year 2018

Table with columns A-H and rows 01-02. Contains towing information for Unit 1 and Unit 2, including names and addresses.

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 01 Unit# 2 06		VEHICLE INFO.		Veh.# 1	Veh.# 2	ROADWAY INFO.		WORK ZONE RELATED					
60 Authorized Speed Limit		0 3 5	0 3 5	69 Road Feature	0	78 Workzone Area	5						
CRASH SEQUENCE (Unit Level)		Unit# 1	Unit# 2	61 Estimate of Original Traveling Speed	0 1 5	0 2 5	70 Road Character	1					
49 Vehicle Maneuver/Action	8	4	62 Estimate of Speed at Impact	0 1 5	0 2 0	71 Road Classification	5						
50 Non-Motorist Action			63 Tire Impressions Before Impact (ft.)	0 0 0 0	0 0 0 0	72 Road Surface Type	3						
51 Non-Motorist Location Prior to Impact			64 Distance Traveled After Impact (ft.)	0 0 0 0	0 0 0 0	73 Road Configuration	4						
52 Crash Sequence - First Event for This Unit	26	30	65 Emergency Vehicle Use			74 Access Control	1						
53 Crash Sequence - Second Event	30		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	0 2						
54 Crash Sequence - Third Event			67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	3						
55 Crash Sequence - Fourth Event			68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	1						
56 Most Harmful Event for This Unit	30	30	COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond box 1-digit number from bottom of diamond Released (does not include fuel from tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				TRAILER INFO.		Unit# 1	Unit# 2			
57 Distance/Direction to Object Struck							82 Trailer Type			1st Trailer No. Axles			
58 Vehicle Underride/Override							Width (inches)			Length (feet)			
59 Vehicle Defects	0	0					83 Unit#			Overwidth Trailer and Overwidth Mobile Home			Overwidth Permit #



Unit# 1 was: Traveling Parked Facing N S E W on LCL East Blvd

Unit# 2 was: Traveling Parked Facing N S E W on LCL Queens Rd W

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

Driver 1 advised that she was turning left from East Blvd onto S Kings Dr when Vehicle 2 drove in front of her. She advised she had no time to stop and struck Vehicle 2. Driver 1 advised she had a solid green left turn arrow and several cars went left in front of her.

Driver 2 advised that she was driving W straight from Queens Rd W onto East Blvd when Vehicle 1 turned left and struck Vehicle 2. She advised she had a solid green light.

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 Chester Officer Number 6132 Department Charlotte Mecklenburg Police Department Date of Report 11/28/2020