

This report has been redacted to prevent the disclosure of personally identifiable information.

DMV-349 (Rev. 1/09)

2

No. of Units Involved

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.

Form 1 of 1

☐ Supplemental Report

☐ Non-Reportable

Do not write in these spaces

Date Received by DMV

Date

01/09/2020

County

ORANGE

Time

17:41

Local Use/Patrol Area

200109100DA - 02

8

9

10

21

11

21

12

0

13

14

8

15

16

17

0

18

19

1  
1  
2  
1  
3  
1  
4  
1  
5  
6  
2  
7  
2

LOCATIONS

33 Relation to Roadway Surface

1 Crash Occurred

☐ In ☒ Near

EFLAND Municipality

or 02.80 Miles

☐ N ☐ S ☐ E ☒ W outside municipality

on I 40

At SR 1114

☒ From

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

☒ Ramp or Service Road

(R.R. Crossing #

5 ft.

☐ N ☐ S ☐ E ☒ W

SR 1120

Latitude

Longitude

Altitude

UNIT # 1

☒ VEHICLE

☐ PEDESTRIAN

☐ HIT & RUN

☐ COMMERCIAL VEHICLE

Driver JORDAN ALISON LEVINE

First Middle Last

Address 2107 SNOW CREST TRL

City DURHAM

State NC

Zip 27707-6146

Same Address on Driver's License? ☒ Yes ☐ No

Driver's Phone Numbers

H (551) 666-0081

W

D.L.# REDACTED

CDL License ☐

D.L. Class C

State NC

DOB REDACTED

34 Vision Obstruction 0

35 Physical Condition 1

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 JORDAN ALISON LEVINE

Same as Driver? ☐

Address 2107 SNOW CREST TRL

Same Address as Driver? ☐

City DURHAM

State NC

Zip 27707-6146

Plate # EEH3369

Plate State NC

Year 2020

VIN WVVWU73C77E008559

Vehicle Make VOLKS

Vehicle Year 2007

41 Vehicle Style (Type) 4

42 Vehicle Drivable ☒ Yes ☐ No

43 TAD BL-2

44 Estimated Damage \$1,000.00

Insurance Company PROGRESSIVE

Policy # 921719991

UNIT # 2

☒ VEHICLE

☐ PEDESTRIAN

☐ HIT & RUN

☐ OTHER

Driver KELLY LYNN GALLAGHER

First Middle Last

Address 300 CENTER ST

City EFLAND

State NC

Zip 27243-9550

Same Address on Driver's License? ☒ Yes ☐ No

Driver's Phone Numbers

H (919) 357-5925

W

D.L.# REDACTED

CDL License ☐

D.L. Class C

State NC

DOB REDACTED

34 Vision Obstruction 0

35 Physical Condition 1

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 KELLY LYNN GALLAGHER

Same as Driver? ☐

Address 300 CENTER ST

Same Address as Driver? ☐

City EFLAND

State NC

Zip 27243-9550

Plate # HEELJD

Plate State NC

Year 2020

VIN 3CZRU5H30JM708345

Vehicle Make HONDA

Vehicle Year 2018

41 Vehicle Style (Type) 1

42 Vehicle Drivable ☒ Yes ☐ No

43 TAD FR-1

44 Estimated Damage \$1,000.00

Insurance Company STATE FARM

Policy # 0571849E3033G001

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

Unit 45 Cargo Body Type

☐ Same Address as owner?

Source:

☐ Truck

☐ Shipping

☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT#

ICC#

Axles on Vehicle Including Trailers

State

State #

IFTA#

FEI#

Fleet #

Gross Vehicular Weight Rating

21 22 23 24 25 26 27 28 29 30 31 32

A	1	1	1	Unit 1: Div 1, Ped 1, etc. see above	W	F	2	1	0	2	1	5	see above	Veh# 1 Towed To/By:
B	2	1	1	Unit 2: Div 2, Ped 2, etc. see above	W	F	2	1	0	2	1	5	see above	Veh# 2 Towed To/By:
C														
D														
E														
F														
G														
H														

