

1003

"DMV Certified Copy"

104008784

DMV-349 (Rev. 1/09)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Julien Council, Assistant Director Traffic Records

No. of Units Involved 1

Form 1 of 1

Supplemental Report

Non-Reportable

Do not write in these spaces

Date Received by DMV

1	Date	County	Time	Local Use/Patrol Area
1	02/23/2014	RANDOLPH	05:10	201400630 RT-2-B

Location: 33 Relation to Roadway Surface 3, Crash occurred  In Near ARCHDALE Municipality

on I 85 (Highway Number, or Highway, Street, (Ramp or Service Road, indicate on line))

Ramp or Service Road (R.R. Crossing # \_\_\_\_\_) 00.80 Miles (0.1 - 1000 ft.)  N  S  E  W

At US 311 (Use Highway Number, Street Name or Adjacent County or State Line)

From  N  S  E  W toward ALDRIDGE RD (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Altitude \_\_\_\_\_

UNIT# 1  VEHICLE  PEDESTRIAN  HIT & RUN  COMMERCIAL 20 VEHICLE

Driver: \_\_\_\_\_ First Middle Last

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 \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_

Source:  Truck  Shipping papers  Driver

Carrier Identification Numbers, GVWR, Axles

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

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

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

Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address

	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	B	M	0	4	3	1	1	2	see above Veh# 1 Towed To/By: BUCK'S WRECKER SERVICE / BUCK'S WRECKER SERVICE
B				Unit 2-Drv 2, Ped 2, etc. see above									see above Veh# _____ Towed To/By: _____
C	1	2	6	01 09 1990	B	M	2	2	3	2	1	2	
D													
E													
F													
G													
H													

46 Name of EMS A-RANDOLPH COUNTY EMS

46 Name of EMS C-PIEDMONT TRIAD AMBULANCE

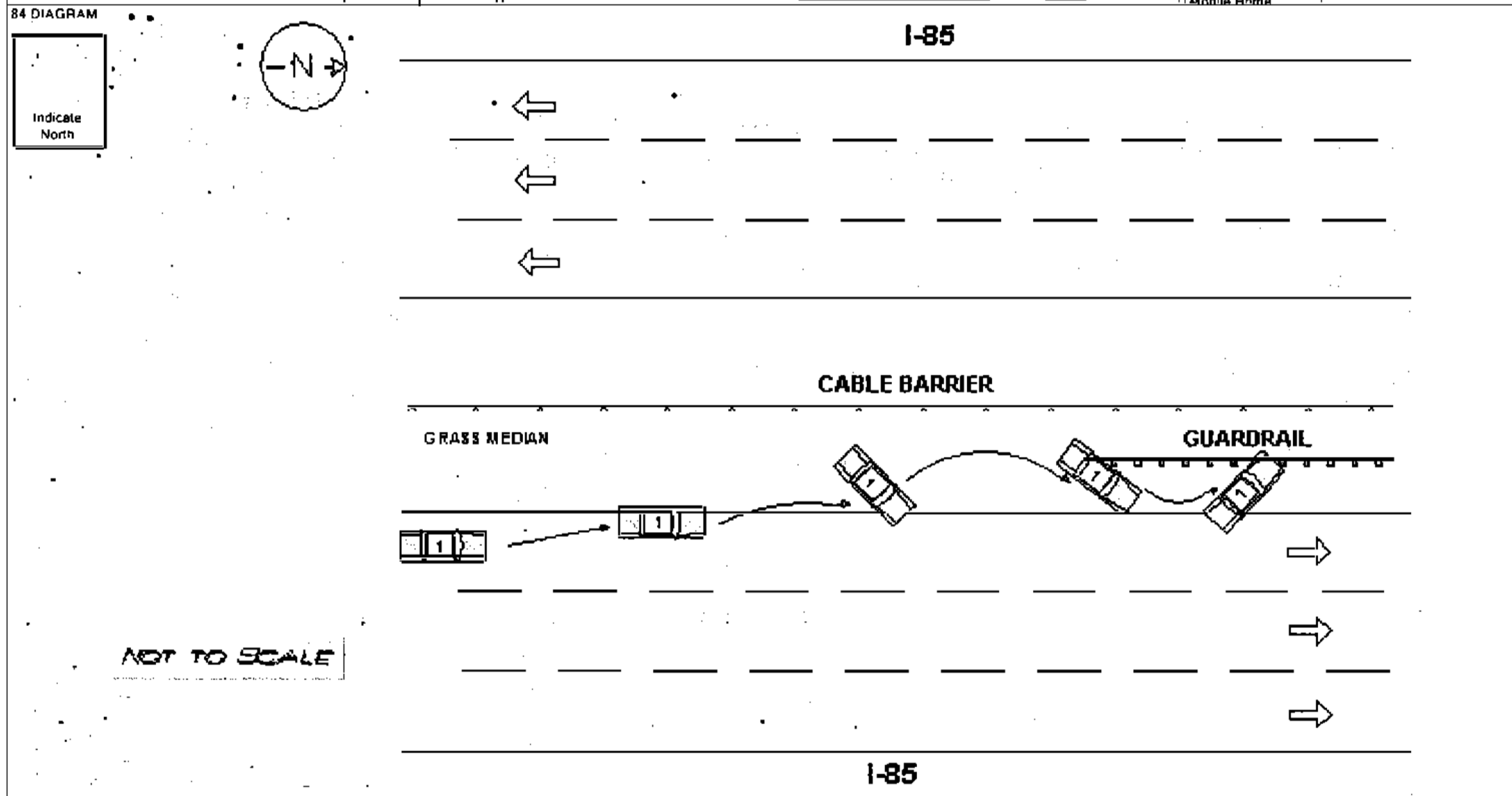
47 Injured Taken by EMS to A-BAPTIST HOSPITAL (Treatment Facility and City or Town)

