DMV-349 (Rev. 9/99) THIS REPORT IS FOR T	HE USE OF THE DIVISION OF MO	TOR VEHICLES. THE DATA IS COLLECTED FOR Do not write in these spaces					
2 "FAULT" ARE THE RES	PONSIBILITY OF INSURERS OR C	SAFETY PROGRAMMING. DETERMINATIONS OF DO NOT WRITE IN THESE SPACES. Non-Reportable FATALITY					
No. of Units Involved Form 1 of 1 Date County	Supplemental Report	Date Received by DMV Local Use/Patrol Area					
05 / 23 / 2010 GUILFORD	1143	044 A3					
mm/dd/ccyy	(24 Hour Clock)	Sequence No. Patrol Area Outside municipality					
33 Relation to Crash Roadway Surface 1 occurred Near JAMEST	OWN Municipality						
C US 29/70 (I-85 BUSINESS)	Ramp or	crossing #) • Miles O ft. N S E W (If available)					
Highway Number, or Highway, Street (If ramp or service road		ward RP 1145 (RIVERDALE DRIVE) Longitude					
N at or from RP 1144 (RIVER ROAD) Use Highway Number, Street Name or Adjacent Co	N 0 F 14/	Use Highway Number, Street Name or Adjacent County or State Line Altitude					
UNIT# 1 VEHICLE PEDESTRIAN	HIT & RUN COMMERCIAL 20 VEHICLE	UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER					
Driver JAMES D.	GOODNIGHT	Driver SANDRA GAIL ALLMOND					
First Middle	Last	First Middle Last Address _2514 JOHNSONTON ROAD					
Address 650 FRANCIS STREET							
on,	ate NC Zip 27263	City THOMASVILLE State NC Zip 27360					
Same Address on Driver's Phone H ()	N/A - 883 -6155	- Same Address on Driver's H () UNK - Phone UNK -					
License? Yes No Numbers W ()		License? Yes I No Numbers W (—)					
D.L. #_2817223 CDL License	State NC	D.L. # 36023929 State NC					
34 Vision 35 Phys DOB 06 /17 / 1969 Obstruction 0 Condition		DOB 06 18 1954 Obstruction 13 Condition 1 Restrictions 1					
mm/dd/ccyy	Results 40 Vehicle _	mm/dd/ccyy 37 Alcohol/ 38 Alcohol/ 39 Results 40 Vehicle					
	(nown)N/A Seizure (DWI)	Drugs Suspected O Drugs Test O (if known)N/A Seizure (DWI)					
Owner NC DEPT. OF CRIME CONTROL AN	D PUBLIC SAFETY	Owner GERALD PAUL ALLMOND					
Same as Driver? Address 4702 MAIL SERVICE CENTER		Same as Driver?					
Same Address as Driver?	7 07000	Same Address as Driver? City JAMESTOWN State NC Zip 27360					
City RALEIGH	tate NC Zip 27699						
Plate # SHP-1037	Plate NC Plate 2010	Plate # ZNV-4415 Plate NC Plate NC Year 2010					
VIN _2B3KA43T79H607686	П	VIN 1HGCD7130SA041732					
Vehicle DODGE Vehicle 2009 41 Vehicle Make	31 42 Vehicle X No	Vehicle HONDA Vehicle 1995 41 Vehicle 1 42 Vehicle Make Style (Type) Drivable No					
	stimated _22,094.00	43 TAD RFQ-7 44 Estimated 3500.00 Damage					
Insurance TRAVELERS INSURANCE	amage	Insurance GREENVILLE CASUALTY					
Company Policy # TRJCAP104T6820		Company Policy # NCP00262491					
20 COMMERCIAL VEHICLE: Cargo, Carrier Name,	ddress, Source Source:	Carrier Identification Numbers, GVWR, Axles					
	ddress as Owner?	US DOT# — — — — ICC# — — — Ades on Vehicle					
	Shipping	State — State# IFTA# — — — — —					
·	papers	Gross Vehicle					
	Driver	FEI# — — — — — Fleet# — Weight Rating —					
	T T T T T T T T T T T T T T T T T T T	dresses for All Persons (Unit 1/Unit 2 Drv, Fed, etc See Above); Use check blocks if address same as Driver					
Unit2-Dry2 Ped2 etc	above	_ Towed To/By: NC HIGHWAY PATROL GARAGE NC HIGHWAY PATROL GARAGE					
2 1 1 see above W F 2 1	3 2 1 1 see veh#2 TAYLOR	_ Towed To/By: NC HIGHWAY PATROL GARAGE HIGH POINT TOWING STRANGE					
2 2 3 03 03 1999 W F 2 1	3 2 1 1 538 OAKI	DALE DRIVE JAMESTOWN NC 27282					
2 2 4 12 12 1998 W M 2 0	0 2 1 2 3311 DIL	ALLMOND ON ROAD JAMESTOWN NC 27282					
	STEVEN	STRANGE					
2 2 6 06 26 2000 W M 2 0	10 2 1 2 1007 BAL	ES CHAPEL ROAD JAMESTOWN NC 27282					
 ' ' 	<u>' </u>						
1	TV EME	46 Name of EMS B,C,D,E GUILFORD COUNTY EMS					
46 Name of EMS A GUILFORD COUNTY 47 Injured Taken A MOSES CONE/HIII	TY EMS SH POINT	46 Name of EMS B,C,D,E GUILFORD COUNTY EMS 47 Injured Taken B,C,D,E WAKE FOREST BAPTIST/WINSTON-SALEM					

