L000073482

STATE OF NORTH CAROLINA

RELEASE AND SETTLEMENT OF CLAIM

COUNTY OF BUNCOMBE

(Personal Injury)



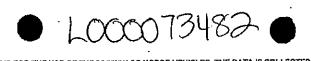
IN CONSIDERATION of payment of the amount Nine Hundred Twenty Eight Dollars & 51/100 Cents (\$928.51) which is hereby acknowledged, the undersigned, Robin Merrell 1057 Skyway Drive Marshall NC 28753 does hereby release, acquit and forever discharge the Asheville Claims Corporation and the City of Asheville, 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 scaled this 9th day	of <u>September</u> , 2	2010.
STATE OF North Carolina			
COUNTY OF Buncombe			
\circ			1
1, Constance MIXSON a No	ary Public of the County a	nd State aforesaid ce	ftify that
Kohin Marrell per	sonally came before me thi	is day and achieved	zeo tike due
execution of the foregoing document.		NOT.	
Witness my hand and notarial seal this g	Kday of Joph, 2	010. ﷺ 'مُرِينَّ	外领
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Notary Public anatar	11 Milson	S SCIC	, mul
My Commission Expires /:	122/14	THE COUNT	MCHINE.
	/ / /	MAYOUNI	HELDE



No. of Units Involved Form 1 of 4 Supplemental Report Non-Reportable 10004288 Date Received by DNY	No. of Units Involved Form 1 of 4 Supplemental Report Non-Reportable 10004288 Crash Date County Time Local Use/Patrol Area Date Received by DNV	0 8	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.											
3	Crash Date County Time Local Use/Patrol Area	-	port Non-Reportable 10004288	1 of 4 · Supplemental Report	· Form <u>1</u> of 4			_						
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Total Content Total Conten	Highway Number, or Highway, Street. (If ramp or service read, indicate on bins) 8 service Road Command Command			Municipality ,	•	EAGLEST	3 0	3						
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Same as Driver? Address General States Stat	1	23 16					1	1						
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Plate State Plate Plat	City ASHEVILLE State NC zip 28802 City State Zip Zip	17	Same Address as Driver? State. Zip	Stata NC Zip 28802			City							
Vehicle FORD Vahicle 2008 41 Vehicle 4 42 Vehicle Make Vehicle 41 Vehicle 24 42 Vehicle Vehicle Nake Vehicle 43 TAD FL-0 43 TAD FL-0 44 Estimated Sound Damage Insurance SELF INSURED Company Policy # Folicy	·	18	Plate Pista	Plate NC Plate State Year		#_XSD3246	Plate							
#3 TAD #4 Estimated \$0.00 Insurance SELF INSURED Company Policy is Policy is Commercial Vehicle Cargo, Carrier, Name, Address Source Sulf Company Policy is Commercial Vehicle Cargo, Carrier, Name, Address Source Sulf Carrier, United S		- 10						•						
Damage Insurance SELF INSURED Company Policy # 2f (COMMERCIAL VEHICUE: Garino Carrier, Name/Address) Source State Gontification Numbers, GWW Axiss, Vehicus Gontification Numbers, GWW Axiss, Vehi		-	• · · · · · · · · · · · · · · · · · · ·											
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21 22 23 24 25 28 27 28 23 30 31 32 Names and Addresses for AF Penors (Unit 1/Jink 2 Drv., Ped., etc See Above); Use check blocks if existress same as Driver			Garrier Identification Numbers (GWR) Assessment	o Carrier Name Address Source Source	LE: Cargo Carrier	MMERCIAE VEHI	ATC EX							
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A 1 1 1 See a low 123 Corp. Fed from W M 2 1 0 2 1 5 Server Vets 1 Towed Torby: B 2 3 Unit Corp. Fed from W F 0			Company Control of the Control of th											
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			Form <u>. 2</u>	or <u>.4</u>				Accident #	: TOOO	4200
POINTS OF INITIAL UNM 1 3	0	0	VEHICLE INFO.	Veh #_1_	Veh#_2	ROADWAY II	NFÖ,	WORK ZON	E RELATE	ED .
