	DMV-349 (Rev	.9/99) S	TATISTICAL A	NALYSIS AN	D SUBSE	QUENT HIGHWAY	Y SAFETY PROGRAMMING. DETERMINATIONS OF  Do not write in these sp aces
	2	-					FINSURES OR OF THE STATE'S COURTS ATTACHMENT 3
ļ.	Т	i Form 1			mental R	Reportable 0506582  Local Use/Patrol Area Date Received by DMIV	
3	Date	ĺ	Count	•		Time	
	03/15/2005		ORAN	GE		1741	HOMESTEAD
2	L 33 Relation to O Roadway Surface	e <u>1</u> Occi	ash 😾 In urred 🗌 Nea	r CHAI	PEL F	HILL	or Miles N S E W outside municipality
<u></u>	C A on HOMEST	EAD RD					(R.R.Crossing# )Miles $\frac{25}{1000}$ ft. N.S. E. W. $\frac{1}{1000}$
3							(0 ftIntersection) (If available)
1	$ \begin{array}{c} \mathbf{O} \\ \mathbf{N} \end{array} $ at or from $ \begin{array}{c} \mathbf{W} \\ \mathbf{X} \end{array} $ Use Hi	EAVER DE ghway Number, S	AIRY RD treet Name or A	EXT djacent County	or State Li	ine N S E V	x toward HEARTHSTONE LN Longitude 2
	UNIT# <u>1</u> VEH	ICLE PE	DESTRIAN	∏ HIT & R	UN 🗌	COMMERCIAL 20 VEHICLE	UNIT#_2.   VEHICLE   PEDESTRIAN HIT & RUN   OTHER
4	2	NA JO KED			La		Driver MATTHEW EDWARD SZYMANSKI First Middle Last
1	Fii Address 200 WES		Middle DR APT 6	4		SI	Address 804 W MORGAN ST APT B2B
5	City CHAPEL HI	LL		State _	NC 2	Zip _27514	City RALEIGH State NC Zip 27603-
	Same Address on Driver's	Driver's	H ( <u>919</u>	) 923-	-7854		Same Address on Driver's Phone Phone Driver's Phone
6	License? Yes No		W( <u>919</u>				License?  Yes No Numbers W(919 ) 413-3371
2	D.L.# 25941437 CDL License	,				State NC	D.L.# 21576008 State NC CDL License
7	DOB 12/07/197	34 Visio Obstruction	n <u>o</u> 35 l	Physical adition1	36 I Res	D. L. triction <u>1</u>	DOB 12/11/1978 Obstruction 0 35 Physical 1 36 D. L. NO 0
1	37 Alcohol/ Drugs Suspected 0	38 Alcoho _ Drugs Tes	1/ 39 J t <u>0</u> (if k	Results mown) <u>0</u>	40 V Seiz	vehicle ure (DWI)	37 Alcohol/ Orugs Suspected O Drugs Test O (if known) O Seizure (DWI)
		A JO KEDD	ELL				Owner MARK ALAN SZYMANSKI Same as Driver?
		STMINSTER		54			Address 1530 ALPINE DR.
	Same Addre CityCHAPEL_HI	ss as Driver? 🔀 LiL		State NC	Zip _	27514-15	Same Address as Driver?
	Plate # NXR5632				Plate — Year		Plate # 799GLC Plate Sc Plate 2005
	VIN 1FAFP55U01	A196537					VIN 1J4FT68S2TL171338 23
	Vehicle <sub>FORD</sub> V Make Y	ehicle 200	1 41 Vehic	ile 1	42 Vei Drivab	nicle Yes	Vehicle JEEP Vehicle 1996 41 Vehicle 4 42 Vehicle Yes Make Year Style (Type) Drivable X No
ı	43 TAD 6BC-3			Estimated 44 Damage	e	\$7,000.00	
	Insurance AMERIC	AN SOUTHE					Insurance ALLSTATE Company
İ	Policy# ACI004	665000005	3210024				Policy# 035878356 11/19
ĺ	20 COMMERCIAL VI 45 Cargo Body Ty				rce	Source	Carrier Identification Nmmbers, GVWR, Axles
l						Truck	US DOT# ICC# Axles on Vehicle Including Trailers
						Shipping papers	State   IFTA#
						☐ Driver	Gross Vehicle   FEI# Fleet# Weight Rating
	21 22 23 24	25 26	27 28 29	30 31 3			or All Person (Unit 1/Unit 2 drv, Ped, etc See Above); Use check blocks if address same as Driver
A	1 1 1 Unit 1-Drv1, I see above		2 1 0	2 1 5			wed To/By: PRIVATE LOT /EASTGATE BP
В	2 1 1 Unit 2-Drv2, I see above	edz, etc W M	2 2 0	2 1 5		Veh# 2 Tow SPENCER M.	wed To/By: LEFT AT SCENE /DRIVER'S CHOICE
С	1 2 4 11/23/1	998 W M	4 0 0	2 1 5			INSTER DR. APT 64 CHAPEL HILL NC 27514
D		.			<u> </u>		
E					<u> </u>		
F							
G					Ь		
н					-		
4	6 Name of EMS						46 Name of EMS
4	7 Injured Taken						47 Injured Taken
	by EMS to		(Treatment	Facility and Ci	ity or Tow	n)	by EMS to (Treatment Facility and City or Town)

