

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.

Do not write in these spaces

3

No. of Units Involved

Form 1 of 2

☐ Supplemental Report

☐ Non-Reportable

Date Received by DMV

Date  
09/07/2023  
mm/dd/ccyy

County  
MECKLENBURG

Time  
0 8 0 7  
(24 Hour Clock)

Local Use/Patrol Area  
20230907080701 07

33 Relation to Roadway Surface 1 Crash occurred ☒ In Near Charlotte Municipality ☐ or \_\_\_\_\_ Miles ☐ ☐ ☐ ☐ outside municipality  
on LCL W Sugar Creek Rd (R.R. Crossing # \_\_\_\_\_) \_\_\_\_\_ Miles 150 ft. ☒ ☐ ☐ ☐ N S E W  
Highway Number, or Highway, Street, (If ramp or service road, indicate on line) Ramp or Service Road (0 ft.-Intersection) (If available)  
From LCL Kings Crossing Dr ☐ ☒ ☐ ☐ toward NC 29 Latitude 0.00000  
Use Highway Number, Street Name or Adjacent County or State Line N S E W Use Highway Number, Street Name or Adjacent County or State Line Longitude 0.00000  
Altitude

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

Driver \_\_\_\_\_  
First Middle Last Suffix

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone Numbers H ( \_\_\_\_\_ ) W ( \_\_\_\_\_ )

D.L. # \_\_\_\_\_ D.L. Class \_\_\_\_\_ State \_\_\_\_\_  
CDL License ☐

DOB \_\_\_\_\_ 34 Vision Obstruction \_\_\_\_\_ 35 Physical Condition \_\_\_\_\_ 36 D.L. Restrictions \_\_\_\_\_  
mm/dd/ccyy

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 # \_\_\_\_\_ Plate State \_\_\_\_\_ Plate Year \_\_\_\_\_

VIN \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Vehicle Year \_\_\_\_\_ 41 Vehicle Style (Type) 1 42 Vehicle ☒ Yes ☐ No  
Drivable

43 TAD \_\_\_\_\_ 44 Estimated Damage \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

UNIT# 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver ELAINE CROWE SOLOCHIER  
First Middle Last Suffix

Address 2635 CLOVER RD NW

City CONCORD State NC Zip 280273803

Same Address on Driver's License? ☒ Yes ☐ No Driver's Phone Numbers H ( 9 8 0 ) 4 3 9 1 1 5 0 W ( \_\_\_\_\_ )

D.L. # 10079319 D.L. Class C State NC  
CDL License ☐

DOB 02/15/1971 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions \_\_\_\_\_  
mm/dd/ccyy

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results 0 40 Vehicle Seizure (DWI) ☐

Owner ELAINE CROWE SOLOCHIER

Same as Driver? ☐  
Address 2635 CLOVER RD NW

Same Address as Driver? ☐  
City CONCORD State NC Zip 28027

Plate # RBZ5013 Plate NC Plate 2024

VIN 1HGCV1F30LA142564

Vehicle Make HOND Vehicle Year 2020 41 Vehicle Style (Type) 1 42 Vehicle ☒ Yes ☐ No  
Drivable

43 TAD BC 1 44 Estimated Damage 400

Insurance Company GOVERNMENT EMPLOYEES INSURANC

Policy # 4462737018

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

45 Cargo Body Type \_\_\_\_\_ ☐ Same Address as Owner?

Source:

☐ Truck

☐ Shipping papers

☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# \_\_\_\_\_ ICC# \_\_\_\_\_ Axles on Vehicle Including Trailers \_\_\_\_\_

State \_\_\_\_\_ State # \_\_\_\_\_ IFTA# \_\_\_\_\_

FEE# \_\_\_\_\_ Fleet# \_\_\_\_\_ Gross Vehicle Weight Rating \_\_\_\_\_

21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

A	0	1	1	1	Unit1-Drv1,Ped1,etc see above								see above	Veh# <u>1</u> Towed To/By:	
B	0	2	1	1	Unit2-Drv2,Ped2,etc see above	52	W	F	1	1			3	see above	Veh# <u>2</u> Towed To/By:
C															
D															
E															
F															
G															
H															

46 Name of EMS

Medic 60

47 Injured Taken by EMS to

CMC Harrisburg

Harrisburg


NC

(Treatment Facility and City or Town)

