

DBV 349 (Rev. 1/2009)
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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
 103397806
 Date Received by DMV
 03/09/2012

No. of Units Involved Form 1 of 1 Supplemental Report Non-Reportable

3 Date 03/06/2012 County NASH Time 23:05 Local Use/Patrol Area 120306170CA/02
 3 Location 33 Relation to Roadway Surface 1 Crash occurred In Municipality ROCKY MOUNT or _____ outside municipality
 1 34 on US 301 Highway Number, or Highway, Street, (if ramp or service road, indicate on line) Municipality _____ (R.R. Crossing # _____) Miles 438 ft N S E W
 35 from SR 1604 Highway Number, Street Name or Adjacent County or State Line N S E W toward SUTTER CREEK DRIVE (D.L. Intersection) (If available)
 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 Latitude _____ Longitude _____ Altitude _____

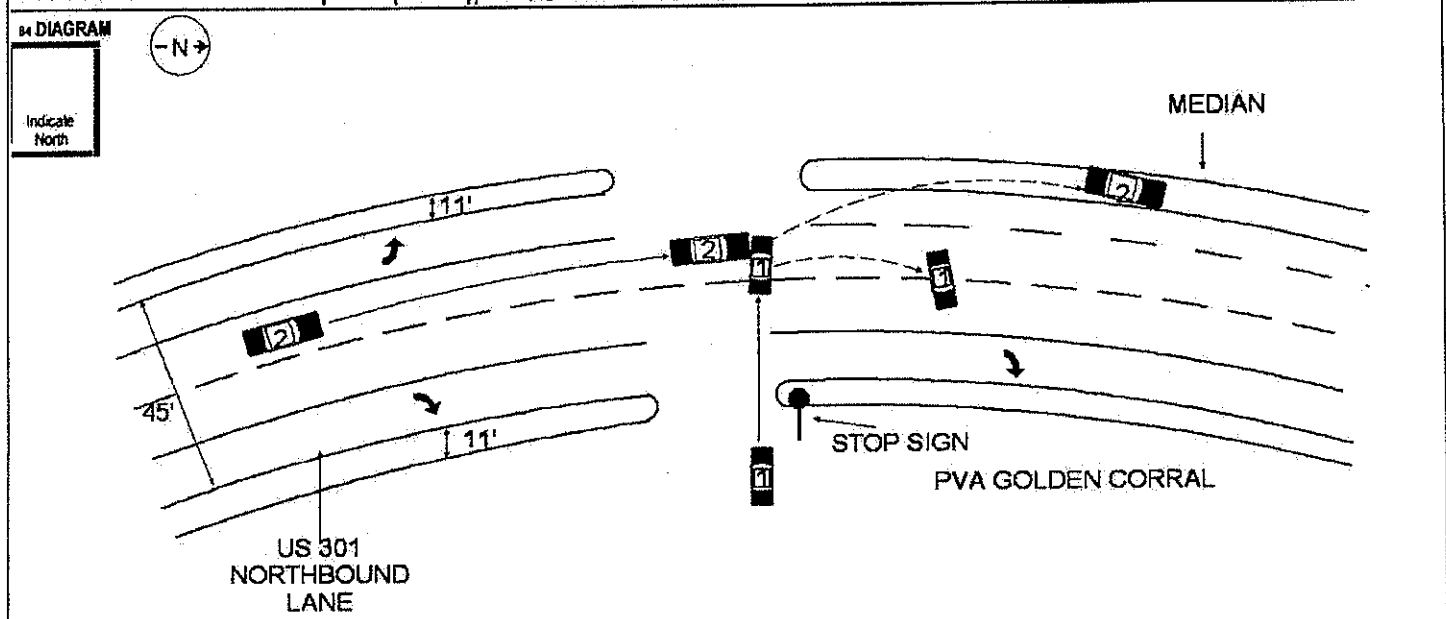
UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE
 Driver MAURILIA SOLIS LEON
 Address _____
 City ROCKY MOUNT State NC Zip 278031132
 Same Address on Driver's License? Yes No Driver's Phone Numbers H (_____) W (_____)
 D.L. _____ D.L. Class C State NC
 DOB 06/17/1952 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0
 37 Alcohol/Drugs Suspected 7 38 Alcohol/Drugs Test 3 39 Results (if known) 5 40 Vehicle Seizure (DWI)
 Owner MAURILIA SOLIS LEON
 Address _____
 City ROCKY MOUNT State NC Zip 278031132
 Plate _____ State NC Plate 2012
 VIN _____
 Vehicle Make DODG Vehicle Year 2002 41 Vehicle Style (Type) 1 42 Vehicle Drivable Yes No
 43 TAD LFQ-6,LP-6,BL-2 44 Estimated Damage \$8000
 Insurance Company NATIONWIDE
 Policy # _____
 UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER
 Driver ARNOLD SYLVESTER SAMUEL
 Address _____
 City ROCKY MOUNT State NC Zip 27804
 Same Address on Driver's License? Yes No Driver's Phone Numbers H (_____) W (_____)
 D.L. _____ D.L. Class C State NC
 DOB 03/05/1969 34 Vision Obstruction 00 35 Physical Condition 01 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 DEPT OF PUBLIC SAFETY
 Same as Driver? Yes No
 Address 4702 MAIL SERVICE CENTER
 Same Address as Driver? Yes No
 City RALEIGH State NC Zip 27699
 Plate _____ State NC Plate 2012
 VIN _____
 Vehicle Make DODGE Vehicle Year 2010 41 Vehicle Style (Type) 31 42 Vehicle Drivable Yes No
 43 TAD FR-6,RP-2 44 Estimated Damage \$21519
 Insurance Company TRAVELERS
 Policy # _____
 20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source
 Unit _____ 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# _____ Gross Vehicle Weight Rating _____
 FE# _____ Fleet# _____

