

*North Carolina Department of Transportation
Division of Motor Vehicles*

***North Carolina
Collision Report
Instruction Manual***



*Collision Reports Section
In accordance with Section 20-166.1
Motor Vehicle Laws of North Carolina*

Revised July, 1993

Collision Reports

GENERAL INSTRUCTIONS

Collision Report form DMV-349 (Rev. 1/92) is to be used by all law enforcement officers to report motor vehicle collisions in North Carolina.

A reportable collision must meet one of the following criteria:

1. A fatality as a result of the collision.
2. Personal injury as a result of the collision.
3. Total property damage amounting to \$500.00 or more, as a result of the collision.

After the investigation of the collision is completed, North Carolina General Statute 20-166.1 requires that the investigating agency submit the report to the Division **within 10 days**.

The Division requests that:

1. The DMV-349 should be typewritten or if handwritten the officer use black ink.
2. The report should be legible. This is of the utmost importance, because when these reports are microfilmed there is a loss of legibility.
3. The original should be submitted to DMV.

The address of the Collision Reports section is:

Collision Reports Section
North Carolina Division of Motor Vehicles
1100 New Bern Avenue
Raleigh, N.C. 27607-0001

In the event that you have specific questions about coding, the supervisor of the coding unit is listed below.

Delores Cheek, Supervisor
Collision Reports Coding Unit
733-7250

Additional forms or instruction books may be ordered at 733-2725.

1.0 NUMBER OF UNITS INVOLVED

No. of Units Involved

Enter the total number of units involved in the collision. A unit is any motor vehicle, pedestrian, bicycle, moped, or other road vehicle, *excluding railway vehicles*.

For purposes of this manual a motor vehicle is any mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn upon a highway. Any object such as a trailer, coaster, sled or wagon being towed by a motor vehicle is considered a part of the motor vehicle, including such devices when detached while in motion, or set in motion by a motor vehicle, such as during pushing. Also, the load, including occupants, upon or in the motor vehicle, or upon or in the device being towed or pushed, is considered a part of the motor vehicle. Motor vehicle includes, but is not limited to, the following devices:

1. Automobiles (*any type*), bus, motorcycle, motorized bicycle or scooter, motorized fire engine, truck, van, trolley bus not operating upon rails.
2. Construction machinery, farm and industrial machinery, road roller, tractor, army tank, highway grader, or similar devices equipped with wheels or treads, while in transport under own power.
3. Special motorized devices such as go-carts, midget racers, invalid chairs, snowmobiles, swamp buggies, or similar devices, while in transport under own power.

A motor vehicle with a trailer is one unit, a dual trailer(s) is one unit and one vehicle towing another using a towbar is one unit. If a rope or chain is used it is two units.

1.1 NON-CONTACT ROAD VEHICLES

A phantom motor vehicle is a vehicle that caused the accident but left the scene. This phantom vehicle should not be counted in the number of units in the accident, but should be referred to in the narrative.

A non-contact motor vehicle is a vehicle that caused the accident and remained at the scene. This non-contact vehicle is counted as a unit with identifying information, and is referred to in the narrative.

1.2 EXAMPLES OF USE

The use of the device at the time of the collision is the primary criterion for establishing motor vehicle status. Any determination regarding under own power, or in use on a land way or place, is not difficult. Also, establishing motor vehicle status is not a problem with devices that come within the provisions of motor vehicle registration laws. Problems arise with devices normally not considered to be motor vehicles, with devices normally not used in transport upon trafficways, and with motor vehicles used in an uncommon manner. The following examples are illustrative of the application of the use of concept in determining motor vehicle status of the device or motor vehicle at the time of the collision:

1. A registered motor vehicle is being drawn by a team of horses upon a city street: It is other road vehicle (animal harnessed to a conveyance).
2. A registered motor vehicle is being used to draw a breaking plow engaged in breaking ground on a farm: It is machinery (farm) while engaged in plowing.
3. A registered truck hauling concrete (transit-mix) is engaged in discharging or spreading its load of concrete at a road construction site: It is machinery (road construction) while engaged in discharging or spreading its load of concrete.

4. A motorized highway grader, under its own power, is moving from one work place to another, upon a public way: It is a motor vehicle in transport.
5. A road roller, under its own power, is engaged in compacting road materials on a trafficway under construction: It is machinery (road construction) while engaged in compacting road materials or otherwise moving at the construction site.
6. A farm tractor is engaged in hauling a trailer load of corn on a farm, upon a private place: It is a motor vehicle in transport.
7. A snowmobile is being driven, under its own power, in a state park for recreational purposes: It is a motor vehicle in transport.
8. An army tank is being moved, under its own power, from the firing range to the motor pool, upon a land way of a military post: It is a motor vehicle in transport.
9. A registered truck, with a blade attached for plowing snow, is engaged in plowing snow from a trafficway: It is machinery (road maintenance) while engaged in plowing snow.
10. A riding, motorized lawn mower, under its own power, is being driven from one home to another, upon a city street: It is a motor vehicle in transport.

1.3 DRIVERLESS MOTOR VEHICLE

A driverless motor vehicle, though previously parked, or a motor vehicle out of control while being towed or pushed, is considered to be a motor vehicle in transport. Also, an abandoned motor vehicle, upon a roadway, is considered to be a motor vehicle in transport. This principle does not apply to such devices as farm or industrial machinery, highway graders, construction machinery, or similar devices which are not in use at the time of the collision for transport.

2.0 SUPPLEMENTS TO TRAFFIC COLLISION REPORTS

☐ Supplemental Report

If a "Supplemental Report" must be written, check this block.

Supplemental traffic collision reports must be submitted when:

1. The original report was incomplete because of lack of information or an incomplete investigation.
2. A correction on the original report is necessary because of inaccurate information.
3. A person dies of injuries sustained in a traffic collision within one year of the collision.

When completing a supplemental report note that:

It is not necessary to rewrite all information as listed on the original DMV-349. (report)

Supplemental reports must be reported on a separate DMV-349 from the original report.

The location must be completed and shall include the date, time and day of the week.

List only the names of drivers (or owner, if no driver) as shown on the original report.

List the additional information or correction to be made.

If the original report included a hit and run driver and the driver has been apprehended the supplement must include all information for that respective driver and vehicle on front and back of the report.

Supplemental reports must be forwarded in the same manner as original reports.

NOTES

3.0 DATE, DAY AND TIME

					Do not write in these spaces DMV REPORT # F
Date A MONTH DAY YEAR	Day of Week B	County C	Time D (24 Hour Clock)	Local Use / Patrol Area E	Date Received by DMV G

- A. Enter the **name** of the month (may be abbreviated), day of month, and the year in which the collision occurred.
- B. Enter the day of week on which the collision occurred. **Please make sure that this day agrees with the date in block A.**
- C. Enter the name of the county in which the collision occurred.
- D. Enter the time that the collision occurred, using the 24 hour clock. Noon is 1200, midnight is 2400. For collisions occurring exactly at midnight use 2359 hours.

Example: 8 o'clock in the morning will be 0800

8:15 in the evening will be 2015

E. This block is reserved for any local law enforcement use.

F. Do not write in this space.

G. Do not write in this space.

NOTES

3.1 Use the instructions in this section for URBAN COLLISIONS which occur at INTERSECTIONS.

L O C A T I O N	A <input type="checkbox"/> In	B _____	C _____	D <input type="checkbox"/> outside municipality
	Collision occurred <input type="checkbox"/> Near _____	Municipality _____	or _____	Miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
	E _____	(R.R. Crossing # F) _____	Miles G _____	H _____
	on Highway Number, or Highway, Street, (if ramp or service road, indicate on line)		(0 ft. Intersection) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	
	I _____	J <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	toward _____	K _____
	at or from Use Highway Number, Street Name or Adjacent County or State Line		Use Highway Number, Street Name or Adjacent County or State Line	

- A. Check "in" to indicate that the collision occurred inside the corporate limits of a city or town.
- B. Enter the incorporated name of the city or town in which the collision occurred.
- C. Leave blank since the collision occurred inside a corporate city or town limits.
- D. Do not check either block since the collision occurred inside a corporate city or town limits.
- E. Enter the name of one of the streets, not the route number, of one of the streets of the intersection. If ramp or service road, also indicate "ramp" or "service road."
- F. Leave blank.
- G. Enter "0" for distance, the zero is properly placed in the feet section as indicated on page 6.
- H. Leave blank.
- I. Strike out "or from" and enter the name of one other street of the intersection.
- J. Enter the direction from I to get to K. H & J should be the same direction.
- K. Enter the name of any nearby street that intersects with the street named in E.