(Write In Codes) Units 2 0	0	0	80 Arrihorized Speed Llink	35	35	89 Road Feature	7	78 Workzone Area		5
CRASH SEQUENCE (Unit Level)			61 Estimate of Original Traveling Speed	10	1	70 Road Character	3 .	78 Work Activity		
	Unit# 1		82 Estimate of Operal at Impact	5	0	71 Road Classification	5	80 Work Area Marked		
Vehide Haneuver/Action	8		53 The Impressions Bafore Impact (fl.)			72. Road Surface Type	4	81 Crash Location		
6 Non-Molorist Action	-	1		0.00	0,00	73 Road Configuration		TRAILER INFO.	Umb# _1.	unta _2,
Non-Motorist Location Prior to Impact	-	1	64 Distance Traveled After Impact (ft.)	<u> </u>	0		2	52 Trailer Type		
2 Crash Sequence - First Event for This Unit	30	14	65 Emergency Vahicle Use .	-		74 Access Control	1	fat Trailer No. Axies		
5 Crash Sequence - Second Event "	14	30	56 Post Cresh Fire (if "Yes" check block)		Ц_	75 Number of Luaes	2	Which (inches)	0.00	0.00
4 Crash Sequence - Third Event ×	-		57 School Bus - Contact Vehicle	Ш.	<u> </u>	78 Traffic Control Type	1	Length (feet)	0.00	0.00
5 Crash Sequence - Fourth Event	-		88 School Bus - Noncontact Vehicle "			77 Traffic Control Oper	1	2nd Trailer No. Axies	. 0	0
8 Most Hamful Event for This Unit	14	30	COMMERCIAL VEHICLE: I	lazardous	Materials	Involvement		Width (Inches)	0.00	0.00
7 Distance/Direction to Object Struck	1	0	Haz Mat Placard Yes No	;	4-digit plaçan	From Piscard Indicate: I number or 1-digit out	ther from	Length (feet)	O.OO dbb/sevO	0.00
8 Vehicle Undenlde/Oventde	3	3	Hazzardous Cargo Yes No Released (does not include fuel from	(uel tank)	name from di	amond or box bottom of a		53 Unit#	Overwider	r di Bik #
9 Vohida Defeda	0	0	Carrying Haz Mat. Yes No					and Overwidth Mobile Home		
DIAGRAM		L	<u> </u>							
Indicate Horth					•	•			•	
Indicate North	, HF	\Box								
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SOUTH SOUTH Brown Market Street										
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Drawing Not TV Scale.										
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1 was: Perked Facing N S E	M ou	EAGLE S) T	Unit#v	/as: Pa	rked Facing N S E	M ou'F	AGLE DI		~
NARRATIVE (Include pertinent and unusual which are not listed elsewhere	an the forms				, .				-	t
mit 1. traveling sou	th o	n Mar	ket St. came to a .	stop :	at the	intersect	ion o	f Eagle St	. Due	to
n event in the area,	seve	eral .	vehicles were turn	ing a	round	in the int	ersec	TION. AS T	for`	
ehicles cleared the raffic before beginn	inte	rsect	ion Driver or Unit	to tr	anol e Jan cr	ecking the	i owie ile St	I TOAGWAYA	202	
rarrid before begins	ang :	n co	of the intersection	on ti	ne sor	ith side an	d the	west side	of th	ю
river 1 checked the east side of the intersection, the south side and the west side of the ntersection. At that point Unit 1 began into the roadway.										
imultaneously. Unit 2 began to cross the street traveling northbound within the cross walk										
n the east side of the intersection. Unit 2, seeing Unit 1 and recognizing the driver began										
o vell the drivers n	ame i	in an	attempt to gain h	is at	tentio	n.				
river of Unit 1 did	not s	see U	nit 2 due to looki	ng to	his 1	ght at th	e wes	t end of th	n e	
ntersection as expla	ined	abov	ADDITIONAL	e who Lproperty	DYWYGE Maa Z	erring bis	name			
Type/ Owner			Owner Address Phone		,			Estimated Darrings -	<u>\$</u>	 -
				MITNESSES						
me TOM SIMPSON		Addres	DO DOV ARE EATPUTEM NO				Phona No.	(<u>(828)</u>)3 <u>37-05</u>	<u>45</u>	
me		Addres	3				Phone No.	()		
			Charge(s)	FIC VIOLATIO	N(S)	•				
me		• •	(Offstion # optional) Charge(s)		•					