47 Injured Taken by EMS to C-HIGH POINT REGIONAL (Treatment Facility and City or Town)

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March 4, 2014

48 POINTS OF INITIAL (Write in Codes)		Unit# <u>1</u> <u>5, 6</u>	VEHICLE INFO.		Veh# <u>1</u>	Veh#	ROADWAY INFO.		WORK ZONE RELATED		
60 Authorized Speed Limit			61 Estimate of Original Traveling Speed	<u>70</u>	<u>80</u>	69 Road Feature	<u>0</u>	78 Workzone Area	<u>5</u>		
CRASH SEQUENCE (Unit Level)			62 Estimate of Speed at Impact	<u>4</u>	<u>70</u>	70 Road Character	<u>1</u>	79 Work Activity			
49 Vehicle Maneuver/Action			63 Tire Impressions Before Impact (ft.)	<u>50</u>	<u>433</u>	71 Road Classification	<u>1</u>	80 Work Area Marked			
50 Non-Motorist Action			64 Distance traveled After Impact (ft.)	<u>51</u>	<u>36</u>	72 Road Surface Type	<u>3</u>	81 Crash Location			
51 Non-Motorist Location Prior to Impact			65 Emergency Vehicle Use	<u>52</u>		73 Road Configuration	<u>4</u>	TRAILER INFO.		Unit# <u>1</u> Unit#	
52 Crash Sequence - First Event for This Unit			66 Post Crash Fire (if "Yes" check block)	<u>53</u>		74 Access Control	<u>1</u>	82 Trailer Type	<u>0</u>		
53 Crash Sequence - Second Event			67 School Bus - Contact Vehicle	<u>41</u>		75 Number of Lanes	<u>6</u>	1st Trailer No. Axles			
54 Crash Sequence - Third Event			68 School Bus - Noncontact Vehicle			76 Traffic Control Type	<u>0</u>	Width (inches)			
55 Crash Sequence - Fourth Event			COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond			77 Traffic Control Oper		2nd Trailer No. Axles			
56 Most Harmful Event for This Unit						83 Unit #			Width (inches)		
57 Distance/Direction to Object Struck						Overwidth Trailer and Overwidth Mobile Home			Length (feet)		
58 Vehicle Underride/Override						Overwidth Permit #					
59 Vehicle Defects											



Unit# 1 was  Traveling  Parked Facing     on I-85 N S E W

Unit#     was  Traveling  Parked Facing     on     N S E W

86 Type/Owner: GUARDRAIL  
NC DOT

Owner Address/Phone: 928 SOUTHMONT DR, ASHEBORO NC 27203  
(336) 625-2078

State Property?  Estimated Damage \$ 5000

WITNESSES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

Officer Name: MPO B A WHITE Officer Number: W0756 Department: ARCHDALE POLICE DEPARTMENT Date of Report: 02/23/2014

March 4, 2014













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