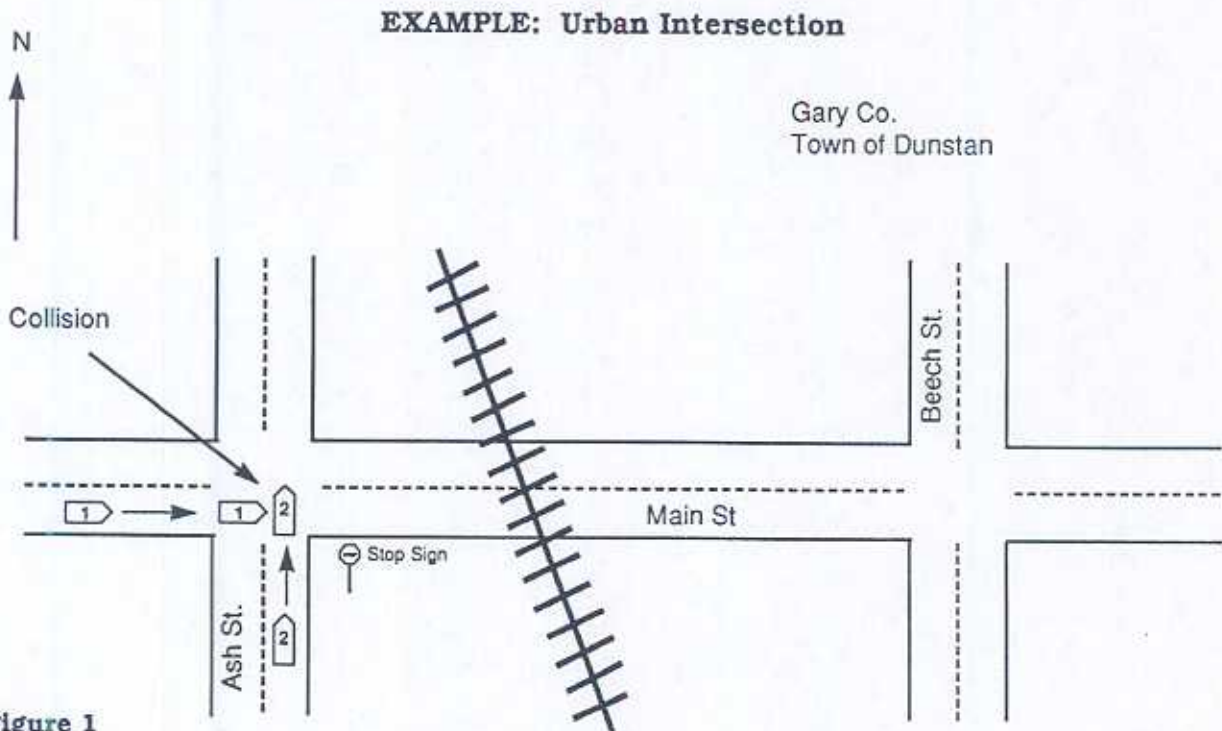


Figure 1

LOCATION	Collision occurred <input checked="" type="checkbox"/> In <u>Dunstan</u> or _____ Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality <small>Municipality N S E W</small>
	on <u>Main Street</u> (R.R. Crossing # _____) _____ Miles <u>0</u> ft. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>Highway Number, or Highway, Street. (If ramp or service road, indicate on line) (0 ft.-intersection) N S E W</small>
	at or from <u>Ash Street</u> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> toward <u>Beech Street</u> <small>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</small>

NOTES

3.1 Use these instructions for URBAN — NON INTERSECTING collisions.

L O C A T I O N	A <input type="checkbox"/> In	B	C	D
	Collision occurred <input type="checkbox"/> Near	Municipality _____	or _____ Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality	
				H
	on _____ (Highway Number, or Highway, Street. (If ramp or service road, indicate on line))	(R.R. Crossing # F) _____	Miles _____	ft. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> G
	E	I	J	K
at or from _____	Use Highway Number, Street Name or Adjacent County or State Line	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward _____	Use Highway Number, Street Name or Adjacent County or State Line	
		N S E W		

- A. Check "in" to indicate that the collision occurred inside the corporate limits of a city or town.
- B. Enter the incorporated name of the city or town in which the collision occurred.
- C. Leave blank since the collision occurred inside a corporate city or town limits.
- D. Do not check either block since the collision occurred inside a corporate city or town limits.
- E. Enter the name of the street on which the collision occurred. If ramp or service road, also indicate "ramp" or "service road." If the street has a street name and a route name or number, use the street name.
- F. If not a rail-highway grade crossing, leave blank. If collision occurred at a rail-highway grade crossing, enter the number posted at the site. This number is composed of six digits and a letter, such as 687 422 T. It may be found strapped to a railroad signal post or part of the gate structure, on the crossbuck sign, or mounted on a separate post. If the number is missing or illegible, write in the name of the railroad company owning or operating the tracks (such as Southern, SCL, etc.) and strike through "#" on the form.
- G. Enter the distance, in feet, from the nearest intersecting street.
- H. Enter the direction from the nearest intersecting street to the scene of the collision. Two blocks may be checked to indicate an intermediate direction, such as, Northeast. City streets may run in intermediate compass directions and should be listed as such.
- I. Strike out "At or" and enter the name of the nearest intersecting street in the direction given, past the scene of the collision. The scene of the collision should be *between* the two streets named in I and K, with the direction *from* I and K being noted in H.
- J. Enter the direction from I to get to K. H & J should be the same direction.

EXAMPLE: Urban Non-Intersection

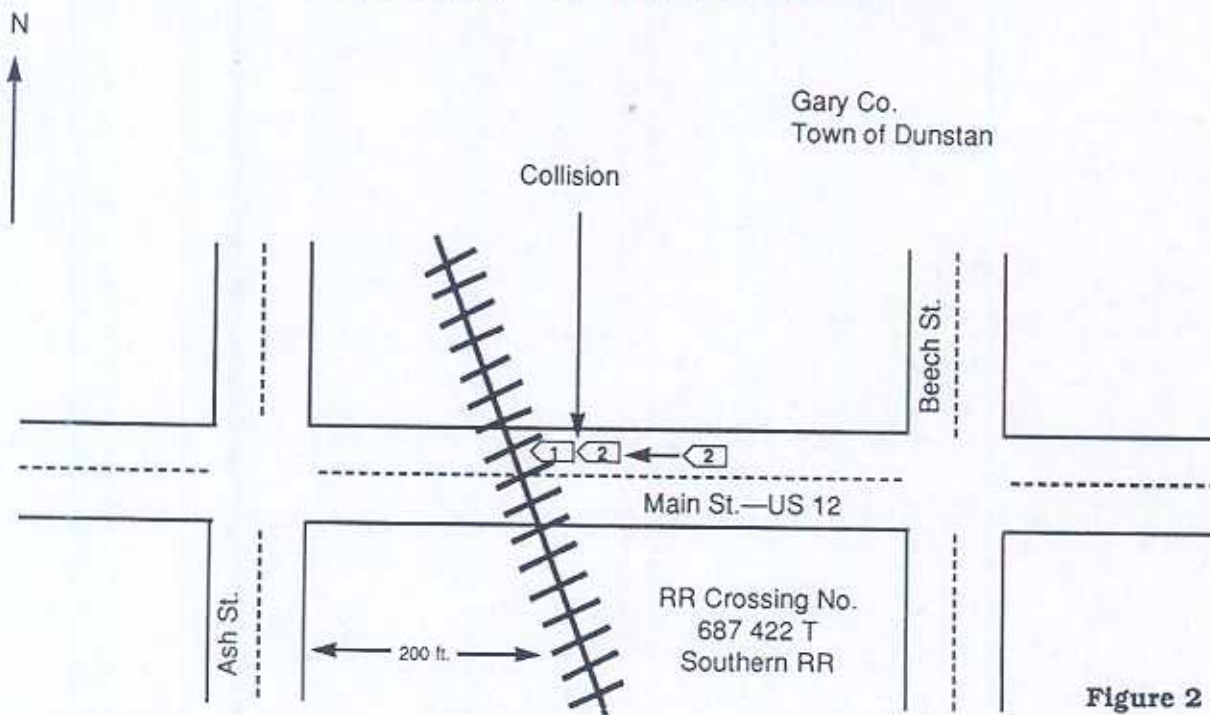


Figure 2

L O C A T I O N	Collision occurred <input checked="" type="checkbox"/> In _____ or _____ Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality
	<input type="checkbox"/> Near <u>Dunstan</u> Municipality
	on <u>Main Street</u> (R.R. Crossing # <u>687</u> <u>422T</u>) Miles <u>200</u> ft. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> (0 ft. - Intersection) N S E W
	enter from <u>Ash Street</u> Use Highway Number, Street Name or Adjacent County or State Line <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> toward <u>Beech Street</u> Use Highway Number, Street Name or Adjacent County or State Line N S E W

