

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

DMV-349 (Rev. 1/09)

1

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
23:12

Local Use/Patrol Area
200109140DA - 01

LOCATION
on SR 1137

Crash Occurred

☐ In

☒ Near

HILLSBOROUGH
Municipality

05.30 Miles

☐ N ☐ S ☒ E ☐ W

outside municipality

(R.R. Crossing #

00.70 Miles

ft.

☐ N ☒ S ☐ E ☐ W

At SR 1144

☒ From

Use Highway Number, Street Name or Adjacent County or State Line

☒ X ☐ S ☐ E ☐ W

toward SR 1114

Use Highway Number, Street Name or Adjacent County or State Line

Latitude

Longitude

Altitude

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL ☐ 20 VEHICLE

Driver ADRIANNA MAY LEBLANC

Address 107 A CREEL ST

City CHAPEL HILL State NC Zip 27516-2606

Same Address on Driver's License? ☒ Yes ☐ No Driver's Phone Numbers H (919) 619-8150 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 FREDERICK LAMONT WARDLOW

Same as Driver? ☐

Address 107 CHAPEL HILL ST, APT A

Same Address as Driver? ☐

City CHAPEL HILL State NC Zip 27516-0000

Plate # HAM5378 State NC Plate Year 2019

VIN 1C4RDHDG7DC659294

Vehicle Make DODGE Vehicle Year 2013 41 Vehicle Style (Type) 2 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD FL-1 44 Estimated Damage \$8,000.00

Insurance Company PEAK PROPERTY & CASUALTY

Policy # 11405332980

UNIT # ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver

Address

City State Zip

Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone Numbers H W

D.L.# CDL License ☐ D.L. Class State

DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions

37 Alcohol/Drugs Suspected 38 Alcohol/Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI) ☐

Owner

Same as Driver? ☐

Address

Same Address as Driver? ☐

City State Zip

Plate # State Plate Year

VIN

Vehicle Make Vehicle Year 41 Vehicle Style (Type) 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD 44 Estimated Damage

Insurance Company

Policy #

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

Unit 45 Cargo Body Type ☐ Same Address as owner?

Source:

☐ Truck

☐ Shippin

☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# ICC#

State State # IFTA#

FEL# Fleet # Gross Vehicular Weight Rating

| | | | | | | | | | | | | | | |
|---|---|---|---|-------------------------------------|---|---|---|---|---|---|---|---|-----------|-----------------------------------|
| A | 1 | 1 | 1 | Unit 1-Drv 1, Ped 1, etc. see above | W | F | 2 | 3 | 0 | 2 | 1 | 5 | see above | Veh# 1 Towed To/By: OWNER / OWNER |
| B | | | | Unit 2-Drv 2, Ped 2, etc. see above | | | | | | | | | see above | Veh# 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>4</u> | VEHICLE INFO | | Veh # <u>1</u> | Veh # | ROADWAY INFO | | WORK ZONE RELATED | | |
|--|--|--------------------------|---------------------------|---|----------------|--------------------------|--------------------------|-------------------------|-------------------|-------------------|--|
| | | | 60 Authorized Speed Limit | | <u>55</u> | | 69 Road Feature | | <u>0</u> | 78 Work Zone Area | <u>5</u> |
| CRASH SEQUENCE (Unit 1 event) | | Unit # <u>1</u> | Unit # | 61 Estimate of Original Traveling Speed | | <u>55</u> | | 70 Road Character | | <u>1</u> | 79 Work Activity |
| 49 Vehicle Maneuver/Action | | <u>4</u> | | 62 Estimate of Speed at Impact | | <u>55</u> | | 71 Road Classification | | <u>4</u> | 80 Work Area Marked |
| 50 Non-Motorist Action | | | | 63 Tire Impressions Before Impact (ft.) | | <u>0</u> | | 72 Road Surface Type | | <u>3</u> | 81 Crash Location |
| 51 Non-Motorist Location Prior to Impact | | | | 64 Distance travelled After Impact (ft.) | | <u>0</u> | | 73 Road Configuration | | <u>2</u> | TRAILER INFO. |
| 52 Crash Sequence - First Event for this Unit | | <u>17</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>13</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>17</u> | | | | | | | | | 2nd Trailer No. Axles |
| 57 Distance/Direction of Object Struck | | <u>1</u> | | | | | | | | | Width (inches) |
| 58 Vehicle Underride/Override | | <u>3</u> | | | | | | | | | Length (feet) |
| 59 Vehicle Defects | | <u>0</u> | | | | | | | | | 83 Unit # |
| | | | | | | | | | | | Overwidth Trailer and Overwidth Mobilehome |
| | | | | | | | | | | | Overwidth Permit |

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 hvv 1-digit number from bottom of diamond

Carrying Haz Mat ☐ Yes ☐ No

84 DIAGRAM



ANIMAL COLLISION

Unit # 1 was ☒ Traveling ☐ ☒ ☐ ☐ on SR 1137
☐ Parked Facing N S E W

Unit # was ☐ Traveling ☐ ☐ ☐ ☐ on
☐ Parked Facing N S E W

85 NARRATIVE
THE COLLISION.

(include pertinent unusual aspects which are not listed elsewhere on the form) VEHICLE #1 WAS TRAVELING SOUTH ON SR 1137 AND STRUCK A DEER IN THE ROADWAY. VEHICLE #1 PULLED TO THE SHOULDER AFTER

| | | | | | |
|----------------------|------------------------------------|----------------------------|--|--------------------------|------------------------|
| 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) (Citation # optional) | | | | |
| Name | Address | | | | |
| Officer Name | | | | | |
| Officer Number | | | | | |
| Department | | | | | |
| Date of Report | | | | | |
| TRP. D C DUGAN | | 2984 | | NC STATE HIGHWAY PATROL | |
| | | | | NCNHP0000 | |
| | | | | 01/09/2020 | |