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	1	1	1	Unit 1-Drv1, Ped1, etc. see above	H	F	2	1	0	1	1	1	see above	Vehicle 1 Towed To/By: OAKLEYS/OAKLEYS
B	2	1	1	Unit 2-Drv2, Ped2, etc. see above	B	M	2	2	0	2	1	3	see above	Vehicle 2 Towed To/By: TROOP C GARAGE/TROOP C GARAGE
C														
D														
E														
F														
G														
H														

46 Name of EMS: A-NASH COUNTY EMS 46 Name of EMS: B-NASH COUNTY EMS
 47 Injured Taken to: NASH GENERAL HOSPITAL, ROCKY MOUNT 47 Injured Taken to: NASH GENERAL HOSPITAL, ROCKY MOUNT
 by EMS to (Treatment Facility and City or Town) by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit 1 <u>5</u> Unit 2 <u>1</u>			VEHICLE INFO.		Veh # 1	Veh # 2	ROADWAY INFO.		WORK ZONE RELATED		
60 Authorized Speed Limit			45	45	60 Road Feature	4	78 Workzone Area	5			
CRASH SEQUENCE (Unit Level)			Unit 1	Unit 2	61 Estimate of Original Traveling Speed	0	53	70 Road Character	7	79 Work Activity	
49 Vehicle Maneuver/Action			8	4	62 Estimate of Speed at Impact	0	53	71 Road Classification	2	80 Work Area Marked	
50 Non-Motorist Action					63 Tire Impressions Before Impact (ft.)	0	0	72 Road Surface Type	3	81 Crash Location	
51 Non-Motorist Location Prior to Impact					64 Distance Traveled After Impact (ft.)	70	141	73 Road Configuration	3	TRAILER INFO. Unit 1 Unit 2	
52 Crash Sequence - First Event for This Unit			24	24	65 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type	00 00
53 Crash Sequence - Second Event				2	66 Post Crash Pre (if "Yes" check box)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	4	1st Trailer No. Axles	
54 Crash Sequence - Third Event				58	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			24	24	COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit <input type="checkbox"/>						
57 Distance/Direction to Object Struck			0	0	From placard indicate: <input type="checkbox"/>						
58 Vehicle Under/Over/ride			3	3	Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No						
59 Vehicle Defects			7	0	Released (does not include fuel from fuel tank) <input type="checkbox"/> Yes <input type="checkbox"/> No						
					Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No						
					4-digit placard number or name from diamond or box						
					1-digit number from bottom of diamond						
					83 Unit Overwidth Trailer and Overwidth Mobile Home						
					Overwidth Permit #						



Unit 1 was: Traveling Parked Facing N S E W on US 301

Unit 2 was: Traveling Parked Facing N S E W on US 301

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

VEHICLE 1 WAS TRAVELING WEST FROM THE PVA OF THE GOLDEN CORRAL CROSSING THE NORTHBOUND LANES OF US 301. VEHICLE 2 WAS TRAVELING NORTH ON US 301. VEHICLE 1 ENTERED THE ROADWAY AND PULLED INTO THE PATH OF VEHICLE 2. VEHICLE 2 SWERVED LEFT TO AVOID VEHICLE 1. VEHICLE 1 AND VEHICLE 2 COLLIDED IN THE LEFT NORTHBOUND LANE OF US 301. AFTER IMPACT, VEHICLE 1 SPUN AROUND IN THE ROADWAY AND CAME TO REST FACING EAST ON US 301. VEHICLE 2 RAN OFF THE LEFT SIDE OF THE ROADWAY INTO THE MEDIAN WHERE IT CAME TO REST FACING NORTH. TROOPER J.J. SCOTT NOTIFIED THE HUSBAND, [REDACTED] OF THE DEATH OF HIS WIFE AT 23:53 HOURS ON 03/06/12.

46 Type/Owner: _____

Owner Address: _____

Phone: _____

State Property?

Estimated Damage \$ _____

WITNESSES

Name: _____ Address: _____

Name: _____ Address: _____

TRAFFIC VIOLATOR(S)

Name: _____ Charge(s): _____

Name: _____ Charge(s): _____

Officer Name: D P Wainright

Officer Number: 1973

Department: North Carolina State Highway P

Date of Report: 03/07/2012