

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

DMV-349 (Rev. 1/09)

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 3

☐ Supplemental Report

☐ Non-Reportable

Do not write in these spaces

No. of Units Involved

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1	1	Date 10/04/2021	County WILKES	Time 13:22	Local Use/Patrol Area 211004068FA - 04	Date Received by DMV
2	1	33 Relation to Roadway Surface <input type="checkbox"/> 1 Crash Occurred <input type="checkbox"/> In <input checked="" type="checkbox"/> Near <input type="checkbox"/> Municipality <input type="checkbox"/> or 11.29 Miles <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W outside municipality				
3	1	on NC 16 (Highway Number, or Highway, Street, (If ramp or service road, indicate on line)) At SR 1355 (Use Highway Number, Street Name or Adjacent County or State Line) <input checked="" type="checkbox"/> From <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W toward SR 1357 (Use Highway Number, Street Name or Adjacent County or State Line) Latitude _____ Longitude _____ Altitude _____				
4	1	UNIT # 1 <input type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input checked="" type="checkbox"/> COMMERCIAL VEHICLE Driver CHARLES RODNEY LOVETT III Address 1212 SPANISH OAK LN City PLANT CITY State FL Zip 33563 Same Address on Driver's License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Driver's Phone Numbers H _____ W _____ D.L.# REDACTED D.L. Class A State FL DOB REDACTED 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions _____ 37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) <input type="checkbox"/>				
5	1	Owner BEST TIME TRANSPORT Address 932 E 124TH AVE City TAMPA State FL Zip 33612 Plate # JB31KN Plate State FL Year 2021 VIN 3AKJGLD51FSGH8654 Vehicle Make FRTLINER Vehicle Year 2015 41 Vehicle Style (Type) 14 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD RD-4 / FD-4 44 Estimated Damage \$65,000.00 Insurance Company ACCIDENTAL FIRE AND CASUALTY COMPANY Policy # BA0723297				
6	2	UNIT # _____ VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER Driver _____ Address _____ City _____ State _____ Zip _____ Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/>				
7	1	Owner _____ Address _____ City _____ State _____ Zip _____ Plate # _____ Plate State _____ Year _____ VIN _____ Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) _____ 42 Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD _____ 44 Estimated Damage _____ Insurance Company _____ Policy # _____				
20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source						
Unit 1 45 Cargo Body Type 3 <input type="checkbox"/> Same Address as owner? Source: US DOT# 2561304 ICC# 15965 Axles on Vehicle Including Trailers 5						
BEST TIME TRANSPORT <input checked="" type="checkbox"/> Truck State FL State # 1 IFTA# _____						
932 E 124TH AVE <input type="checkbox"/> Shipping FEI# 823695650 Fleet # 1 Gross Vehicular Weight Rating 12000						
TAMPA, FL 33612 <input type="checkbox"/> Driver						

A	1	1	1	Unit 1-Drv 1, Ped 1, etc. see above	B	M	2	1	0	2	1	2	see above	Veh# 1 Towed To/By: TAYLORS-R / TAYLORS-R
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 A - WILKES EMS

47 Injured Taken by EMS to A - WAKE FOREST BAPTIST

(Treatment Facility and City or Town)

46 Name of EMS

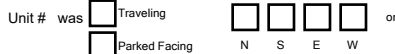
47 Injured Taken by EMS to

(Treatment Facility and City or Town)

Form 1 of 3

Local Use/Patrol

211004068FA - 04

84 DIAGRAM

## 85 NARRATIVE

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

VEHICLE 1 WAS TRAVELING SOUTH ON NC 16. VEHICLE 1 OVERTURNED AND SLID OFF THE ROAD TO THE RIGHT AND STRUCK THE EMBANKMENT. VEHICLE 1 THEN STRUCK A STREET SIGN, PHONE BOX AND A MAILBOX. VEHICLE 1 CAME TO REST ON NC 16.

