

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 2

☐ Supplemental Report

☐ Non-Reportable

Do not write in these spaces

Date Received by DMV

Date  
10/11/2017

County  
SCOTLAND

Time  
11:01

Local Use/Patrol Area  
171011067HA - 03

LOCATION INFORMATION

33 Relation to Roadway Surface

Crash Occurred

☐ In

☒ Near

Municipality  
LAURINBURG

or 00.10 Miles

☒ N ☐ S ☐ E ☐ W

outside municipality

on US 401

☒ At

☐ From

SR 1323

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

Ramp or Service Road

(R.R. Crossing #

Miles 0 ft.

☐ N ☐ S ☐ E ☐ W

Latitude

Longitude

Altitude

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 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.# REDACTED D.L. Class A State NC CDL License ☒

DOB REDACTED 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 88

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

Owner ☐ Same as Driver? ☐

Address

City ☐ State ☐ Zip ☐

Plate # ☐ State ☐ Year ☐

VIN

Vehicle Make CHEV Vehicle Year 2008 41 Vehicle Style (Type) 2 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD LFQ-6 44 Estimated Damage \$10,000.00

Insurance Company ☐ Policy # ☐

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

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

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 owner?

Source:

☐ Truck

☐ Shippin g

☐ 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-Drv 1, Ped 1, etc. see above | W | M | 2 | 2 | 0 | 1 | 1 | 2 | see above | Veh# 1 Towed To/By: <input type="checkbox"/> |
| B |   |   |   | Unit 2-Drv 2, Ped 2, etc. see above |   |   |   |   |   |   |   |   | see above | Veh# Towed To/By: <input type="checkbox"/>   |
| C |   |   |   |                                     |   |   |   |   |   |   |   |   |           |  |
| D |   |   |   |                                     |   |   |   |   |   |   |   |   |           |  |
| E |   |   |   |                                     |   |   |   |   |   |   |   |   |           |  |
| F |   |   |   |                                     |   |   |   |   |   |   |   |   |           |  |
| G |   |   |   |                                     |   |   |   |   |   |   |   |   |           |  |
| H |   |   |   |                                     |   |   |   |   |   |   |   |   |           |  |

46 Name of EMS A - SCOTLAND COUNTY EMS

47 Injured Taken by EMS to A - SCOTLAND MEMORIAL HOSPITAL LAURINBURG 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<br>(Write in Codes) | Unit # <u>1</u> <u>5</u><br>Unit # _____ | <b>VEHICLE INFO</b>   |  | Veh # <u>1</u>           | Veh # _____              | <b>ROADWAY INFO</b>     |  | <b>WORK ZONE RELATED</b> |                          |
|  |  | 60 Authorized Speed Limit   |  | 55                       |                          | 69 Road Feature         |  | 7                        | 78 Work Zone Area        |
| <b>CRASH SEQUENCE (Unit 1 event)</b>             | Unit # <u>1</u> Unit # _____             | 61 Estimate of Original Traveling Speed   |  | 55                       |                          | 70 Road Character       |  | 1                        | 79 Work Activity         |
| 49 Vehicle Maneuver/Action                       | 4  | 62 Estimate of Speed at Impact  |  | 55                       |                          | 71 Road Classification  |  | 2                        | 80 Work Area Marked      |
| 50 Non-Motorist Action                           |  | 63 Tire Impressions Before Impact (ft.)   |  | 0                        |                          | 72 Road Surface Type    |  | 3                        | 81 Crash Location        |
| 51 Non-Motorist Location Prior to Impact         |  | 64 Distance travelled After Impact (ft.)  |  | 72                       |                          | 73 Road Configuration   |  | 4                        | <b>TRAILER INFO.</b>     |
| 52 Crash Sequence - First Event for this Unit    | 30                                       | 65 Emergency Vehicle Use  |  |                          |                          | 74 Access Control       |  | 1                        | 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      |  | 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 |  | 1                        | 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              | 30                                       |   |  |                          |                          |                         |  |                          | 2nd Trailer No. Axles    |
| 57 Distance/Direction of Object Struck           |  |   |  |                          |                          |                         |  |                          | Width (inches)           |
| 58 Vehicle Underride/Override                    | 2  |   |  |                          |                          |                         |  |                          | Length (feet)            |
| 59 Vehicle Defects                               | 0  |   |  |                          |                          |                         |  |                          |                          |
|  |  | <b>COMMERCIAL VEHICLE: Hazardous Material Involvement</b><br>Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate Unit # _____<br>Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or hmv 1-digit number from bottom of diamond<br>Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                          |                          |                         |  |                          |                          |
|  |  | 83 Unit # _____<br>Overwidth Trailer and Overwidth Mobilehome   |  |                          |                          |                         |  |                          | Overwidth Permit # _____ |