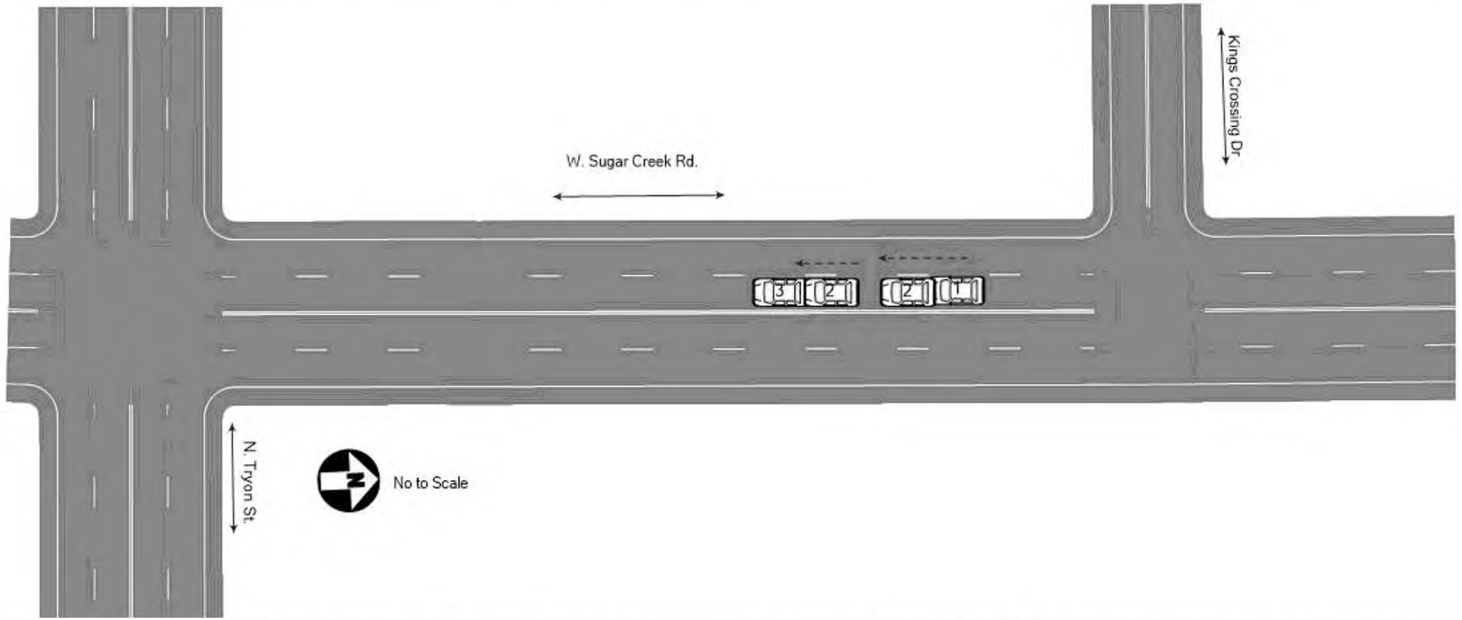
46 Name of EMS

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>02</u> Unit# <u>2</u> <u>15</u>	VEHICLE INFO.		Veh.# <u>1</u>	Veh.# <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED			
			60 Authorized Speed Limit		0 3 5	0 3 5	69 Road Feature		0	78 Workzone Area	1	
CRASH SEQUENCE (Unit Level)			Unit# <u>1</u>	Unit# <u>2</u>	61 Estimate of Original Traveling Speed		0 3 5	0 0 0	70 Road Character	1	79 Work Activity	1
49 Vehicle Maneuver/Action				1	62 Estimate of Speed at Impact		0 3 5	0 0 0	71 Road Classification	5	80 Work Area Marked	1
50 Non-Motorist Action					63 Tire Impressions Before Impact (ft.)		0 0 0 0	0 0 0 0	72 Road Surface Type	3	81 Crash Location	1
51 Non-Motorist Location Prior to Impact					64 Distance Traveled After Impact (ft.)		0 0 0 0	0 0 0 0	73 Road Configuration	3	TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>	
52 Crash Sequence - First Event for This Unit			21	21	65 Emergency Vehicle Use				74 Access Control	2	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	0 4	1st Trailer No. Axles	
54 Crash Sequence - Third Event "					67 School Bus - Contact Vehicle "		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	5	Width (inches)	
55 Crash Sequence - Fourth Event "					68 School Bus - Noncontact Vehicle "		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	1	Length (feet)	
56 Most Harmful Event for This Unit			21	21	<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate:  Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond box 1-digit number from bottom of diamond Released (does not include fuel from tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				82 Trailer No. Axles			
57 Distance/Direction to Object Struck									Width (inches)			
58 Vehicle Underride/Override									Length (feet)			
59 Vehicle Defects			7	7					83 Unit# <u>    </u> Overwidth Trailer and Overwidth Mobile Home			Overwidth Permit #

#### 84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing N S E W on LCL E. Sugar Creek Rd Unit# 2 was: ☒ Traveling ☐ Parked Facing N S E W on LCL E. Sugar Creek Rd.