86 Type/ Owner		MAILBOX / DRIVEWAY		Owner Address		11291 NC HWY 16, MILLERS CREEK NC 2865		State Property?		Estimated Damage \$		5000			
		KIM GAMBILL				(336) 469-6174		<input type="checkbox"/>							
WITNESSES															
Name				Address				Phone No							
Name				Address				Phone No.							
TRAFFIC VIOLATION(S)															
Name				Charge(s) <small>(Classification &amp; optional)</small>											
Name				Address											
Officer Name				Officer Number				Department				ORI		Date of Report	
TRP. R R WALKER				2927				NC STATE HIGHWAY PATROL				NHP00		10/04/2021	

DMV-349 (Rev. 1/09)

*Do not write in these spaces*

No. of Units Involved

Form 2 of 3

Supplemental Report

☐ Non-Reportable

1	Date 10/04/2021	County WILKES	Time 13:22	Local Use/Patrol Area 211004068FA - 04	Date Received by DMV
2	L 33 Relation to Roadway Surface <input type="checkbox"/> Crash Occurred <input type="checkbox"/> In <input type="checkbox"/> Near <input type="checkbox"/> Municipality <input type="checkbox"/> or <input type="checkbox"/> Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N S E W outside municipality on <input type="checkbox"/> At <input type="checkbox"/> From <input type="checkbox"/> Highway Number, or Highway, Street, (If ramp or service road, indicate on line) <input type="checkbox"/> Ramp or Service Road (R.R. Crossing # <input type="checkbox"/> Miles <input type="checkbox"/> ft. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N S E W <input type="checkbox"/> Toward <input type="checkbox"/> Use Highway Number, Street Name or Adjacent County or State Line <input type="checkbox"/> Use Highway Number, Street Name or Adjacent County or State Line Latitude <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Longitude <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Altitude <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
3	UNIT # <input type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> Driver <input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last Address <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip <input type="checkbox"/> Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone Numbers <input type="checkbox"/> H <input type="checkbox"/> W D.L.# <input type="checkbox"/> CDL License <input type="checkbox"/> D.L. Class <input type="checkbox"/> State <input type="checkbox"/> DOB <input type="checkbox"/> 34 Vision Obstruction <input type="checkbox"/> 35 Physical Condition <input type="checkbox"/> 36 D.L. Restrictions <input type="checkbox"/> 37 Alcohol/Drugs Suspected <input type="checkbox"/> 38 Alcohol/Drugs Test <input type="checkbox"/> 39 Results (if known) <input type="checkbox"/> 40 Vehicle Seizure (DWI) <input type="checkbox"/>				
4	UNIT # <input type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER <input type="checkbox"/> Driver <input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last Address <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip <input type="checkbox"/> Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone Numbers <input type="checkbox"/> H <input type="checkbox"/> W D.L.# <input type="checkbox"/> CDL License <input type="checkbox"/> D.L. Class <input type="checkbox"/> State <input type="checkbox"/> DOB <input type="checkbox"/> 34 Vision Obstruction <input type="checkbox"/> 35 Physical Condition <input type="checkbox"/> 36 D.L. Restrictions <input type="checkbox"/> 37 Alcohol/Drugs Suspected <input type="checkbox"/> 38 Alcohol/Drugs Test <input type="checkbox"/> 39 Results (if known) <input type="checkbox"/> 40 Vehicle Seizure (DWI) <input type="checkbox"/>				
5	Owner <input type="checkbox"/> Same as Driver? <input type="checkbox"/> Address <input type="checkbox"/> Same Address as Driver? <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip <input type="checkbox"/> Plate # <input type="checkbox"/> State <input type="checkbox"/> Plate <input type="checkbox"/> Year <input type="checkbox"/> VIN <input type="checkbox"/> Vehicle Make <input type="checkbox"/> Year <input type="checkbox"/> 41 Vehicle Style (Type) <input type="checkbox"/> 42 Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD <input type="checkbox"/> 44 Estimated Damage <input type="checkbox"/> Insurance Company <input type="checkbox"/> Policy # <input type="checkbox"/>				
6	Owner <input type="checkbox"/> Same as Driver? <input type="checkbox"/> Address <input type="checkbox"/> Same Address as Driver? <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip <input type="checkbox"/> Plate # <input type="checkbox"/> State <input type="checkbox"/> Plate <input type="checkbox"/> Year <input type="checkbox"/> VIN <input type="checkbox"/> Vehicle Make <input type="checkbox"/> Year <input type="checkbox"/> 41 Vehicle Style (Type) <input type="checkbox"/> 42 Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD <input type="checkbox"/> 44 Estimated Damage <input type="checkbox"/> Insurance Company <input type="checkbox"/> Policy # <input type="checkbox"/>				
7	20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Unit <input type="checkbox"/> 45 Cargo Body Type <input type="checkbox"/> Same Address as owner? <input type="checkbox"/> Source: <input type="checkbox"/> Truck <input type="checkbox"/> Shipping <input type="checkbox"/> Driver US DOT# <input type="checkbox"/> ICC# <input type="checkbox"/> Axles on Vehicle Including Trailers <input type="checkbox"/> State <input type="checkbox"/> State # <input type="checkbox"/> IFTA# <input type="checkbox"/> FEI# <input type="checkbox"/> Fleet # <input type="checkbox"/> Gross Vehicular Weight Rating <input type="checkbox"/>				