NOTES

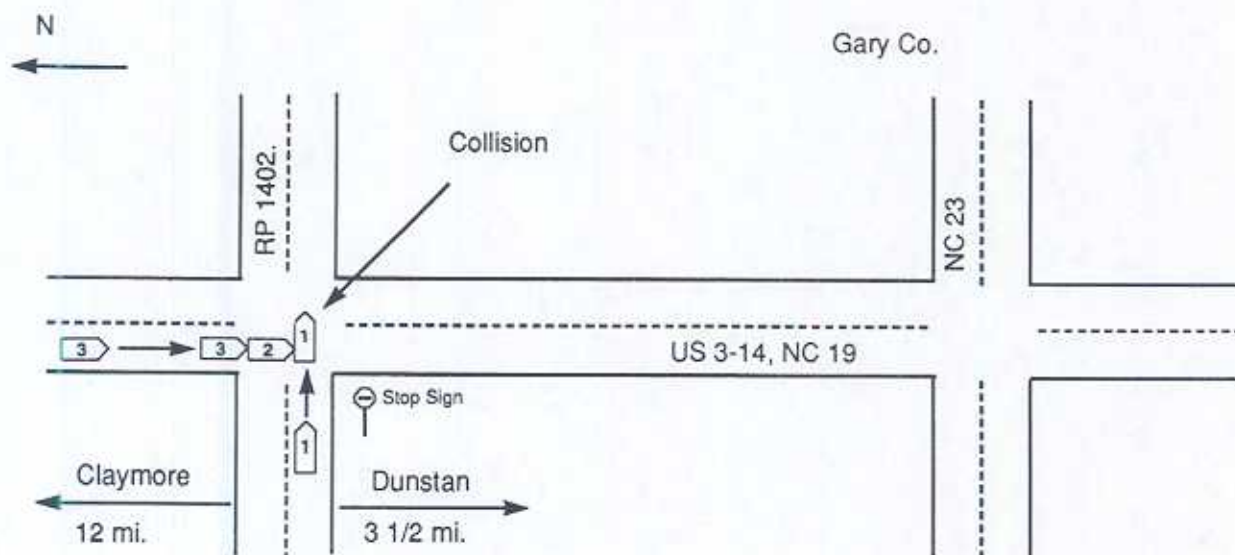
3.2 FOR RURAL INTERSECTION COLLISIONS

LOCATION	A <input type="checkbox"/> In	B		C	D	
	Collision occurred <input type="checkbox"/> Near	Municipality		or	Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality	
	on	E		(R.R. Crossing # F)	Miles G	H
	at or from	I		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward	K	
	Use Highway Number, Street Name or Adjacent County or State Line		J	Use Highway Number, Street Name or Adjacent County or State Line		
			N S E W			ft. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N S E W

- A. Check near, since the collision occurred outside a corporate city limits.
- B. Enter the name of the incorporated municipality nearest the scene of the collision.
- C. Enter the road distance measured to the nearest 0.1 mile from the nearest incorporated municipality to the scene of the collision.
- D. Enter the directions from the municipality named in "B" to the scene of the collision.
- E. Enter the class and number of one road at the intersection (not street name). Use the highest classification of the roads at the intersection in accordance with the listing below:
- (1) I—Interstate
 - (2) U.S.—U.S. numbered roads
 - (3) N.C.—N.C. numbered roads
 - (4) R.P.—Paved secondary roads
 - (5) R.U.—Unpaved secondary roads
 - (6) P.V.A.—Public vehicular area (Give brief description of location.)
 - (7) P.P.—Private property (Give brief description of location.)
- F. Leave blank.
- G. Enter "0" feet for distance in the "feet" section.
- H. Leave blank.
- I. Strike out "or from" and enter the name of one other road of the intersection.
- J. Enter the direction from I to get to K. H & J should be the same direction
- K. For another reference, enter the name of the nearest road, city, county or state line from the intersection where the collision occurred, in the direction identified in I.

Figure 3

EXAMPLE: Rural Intersection



L O C A T I O N	<input type="checkbox"/> In Collision occurred <input checked="" type="checkbox"/> Near <u>Dunstan</u>	or <u>3.50</u> Miles <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality N S E W
	on <u>US 3</u> Highway Number, or Highway, Street. (If ramp or service road, indicate on line)	(R.R. Crossing # _____) _____ Miles <u>0</u> ft. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (0 ft. Intersection) N S E W
	at or from <u>RP 1402</u> Use Highway Number, Street Name or Adjacent County or State Line	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> toward <u>NC 23</u> N S E W Use Highway Number, Street Name or Adjacent County or State Line

NOTES

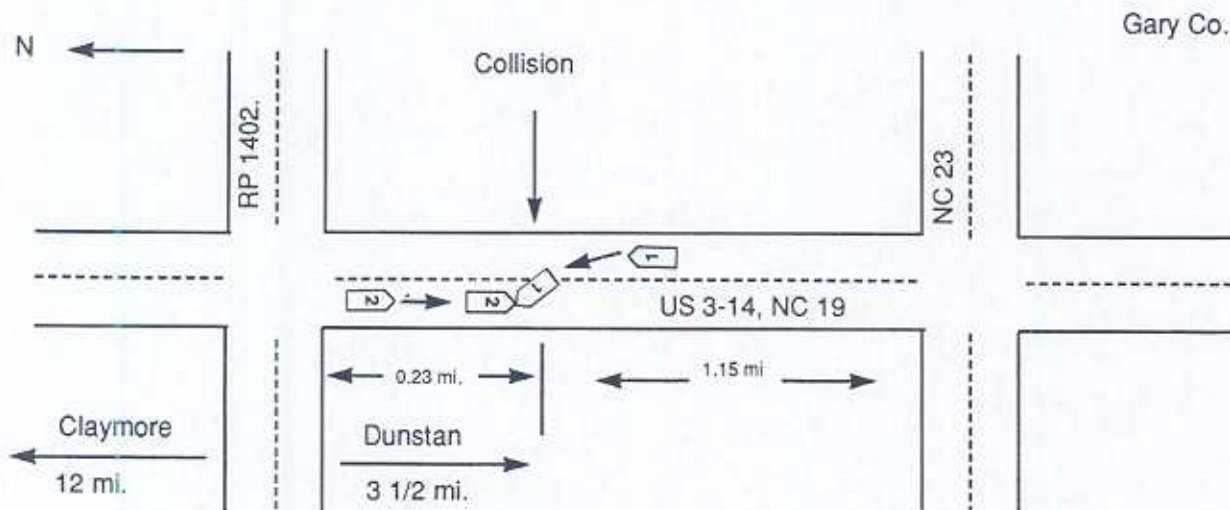
3.2 Use the instructions in this section for RURAL — NON INTERSECTION collisions.

