

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
18:16

Local Use/Patrol Area
200109112DA - 02

LOCATION on I 40 at SR 1120 From ☒ Near ☐ In ☐ HILLSBOROUGH Municipality or 03.90 Miles ☐ N ☐ S ☐ E ☒ W outside municipality (R.R. Crossing # _____ Miles 400 ft. ☐ N ☐ S ☐ E ☒ W) toward SR 1114 ☒ N ☐ S ☐ E ☐ W 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 ☒ HIT & RUN ☐ COMMERCIAL VEHICLE
Driver UNKNOWN UNKNOWN
Address _____
City _____ State _____ Zip _____
Same Address on Driver's License? ☐ Yes ☒ No Driver's Phone Numbers H _____ W _____
D.L.# _____ D.L. Class _____ State _____
DOB _____ 34 Vision Obstruction 13 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 UNKNOWN UNKNOWN
Same as Driver? ☐
Address _____
Same Address as Driver? ☐
City _____ State _____ Zip _____
Plate # P518065 Plate State IN Year 2020
VIN 1GRAP0628ET593305
Vehicle Make OTHER Vehicle Year 2014 41 Vehicle Style (Type) 12 42 Vehicle Drivable ☒ Yes ☐ No
43 TAD LFQ-1 44 Estimated Damage \$100.00
Insurance Company _____ Policy # _____

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER
Driver KIMBERLY BOND-TEAGUE WILLIAMS
Address 184 RYDER CUP CIR
City RALEIGH State NC Zip 27603-5557
Same Address on Driver's License? ☒ Yes ☐ No Driver's Phone Numbers H (919) 798-4132 W _____
D.L.# REDACTED 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 KIMBERLY BOND-TEAGUE WILLIAMS
Same as Driver? ☐
Address 184 RYDER CUP CIR
Same Address as Driver? ☐
City RALEIGH State NC Zip 27603-5557
Plate # CLE3621 Plate State NC Year 2020
VIN 1C4PJLCB0JD551663
Vehicle Make JEEP Vehicle Year 2018 41 Vehicle Style (Type) 4 42 Vehicle Drivable ☒ Yes ☐ No
43 TAD RD-1 44 Estimated Damage \$1,000.00
Insurance Company INTEGON
Policy # 2007726344

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: Drv 1, Ped 1, etc. see above	U	U	10	5	4	2	1	6	see above Veh# 1 Towed To/By:
B	2	1	1	Unit 2: Drv 2, Ped 2, etc. see above	B	F	2	1	0	2	1	5	see above Veh# 2 Towed To/By:
C													
D													
E													
F													
G													
H													

46 Name of EMS

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

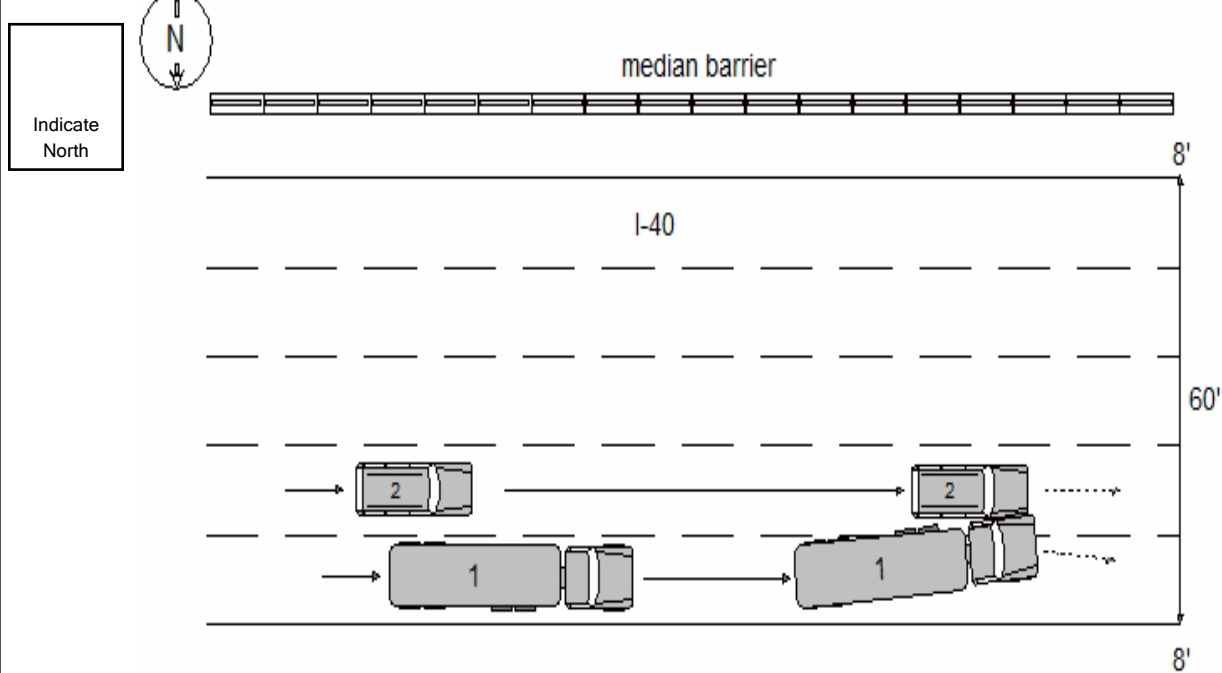
46 Name of EMS

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit # <u>1</u> <u>5</u> Unit # <u>2</u> <u>19,20</u>	VEHICLE INFO		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO		WORK ZONE RELATED			
		60 Authorized Speed Limit		65	65	69 Road Feature		0	78 Work Zone Area	5	
CRASH SEQUENCE (Unit 1 event)		Unit # <u>1</u>	Unit # <u>2</u>	61 Estimate of Original Traveling Speed		20	25	70 Road Character		1	
49 Vehicle Maneuver/Action		5	4	62 Estimate of Speed at Impact		20	25	71 Road Classification		1	
50 Non-Motorist Action				63 Tire Impressions Before Impact (ft.)		0	0	72 Road Surface Type		4	
51 Non-Motorist Location Prior to Impact				64 Distance travelled After Impact (ft.)		0	0	73 Road Configuration		4	
52 Crash Sequence - First Event for this Unit		28	28	65 Emergency Vehicle Use				74 Access Control		2	
53 Crash Sequence - Second Event				66 Post Crash Fire (if 'Yes' check block)		<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes		4	
54 Crash Sequence - Third Event				67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		0	
55 Crash Sequence - Fourth Event				68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper			
56 Most Harmful Event for this Unit		28	28					82 Trailer Type		9	0
57 Distance/Direction of Object Struck		0	0					1st Trailer No. Axles		2	
58 Vehicle Underride/Override		3	3					Width (inches)		96	
59 Vehicle Defects		0	0					Length (feet)		53	
								2nd Trailer No. Axles			
								Width (inches)			
								Length (feet)			
								83 Unit #			
								Overwidth Trailer and Overwidth Mobilehome			
								Overwidth Permit			

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. VEHICLE 1 MADE AN UNSAFE LANE CHANGE AND STRUCK VEHICLE 2 IN THE ROADWAY. VEHICLE 2 WAS MOVED OFF THE ROADWAY PRIOR TO MY ARRIVAL. VEHICLE 1 FAILED TO REMAIN ON SCENE.

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