

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
01/08/2020

County
ORANGE

Time
21:15

Local Use/Patrol Area
200108145DA - 02

1
1
2
1
3
1

LOC
AT
ION

33 Relation to Roadway Surface 1 Crash Occurred ☐ In ☒ Near EFLAND Municipality or 03.40 Miles outside municipality N S E W ☒
on 185 Highway Number, or Highway, Street, (If ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing # _____ Miles 200 ft. N S E W ☒
At CL ALAMANCE SR 1114 Latitude _____
From _____ Use Highway Number, Street Name or Adjacent County or State Line N S E W Longitude _____
Altitude _____

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL VEHICLE
Driver JUSTIN DAVID KING
Address 4202 BURCH BRIDGE RD
City BURLINGTON State NC Zip 27217-7331
Same Address on Driver's License? ☒ Yes ☐ No Driver's Phone Numbers H (336) 586-0010 W _____
D.L.# REDACTED D.L. Class B 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 JUSTIN DAVID KING
Same as Driver? ☐
Address 4202 BURCH BRIDGE RD
Same Address as Driver? ☐
City BURLINGTON State NC Zip 27217-7331
Plate # HCP6770 Plate State NC Year 2020
VIN 1J4HR58N45C631274
Vehicle Make JEEP Vehicle Year 2005 41 Vehicle Style (Type) 4 42 Vehicle Drivable ☒ Yes ☐ No
43 TAD FD-1 44 Estimated Damage \$1,000.00
Insurance Company INTEGON
Policy # 2007886545

UNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER
Driver ELIZABETH CAITLIN SOMERVILLE
Address 512 WARD ST
City GRAHAM State NC Zip 27253-2714
Same Address on Driver's License? ☒ Yes ☐ No Driver's Phone Numbers H (207) 939-8807 W _____
D.L.# REDACTED 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 KEITH RAE CURLEY
Same as Driver? ☐
Address 512 WARD ST
Same Address as Driver? ☐
City GRAHAM State NC Zip 27253
Plate # FKK4976 Plate State NC Year 2020
VIN JTNK4RBE6K3011642
Vehicle Make TOYOTA Vehicle Year 2019 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☒ Yes ☐ No
43 TAD BD-2 44 Estimated Damage \$3,000.00
Insurance Company GARRISON
Policy # 018756038R71078

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 _____

A	1	1	1	Unit 1: Div 1, Ped 1, etc. see above	W	M	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	4	see above	Veh# 2 Towed To/By:
C	2	2	3	REDACTED	W	M	2	1	0	2	1	5		KEITH RAE CURLEY 512 WARD ST GRAHAM NC 27253
D														
E														
F														
G														
H														

46 Name of EMS B,C - ORANGE CO

47 Injured Taken by EMS to B,C - NOT TRANSPORTED

(Treatment Facility and City or Town)