L O C A T I O N	A <input type="checkbox"/> In Collision occurred <input type="checkbox"/> Near		B Municipality		or	C Miles	D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality N S E W	
	E Highway Number, or Highway, Street, (If ramp or service road, indicate on line)		(R.R. Crossing # F)		Miles		G ft. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (0 ft. - intersection) N S E W	
	at or from I Use Highway Number, Street Name or Adjacent County or State Line		J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward		K Use Highway Number, Street Name or Adjacent County or State Line			
			N S E W					

- Check near, since the collision occurred outside a corporate city limits.
- Enter the name of the incorporated municipality nearest the scene of the collision.
- Enter the road distance measured to the nearest 0.1 mile from the nearest incorporated municipality to the scene of the collision.
- Enter the directions from the municipality named in "B" to the scene of the collision.
- Enter the class and number of the road on which the collision occurred. If a road has more than one classification or number, use the *highest class with the lowest number*.
Example: For U.S. 3, U.S. 14, and N.C. 19, enter U.S. 3.
- If collision occurred at a rail-highway grade crossing, enter number as described in the *Urban Non-Intersection* collision instructions. Otherwise leave blank.
- Enter the distance in feet, if less than 500 feet, from the scene of the collision to the nearest intersecting road, county or state line or milepost marker on interstate roads. If the distance from the scene of the collision is more than 500 feet, enter the distance to the nearest one-hundredth mile. The miles and tenths of miles should be read directly from the odometer, and the hundredth should be estimated (0.01 miles is about 53 feet). If the measured distance is 10.0 miles or more, a closer reference point should be used.
- Enter direction from the nearest intersecting road, county or state line to the scene of the collision. Two blocks may be checked to indicate an intermediate direction such as Southeast.
- Strike out "At or" and enter the nearest intersecting road name, county or state line or milepost marker on interstate roads identified as a reference in H.
- Enter the direction from I to get to K. H & J should be the same direction.
- For a second reference, enter the name of the road, city, county or state which would be encountered by going from the reference named in I in the direction checked in H, past the scene of the collision. (The scene of the collision should be between the entries named in I and K.

Figure 4

EXAMPLE: Rural Non-Intersection



LOCATION	Collision occurred <input type="checkbox"/> In <u>Dunstan</u> or <u>3.30</u> Miles <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality	
	<input checked="" type="checkbox"/> Near <u>Dunstan</u> Municipality	
	on <u>US 3</u> (R.R. Crossing # <u>0.23</u> Miles <u>0.23</u> ft. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (0 ft. Intersection) N S E W	
	et-es from <u>BP 1402</u> Use Highway Number, Street Name or Adjacent County or State Line <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward <u>NC 23</u> Use Highway Number, Street Name or Adjacent County or State Line N S E W	

NOTES

EXAMPLES FOR SPECIAL COLLISION LOCATIONS

L O C A T I O N	A <input type="checkbox"/> In <input type="checkbox"/> Near _____		B _____ or C _____ Miles D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality N S E W	
	E _____ (R.R. Crossing # F _____)		G _____ Miles H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ft. (0 ft. = Intersection) N S E W	
	I _____ J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward _____ N S E W		K _____	
	Use Highway Number, Street Name or Adjacent County or State Line		Use Highway Number, Street Name or Adjacent County or State Line	

Except as noted, follow general instructions as given in the sections on urban or rural collision locations.

- (1) Reference for collisions occurring on interstate roads may be milepost marker without reference to any other road, county or state line.

Example: Mile 143

- (2) Non-Intersection Collisions Near Interchange: (See Figure 5.)

G, I. Do not use any ramp or service road terminal or intersection as the reference in I. If I is a divided highway, the distance in G should be to the center of the median on the crossing road I.

EXAMPLE: Non-Intersection Near Interchange

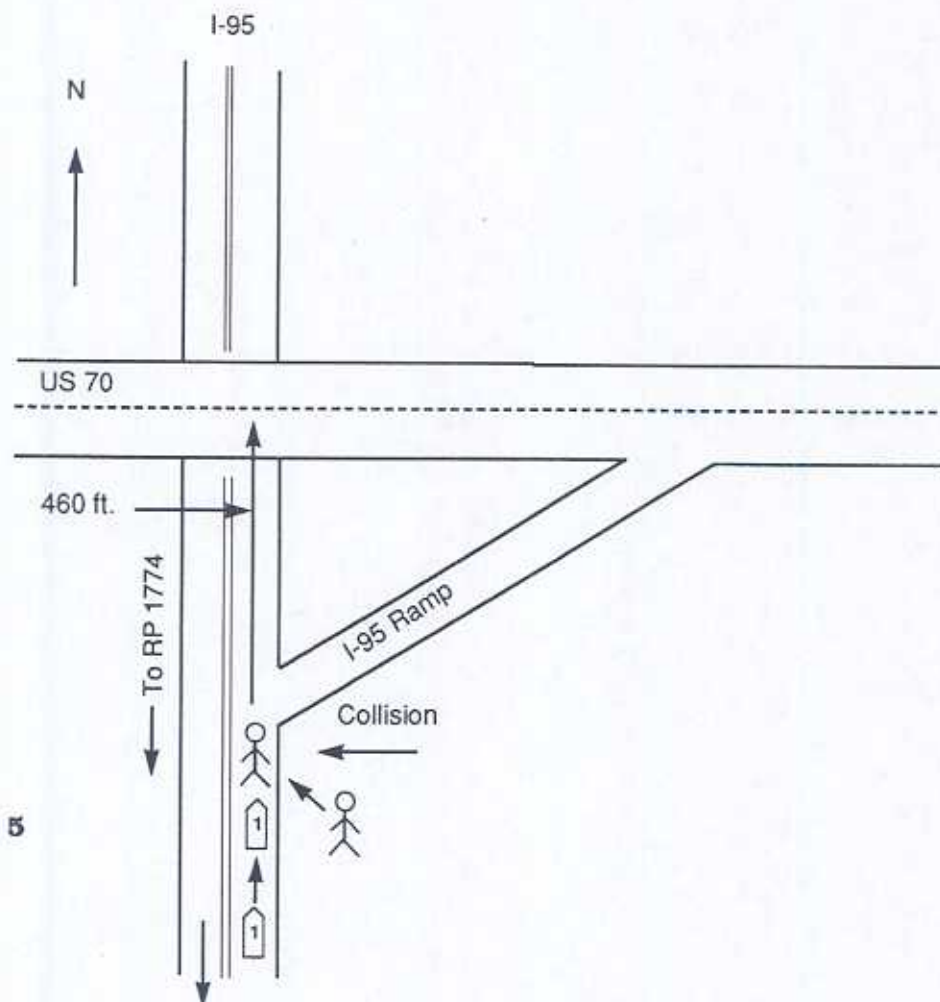


Figure 5

LOCATION	<input type="checkbox"/> In _____ Collision occurred <input checked="" type="checkbox"/> Near <u>Dunstan</u> Municipality		or <u>2.10</u> Miles	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality N S E W
	on <u>I 95</u> Highway Number, or Highway, Street, (if ramp or service road, indicate on line)		(R.R. Crossing # _____) _____ Miles	<u>460</u> ft. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (0 ft. Intersection) N S E W
	at or from <u>US 70</u> Use Highway Number, Street Name or Adjacent County or State Line		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward _____ N S E W	<u>RP 1774</u> Use Highway Number, Street Name or Adjacent County or State Line

NOTES

(3) **Collisions on Interchange Ramp:** (See Figure 6.)

LOCATION	A <input type="checkbox"/> In Collision occurred <input type="checkbox"/> Near		B _____ Municipality		or _____ C _____ Miles		D _____ outside municipality	
	E _____ Highway Number, or Highway, Street. (If ramp or service road, indicate on line)		F _____ (R.R. Crossing #)		G _____ (0 ft. Intersection)		H _____ ft.	
	I _____ Use Highway Number, Street Name or Adjacent County or State Line		J _____ toward _____		K _____ Use Highway Number, Street Name or Adjacent County or State Line		L _____ Use Highway Number, Street Name or Adjacent County or State Line	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

- E.** Enter the name of the road from which the ramp exits, followed by the word "ramp".
- F,H.** Enter the distance in feet from the scene of the collision to the road (I) that the ramp serves. Distances should be measured to the center of the other road given. Remember, these are only "off" ramps. The ramp is attached to the road that the vehicle is leaving from.