46 Name of EMS

46 Name of EMS

47 Injured Taken by EMS to

47 Injured Taken by EMS to

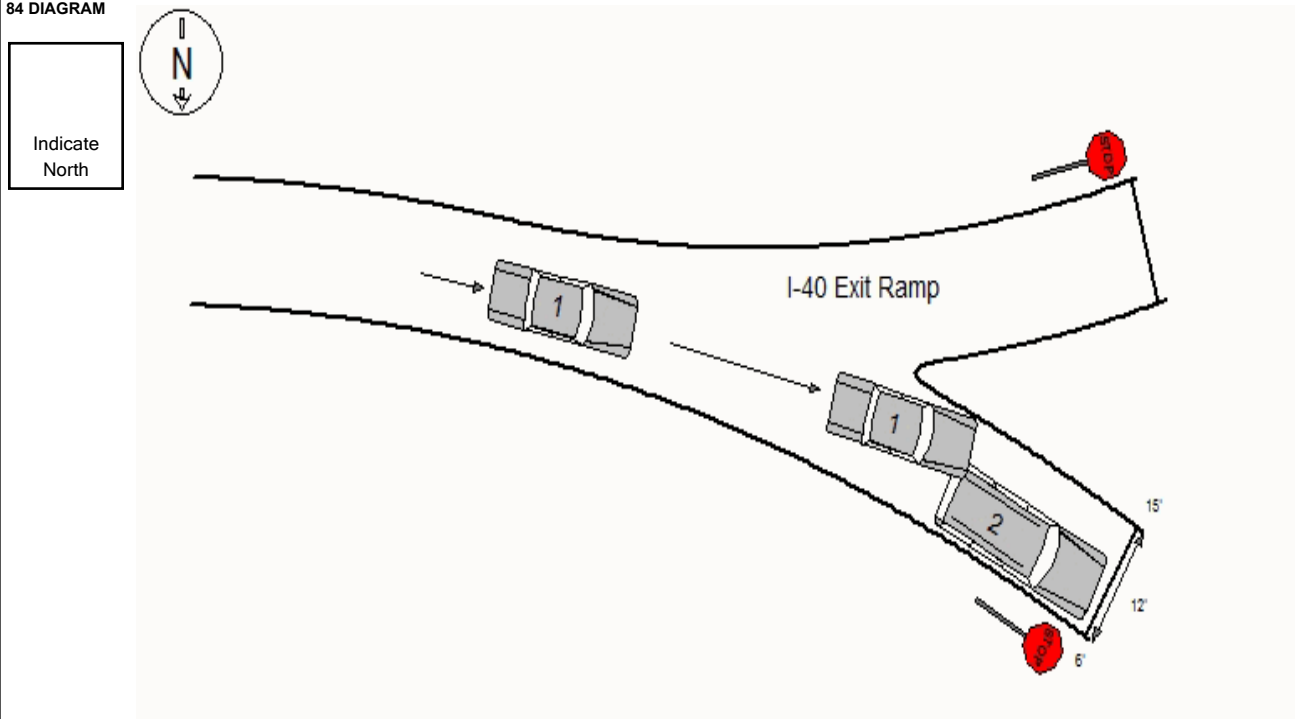
(Treatment Facility and City or Town)

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit # <u>1</u> <u>21</u> Unit # <u>2</u> <u>8</u>	<b>VEHICLE INFO</b>		Veh # <u>1</u> <u>65</u>	Veh # <u>2</u> <u>65</u>	<b>ROADWAY INFO</b>		<b>WORK ZONE RELATED</b>	
		60 Authorized Speed Limit				69 Road Feature	<u>16</u>	78 Work Zone Area	<u>5</u>
<b>CRASH SEQUENCE (Unit 1 event)</b>		Unit # <u>1</u> <u>4</u>	Unit # <u>2</u> <u>1</u>	61 Estimate of Original Traveling Speed	<u>10</u>	<u>0</u>	70 Road Character	<u>7</u>	79 Work Activity
49 Vehicle Maneuver/Action				62 Estimate of Speed at Impact	<u>5</u>	<u>0</u>	71 Road Classification	<u>1</u>	80 Work Area Marked
50 Non-Motorist Action				63 Tire Impressions Before Impact (ft.)	<u>0</u>	<u>0</u>	72 Road Surface Type	<u>4</u>	81 Crash Location
51 Non-Motorist Location Prior to Impact				64 Distance travelled After Impact (ft.)	<u>0</u>	<u>0</u>	73 Road Configuration	<u>1</u>	<b>TRAILER INFO.</b>
52 Crash Sequence - First Event for this Unit		<u>21</u>	<u>21</u>	65 Emergency Vehicle Use			74 Access Control	<u>1</u>	82 Trailer Type
53 Crash Sequence - Second Event				66 Post Crash Fire (if 'Yes' check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	<u>2</u>	1st Trailer No. Axles
54 Crash Sequence - Third Event				67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	<u>1</u>	Width (inches)
55 Crash Sequence - Fourth Event				68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	<u>1</u>	Length (feet)
56 Most Harmful Event for this Unit		<u>21</u>	<u>21</u>					2nd Trailer No. Axles	
57 Distance/Direction of Object Struck		<u>0</u>	<u>0</u>					Width (inches)	
58 Vehicle Underride/Override		<u>3</u>	<u>3</u>					Length (feet)	
59 Vehicle Defects		<u>0</u>	<u>0</u>					83 Unit #	Overwidth Permit
								Overwidth Trailer and Overwidth Mobilehome	

**COMMERCIAL VEHICLE: Hazardous Material Involvement**  
Haz Mat Placard ☐ Yes ☐ No From Placard indicate Unit       
Hazardous Cargo Released ☐ Yes ☐ No 4-digit placard number or name from diamond or hmv 1-digit number from bottom of diamond  
Carrying Haz Mat ☐ Yes ☐ No

## 84 DIAGRAM



Unit # 1 was ☒ Traveling ☐ ☐ ☐ ☒ on I 40  
☐ Parked Facing N S E W

Unit # 2 was ☒ Traveling ☐ ☐ ☐ ☒ on I 40  
☐ Parked Facing N S E W

## 85 NARRATIVE

(include pertinent unusual aspects which are not listed elsewhere on the form)

VEHICLES 1 AND 2 WERE TRAVELING WEST ON I40 OFF RAMP TO SR1114. VEHICLE 2 WAS STOPPED DUE TO TRAFFIC. VEHICLE 1 FAILED TO REDUCE SPEED AND STRUCK VEHICLE 2 IN THE ROADWAY. VEHICLE 1 AND 2 WERE MOVED OFF THE ROADWAY PRIOR TO MY ARRIVAL.

86 Type/Owner	Owner Address	ADDITIONAL PROPERTY DAMAGE		State Property?	Estimated Damage \$
				<input type="checkbox"/>	
WITNESSES					
Name	Address			Phone No	
Name	Address			Phone No.	
TRAFFIC VIOLATION(S)					
Name	Charge(s) (Station # optional)				
Name	Address				
Officer Name					
Officer Number					
Department					
Date of Report					

TRP. Z C BUMGARDNER 4042 NC STATE HIGHWAY PATROL NCNHP0000 01/09/2020