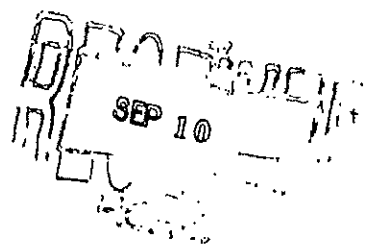


L000073482

STATE OF NORTH CAROLINA
RELEASE AND SETTLEMENT OF CLAIM
COUNTY OF BUNCOMBE
(Personal Injury)



IN CONSIDERATION of payment of the amount Nine Hundred Twenty Eight Dollars & 51/100 Cents (\$928.51) which is hereby acknowledged, the undersigned, Robin Merrell 1057 Skyway Drive Marshall NC 28753 does hereby release, acquit and forever discharge the Asheville Claims Corporation and the City of Asheville, their officers, agents, and employees, and specifically the employees of Asheville Police Department, of the City of Asheville in their individual capacities, from any and all actions, causes of actions, claims and demands for damages, costs, loss of services, expenses and compensation for personal liability and/or property damage arising out of, relating to or resulting from the injury loss at or near Eagle Street Asheville NC, with the date of occurrence being on or about February 18, 2010 and does hereby agree to indemnify and hold harmless said Asheville Claims Corporation and the City of Asheville, their officers, agents, and employees from all further claims or demands, costs, or expenses for damages sustained by the undersigned arising out of, relating to, or resulting from the above-referenced occurrence.

It is further represented and declared by the undersigned that all valid medical liens arising out of the examination or treatment of personal injuries sustained by the undersigned in the incident which is the subject of this claim will be paid from the proceeds of this settlement. The undersigned further represents and declares that there are no Medicare, Medicaid, Veteran's Administration, or other liens for the examination or treatment of personal injuries sustained by the undersigned in the incident that is the subject of this claim. The undersigned promise and bind myself/ourselves, my/our heirs, administrators, and executors to repay the Asheville Claims Corporation, the City of Asheville, and all persons released hereunder, any sum of money which any of them may hereafter be compelled to pay to any person or institution on account of the medical expenses incurred or alleged to be incurred on behalf of the undersigned in connection with the above referenced incident.

It is expressly warranted by me that no promise or inducement has been offered except as herein set forth; that this release is executed without reliance upon any statement or representation of the persons or parties released, or their representatives, concerning the nature and extent of the injuries, damages, and/or legal liability therefore; and that acceptance of the consideration set forth herein is in full accord and satisfaction of a disputed claim for which liability is expressly denied.

Payment does not constitute waiver of any applicable defense, including governmental immunity.

Signed and sealed this 9th day of September, 2010.

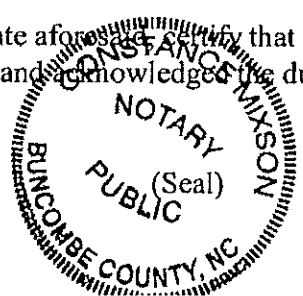
Signed Robin Merrell

STATE OF North Carolina
COUNTY OF Buncombe

I, Constance Mixson a Notary Public of the County and State of North Carolina, do hereby certify that Robin Merrell personally came before me this day and acknowledged the due execution of the foregoing document.

Witness my hand and notarial seal this 9th day of Sept., 2010.

Notary Public Constance Mixson
My Commission Expires 12/22/14



1000073482

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.

DMV-348 (Rev. 3/2001)

2

Do not write in these spaces
Date Received by DMV

8
0
9
10
14
11
14

No. of Units Involved Form 1 of 4 Supplemental Report Non-Reportable 10004288

3 Crash Date 02/18/2010 County BUNCOMBE Time 16:00 Local Use/Patrol Area APD CENTRAL

3 33 Relation to Roadway Surface 1 Crash occurred in ASHEVILLE Municipality on EAGLE ST Highway Number, or Highway, Street. (If ramp or service road, indicate on line) at intersection MARKET ST Use Highway Number, Street Name or Adjacent County or State Line