EXAMPLE: Interchange Ramp

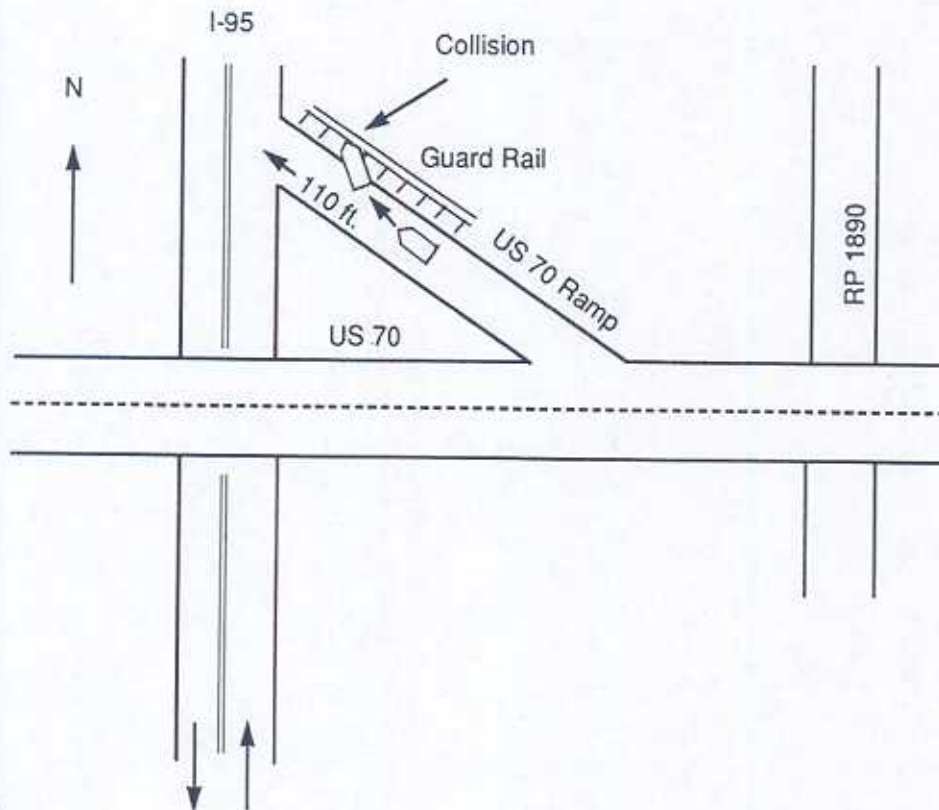


Figure 6

L O C A T I O N	<input type="checkbox"/> in _____ Collision occurred <input checked="" type="checkbox"/> Near <u>Dunstan</u> Municipality		or <u>2.10</u> Miles <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality N S E W	
	on <u>US 70 Ramp</u> Highway Number, or Highway, Street. (If ramp or service road, indicate on line)		(R.R. Crossing # _____) _____ Miles <u>110</u> ft. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> (0 ft. Intersection) N S E W	
	at or from <u>I 95</u> Use Highway Number, Street Name or Adjacent County or State Line		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> toward <u>RP 1890</u> N S E W Use Highway Number, Street Name or Adjacent County or State Line	

NOTES

(4) **Collisions on Service Roads:** (See Figure 7.)

F. Enter the class and number of the service road. If the service road is not numbered, enter the class and number of the road it parallels, add the word "service road", and indicate that the road is unnumbered.

Example: I-95 Service Road (Unnumbered)

EXAMPLE: Service Road

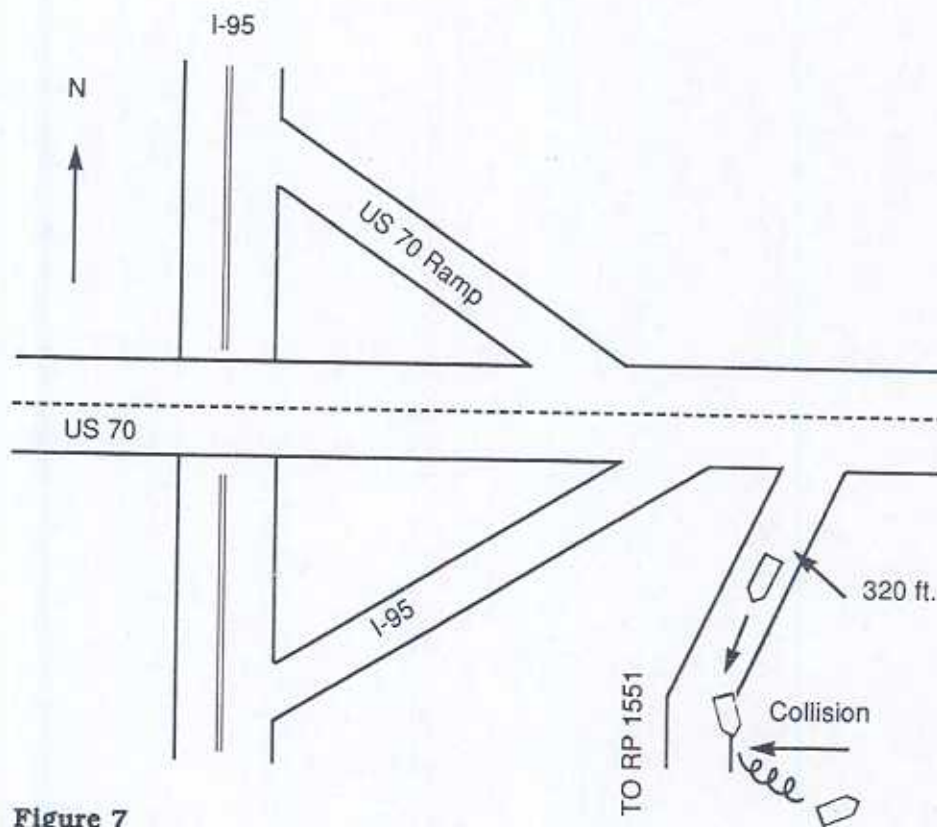


Figure 7

L O C A T I O N	A <input type="checkbox"/> In Collision occurred <input type="checkbox"/> Near		B Municipality _____ or _____		C Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality N S E W	
	E Highway Number, or Highway, Street. (If ramp or service road, indicate on line)		F (R.R. Crossing # _____)		G Miles _____ H ft. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (0 ft. - Intersection) N S E W	
	I at or from _____ Use Highway Number, Street Name or Adjacent County or State Line		J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward _____ N S E W		K _____ Use Highway Number, Street Name or Adjacent County or State Line	

LOCATION	<input type="checkbox"/> In Collision occurred <input checked="" type="checkbox"/> Near <u>Dunstan</u> Municipality or <u>2.40</u> Miles <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality <div style="text-align: center;">N S E W</div>
	on _____ (R.R. Crossing # _____) _____ Miles _____ ft. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Highway Number, or Highway, Street, (If ramp or service road, indicate on line) (0 ft. Intersection) N S E W
	at or from _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward _____ Use Highway Number, Street Name or Adjacent County or State Line <div style="text-align: center;">N S E W</div>

NOTES

(5) **Collisions on Private Property** (See Figure 8.)

LOCATION	A <input type="checkbox"/> In <input type="checkbox"/> Near		B Municipality _____ or _____		C Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality N S E W		D	
	E Highway Number, or Highway, Street, (If ramp or service road, indicate on line)		F (R.R. Crossing # _____)		G Miles _____ ft. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (0 ft.-Intersection) N S E W		H	
	I at or from _____ Use Highway Number, Street Name or Adjacent County or State Line		J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward _____ N S E W		K _____ Use Highway Number, Street Name or Adjacent County or State Line			

Enter "Non-Traffic" in either the local use or patrol area boxes.

E. Enter P.P. and place in parentheses a brief description or name of the private drive, or other private area.

F. If applicable.

G., H., I. Enter the distance in feet if less than 500 feet or in miles and tenths of miles to the road or street (K) located nearest the collision.

J, K. Leave blank unless private drive or road leads to another numbered road or street.