	· r	<del></del> -	49 (Rev.9 ]	/33)	ST	TATIS	TICAL	ΔΝΔ	YSI	SAN	D SI	UBSEQ	<b>UENT HIGH</b>	AY SAFETY	PROGRA	MMING.	DATA IS CO DETERMIN TE'S COUR	IATIONS	OF	Do not w	rite in these s <b>p</b> a	ces
	L	2	J		-		· ·	_	7								0500	022				
	1	lo. of U	Inits Involved	Form_	<u> </u>	of_			] Su	pple	men	ital Rej		on-Reportab			0508			Data P	agained by DAAN	17
3			Date				Cour	nty					Time		Loc	al Use	/Patrol A	rea		Date R	eceived by DMN	V
	C	4/0	9/2005	<u> </u>			ORA		:				0946									
	L	33 Re	elation to way Surface	1 (	Cra Occu	sh rred	H It	n Jear								or		M	iles N	□□□ sew	outside municipa	lity
-	Ų						_	_			]	Municipa										
	A T	on _	HOMESTE	AD F	RD av. Stre	eet (II	f ramp	or serv	e roa	ad, ind	licate	on line)	- Ramp Service F	(R.R.Cros	sing#		_)		Miles (	0 ftIntersecti	ft.NSE ft.NSE on) (If availa	W able)
	I		from WEA							•			50111002	toward							Latitude	
_	Ň	at or 1	from WEF	vay Numi	ber, St	reet N	lame or	r Adjac	ent C	ounty	or S	tate Line	· N S I	W	Use High	way Num	ber, Street N	ame or Adj	cent Count	y or State Line	Longitude Altitude	
	UN	IT# <u>1</u>	<b>X</b> VEHIC	LE [	PEI	DEST	RIAN	۷ 🗆	ніт	* & F	RUN		OMMERO VEHICL	AL UNIT#	2 X	VEHIC	CLE 🗌 PE	DESTRI	AN 🗌 H	IT & RUN	OTHER	
$\dashv$	Dri	ver _		UI								· · <del>- ·</del>		_ Drive	M	IN Firs	UANG		Middle		Last	
ł			First 215 BERI	MCED	DT.		Midd					Last		Addres	s 20		RINGER		Middle			_
1														_						37	g 2751 <i>d</i>	_
4	Cit	yC	HAPEL HIL	<u> </u>					Sta	ite .	NC	Z_ Zi	p <u>27516</u>	City	CHAP	EL HI					C Zip <u>27516</u>	
	Sam	e Addre	ss on Driver's	Driver	r's	н (	919		.)_	942	-22	288			ldress on		Driver' Phone	s H(	919	) <u>932-</u>	3224	
_			Yes No	Phone Numb	ers	w (			) _					License	Yes	Įν.	Numbe	rs W(	919	_) <u>966-</u>	0916	
													State NO	DI#	27	05318	3				State _N	IC_
4			27421374 CDL License	_											CDL	, License						
	DΩ	B 11	./23/1953	34 V Obstru	Visio:	n n_o	3	5 Ph Condi	ysic tion	al I—	1	36 D Resti	.L. riction <u>1</u>	_ DOB	10/11	/1964	34 Vi Obstruc	sion tion <u>o</u>	35 Ph Cond	ysical ition <u>1</u>	36 D. L. Restriction <u>1</u>	
ı	37	A Icoho	1/	38 Alc	cohol	1/ _	3	9 Re	sults	3		40 Ve	hicle								40 Vehicle Seizure (DWI)	
4	Ďπ	gs Šus	ol/ spected 0	Drugs	Test		(:	if kno	wn	) <u>u</u>		Seizu	re (DWI)	□ Drugs :	Suspect	ed —	_ Drugs 1	est	(п кп	own) =	. Seizule (DWI)	