1 UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER

1 Driver TIMOTHY BOYD SPLAIN Address 100 COURT PLAZA City ASHEVILLE State NC Zip 28801

1 Driver ROBIN LEIGH MERRELL Address 1057 SKYWAY DR City MARSHALL State NC Zip 28753

2 D.L. # State NC DOB 03/31/1963 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0

2 D.L. # State NC DOB 02/01/1975 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0

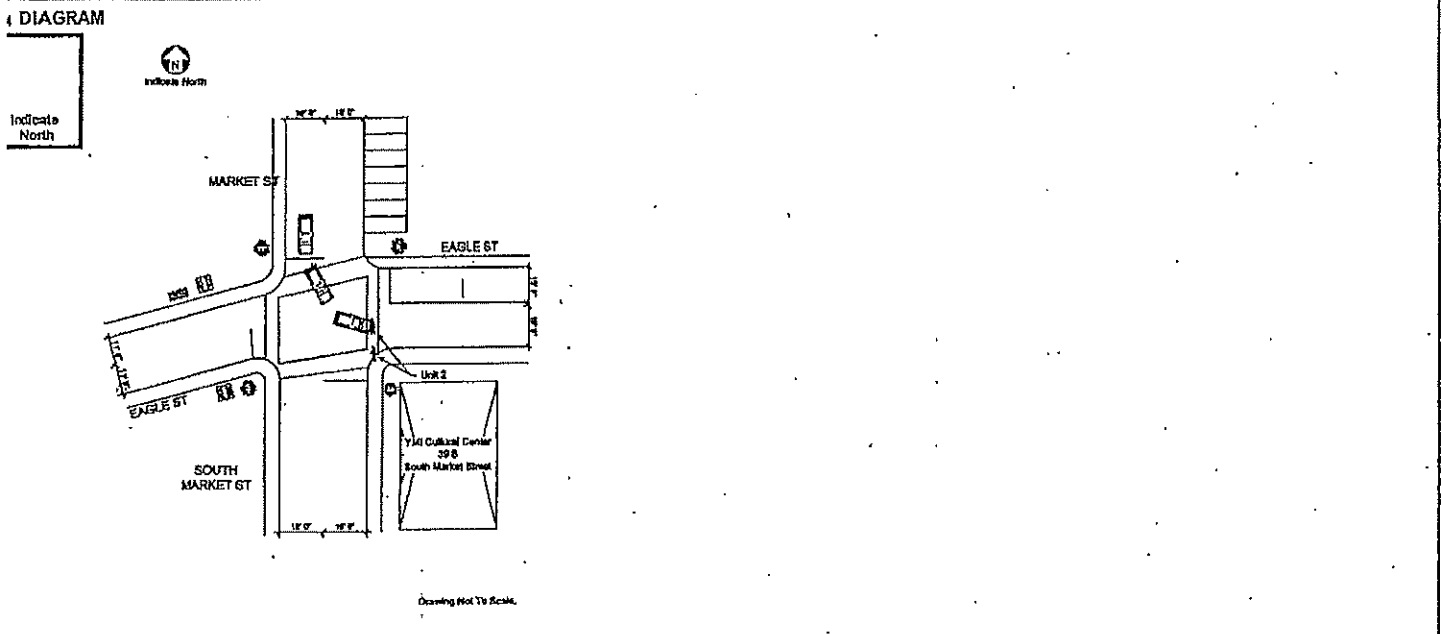
1 Owner CITY OF ASHEVILLE Address PO BOX 7148 City ASHEVILLE State NC Zip 28802 Plate # XSD3246 VIN 1FMCU59H78KC71821

1 Owner Address City State Zip Plate # VIN

21 COMMERCIAL VEHICLE CARGO Carrier Name/Address/Source Carrier Identification Numbers GVWR/Axles

Table with columns 21-32 and rows A-H. Columns 21-32 contain numerical data. Rows A-H contain names and addresses for all persons involved.

POINTS OF INITIAL CONTACT (Write In Codes)	Unit# 1 3 0 0		VEHICLE INFO.	Veh # 1	Veh # 2	ROADWAY INFO.	WORK ZONE RELATED	
	Unit# 2 0 0 0						78 Workzone Area	5
CRASH SEQUENCE (Unit Level)	Unit# 1	Unit# 2	80 Authorized Speed Limit	35	35	89 Road Feature	7	79 Work Activity
0 Vehicle Maneuver/Action	8	-	81 Estimate of Original Traveling Speed	10	1	70 Road Character	3	80 Work Area Marked
0 Non-Motorist Action	-	1	82 Estimate of Speed at Impact	5	0	71 Road Classification	5	81 Crash Location
1 Non-Motorist Location Prior to Impact	-	1	83 Tire Impressions Before Impact (ft.)	0.00	0.00	72 Road Surface Type	4	TRAILER INFO. Unit# 1 Unit# 2
2 Crash Sequence - First Event for This Unit	30	14	84 Distance Traveled After Impact (ft.)	0	0	73 Road Configuration	2	
3 Crash Sequence - Second Event	14	30	85 Emergency Vehicle Use	-	-	74 Access Control	1	1st Trailer No. Axles
4 Crash Sequence - Third Event	-	-	86 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	Width (inches)
5 Crash Sequence - Fourth Event	-	-	87 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	1	Length (feet)
6 Most Harmful Event for This Unit	14	30	88 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	1	2nd Trailer No. Axles
7 Distance/Direction to Object Struck	1	0	COMMERCIAL VEHICLE: Hazardous Materials Involvement		From Placard Indicate:		Width (inches)	
8 Vehicle Undercar/Ovenrds	3	3	Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No		4-digit placard number or name from diamond or box 1-digit number from bottom of diamond		Length (feet)	
9 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 EAGLE ST

Unit # 2 was: Traveling Parked Facing N S E W on EAGLE ST

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

Unit 1, traveling south on Market St. came to a stop at the intersection of Eagle St. Due to an event in the area, several vehicles were turning around in the intersection. As the vehicles cleared the intersection Driver of Unit 1 began checking the other roadways for traffic before beginning in to the intersection to travel east on Eagle St. Driver 1 checked the east side of the intersection, the south side and the west side of the intersection. At that point Unit 1 began into the roadway. Simultaneously, Unit 2 began to cross the street traveling northbound within the cross walk on the east side of the intersection. Unit 2, seeing Unit 1 and recognizing the driver began to yell the drivers name in an attempt to gain his attention. Driver of Unit 1 did not see Unit 2 due to looking to his right at the west end of the intersection as explained above attempting to see who was yelling his name.