EXAMPLE: Private Property

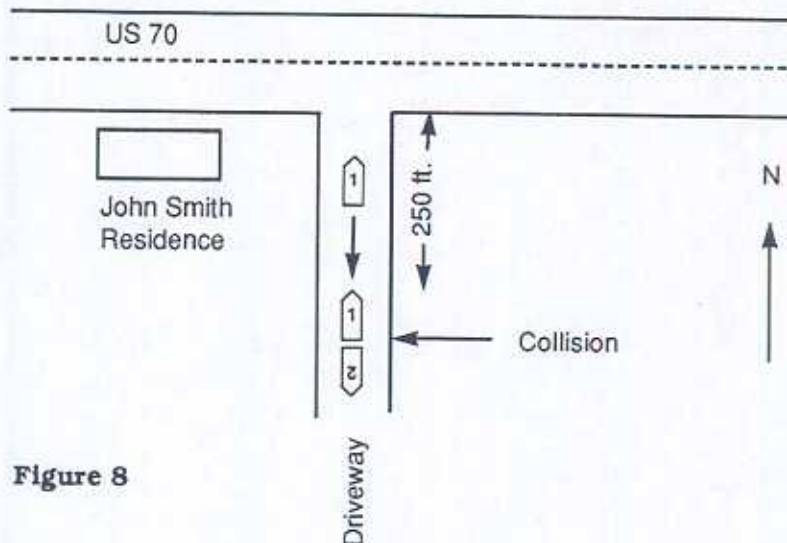


Figure 8

L O C A T I O N	<input type="checkbox"/> In		<input checked="" type="checkbox"/> Near <u>Dunstan</u> Municipality		or <u>1.20</u> Miles <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality	
	Collision occurred					
	on <u>PP (John Smith Residence)</u>		(R.R. Crossing # _____)		Miles <u>250</u> ft. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Highway Number, or Highway, Street. (If ramp or service road, indicate on line)				(0 ft.-Intersection) N S E W	
	from <u>US 70</u>		Use Highway Number, Street Name or Adjacent County or State Line		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward <u>—</u> N S E W Use Highway Number, Street Name or Adjacent County or State Line	

NOTES

(6) **Collisions on Public Vehicular Area** (See Figure 9.)

L O C A T I O N	A <input type="checkbox"/> In		B		or		C Miles		D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality	
	Collision occurred <input type="checkbox"/> Near		Municipality						N S E W	
	E		(R.R. Crossing # F)		Miles		G		H	
	on Highway Number, or Highway, Street. (If ramp or service road, indicate on line)						(d ft. - intersection)		ft. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N S E W	
	I		J		toward		K			
	at or from Use Highway Number, Street Name or Adjacent County or State Line		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N S E W				Use Highway Number, Street Name or Adjacent County or State Line			

E. Enter P.V.A. and place in parentheses a brief description of where the collision occurred, name of shopping center, business, etc.

F. If applicable.

G., H., I. Enter the distance in feet if less than 500 feet or in miles and tenths of miles to the road or street (K) located nearest the collision.

J, K. Leave blank unless public drive or road leads to another numbered road or street.

EXAMPLE: Public Vehicular Area

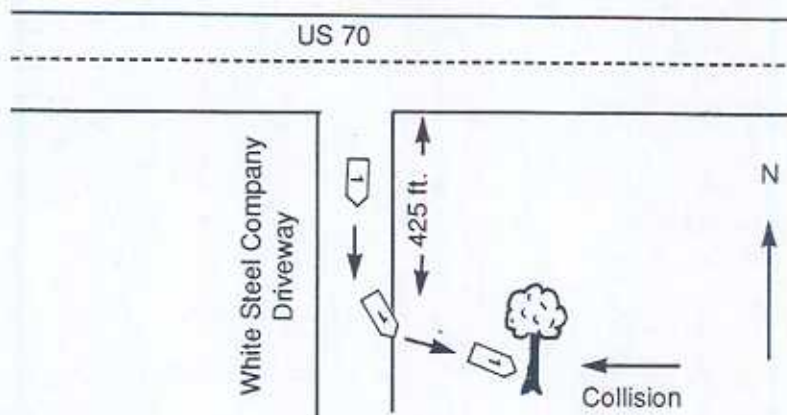


Figure 9

L O C A T I O N	<input type="checkbox"/> In	<u>Dunstan</u>		or <u>1.20</u> Miles		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality
	Collision occurred <input checked="" type="checkbox"/> Near	Municipality				N S E W
	on <u>PVA (White Steel Co. Drive)</u>	(R.R. Crossing # _____)	Miles <u>425</u>		ft. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(0 ft. Intersection) N S E W
	Highway Number, or Highway, Street, (If ramp or service road, indicate on line)					
start from <u>US 70</u>	Use Highway Number, Street Name or Adjacent County or State Line		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward	Use Highway Number, Street Name or Adjacent County or State Line		
			N S E W			

DRIVER INFORMATION (For Drivers of Vehicles 1 & 2, items A through L are the same.)

<p style="text-align: center;">A <input type="checkbox"/> VEHICLE 1 <input type="checkbox"/> HIT & RUN</p> <p>Driver 1 B</p> <p style="text-align: center;">First Middle Last</p> <p>Address: C</p> <p>City: State Zip</p> <p>Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone No. W () E</p> <p>D.L.#: F State G DOB H</p> <p>Vision 1. Obstruction I Physical 2. Condition J 3. Intoxication K Restrictions L</p>	<p style="text-align: center;"><input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER</p> <p>Driver 2 M</p> <p style="text-align: center;">First Middle Last</p> <p>Address: C</p> <p>City: State Zip</p> <p>Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone No. W () E</p> <p>D.L.#: F State G DOB H</p> <p>Vision 1. Obstruction I Physical 2. Condition J 3. Intoxication K Restrictions L</p>
--	--

- A. Check the appropriate block on each side of the form.
- B. Enter the driver's name of this vehicle exactly as it appears on his/her driver's license.
- C. Enter **current** address of driver, giving street address or rural road number, city, state and zip code. Post office box numbers are not acceptable. If driver is not available use address shown on driver's license.
- D. Check appropriate block to indicate if driver's current address is the same as it appears on driver's license. **This information is important to DMV.**
- E. Enter the driver's phone number, include area code.
- F. Enter the driver's license number. If driver has a permit, enter "permit." Accuracy is of the utmost importance.
- G. Enter the state in which driver's license was issued.
- H. Enter the driver's date of birth. Give month, day and year.
- I. Enter the appropriate code from section 1 of the codes at the top of form, to decide what, if anything, prevented the driver or pedestrian from seeing that such movement could be made in a safe manner. If "other", write in narrative. If vehicle is driverless, leave blank.
- J. Enter the appropriate code from section 2 of the codes at the top of form, describing the physical condition of each driver and pedestrian. If vehicle is driverless, or parked and unoccupied, leave blank.
- K. Enter the appropriate code from section 3 of the codes at the top of form, describing the intoxication level of each and whether a chemical test was given. If vehicle is driverless, or parked and unoccupied, leave blank.
- L. **Restrictions:**
 - L. No air brakes
 - S. School bus & appropriate non-CDL
 - O. None
 1. Corrective lenses
 2. 45 MPH speed limit/no interstate highways
 3. Daylight driving only
 4. NC Intrastate only-CDL
 5. Wrecker only
 6. Mobile home transport only
 7. Outside mirror
 8. No tractor-trailers
 9. Other-as shown on license
 10. Accompanied by driver licensed for class driven
 11. Accompanied by licensed parent or guardian
 12. Drive 6AM to 8PM only
 13. Automatic transmission
 14. **Passenger Class B & C only**
 15. Passenger Class C only

M. Pedestrian, Bicyclist, Moped Operator or Other

- A. Check appropriate block.
- B. Enter name.
- C. Enter current address.
- D. Leave blank.
- E. Enter phone number, including area code, if known.
- F. Enter the driver's license number.
- G. Enter the state in which the driver's license was issued.
- H. Enter date of birth if determined. Otherwise, enter estimate of age enclosed in parentheses. Example (EST 14) for estimated age 14.
- I. Leave blank.
- J. Enter physical condition.
- K. Enter intoxication.
- L. Leave blank.