۱	Ow	ner -	TONG GU											Owner	MI	N HU	ANG					_
			Same as Drive 215 BERI		PL									Addres	Sam 20	e as Driv 2 BER	er? 😾 RINGER I	PLACE				
ı		iress -	Same Address	as Drive	r? X	]									San	1e Addre	ss as Driver?	LXI				
	Cit	y <u>C</u>	HAPEL HIL	<u>L</u>				_ Sta	te _	NC				1 1							Zip <u>27516</u>	1
ı	Pla	te#_	JZY8174					Pla - Sta	te te -	NC		Plate Year	200	_ Plate #	RYE	7603			P S	late <u>NC</u>	Plate 20 Year	05
ı			1EB31P2PU											VIN _	5TDZ	A23C	480234	50				
ı	Vel	nicle :	NISS Vel	nicle	199	3 4	41 Ve	hicle	. 3	L		42 Vehi	cle X Ye	Vehicle	TOYI	. y	ehicle _	2004	41 Vehic	ile 1	42 Vehicle 🔀 Y - Drivable 🔲 N	'es
ľ	Ma	ke -	Yea	ır —		<u> </u>	Style	(Type	*)	natad	]	Drivabl	e No	Make		Y	ear		Style (1)	rpe) Estimated	Divable   N	
ı	43	TAD	BL-1					_ 4	4 Da	amag	ge -		\$1,000			<u>,-1</u>			4	4 Damage	\$1,000	. 00
ĺ		irance npany		SPEC	CIAL	TY	INS	CO						<ul><li>Insuran</li><li>Compa</li></ul>		LSTA	re insu	RANCE	COMPAN	ſΥ		
I		icy#	SAN7958	15500	)									Policy	į <u>03</u>	50119	510					_
ľ	20 (	OMM	ERCIAL VEH	ICLE:	Ca	rrier	Name	e, Ada	lress	, Soi	ırce	:	Source	Carrier	Identifi	cation N	mmbers, C	SVWR, A	xles			
ı		45	Cargo Body Type		– L	_  s:	ame Ac	ddress	as O	wner?	1		Truck	US DO	Γ#			ICC# _		- Axles	on Vehicle	
ł				·									□ Shinnin									ļ
J													Shipping papers	State _	S	tate# _				IFTA# Gross Vehicle		
ı													Driver	FEI# _				. Fleet#	<u> </u>	Veight Rating		
L	21	22 23	24	2	25 26	5 27	28	29	30	31	32	Nam	es and Addres	s for All Persor	(Unit 1/L	Jnit 2 drv	, Ped, etc S	ee Above);	Use check l	locks if addres	same as Driver	<del></del>
T	1 1	1	Unit 1-Drv1, Per				1	1	2	1	5	see above	Veh# <u>1</u>	Towed To/B	y:				/_			
3	2 1	. 1	Unit 2-Drv2, Per see above	<sup>i2, etc</sup> O	F	2	1	1	2	1		see above	Veh#_2	Towed To/B	y:			<del></del>	/			$\longrightarrow$
,†				1								2	KINYAN	LI								
<u>'</u>	2 2	3	03/07/19	93 W	M	2	0	1	2	1 !	5	<u> </u>	202 BEI	INGER PL	ACE	CHA	APEL HI	LL NC	2751	6		$\rightarrow$
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H												<b>b</b>										
			FEMC											46 Nam	e of EN	4S						
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6602