Type/Owner _____ Owner Address _____ Phone _____

State Property? Estimated Damage \$ _____

WITNESSES

me TOM SIMPSON Address PO BOX 455, FAIRVIEW, NC 28730 Phone No. (828) 337-0545

me _____ Address _____ Phone No. _____

Charge(s) _____ (Citation # optional)

me _____ Charge(s) _____

Officer Name _____ Officer Number _____ Department _____ Date of Report _____

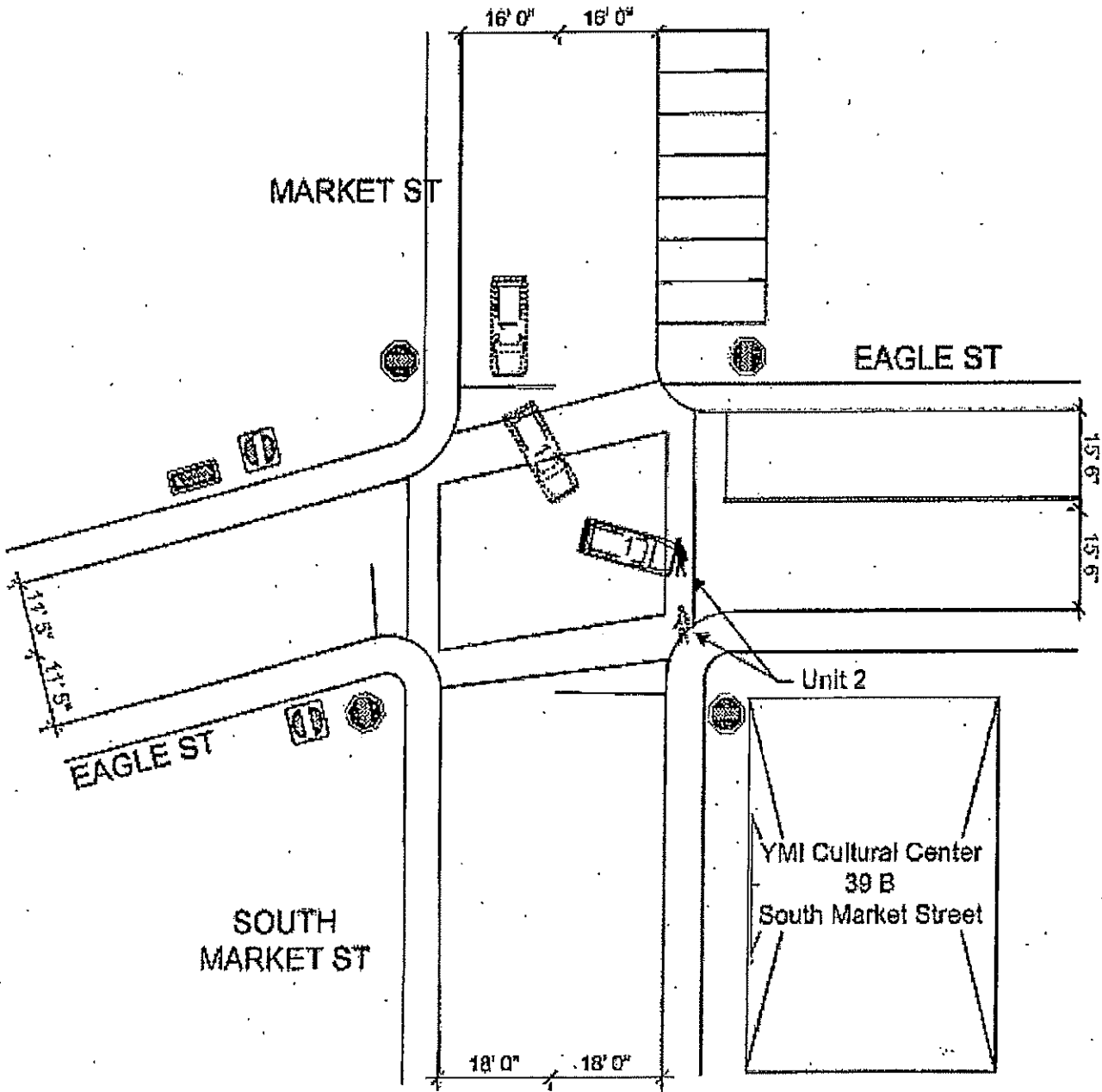
ACCIDENT DESCRIPTION (continued)

Unit 2 was treated by Asheville Fire Department First Responders at the scene for abrasions to her left leg. Unit 2 did not wish to go to the hospital at that time.

DIAGRAM



Indicate North



Drawing Not To Scale.

Field Sketch

4