46 Name of EMS

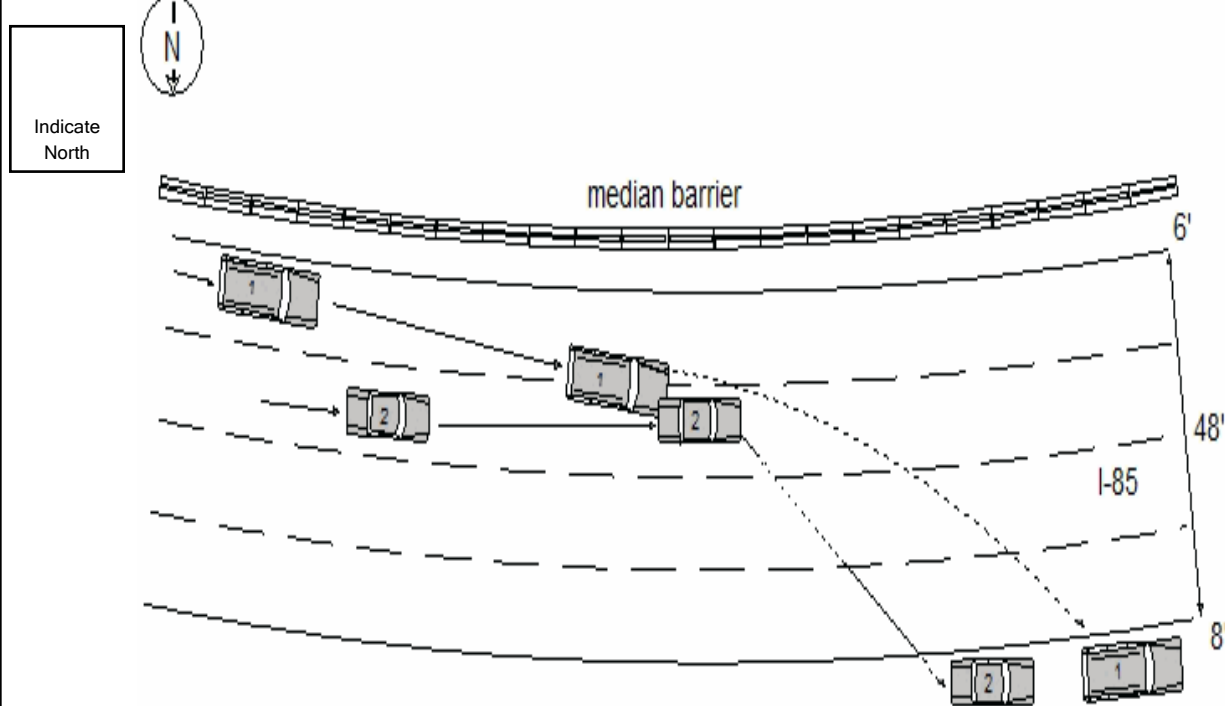
47 Injured Taken by EMS to

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit # <u>1</u> <u>1.2</u> Unit # <u>2</u> <u>14.15</u>	VEHICLE INFO		Veh # <u>1</u> <u>65</u>	Veh # <u>2</u> <u>65</u>	ROADWAY INFO		WORK ZONE RELATED	
		60 Authorized Speed Limit		65	65	69 Road Feature	<u>0</u>	78 Work Zone Area	<u>5</u>
CRASH SEQUENCE (Unit 1 event)		Unit # <u>1</u>	Unit # <u>2</u>	61 Estimate of Original Traveling Speed	<u>90</u>	<u>65</u>	70 Road Character	<u>5</u>	79 Work Activity
49 Vehicle Maneuver/Action		<u>5</u>	<u>4</u>	62 Estimate of Speed at Impact	<u>80</u>	<u>65</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>3</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>4</u>	TRAILER INFO.
52 Crash Sequence - First Event for this Unit		<u>21</u>	<u>21</u>	65 Emergency Vehicle Use			74 Access Control	<u>2</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>4</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>0</u>	Width (inches)
55 Crash Sequence - Fourth Event				68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		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 85
☐ Parked Facing N S E W

Unit # 2 was ☒ Traveling ☐ ☐ ☐ ☒ on I 85
☐ Parked Facing N S E W

85 NARRATIVE

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

VEHICLES 1 AND 2 WERE TRAVELING WEST ON I85. VEHICLE 1 WAS EXCEEDING THE POSTED SPEED LIMIT AND MADE AN UNSAFE LANE CHANGE. VEHICLE 1 STRUCK VEHICLE 2. VEHICLE 1 AND 2 WERE MOVED TO THE SHOULDER PRIOR TO MY ARRIVAL.

86 Type/Owner	Owner Address	ADDITIONAL PROPERTY DAMAGE	State Property?	Estimated Damage \$
			<input type="checkbox"/>	
WITNESSES				
Name	ALMARIE ALISHIA PALMER	Address	145 BUCKEYE CT, BURLINGTON NC 27215	Phone No (860) 990-7771
Name		Address		Phone No.
TRAFFIC VIOLATION(S)				
Name	JUSTIN DAVID KING	Charge(s) (Citizen # optional)	40920G1 - (G.S. 20-146(D)(1)) UNSAFE LANE CHANGE / (G.S. 20-141(B)) EXCEEDING	
Name		Address		
Officer Name				
TRP. Z C BUMGARDNER				
Officer Number				
4042				
Department				
NC STATE HIGHWAY PATROL				
NCNHP0000				
Date of Report				
01/08/2020				