WILSON,

0680100

04/09/2005

	DMV-349 (Rev.9	STATIST	ICAL ANALYS	IS AND SU	JBSEQUENT HIGHWAY	SAFETY PROGRAMMING. DET INSURES OR OF THE STATE'S	TERMINATIONS OF	Do not write in these space:	s
	2.	,							
ļ				upplemen		Reportable 0 Local Use/Pat	506721	Date Received by DMV	- _
i	Date	· '	County		Time			Date Received by Diviv	
	03/17/2005		RANGE		1624	HOMES			-
2 2	L 33 Relation to O Roadway Surface	Crash Crash	y⊿In Near	CHAPE	L HILL	or	Miles N S	E W outside municipalit	у
<u> </u>	l			7	Aunicipality				<b>-</b>
r <del></del>	T on Highway Number, o	r Highway, Street (If r	ramp or servce ro	ad, indicate	on line) Ramp or Service Road	R.R.Clossing #)	Willes (	75 ft. N S E W OftIntersection) (If available	)
2	O at or from WEA	VER DAIRY	EXT			loward HEARTHST	ONE LN	Latitude	21
	A Use Highw	vay Number, Street Na	me or Aujacem v			V Use Highway Number, S			-
	UNIT# <u>1</u> \text{\text{\text{VEHIC}}}	LE PEDEST	RIAN HI	r & RUN	COMMERCIAL 20 VEHICLE	UNIT# 2 X VEHICLE	☐ PEDESTRIAN ☐ HI	T'& RUN	_
4	D11101	LUIS PANDIA				Driver CARLOS EN		EA Last	-
3_	First Address 200 WEST		Middle VE APT F6	:5	Last	First Address 157 WINDSO	Middle OR CIRCLE	Last	ı
5					27514			State NC Zip 27516	0
L	City CHAPEL HILI					1 ' '		_	- 1
					19	Same Address on Driver's P	hone	) 929-2034	_ 0_
6		Numbers W (_				'`	umbers W( <u>919</u>		-
2	D.L.# 26664392 CDL License	1			StateNC	D.L.# 28073031 CDL License		State NC	1
	DOB 11/09/1948		35 Physic	al 1	36 D. L.	DOB 06/17/1987 OF	34 Vision 35 Phys	sical 36 D. L. tion 1 Restriction 17	0
7								ults o 40 Vehicle Seizure (DWI)	15
1	37 Alcohol/ Drugs Suspected 0	Drugs Test _0	_ (if known	) 0	Seizure (DWI)	Drugs Suspected Dr	ugs Test (if kno	wn) Seizure (DWI)	0
		UIS PANDIAN	I			Owner GULNARA T			-   ``
	Address —	MINSTER DRI	VE APT.F	55		Address 157 WINDSO	R CIR		
	Same Address		State	NC :	Zip <u>27514</u>	Same Address as I City CHAPEL HILL		te <u>NC</u> Zip <u>27516-12</u>	17 8
	City CHAPEL HILL  Plate # TTV7566				Plate 2006	Plate # TNC6592			18
	Plate #		State -	110	Year	VIN 4T1SK12E2RU4		ite — Year	
	Vehicle arms Veh	icle 2002 41	Vehicle	, 4	2 Vehicle X Yes			e 1 42 Vehicle X Yes	- 19
	Vehicle <sub>OLDS</sub> Veh Make Yea	r — 1991 St	yle (Type)	r	Privable No	Make Year	Style (Typ	e 1 42 Vehicle X Yes Drivable No	-
	43 TAD 6BR-1		44 D	amage	\$800.00			timated \$2,000.00	<u>'</u>
	Insurance INTEGON Company	NATIONAL IN	s co			Insurance GOVERNMENT		RANC	
	Policy # 0467721					Policy# 0792412108			ł
ļ	20 COMMERCIAL VEH 45 Cargo Body Type	ICLE: Carrier N			Source	Carrier Identification Nmmb		A decrea Welled	Ī
					Truck	US DOT#	ICC#	- Including Trailers	1
ľ					Shipping papers	State State#	I	FTA#	
					Driver	FEI#	Fleet# Gr	oss Vehicle eight Rating	
L	21 22 23 24	25 26 27	28 29 30	31 32	Names and Addresses fo	r All Person (Unit 1/Unit 2 drv, Ped, e	etc See Above); Use check blo	ocks if address same as Driver	-
A	1 1 1 Unit 1-Drv1, Ped see above		0 2		see above Veh# 1 Tov		/		1
В	2 1 1 Unit 2-Drv2, Ped see above	2, etc W M 2 1	0 2	1 5	see above Veh# 2 Tov	ved To/By:			+
С	.				7				
	+++				<u></u>		· · · · · · · · · · · · · · · · · · ·	2-11	1
D				<u> </u>	]				+
E					ח				
F									Ī
F				-   -	]		·		-
G					1	·			
н									
						46 Name of EMC			†
	6 Name of EMS								-
4	7 Injured Taken by EMS to	Т)	reatment Facility	and City or		47 Injured Taken by EMS to	(Treatment Fac	cility and City or Town)	-
	-	<b>\</b> -		•	*				

