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

DMV-349 (Rev. 1/09)

2 — No. of Units Involved

Form 1 of 1

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.

☐ **Supplemental Report** ☐ **Non-Reportable**

Do not write in these spaces

Date Received by DMV

Date	County	Time	Local Use/Patrol Area
07/26/2017	ROWAN	00:09	170726004EA - 01

LOCATION

33 Relation to Roadway Surface: 1 — Crash Occurred: ☐ In ☒ Near — Municipality: SPENCER — or 02.40 Miles — ☐ N ☒ S ☒ E ☐ W — outside municipality

on SR 1915 (Highway Number, or Highway, Street, (If ramp or service road, indicate on line)) — Ramp or Service Road ☐ — (R.R. Crossing # ____ Miles 0 ft. ☐ N S E W

☒ At / ☐ From SR 2170 (Use Highway Number, Street Name or Adjacent County or State Line) — ☐ N ☒ S E W toward SR 2168 (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude ____ Longitude ____ Altitude ____

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

Driver [redacted] First [redacted] Middle [redacted] Last

Address [redacted]

City [redacted] State [redacted] Zip [redacted]

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

D.L.# REDACTED — CDL License ☒ — D.L. Class A — State TX

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 [redacted] Same as Driver? ☐

Address [redacted] Same Address as Driver? ☐

City [redacted] State [redacted] Zip [redacted]

Plate # [redacted] Plate State [redacted] Plate Year [redacted]

VIN [redacted]2

Vehicle Make FRTLINER — Vehicle Year 2014 — 41 Vehicle Style (Type) 12 — 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD LD-5 — 44 Estimated Damage $10,000.00

Insurance Company [redacted]

Policy # [redacted]3

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

Driver [redacted] First [redacted] Middle [redacted] Last

Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Same Address on Driver's License? ☒ Yes ☐ No — Driver's Phone Numbers H [redacted] 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 0

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

Owner [redacted] Same as Driver? ☐

Address [redacted] Same Address as Driver? ☐

City [redacted] State [redacted] Zip [redacted]

Plate # [redacted] Plate State [redacted] Plate Year [redacted]

VIN [redacted]7

Vehicle Make BUICK — Vehicle Year 2005 — 41 Vehicle Style (Type) 1 — 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD FL-5 / TOP-5 — 44 Estimated Damage $5,000.00

Insurance Company [redacted]

Policy # [redacted]

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

Unit 1 — 45 Cargo Body Type 3 — ☐ Same Address as owner?

[redacted]

Source: ☐ Truck ☒ Shipping ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# [redacted] — ICC# ____ — Axles on Vehicle Including Trailers 5

State ____ — State # ____ — IFTA# [redacted]

FEI# ____ — Fleet # ____ — Gross Vehicular Weight Rating 80000

	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	W	M	2	0	0	2	1	5	see above	Veh# 1 Towed To/By [redacted]
B	2	1	1	Unit 2-Drv 2, Ped 2, etc. see above	W	M	3	1	0	2	1	3	see above	Veh# 2 Towed To/By [redacted]
C	2	2	3	REDACTED	W	F	2	1	0	2	1	5	[redacted]	
D														
E														
F														
G														
H														

46 Name of EMS: B - ROWAN CO. EMS — 46 Name of EMS: ____

47 Injured Taken by EMS to: B - SELF TRANSPORTED (Treatment Facility and City or Town) — 47 Injured Taken by EMS to: ____ (Treatment Facility and City or Town)

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

Local Use/Patrol Area: 170726004EA - 01

48 POINTS OF INTIAL CONTACT (Write in Codes)	Unit # 1	Unit # 2
	31	4

CRASH SEQUENCE (Unit Level)	Unit # 1	Unit # 2
49 Vehicle Maneuver/Action	10	4
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for this Unit	30	30
53 Crash Sequence - Second Event		
54 Crash Sequence - Third Event		
55 Crash Sequence - Fourth Event		
56 Most Harmful Event for this Unit	30	30
57 Distance/Direction of Object Struck	0	0
58 Vehicle Underride/Override	2	1
59 Vehicle Defects	0	0

VEHICLE INFO	Veh # 1	Veh # 2
60 Authorized Speed Limit	45	45
61 Estimate of Original Traveling Speed	5	45
62 Estimate of Speed at Impact	0	40
63 Tire Impressions Before Impact (ft.)	0	19
64 Distance travelled After Impact (ft.)	0	17
65 Emergency Vehicle Use		
66 Post Crash Fire (if 'Yes' check block)	☐	☐
67 School Bus - Contact Vehicle	☐	☐
68 School Bus - Noncontact Vehicle	☐	☐