#### 85 NARRATIVE

(Include pertinent and unusual aspects, which are not listed elsewhere on the form)

The driver of vehicle #2 advised that she was stopped when she felt a big hit the moved her vehicle foward. She advised that she don't really saw what happened. The driver of vehicle #3 advised that she was hit by vehicle #2. She advised that she got out of her vehicle when vehicle #1 back up and then drove away. She advised that vehicle #1 was a back Honda Accord.

86 Type/Owner		Owner Address		ADDITIONAL PROPERTY DAMAGE		State Property?	Estimated Damage \$
		Phone				<input type="checkbox"/>	
WITNESSES							
Name		Address		Phone No. ( )			
Name		Address		Phone No. ( )			
TRAFFIC VIOLATION(S)							
Name		Charge(s)					
		(Citation # optional)					
Name		Charge(s)					
Officer Name		Officer Number		Department		Date of Report	
D		Castro Cubero		4845		Charlotte Mecklenburg Police Department	
						09/07/2023	

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No. of Units Involved

Form 2 of 2

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☐ Non-Reportable

3	Date	County	Time	Local Use/Patrol Area	Date Received by DMV
	09/07/2023 mm/dd/ccyy	MECKLENBURG	0 8 0 7 (24 Hour Clock)	20230907080701 07	

3	LOCATION	33 Relation to Roadway Surface	1	Crash occurred	<input checked="" type="checkbox"/> In	Near	Charlotte	Municipality	<input type="checkbox"/>	or	Miles	N S E W	outside municipality
		on	LCL	W Sugar Creek Rd		(R.R. Crossing #		Miles	150	ft.	N S E W		
		Highway Number, or Highway, Street, (If ramp or service road, indicate on line)		Ramp or Service Road		(0 ft.-Intersection)	(If available)						
1	From	LCL	Kings Crossing Dr	<input checked="" type="checkbox"/> N S E W	toward	NC	29	Use Highway Number, Street Name or Adjacent County or State Line	Latitude	0.00000	Longitude	0.00000	Altitude


4	1	5	UNIT#	3	<input checked="" type="checkbox"/> VEHICLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> COMMERCIAL	20 VEHICLE				
			Driver	Dobbib	Alisa	Raynel	First	Middle	Last	Suffix			
6	2	1	Address	1000 WATERMARK PL APT 517									
			City	COLUMBIA	State	SC	Zip	29210					
7	1	1	Same Address on Driver's License?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Driver's Phone Numbers	H (	2 5 4	)	6 8 1 8 4 8 6	W (		)
			D.L. #	106064753	D.L. Class	D	State	SC					
14	0	15	DOB	12/04/1986	34 Vision Obstruction	0	35 Physical Condition	1	36 D.L. Restrictions				
			mm/dd/ccyy										
16	1	1	37 Alcohol/Drugs Suspected	0	38 Alcohol/Drugs Test	0	39 Results (if known)	0	40 Vehicle Seizure (DWI)	<input type="checkbox"/>			

4	1	5	Owner	ALISSA	GILBERT	DOBBIN
			Same as Driver?	<input type="checkbox"/>		
6	2	1	Address	9503 STONEY GLEN DR APT J		
			Same Address as Driver?	<input type="checkbox"/>		
7	1	1	City	MINT HILL	State	NC
			Zip	28227		
14	0	15	Plate #	RER1535	Plate State	NC
			Year	2024		
16	1	1	VIN	5NPDH4AE0GH703185		
			Vehicle Make	HYUN	Vehicle Year	2016
18	1	1	42 Vehicle Drivable	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
			43 TAD	BC	1	44 Estimated Damage
19	1	1	Insurance Company	GOVERNMENT EMPLOYEES INSURANC		
			Policy #	4536817523		