Form 2 of 2					Accident #:	0506721
48 POINTS OF INITIAL Unit# 1 16	0 0	VEHICLE INFO.	Veh.# 1 Veh.# 2 ROADWA	Y INFO.	WORK ZONE P	RELATED
CONTACT (Write in Codes) Unit# 2 3	0 0	60 Authorized Speed Limit	35 35 69 Road Feature	8	78 Workzone Area	5
CRASH SEQUENCE (Unit Level)	Unit# 1 Unit# 2	61 Estimate of Original Traveling speed			79 Work Activity	
	1 4	62 Estimate of Speed at Impact	0 20 71 Road Classifi	cation 5	80 Work Area Marked	
50 Non-Motorist Action		63 Tire Impressions Before Impact (ft.)	0.00 0.00 72 Road Surface		81 Crash Location	
51 Non-Motorist Location Prior to Impact			UNK UNK 73 Road Configu	ration 2	TRAILER INFO.	Unit.#1 Unit.#2
52 Crash Sequence-First Event for This Unit	21 21	65 Emergency Vehicle Use	74 Access Contr	ol 1	82 Trailer Type	
53 Crash Sequence-Second Event "		66 Post Crash Fire (if "Yes" check block)	75 Number of La	nes 2	1st Trailer No. of Axles Width (inches)	0.00 0.00
54 Crash Sequence-Third Event "		67 School Bus - Contact Vehicle "	76 Traffic Contro	ol Type 13	Length (feet)	0.00 0.00
55 Crash Sequence-Fourth Event "		68 School Bus - Noncontact Vehicle "	77 Traffic Contro	ol oper 1	2nd Trailer No. of Axles	
	21 21	COMMERCIAL VEHICLE: Haz	ardous Materials Involvement		Width (inches)	0.00 0.00
	0 0	Haz Mat Placard Yes No	From Placard indicat	te:	Length (feet) 83 Unit.# Ove	0.00 0.00
	3 3	Hazardous Cargo Yes No Released (does not include fuel from fuel tank)	4-digit placard number or name from dianond or box botton	of diamond	Overwidth Trailer and Overwidth	
	0 0	Carrying Haz Mat Yes No			Mobile Homes	
84 DIAGRAM						
Indicate North Indicate North	l'	WEAVER DAIRY EXT.  Drawing Not To Scale.				
Unit.#_1 was: Parked Facing N S	IM □ on HC	MESTEAD RD. U	nit.#_2 was: Traveling  Parked Facing	N S E V	on HOMESTEAD RD	
85 CRASH NARRATIVE (Include pertinent a which are not listed			— Farked Pacing	14 B E 4	<u> </u>	
UNIT #1 STOPPED DUE ONTO WEAVER DAIRY EX	TO TRAFF		STOPPING TO TURN E SPEED AND COLLI	LEFT F	'ROM HOMESTEAI 'O THE BACK O	D RD. F UNIT
			ROPERTY DAMAGE		Property Estimated	
86 Type/ Owner	Owner Ac	idress			Damage	
			THE CORPORATION OF THE CORPORATI		\$	
Name	Ac	ldress	TNESSES	Phone		
		ldress		Phone		
Name		TRAFFIC	VIOLATION(S)			
Name <u>CARLOS ENRIQUE MARTIN</u>	VEGA	(Citation # optional)	FAILURE TO REDUCE SP	EED		
NameOfficer Name		ChargesNumber	Department		Date of	report
CARE C		5993	0680100		03/17/	2005