	21	22	23	24	25	26	27	28	29	30	31	32		
A				Unit 1-Drv 1, Ped 1, etc. see above									see above	Veh# Towed To/By:
B				Unit 2-Drv 2, Ped 2, etc. see above									see above	Veh# Towed To/By:
C													<input type="checkbox"/>	
D													<input type="checkbox"/>	
E													<input type="checkbox"/>	
F													<input type="checkbox"/>	
G													<input type="checkbox"/>	
H													<input type="checkbox"/>	

46 Name of EMS

47 Injured Taken  
by EMS to

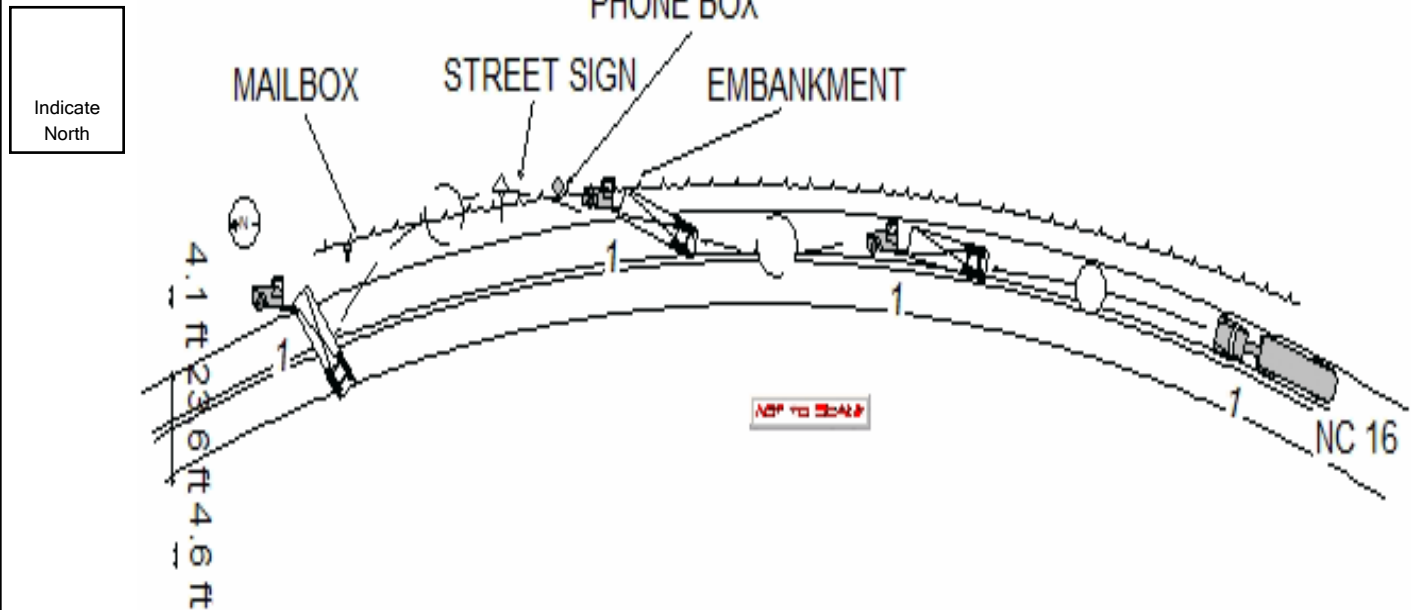
(Treatment Facility and City or Town)