21	22	23	24	25	26	27	28	29	30	31	32	20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source	Source:	Carrier Identification Numbers, GVWR, Axles	
												45 Cargo Body Type	<input type="checkbox"/> Same Address as Owner?	<input type="checkbox"/> Truck	US DOT#
												<input type="checkbox"/> Shipping papers	State	State #	IFTA#
												<input type="checkbox"/> Driver	FEE#	Fleet#	Gross Vehicle Weight Rating

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A	03	1	1	Unit1-Drv1,Ped1,etc see above	36	B	F	2	0	0		5	see above Veh# 3 Towed To/By:
B				Unit2-Drv2,Ped2,etc see above									see above Veh# Towed To/By:
C													
D													
E													
F													
G													
H													

46 Name of EMS \_\_\_\_\_ 46 Name of EMS \_\_\_\_\_  
 47 Injured Taken by EMS to \_\_\_\_\_ (Treatment Facility and City or Town) 47 Injured Taken by EMS to \_\_\_\_\_ (Treatment Facility and City or Town)

<b>48 POINTS OF INITIAL CONTACT</b> (Write in Codes) Unit# <u>3</u> <u>15</u> Unit# _____		<b>VEHICLE INFO.</b> Veh.# <u>3</u> Veh.# _____		<b>ROADWAY INFO.</b>		<b>WORK ZONE RELATED</b>		
		60 Authorized Speed Limit	0 3 5	69 Road Feature		0	78 Workzone Area	1
<b>CRASH SEQUENCE (Unit Level)</b> Unit# <u>3</u> Unit# _____		61 Estimate of Original Traveling Speed	0 0 0	70 Road Character		1	79 Work Activity	1
49 Vehicle Maneuver/Action		62 Estimate of Speed at Impact	0 0 0	71 Road Classification		5	80 Work Area Marked	1
50 Non-Motorist Action		63 Tire Impressions Before Impact (ft.)	0 0 0 0	72 Road Surface Type		3	81 Crash Location	1
51 Non-Motorist Location Prior to Impact		64 Distance Traveled After Impact (ft.)	0 0 0 0	73 Road Configuration		3	<b>TRAILER INFO.</b> Unit# <u>3</u> Unit# _____	
52 Crash Sequence - First Event for This Unit		65 Emergency Vehicle Use		74 Access Control		2	82 Trailer Type	
53 Crash Sequence - Second Event "		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes		0 4	1st Trailer No. Axles	
54 Crash Sequence - Third Event "		67 School Bus - Contact Vehicle "	<input type="checkbox"/>	76 Traffic Control Type		5	Width (inches)	
55 Crash Sequence - Fourth Event "		68 School Bus - Noncontact Vehicle "	<input type="checkbox"/>	77 Traffic Control Oper		1	Length (feet)	
56 Most Harmful Event for This Unit		<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b>				82 Trailer No. Axles Width (inches) Length (feet)		
57 Distance/Direction to Object Struck		Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: 				83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home		
58 Vehicle Underride/Override		Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond box 1-digit number from bottom of diamond				Overwidth Permit # _____		
59 Vehicle Defects		Released (does not include fuel from tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No						

84 **DIAGRAM**

Unit# 3 was: ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on LCL W Sugar Creek Rd Unit# \_\_\_\_\_ was: ☐ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on \_\_\_\_\_

85 **NARRATIVE**

(Include pertinent and unusual aspects, which are not listed elsewhere on the form)

The Driver Of vehicle#2 advised that she dont really know what happen. She advised that she was stopped when she felt a hit on her car.

The Driver of vehicle#3 advised that she was stop because of the light was red, when her vehicle was hit by vehicle #2 on the back. The driver of vehicle #3 advised that she got out of her vehicle and saw a black Honda backing up from vehicle #2. She advised the vehicle then drove away on Sugar Creek Rd. towards N. Tryon St.

86 Type/Owner		Owner Address		ADDITIONAL PROPERTY DAMAGE		State Property?		Estimated Damage \$	
		Phone				<input type="checkbox"/>			
<b>WITNESSES</b>									
Name		Address		Phone No. ( )					
Name		Address		Phone No. ( )					
<b>TRAFFIC VIOLATION(S)</b>									
Name		Charge(s)							
		(Citation # optional)							
Name		Charge(s)							
Officer Name		Officer Number		Department		Date of Report			
<u>D</u>		<u>Castro Cubero</u>		<u>4845</u>		<u>Charlotte Mecklenburg Police Department</u>		<u>09/07/2023</u>	