4	DMV-349 (Rev.	9/99) T STA	TISTICAL AN	ALYSIS	AND S	SE OF THE DIVISION OF	SAFETY PI	ROGRAMMING. DE	rermination	s of De	o not write in these	spaces
	1		. "F	AULT" A	RE TH	IE RESPONSIBILITY OF	INSURES O	R OF THE STATE'S	COURTS			-
<del> </del>	No. of Units Involved	Form 1 o			leme		Reportable		429136		Date Received by I	OMV
1	Date		County			Time		Local Use/Pat		1	Tale Neceived by I	>141 A
	10/23/2004		ORANG			. 1753	<u> </u>	IRONW				
2 2	<ul><li>L 33 Relation to</li><li>O Roadway Surface</li></ul>	Crash Occurr	n lxd In ed ☐ Nea:	CH	APE	L HILL Municipality		ог		Miles N S E	W outside muni	icipality
-												
13	T Highway Number, of	or Highway, Street	(If ramp or se	rvce road,	indicat	e on line) Ramp or Service Road	(**************************************	······································		( 0 ft	Intersection) (If	available)
$\begin{bmatrix} 1 \end{bmatrix}$	N at or from WEZ	AVER DAI	RY RD	EXT		State Line N S E V	toward	HOMESTEA (se Highway Number, S	AD PARK Street Name or A	RD Adiacent County or St	T ongitude	
						COMMERCIAL	T				RUN OTHER	
	- <del>21</del>					20 VEHICLE	i	<del></del>				
4	Driver MICHAE	L SCOTT WA	ALTMAN Middle			Last	Driver	First		Middle	Last	
1 5	Address 2406 OUT	RIDER TRA	CE				Address					
	CityCHAPEL HIL	L		_ State	No	Zip <u>27516</u>	City _			St	ate Zip	<sup>U</sup>
	Same Address on Driver's	Driver's H	(919	) _96	8-3	369		ress on Driver's P	none	•		
	License? Yes No	Phone Numbers W	/(	)	····		License?	Yes No N	lumbers W	/().		
2	D.L.# 8989973					State NC	D.L.#				State	·
	CDL License		35 F	hysical		36 D. L.		CDL License	34 Vision	35 Physica —— Condition	I 36 D. L. Restriction	o
	DOB <u>04/16/1959</u>								34 Vision bstruction			
1	37 Alcohol/ Drugs Suspected _0	38 Alcohol/ Drugs Test	0 (if k	nown)	)	Seizure (DWI)	Drugs St	ispectedD	rugs Test	(if known)	40 Vehicle Seizure (D'	WI)
ĺ	Owner MICHAEL	SCOTT WAI	TMAN				Owner	Same as Driver?				
	Same as Drive 2406 OUT	TRIDER TRA	ACE				Address					
	Same Address City CHAPEL HIL	as Driver? 🔯 L	S	tate N	С	Zin 27516	City	Same Address as		State	Zip	
	Plate # NOLE89					Plate 2005						
	Plate #NOLE89 VIN1G8ZK52754Z		s	tate	·	Year — 2000						
	Vehicle SAT Vehicle Year		41 Vehic	le 1		42 Vehicle X Yes		Vehic Year				Yes
	Make Yes	ar <u>2000</u>	- Style (Ty	pe) ——— Estimat	ed	Drivable No	1	Year		The Atlanta	_1_3	□ No -
	43 TAD FL 1			44 Dam	age	\$800.00	Insurance			44 Da	mage ———	-
	Insurance Company STATE F. 2987738	7	ANCE		<del></del> -		Company Policy #					
}	20 COMMERCIAL VEH	HCLE: Carri	ier Name, A	ddress, S	ource	Source		lentification Nmm	oers, GVWR,	Axles		
	45 Cargo Body Type	· 🗆	Same Addre	ss as Own	er?	Truck	US DOT	<del></del>	ICC# .		Axles on Vehicle Including Trailers	
						☐ Shipping					A#	
						papers  Driver			,	Gross V	/ehicle	
L												
	21 22 23 24 1 1 1 Unit 1-Drv1, Persee above	25 26 3	27 28 29 2 5 3	30 31 2 1	5	Names and Addresses for above Veh# 1 Toy				OWNEI		
B	1 1 1 see above  Unit 2-Drv2, Persee above	d2, etc	3 3			400	ved To/By:			/		
С												
			<del> </del>	+-	+	<u> </u>	****				, , , , , , , , , , , , , , , , , , ,	
D					_	1						
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F								-				
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G				11	_	<u> </u>						
н						 						
LA	6 Name of EMS						46 Name	of EMS				
	7 Injured Taken						47 Injured					
,	by EMS to		(Treatmen	t Facility ar	d City	or Town)	by EM	IS to		(Treatment Facility	and City or Town)	

TRAFFIC VIOLATION(S)

Phone

Department

0680100

Date of report

10/25/2004

Address

Address

Charges (Citation # optional)
Charges

Number

6762

Name

Name

Name

Officer Name

MECIMORE, J.