ROADWAY INFO	
69 Road Feature	8
70 Road Character	1
71 Road Classification	4
72 Road Surface Type	3
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	1
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Work Zone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit # 1	Unit # 2
82 Trailer Type	9	0
1st Trailer No. Axles	2	
Width (inches)	102	
Length (feet)	53	
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit # ___ Overwidth Trailer and Overwidth Mobilehome — Overwidth Permit #

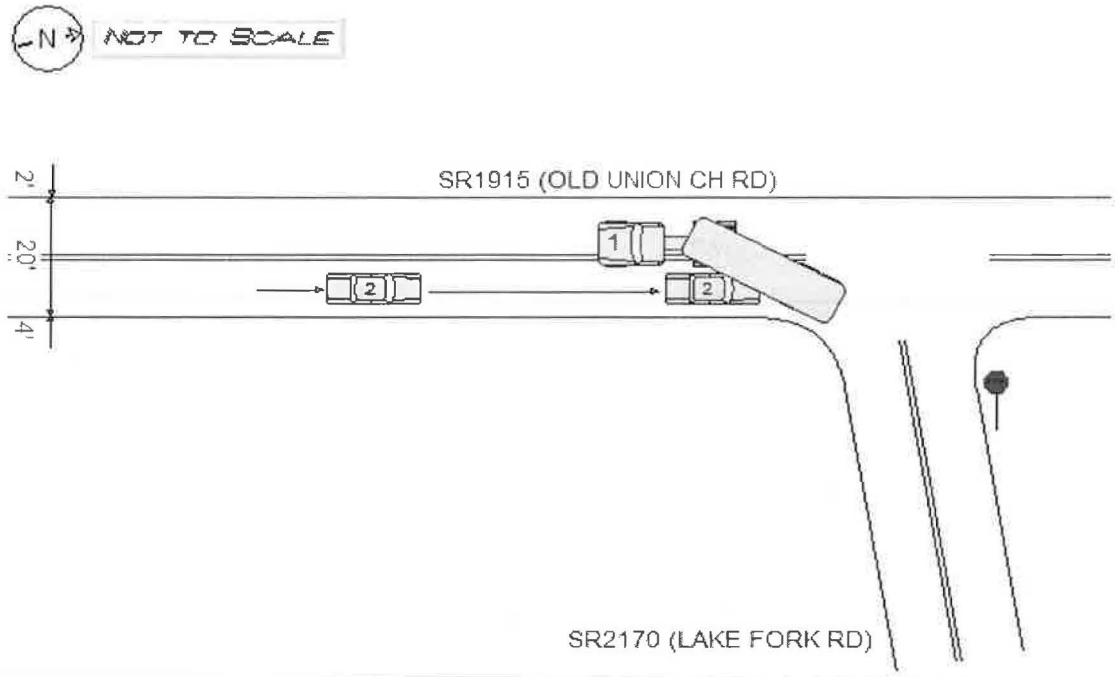
COMMERCIAL VEHICLE: Hazardous Material Involvement — Unit 1

	Yes	No
Haz Mat Placard	☐	X
Hazardous Cargo Released (Does not include fuel from fuel tank)	☐	X
Carrying Haz Mat	☐	X

From Placard indicate: 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

84 DIAGRAM

Indicate North



Unit # 1 was [X] Traveling [X] N [ ] S [ ] E [ ] W on SR 1915 [ ] Parked Facing

Unit # 2 was [X] Traveling [X] N [ ] S [ ] E [ ] W on SR 1915 [ ] Parked Facing

85 NARRATIVE (include pertinent unusual aspects which are not listed elsewhere on the form)

VEHICLE 1 WAS BACKING UP TRAVELING NORTH ON SR1915 (OLD UNION CH RD) TOWARDS SR2170 (LAKE FORK RD) IN ORDER TO TURN RIGHT INSTEAD OF LEFT AS HE COMMITTED. VEHICLE 2 WAS TRAVELING NORTH ON SR1915, VEHICLE 2 COLLIDED INTO THE TRAILER OF VEHICLE 1. VEHICLE 1 STOPPED JUST PRIOR IMPACT. VEHICLE 2 CAME TO REST UNDER THE TRAILER.

ADDITIONAL PROPERTY DAMAGE

86 Type/Owner ____ Owner Address ____ State Property? ☐ Estimated Damage $ ____

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
[redacted]	[redacted]	NC STATE HIGHWAY PATROL NCNHP0000	07/26/2017