46 Name of EMS

47 Injured Taken  
by EMS to

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit # _____ Unit # _____	<b>VEHICLE INFO</b>		Veh # _____	Veh # _____	<b>ROADWAY INFO</b>	<b>WORK ZONE RELATED</b>	
		60 Authorized Speed Limit				69 Road Feature	78 Work Zone Area	
<b>CRASH SEQUENCE (Unit 1 event)</b>	Unit # _____	Unit # _____	61 Estimate of Original Traveling Speed			70 Road Character	79 Work Activity	
49 Vehicle Maneuver/Action			62 Estimate of Speed at Impact			71 Road Classification	80 Work Area Marked	
50 Non-Motorist Action			63 Tire Impressions Before Impact (ft.)			72 Road Surface Type	81 Crash Location	
51 Non-Motorist Location Prior to Impact			64 Distance travelled After Impact (ft.)			73 Road Configuration	<b>TRAILER INFO.</b>	
52 Crash Sequence - First Event for this Unit			65 Emergency Vehicle Use			74 Access Control	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	1st Trailer No. Axles	
54 Crash Sequence - Third Event			67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	Width (inches)	
55 Crash Sequence - Fourth Event			68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	Length (feet)	
56 Most Harmful Event for this Unit			<b>COMMERCIAL VEHICLE: Hazardous Material Involvement</b> Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate Unit # _____ 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 Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			2nd Trailer No. Axles		
57 Distance/Direction of Object Struck						Width (inches)		
58 Vehicle Underride/Override						Length (feet)		
59 Vehicle Defects						Length (feet)		
						83 Unit # _____	Overwidth Permit # _____	
						Overwidth Trailer and Overwidth Mobilehome		

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

 Unit # was ☐ Traveling ☐ ☐ ☐ ☐ ☐ on ☐ ☐ ☐ ☐ ☐ ☐ 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 SOUTH ON NC 16. VEHICLE 1 OVERTURNED AND SLID OFF THE ROAD TO THE RIGHT AND STRUCK THE EMBANKMENT. VEHICLE 1 THEN STRUCK A STREET SIGN, PHONE BOX AND A MAILBOX. VEHICLE 1 CAME TO REST ON NC 16.

86 Type/ Owner	STREET SIGN NC DOT	Owner Address	402 STATESVILLE ROAD, NORTH WILKESBO (336) 903-9167		State Property?	Estimated Damage \$	1000
<b>WITNESSES</b>							
Name	Address		Phone No				
Name	Address		Phone No.				
<b>TRAFFIC VIOLATION(S)</b>							
Name	Charge(s) (Citation # optional)						
Name	Address						
Officer Name		Officer Number	Department		ORI	Date of Report	
TRP. R R WALKER		2927	NC STATE HIGHWAY PATROL		NHP00	10/04/2021	

DMV-349 (Rev. 1/09)

*Do not write in these spaces*

No. of Units Involved

Form 3 of 3

Supplemental Report

☐ Non-Reportable

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46 Name of EMS	_____	46 Name of EMS	_____
47 Injured Taken by EMS to	_____ (Treatment Facility and City or Town)	47 Injured Taken by EMS to	_____ (Treatment Facility and City or Town)

211004068FA - 04