	DMV-349 (Rev.9/99)  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 INSURES OR OF THE STATE'S COURTS  Do not write in these spaces  O																				
•		2					"F.	AULT	" ARI	ETH	IE RESP	ONSIBILIT	Y OF INS	URES O	R OF THE STAT	E'S COURTS	•				9
	No.	of U	nits Involved	Form_	1 o	f_2		□ s	upple	men	ntal Rep	ort 🗆	Non-Rep	ortable		04282				3.457	0
1 3			ate				ounty					Time			Local Use/I		a	Date 1	Received by D	)MV	
			5/2004	<u> </u>			RANG					0707				HHS					1
2	L 3: O R	.oadv		<u>1</u> 0		ed 🔲	Near											N S E W			10
	A OI	n	HOMESTE	AD R	D , Street	(If rar	np or se	rvce ro	ad, in	dicate	e on line)	- Ramp Service I	or (R.F	R.Cross	ing #	_)	N	files 0 ( 0 ftIntersec	tion) ft. N S	E W available)	23
<sup>3</sup>	O at	or fi	rom WEA	VER	DAI	RY	EXT	1				_ [] []	_	oward .	HEARTH	STONE	or Adjacent	County or State Lin	- Longitude		23
<u> </u>					_													HIT & RUN			
	UNIT											VEHICL	E.		RANDY (						
4	Drive	er _	First	SEALC	, ,		liddle				Last				First		Mido	ile	Last		12
5			106 CLAR												7409 MO						0
3	City -	CF	APEL HIL											City _	CHAPEL HII	Driver's		State			13
			s on Driver's Yes  No	Driver's Phone Number									s		ress on Driver's Yes No	Phone	-	9 <u>) 942</u> 9 <u>) 967</u>			<u>                                     </u>
6 1			3707998									State No	c r	D.L.#	8311345					NC	
	i		CDL License		ision		35 P	hysic	al		36 D.	.L. 0	į.		CDL License	<del></del>	on 3	5 Physical Condition <u>1</u>	36 D. L.	. 0	14 33
7			<u>/07/1956</u> 1/										37	7 Alcoh	01/	38 Alcoho	on <u>+</u> -	9 Results if known) 0	40 Vehicle	wn 🗆	15
3	Drugs	Sus	1/ pected _0	.Drugs	Test	0	(if k	nown	) 0	===	Seizur	hicle e (DWI)	니ㅁ	rugs Su				if known) =	Seizure (D)	V1) L1	16
	Owne	er _	VALERIE Same as Drive	r? V	_	JSHE	E							wner	Same as Drive	r? 😾					
	Addre	ess —	106 CLAF										- 1	ddress	Same Address	as Driver?	2		:		17
	City	CF	APEL HIL	L			s	tate .	NC		. Zip	27514		•				State NC		16	19
	Plate	#	RXL9958	·			— Р — S	late tate	NC		Plate Year	200						- Plate NC State	— Plate — Year ——	2005	18
	VIN_	WDE	BEA30E3NB	59883	7										1FTZX18W1						19
	Vehic Make	le <u>N</u>	<u>1ERZ</u> Vel Yea	nicle	1992	- 41 - Sty	Vehic le (Ty	le pe) <sup>—</sup>	1.		42 Vehic Drivable	tle Ye	es V M	ehicle Iake –				Vehicle 2 le (Type) Estimated	~	No.	
	43 TA	D.	FD4					Estin 44 D	nateo ama	ge -		\$8,000						44 Damage	\$4,0	00.00	
	Insura Comp		ERIE IN	SURAN	CE E	XCHA	NGE								NATIONW		······································				
	Policy	,#	Q101206					:						olicy#	61J7964						
	20 CO	MM: 45 (	ERCIAL VEH	HICLE:	Carr	ier Na Same	me, A	ddres ss as C	s, So wner	urce ?	•	Source			lentification Nn				es on Vehicle		
			<del></del> .									Truck						———— Axl Incl	=		
												Shippin papers	<sup>ig</sup> St	tate _	State# _			IFTA# _			
												Driver	FI	EI#		F	leet#	<ul> <li>Gross Vehicle</li> <li>Weight Rating</li> </ul>			
1	21 22	23	24	25	5 26	27 2	8 29	30	31	32						Ped, etc See	Above); Use	check blocks if addre			
A	1 1		Unit 1-Drv1, Persee above			2 2	4	2		3		Veh# 1						<del></del>	S TOWING A	AND	
В	2 1	1	Unit 2-Drv2, Per see above	az, etc W	M :	2 1	4	2	1	4		Veh# 2						/T-ROYS			
С	1 2	3	01/02/19	87 B	М	2 2	4	2	1	3	_	ERRANC .06 CL			FOUSHEE CHAPEI	HILL	NC				
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	4637		EM6				0075	ICP	COL	IV.	V DMC		46	Name	of EMS						•
	46 Nan			s, C			UKAI	v C E	CUL	14.1	Y EMS				i Taken						
	47 Inju by E	red I				(T:	reatment	t Facili	ty and	City	or Town	)		by EM			(Trea	tment Facility and C	ity or Town)		