48 POINTS OF INITIAL Unit# 1 4.3.2		VEHICLE INFO.	Veh.#.1 Veh.#.2 ROADWAY INFO.			0.	WORK ZONE RELATED			
(Write in Codes) Unit# 2 20.21		60 Authorized Speed Limit	55	55	69 RoadFeature	7	78 Workzone Area	5		
CRASH SEQUENCE (Unit Level)	Unit#_1_	Unit#2	61 Estimate of Original Traveling Speed	120	15	70 Road Character	1	79 Work Activity 80 Work Area Marked	-	
49 Vehide Maneuver/Action	4	8	62 Estimate of Speed at Impact	95	15	71 Road Classification	2	81 Crash Location	-	
50 Non-Motorist Action	-	-	63 Tire Impressions Before Impact (ft.)	88	0	72 Road Surface Type	4		-	
51 Non-Motorist Location Prior to Impact	-	-	64 Distance Traveled After Impact (ff.)	225	137	73 Road Configuration	3	TRAILER INFO.	Unit#_1_	Unit#2
52 Crash Sequence - First Event for This Unit	23	23	65 Emergency Vehide Use	4		74 Access Control	3	82 Trailer Type	0	0
53 Crash Sequence - Second Event	1	2	66 Post Crash Fire (if "Yes" check block)			75 Number of Lanes	4	1st Trailer No. Axles	-	-
54 Crash Sequence - Third Event	33	-	67 School Bus - Contact Vehicle			76 Traffic Control Type	3	Width (inches) Length (feet)	-	-
55 Crash Sequence - Fourth Event	-	-	68 School Bus - Noncontact Vehicle *			77 Traffic Control Oper	1	2nd Trailer No. Axles	-	-
56 Most Harmful Event for This Unit	23	23		RCIAL VEHICLE: Hazardous Materials Involvement Width finct					-	-
57 Distance/Direction to Object Struck	4	0	Haz Mat Placard			om Placard indicate: number or 1-digit numl mond or box bottom of c	\vee	Length (feet)	-	-
58 Vehicle Underride/Override	3	3	Hazardous Cargo Yes No Released (does not include fuel from fu	83 Veh.# Overwidth Trailer _	Overwidth P	ermit#				
59 Vehicle Defects	0	0	Carrying Haz Mat Ses No	es care)			-	and Overwidth Mobile Home		
									9'	
TRAFFI	C SIGNA	AL.			 US 2		RTH	4		
	/					10 to				
		/	-	2		→ FR	ONT OF \	/EHICLE 2	,	
		A	X C			7			▼	
GRASS MEDIAN			Α /		1		GRASS	MEDIAN	17' 10"	
5>				1					A	
			*		US 2	29/70 (I-85 BUS) SO	UTH			
→ 1 ▶						38			25' 4"	
			2					TREES		
411 ² / ₂ >		-	1					220	+	
			-						4 6'	
<i>₽</i>	_				2	(PLACEMENT NO	T TO SC	ALE) 1	Da	
RP 1144 (RIVER RD.)	4		21' 3"					,		
Traveling N S E	□ on .	US 29/70	(I-85 BUS)	Unit# 2	was: Pa	raveling \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	w ou ⊓	S 29/70 (I-85 BUS)		
85 NARRATIVE (Include pertinent and unusual at which are not listed elsewhere or				Sala Secolo			al resident policy			
Which are not listed elsewhere or VEHICLE 1, A NC HIGHWAY PATIVEHICLE 2 WAS TRAVELING NO TO YIELD, ENTERED THE INTER STRUCK A TREE WHERE IT CAME TO GROUP WITH A TOWN THE STATED THAT VEHICLE 1 HAD BE ADDITIONAL WITHESS: TERRY W. JOHNSON, 5000 WOO	ROL CA RTH ON SECTION ME TO F RTH BO D REST IICLE 1	N US 29/ ON AND REST. VI OUND LA VEEREI GHTS A	770 (1-85 BUS) ATTEMPTING THE TWO VEHICLES COLLICEHICLE 2 WAS SPLIT INTO TANES OF TRAVEL. THE PASSED TO THE RIGHT TO ATTEMPCTIVATED, BUT DID NOT HE	FO MAKE DED. VEH WO PIEC SENGER PT TO AV AR A SIR	A LEFT HICLE 1 T CES, WIT COMPAR	TURN ONTO RP FRAVELED OFF T TH THE FRONT O RTMENT OF VEH	1144 (RI THE WES F THE V	IVER ROAD). VE ST SIDE OF US 2 ÆHICLE TRAVEL FRAVELED OFF	HICLE 2 29/70 AND ING ACE THE WES	FAILED COSS ST SIDE
12.11.11.10.11110011,0000 1100	2,		,							
								State		
66 Type/ Cwner TURF DAMAGE			Owner Address Phone 5266 RIVER ROAD					Property? Estimate	s 500.00)
Omior	KSON		JAMESTOWN		IC 2728	32 (336) 4	454 - 2742	40		
			Address 2143 MOTSINGER ROAD	- WITNESSES			Phone No.	222	236	
Name DONALD ROSS					OMASVILLE		_ Phone No. Phone No.			
Name MICHAEL W PERRY			Address 227 SPRING STREET	AFFIC VIOLATION		110 27000	_ Friorie No.	(
Name			Charge(s)(Citation # optional)							
Name			Charge(s)		r a Santan					
SOT CA WERD Cofficer Name	41)	1	Officer Numb	er		artment CSHP/D2	NC	NHP0000	Date of Re 05/24/20	

MIL