OWNER INFORMATION

J
K
L
M
N
O
P
Q
R

Owner: A				Owner: _____			
Address: B				Address: _____			
City: _____		State _____ Zip _____		City: _____		State _____ Zip _____	
VIN: C				VIN: _____			
Plate # D		State E Year F		Plate # _____		State _____ Year _____	
Veh. Year G	Veh. Make H	Veh. Type Code I		Veh. Year _____	Veh. Make _____	Veh. Type Code _____	
Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer Type Code S		Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No				
Air Bag <input type="checkbox"/> Yes <input type="checkbox"/> No	1st Trailer No. of Axles T		Air Bag <input type="checkbox"/> Yes <input type="checkbox"/> No				
Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No	Width _____ inches		Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No				
Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No	Length _____ feet		Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No				
Post Crash Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Trailer No. of Axles U		Post Crash Fire <input type="checkbox"/> Yes <input type="checkbox"/> No				
Rollover <input type="checkbox"/> Yes <input type="checkbox"/> No	Width _____ inches		Rollover <input type="checkbox"/> Yes <input type="checkbox"/> No				
Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No	Length _____ feet		Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No				
Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No	TAD V		Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No				
Crossed Median <input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Damage \$ W		Crossed Median <input type="checkbox"/> Yes <input type="checkbox"/> No				
Removed to: X				Removed to: _____			
By: Y		Authority Z		By: _____		Authority _____	
Other Property Damaged: AA				Estimated Damage: _____			
_____				Owner Name: _____			
_____				Address: _____			

- Enter the vehicle owner's name. If the owner and operator are the same, enter "same as above". Use information from registration laws or other valid document.
- Enter the address of the owner, using street or rural road number, city, state and zip code.
- Enter the vehicle identification number (VIN) which may be found on or near the left front door post, or on or near the firewall and on the registration card. To insure accuracy, enter number and check it in reverse order.
- Enter license plate number.
- Enter the state in which license plate was issued.
- Enter the year that the license plate was valid.
- Enter the model year of the vehicle.
- Enter the model make of the vehicle (Chev., Ford, etc.)
- Enter the vehicle type code. Use abbreviations as shown below, cards with these codes are available from DMV.

P—Passenger Car
SW—Station Wagon (pass.)
SWT—Station Wagon (truck)
CB—Commercial Bus
SB—School Bus
AB—Activity Bus
PU—Pick Up Truck
VN—Van
T2A—Truck-2 Axles
T3A—Truck-3 Axles
T4A—Truck-4 Axles
TTT—Truck Tractor & Trailer
TT—Truck Tractor (Bobtail)

TAXI—Taxicab
FE—Farm Equipment
FTR—Farm Tractor
MC—Motorcycle
MP—Moped
MS—Motorscooter
AMB—Ambulance
BI—Bicycle
RV—Self-Contained Recreational Vehicle
TRV—Camper on 2 Axle Truck
PED—Pedestrian
OT—Other

Some codes have been added since last instruction book.

- J. Check appropriate box to indicate if this vehicle is a commercial vehicle. The definition of a commercial vehicle is listed below:
- "Commercial Motor Vehicle" (CMV)** means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:
- (a) Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
 - (b) Has a gross vehicle weight rating of 26,001 or more pounds; or
 - (c) Is designed to transport 16 or more passengers, including the driver; or
 - (d) Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations. (49 CFR Part 172, Subpart F).
- K. Check appropriate box to indicate if this vehicle was **equipped** with air bags.
- L. Check appropriate box to indicate if air bag was **deployed**.
- M. Check appropriate box to indicate if this vehicle was **drivable**. Could this vehicle be driven from the scene of the collision?
- N. Check appropriate box to indicate if there was a **fire** after the collision involving this vehicle.
- O. Check appropriate box to indicate if this vehicle involved in the collision **rolled over**.
- P. Check appropriate box to indicate if this vehicle was transporting **hazardous cargo**. This is a change from hazardous material. A ruptured gas tank does not qualify for hazardous cargo.
- Q. Check appropriate box to indicate if hazardous cargo was **spilled**.
- R. Check appropriate box to indicate if this vehicle crossed the **median** before the collision.
- S. Enter the appropriate trailer if this vehicle was pulling a **trailer**.
- TRAILER TYPE:**
- NON—SEMI TRAILERS
- BT—Boat
 - CT—Camper
 - UT—Utility
 - HE—Horse
 - HS—House trailer (mobile home)
 - TV—Towed vehicle
 - OT—Other
- SEMI TRAILERS
- TN—Tanker
 - VN—Enclosed Van
 - FB—Flatbed
 - DT—Double/Twin
 - OS—Other semi
- T. Enter the number of axles, under the first trailer, the width (in inches) and the length (in feet).
- U. Same as above if there is a second trailer.

- V. Enter the areas of vehicle that were damaged in the collision. If more than one code is used to indicate primary damage in more than one area, separate the rating with a slash line (/). Cards are available from DMV with these codes.

TAD

FC—Front Center
FD—Front Distributed
FL—Front Left Corner
FR—Front Right Corner
BC—Rear Center
BD—Rear Distributed
BL—Rear Left Corner
BR—Rear Right Corner
LP—Left Side (door)
RP—Right Side (door)
LFQ—Left Side Quarter
RFQ—Right Side Quarter
LBQ—Left Side Rear Quarter
RBQ—Right Side Rear Quarter
LD—Left Side Distributed
RD—Right Side Distributed
L&T—Left Side & Top (rollover)
R&T—Right Side & Top (rollover)
TOP—Top

- * Rate the Severity of Damage on a Scale of "0" being no damage and "7" being the most severe damage.

- W. Enter a dollar estimate of the cost to restore the vehicle to its condition just prior to the collision or an estimate of the value of the vehicle before the crash—whichever is less. For "totaled" vehicle, enter a dollar estimate of the retail value of the vehicle prior to the crash. Do *not* enter the word "totaled". Note that a vehicle being towed by another is part of the towing vehicle and its damage should be included in the "Parts Damaged" and "Amount of Damage" categories.
- X. Enter where the vehicle was moved to.
- Y. Enter the name of person or company that removed the vehicle from the collision.
- Z. Enter the person who gave the authority to remove vehicle. If owner or driver you may enter "owner or driver."
- AA. Enter any property other than motor vehicles that was damaged, identify the property and its owner and enter an estimate of the dollar damage. Damage to signs, buildings, mailboxes, fences, etc., should be entered here.

- * Copies of TAD manuals are available to investigating officers by calling 1-800-672-4527.

INJURIES — VEHICLE 1 OCCUPANTS

Seat	4. Inj. Class	5. Belt Met.	Race Sex	Age	Injured Names and Addresses	
					First Name	Last Name
Left Front	A	B	C	D	E	DRIVER 1
Center Front						
Right Front					F	
Left Rear						
Center Rear						
Right Rear						
Total Number Occupants					G	Total Number Injured
						H

Occupant Section Instructions:

Give Injury Class, Belt Usage, Race/Sex and Age of All Occupants in the space corresponding to the seat occupied (see codes at top of form). For motorcycles, enter helmet usage. **Names and addresses are necessary for all occupants.** (It may help later investigations to list name, age and address of all passengers.)

- A. Injury Class**—Entries must be made to identify the injury classification of *each* occupant in Vehicle 1. Use injury definitions given at top of form and described further below:
- K—Dead.
 - A—Injury obviously serious enough to prevent the person injured from performing his normal activities for at least one day beyond the day of the collision. Massive loss of blood, broken bone, unconsciousness of more than momentary duration are examples.
 - B—Obvious injury, other than Class K or Class A, which is evident at the scene. Bruises, swelling, limping, soreness, are examples. Class B injury would not necessarily prevent the person from carrying on his normal activities.
 - C—No visible injury, but person complains of pain, or has been momentarily unconscious.
 - O—No injury.
- B. Belt/Helmet Use**—Entries for *each* occupant must be made in accordance with the following code definitions:
- 1—None or not used (belt or helmet)
 - 2—Lap only
 - 3—Lap and shoulder
 - 4—Child restraint system
 - 7—If motorcycle, helmet was used
 - 9—Unable to determine
- C. Race/Sex**—Enter for *each* occupant, using codes:
- W—White
 - B—Black
 - I—Indian
 - O—Other
 - F—Female
 - M—Male
- D. Age (in years)**—Enter for each occupant (including driver). Enter 0 if child is less than a year old.
- E. Driver Name and Address**—need not be inserted, regardless of injury classification, since it is shown elsewhere on the form.
- F. Injured Names and Addresses**—must be given for **all injured occupants** in the spaces provided *opposite* the identified seated positions.
- G. Total Number Occupants**—Enter the total number of persons who were in Vehicle 1, **including the driver.**
- H. Total Number Injured**—Enter the total number injured (**including driver**) in Vehicle 1 who were injured (including killed).

INJURIES — VEHICLE 2 OCCUPANTS, PEDESTRIANS, OTHERS

Seat	4. Inj. Class	5. Belt Use	Race Sex	Age	Injured Names and Addresses	
					First Name	Last Name
Left Front	A	B	C	D	E	DRIVER 2, PEDESTRIAN, OTHER
Center Front						
Right Front					F	
Left Rear						
Center Rear						
Right Rear						
Total Number Occupants				G	Total Number Injured H	

Occupant Section Instructions:

Give Injury Class, Belt Usage, Race/Sex and Age of *All Occupants* in the space corresponding to the seat occupied (see codes at top of form). For motorcycles, enter helmet usage. **Names and addresses are necessary for all occupants.** (It may help later investigations to list name, age and address of all passengers.)