**84 DIAGRAM**

4-2


Unit # 1 was ☒ Traveling ☐ ☐ ☐ ☒ on SR 1323  
☐ Parked Facing N S E W

Unit # was ☐ Traveling ☐ ☐ ☐ ☐ on  
☐ Parked Facing N S E W
**85 NARRATIVE** (include pertinent unusual aspects which are not listed elsewhere on the form)

VEHICLE 1 WAS TRAVELING WEST ON SR 1323. VEHICLE 2 WAS TRAVELING NORTH ON US 401. VEHICLE 1 FAILED TO STOP AT A STOP SIGN AND COLLIDED WITH THE TRAILER OF VEHICLE 2. BOTH VEHICLES 1 AND 2 CAME TO REST ON THE ROADWAY OF US 401 AFTER IMPACT

**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) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

Officer Name

Officer Number

Department

NC STATE HIGHWAY PATROL

ORI  
NHP00Date of Report  
10/11/2017

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 2 of 2



Supplemental Report



Non-Reportable

Do not write in these spaces

Date Received by DMV

Date  
10/11/2017

County  
SCOTLAND

Time  
11:01

Local Use/Patrol Area  
171011067HA - 03

LOCATION INFORMATION

33 Relation to Roadway Surface 1 Crash Occurred ☐ In ☒ Near LAURINBURG Municipality or 00.10 Miles ☒ N ☐ S ☐ E ☐ W outside municipality  
on US 401  
At SR 1323 ☒ From ☐ N ☐ S ☐ E ☒ W toward SR 1333 ☐ N ☐ S ☐ E ☒ W  
Ramp or Service Road (R.R. Crossing # \_\_\_\_\_ Miles 0 ft. ☐ N ☐ S ☐ E ☐ W  
Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Altitude \_\_\_\_\_

UNIT # 2 ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☒ COMMERCIAL VEHICLE  
Driver \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Same Address on Driver's License? ☒ Yes ☐ No Driver's Phone Numbers \_\_\_\_\_  
D.L.# REDACTED D.L. Class A State NC  
CDL License ☒  
DOB REDACTED 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 88  
37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) ☐

UNIT # \_\_\_\_\_ ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER  
Driver \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone Numbers \_\_\_\_\_  
D.L.# \_\_\_\_\_ D.L. Class \_\_\_\_\_ State \_\_\_\_\_  
CDL License ☐  
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 # \_\_\_\_\_ Plate State \_\_\_\_\_ Year \_\_\_\_\_  
VIN \_\_\_\_\_  
Vehicle Make FRTLINER Vehicle Year 2015 41 Vehicle Style (Type) 14 42 Vehicle Drivable ☒ Yes ☐ No  
43 TAD UND-4 44 Estimated Damage \$10,000.00  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Owner \_\_\_\_\_ Same as Driver? ☐  
Address \_\_\_\_\_ Same Address as Driver? ☐  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Plate # \_\_\_\_\_ 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 2 45 Cargo Body Type 3 ☐ Same Address as owner?

Carrier Identification Numbers, GVWR, Axles

Source: ☒ Truck ☐ Shipping ☐ Driver  
US DOT# \_\_\_\_\_ ICC# \_\_\_\_\_ Axles on Vehicle Including Trailers 5  
State \_\_\_\_\_ State # \_\_\_\_\_ IFTA# \_\_\_\_\_  
FEI# \_\_\_\_\_ Fleet # 51 Gross Vehicular Weight Rating 52000