Accident #: 0428284

	DM	ſV-349 (Rev ——	.9/9	9)	STAT	STICAL	ΔΝΔ1	ISIS A	ND 5	SUBSEC	QUENT HIGHWAY	MOTOR VEHICLES. THE BATA IS COLLECTED TO NOT Write in these spaces with the space of the space o	0
		2										ISURES OR OF THE STATE'S COURTS	۳
	No	o of Units Involve	d Fo	rm1	L of			Supp	leme	ntal Re	eport Non-I	eportable 0419513	-
1		Date				Coun	ity				Time	Local Use/Patrol Area Date Received by DMV	
3	07	7/19/2004				ORA	NGE				1818	TIMBERLYNE	1
2						y In						Miles N. S. P. W. outside municipality	
2	O F	Roadway Surfac								Munici	Danky	or Miles N S E W outside municipality	
	A c	on WEAVE	R DA	IRY	RI	). E	T.				Ramp or (I	R.Crossing # Miles ft. N S E W (If available)	24
3	~	Iligilway Ivaino	.,	5		(		,			, Sel vice Road		
1	O N a	at or from H	OMES	STEF	AD I	Nome or	Adiacen	t Cour	ty or !	State I in	ne N S É W	toward AIRPORT ROAD  Use Highway Number, Street Name or Adjacent County or State Line Altitude Latitude Longitude Altitude	24
										ν П (	COMMERCIAL 20 VEHICLE	UNIT#_2_ \( \sqrt{\sqrt{VEHICLE}}\) PEDESTRIAN \( \sqrt{\sqrt{HIT & RUN}}\) OTHER	
4	Driv	er SANDI	RA BE	RNS	PRE	ss						Driver IRENE RODAK FERGUSON	l
1			irst			Middl	e			Las	it	First Middle Last  Address 200 WESTMINSTER DRIVE	
5	1	ess <u>113 CA</u>							-			<del></del>	0
	City	CHAPEL H	ILL				;	State	N	<u>C</u> z	Zip <u>27516</u>	City CHAPEL HILL State NC Zip 27514	1
		Address on Driver's	Dri Pho Nu	iver's one mbers	H s W	( <u>919</u> (	)	96	7-9	726		Same Address on Driver's Phone H (919) 929-1258  License? Yes No Numbers W ()	
6 2	D.L.#	T614184 CDL Licens	01								State <u>VA</u>	D.L.# 7508261 State NC	1
	DOR	12/22/196	36 Oh	4 Vis	ion ion	o 3	5 Phys	ical on	1_	36 I Rest	D. L. triction <u>0</u>	DOB 08/12/1930 Obstruction 0 35 Physical 1 Restriction 0	19
7		lcohol/ s Suspected _0										37 Alcohol/ 0 38 Alcohol/ 0 39 Results 0 40 Vehicle Orugs Suspected 0 Drugs Test 0 (if known) 0 Seizure (DWI)	
	Own	er SANDRA	BER	NS P	RES	3						Owner IRENE RODAK FERGUSON	,
		Same as D	river? [ BERN	ET D	RIV	3						Same as Driver?  Address 200 WESTMINSTER DRIVE	
	Addr	Same Addı							~		27516	Same Address as Driver?	0
		CHAPEL H										·	1
		# ZEK6138					State		4	- Year	2004	Plate # State Year	
		JTEHF21A8										VIN 1FAFP6532WK182315 Vehicle 1000 41 Vehicle 1 42 Vehicle X Yes	1
	Vehic Make	cle <sub>TOYT</sub> ;	Vehicle Year	e <u>20</u>	001	41 Vel Style (	nicle Type) Est	_4 imate	_	Drivab	nicle X Yes  No \$1,000.00	Vehicle FORD Vehicle 1998 41 Vehicle 1 42 Vehicle √ Yes Make Year Style (Type) Estimated \$1,500.00	
							- 44	Dam	age		<del></del>	Insurance HARTFORD INSURANCE	
	-	ance USAA :	INSUR	RANCI	<u> </u>							Company 55PHH478116	
	Polic	y# OMMERCIAL V	EXXICI			- Nome	Addu	000 S	01120			Carrier Identification Nmmbers, GVWR, Axles	
	20 CC	MMERCIAL V 45 Cargo Body T	уре	LE; (		Same Ad	dress as	Owne	r?	5	Source	· · · · · · · · · · · · · · · · · · ·	
ı								-			Truck	US DOT# ICC# Axles on Vehicle	
											Shipping papers	State State# IFTA#	
											Driver	FEI# Gross Vehicle FIeet# Weight Rating	
į	21 22	2 23 24		25	26.2	7 28 2	29 3	0 31	32	Nan	nes and Addresses for	All Person (Unit 1/Unit 2 drv, Ped, etc See Above); Use check blocks if address same as Driver	
A	21 22 1 1	1 Unit 1-Drv1, see above			F 2	_	0 2		5		Veh#_1 Tow	· · · · · · · · · · · · · · · · · · ·	
В	2 1	1 Unit 2-Drv2, see above	Ped2, et	c W	F 2	1	0 2	1	5	see above	Veh#_2 Tow	d To/By:	
С													
D	$\top$		J		+								
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		red Taken										7 Injured Taken	
-	t / myu by l	red Taken –				(Treatn	nent Fac	ility an	d City	or Tow		by EMS to (Treatment Facility and City or Town)	