Officer Name

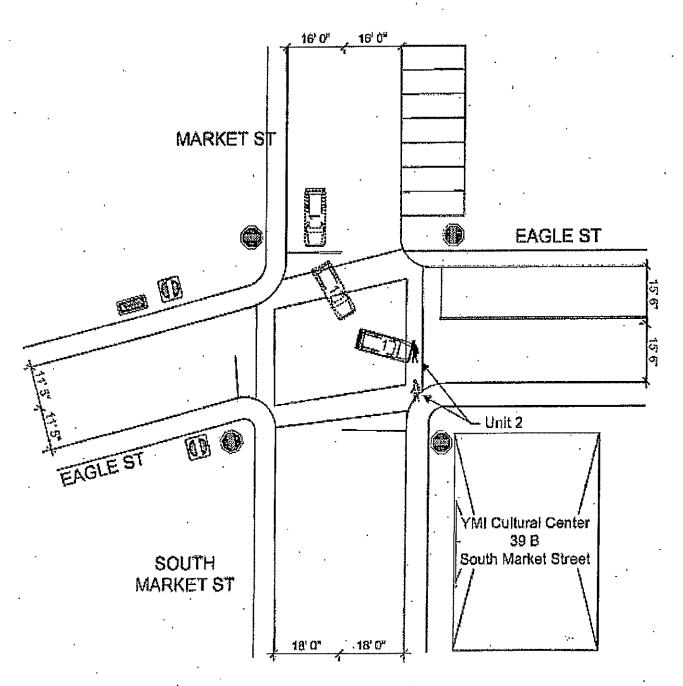
Date of Report

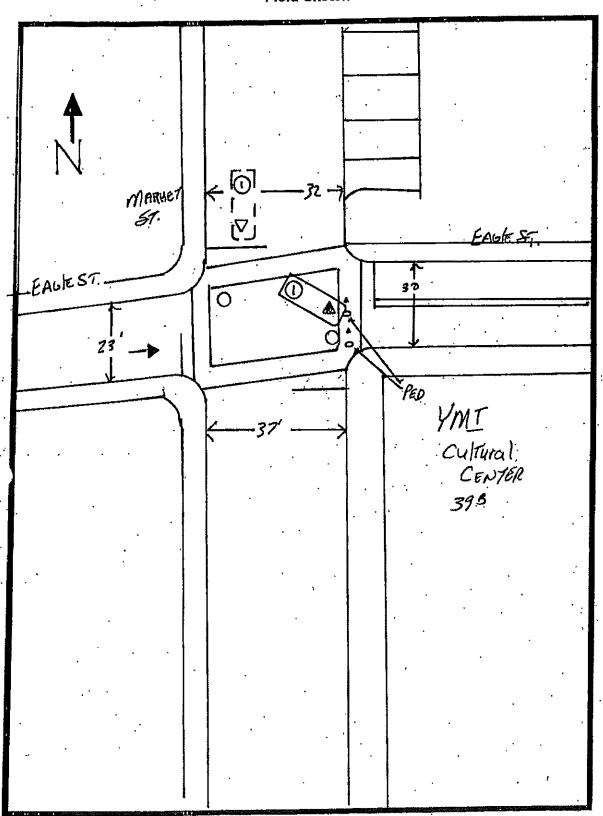
ACCIDENT DESCRIPTION (continued)

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







Page completed by: SCA 2/19/2010