|   |   |   |   |                                     |   |   |   |   |   |   |   |   |           |                           |
|---|---|---|---|-------------------------------------|---|---|---|---|---|---|---|---|-----------|---------------------------|
| A | 2 | 1 | 1 | Unit 1-Drv 1, Ped 1, etc. see above | W | M | 2 | 1 | 0 | 2 | 1 | 5 | see above | Veh# 2 Towed To/By: _____ |
| 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<br>(Write in Codes) | Unit # <u>2</u> <u>38</u><br>Unit # _____ | <b>VEHICLE INFO</b>       |   | Veh # <u>2</u> | Veh # _____              | <b>ROADWAY INFO</b>      |                         | <b>WORK ZONE RELATED</b> |                   |
|  |   | 60 Authorized Speed Limit |   | 55             |                          | 69 Road Feature          |                         | 7                        | 78 Work Zone Area |
| <b>CRASH SEQUENCE (Unit 1 event)</b>             | Unit # <u>2</u>                           | Unit # _____              | 61 Estimate of Original Traveling Speed   |                | 55                       |                          | 70 Road Character       |                          | 1                 |
| 49 Vehicle Maneuver/Action                       | 4   |                           | 62 Estimate of Speed at Impact            |                | 55                       |                          | 71 Road Classification  |                          | 2                 |
| 50 Non-Motorist Action                           |   |                           | 63 Tire Impressions Before Impact (ft.)   |                | 0                        |                          | 72 Road Surface Type    |                          | 3                 |
| 51 Non-Motorist Location Prior to Impact         |   |                           | 64 Distance travelled After Impact (ft.)  |                | 762                      |                          | 73 Road Configuration   |                          | 4                 |
| 52 Crash Sequence - First Event for this Unit    | 30  |                           | 65 Emergency Vehicle Use                  |                |                          |                          | 74 Access Control       |                          | 1                 |
| 53 Crash Sequence - Second Event                 |   |                           | 66 Post Crash Fire (if 'Yes' check block) |                | <input type="checkbox"/> | <input type="checkbox"/> | 75 Number of Lanes      |                          | 4                 |
| 54 Crash Sequence - Third Event                  |   |                           | 67 School Bus - Contact Vehicle           |                | <input type="checkbox"/> | <input type="checkbox"/> | 76 Traffic Control Type |                          | 1                 |
| 55 Crash Sequence - Fourth Event                 |   |                           | 68 School Bus - Noncontact Vehicle        |                | <input type="checkbox"/> | <input type="checkbox"/> | 77 Traffic Control Oper |                          | 1                 |
| 56 Most Harmful Event for this Unit              | 30  |                           |   |                |                          |                          |                         |                          |                   |
| 57 Distance/Direction of Object Struck           |   |                           |   |                |                          |                          |                         |                          |                   |
| 58 Vehicle Underride/Override                    | 2   |                           |   |                |                          |                          |                         |                          |                   |
| 59 Vehicle Defects                               | 0   |                           |   |                |                          |                          |                         |                          |                   |

## 84 DIAGRAM

4-7


Unit # 2 was ☒ Traveling ☒ ☐ ☐ ☐ on US 401  
☐ Parked Facing N S E W

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

## 85 NARRATIVE

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

VEHICLE 1 WAS TRAVELING WEST ON SR 1323. VEHICLE 2 WAS TRAVELING NORTH ON US 401. VEHICLE 1 FAILED TO STOP AT A STOP SIGN AND COLLIDED WITH THE TRAILER OF VEHICLE 2. BOTH VEHICLES 1 AND 2 CAME TO REST ON THE ROADWAY OF US 401 AFTER IMPACT

|                             |                                    |                                   |       |                          |                        |
|-----------------------------|------------------------------------|-----------------------------------|-------|--------------------------|------------------------|
| 86 Type/<br>Owner           | Owner<br>Address                   | <b>ADDITIONAL PROPERTY DAMAGE</b> |       | State<br>Property?       | Estimated<br>Damage \$ |
|                             |                                    |                                   |       | <input type="checkbox"/> |                        |
| <b>WITNESSES</b>            |                                    |                                   |       |                          |                        |
| Name                        | Address                            | Phone No                          |       |                          |                        |
| Name                        | Address                            | Phone No.                         |       |                          |                        |
| <b>TRAFFIC VIOLATION(S)</b> |                                    |                                   |       |                          |                        |
| Name                        | Charge(s)<br>(Citation # optional) |                                   |       |                          |                        |
| Name                        | Address                            |                                   |       |                          |                        |
| Officer Name                | Officer Number                     | Department                        | ORI   | Date of Report           |                        |
|                             |                                    | NC STATE HIGHWAY PATROL           | NHP00 | 10/11/2017               |                        |