A-F. For Driver of Vehicle 2, complete same as for vehicle 1. For *Bicyclist or Moped Operator*, strike out "left front" and enter injury class, race/sex and age. If more than one person was struck and injured (e.g., a passenger) strike out seating position and enter injury class, race/sex, age and name and address in "center front." If two or more pedestrians were struck each must be on a separate sheet.

G,H. Complete same as for Vehicle 1.

EMERGENCY ASSISTANCE

Ambulance Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No A	If yes, Ambulance Arrived At: B (24 Hour Clock)
Injured Taken To:	C (Treatment Facility and City or Town)	

A. If ambulance was called, check "yes". If no ambulance was called or if a call was made and cancelled, check "no".

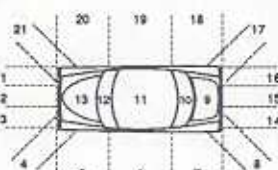
B. Enter time ambulance arrived, if applicable. Use 24 hour clock.

C. Record destination of injured persons (by Veh. No.) if they were taken to a hospital, clinic, doctor's office, or other place of emergency medical aid. Include both name of treatment facility **and** city or town.


Example: N.C. Memorial, Chapel Hill (Veh. 1); Duke Hospital, Durham (Veh. 2)

POINTS OF INITIAL CONTACT

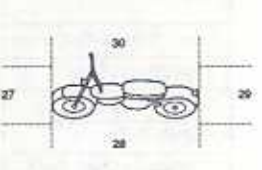
POINTS OF INITIAL CONTACT (Write in Codes)				
VEH. 1	VEH. 2			
A	B			



Passenger Cars/Small Trucks



Tractor-Trailers



Motorcycle, Bicycle or Moped

0. No Contact 25. Rollover
 UNDERNEATH: 22. Front 23. Center 24. Rear 26. Unknown

- A. Record number corresponding to the points of initial contact of Vehicle 1 with another vehicle, person or object. If contact overlaps areas, more than one number should be recorded. Example: For back distributed impact on an automobile, record "14, 15, 16".

If the vehicle rolled over and it is impossible to determine initial impact point, enter 25.

- B. Record number corresponding to the points of initial contact of Vehicle 1 with another vehicle, person or object. If there is no contact, (fell from moving vehicle, for example), the entry should be a zero "0".

ACCIDENT SEQUENCE

ACCIDENT SEQUENCE	Veh. 1	Veh. 2 or Ped.
6. Veh. Maneuver/Ped. Action	A	
7. First Harmful Event	B	
7. Most Harmful Event	C	
8. Object Struck	D	
9. Distance to Object Struck	E	
10. Vehicle Defects	F	

In filling out this section, use the codes given below:

A. VEHICLE MANEUVER/PEDESTRIAN ACTION—For each vehicle or pedestrian, enter the code number, for the item that best describes the actions of the driver or pedestrian, in the investigating officer's opinion, *just prior* to the collision.

Vehicle

1. Stopped in travel lane (driver still in vehicle)
2. Parked out of travel lanes
3. Parked in travel lanes
4. Going straight ahead
5. Changing lanes or merging
6. Passing
7. Making right turn
8. Making left turn
9. Making U turn
10. Backing (takes priority over other maneuvers)
11. Slowing or stopping
12. Starting in roadway (mostly from driveways, public or private)
13. Parking
14. Leaving parked position
15. Avoiding object in road
16. Other

Pedestrian

17. Crossing at intersection
18. Crossing not at intersection
19. Coming from behind parked vehicle
20. Walking with traffic
21. Walking against traffic
22. Getting on or off vehicle
23. Standing in roadway
24. Working in roadway
25. Playing in roadway
26. Lying in roadway
27. Other in roadway
28. Not in roadway

FIRST HARMFUL EVENT

ACCIDENT SEQUENCE	Veh. 1	Veh. 2 or Ped.
6. Veh. Maneuver/Ped. Action	A	
7. First Harmful Event	B	
7. Most Harmful Event	C	
8. Object Struck	D	
9. Distance to Object Struck	E	
10. Vehicle Defects	F	

- B. Enter the appropriate code from section 7 of the code sheet at the top of DMV-349. **ONE CODE ONLY PER ACCIDENT IS TO BE ENTERED IN THIS BLOCK.**

The **FIRST HARMFUL EVENT**—is the first event in a continuous series of events which resulted in damage or personal injury.

For example, if a vehicle runs off the roadway to the right, returns to the roadway out of control, and runs head-on into another motor vehicle, the *First Harmful Event* is coded as "Ran off roadway, right". Use Collision Type codes given at top of form and defined below.

Ran off Roadway

1. Right—vehicle runs off right side of the roadway as first in series of harmful events.
2. Left—vehicle runs off left side of the roadway as first in series of harmful events.
3. Straight ahead—vehicle runs through "Y" or "T" intersection.

Non-Collision—Noncollision accident is any accident involving a motor vehicle in transport which may occur in any manner other than by collision. There are two types of noncollision accidents: overturning and other noncollision accidents.

4. Overturning Collision is any collision in which a motor vehicle in transport overturns for any reason without antecedent accident.
5. Other Noncollision Collision: is any collision involving a motor vehicle in transport, other than overturning and collision.

Includes: Accidental poisoning from carbon monoxide generated by a motor vehicle in transport.

Breakage of any part of the motor vehicle, resulting in injury or in further property damage.

Explosion of any part of the motor vehicle.

Fire starting in the motor vehicle.

Fall or jump from the motor vehicle.

Occupant hit by an object in, or thrown against some part of the motor vehicle.

Injury or damage from moving part of the motor vehicle.

Object falling from, or in the motor vehicle.

Toxic or corrosive chemicals leaking out of the motor vehicle.

Injury or damage involving only the motor vehicle that is of a noncollision nature, such as a bridge giving way under the weight of a motor vehicle, striking holes or bumps on the surface of the trafficway, or driving into water, without overturning or collision.

Other injury or damage which originates upon or in the motor vehicle, excluding events not a hazard or transport, such as a fight between occupants, occupant injured by a burning cigarette, or similar events.

Excludes: Carbon monoxide poisoning in a motor vehicle not in transport.

Breakage of any part, such as fan belt or axle, if there is no additional damage or injury.

Injury or damage resulting from discharge or a firearm in the motor vehicle.

Injury or damage resulting from working on a motor vehicle not in transport.

Collision of Motor Vehicle with

6. Pedestrian —is any collision involving a motor vehicle in transport and a pedestrian.

Includes: Person afoot, sitting, lying, or working upon a land way or place.

Person in or operating a pedestrian conveyance.

Excludes: Person boarding or alighting from another conveyance, except a pedestrian conveyance.

Person in the process of jumping or falling from a motor vehicle in transport.

7. Parked Motor Vehicle: is any collision involving motor vehicle in transport and a motor vehicle not in transport.

Includes: Motor vehicle parked in a place designated for parking, even though the permitted time period may have expired.

Motor vehicle stopped or parked along the roadway where normal usage permits such stopping or parking, including parking adjacent to curbs and parking on trafficway shoulders.

Motor vehicle stopped or parked illegally, but otherwise outside the roadway traffic lanes, such as blocking a driveway, beside a fire hydrant, or in a loading zone.

Motor vehicle stopped, disabled, or abandoned off roadway.

Load in the process of falling from parked motor vehicle.

Excludes: Motor vehicle stopped or parked in traffic lanes where parking is prohibited, such as double parked, on the side of the street where there is no parking at any time along the length of the street, in tunnels or on bridges where parking is prohibited, or in a parking lane during the hours that it is required to be clear for traffic.

Stopped or parked self-propelled machinery even though such machinery is considered a motor vehicle when in transport.

Load that has fallen from a parked motor vehicle.

8. Railway Train: is any collision involving a motor vehicle in transport and a railway train or railway vehicle.

Includes: Railway train, with or without cars.

Motorized railway device.

Railway device, such as cars, set in motion by a railway train or railway vehicle.

Excludes: Devices operated upon railway rails by human power.

Nonmotorized devices not set in motion by a railway train or railway vehicle.

Collisions in which a railway train was involved in a railway transport collision prior to involvement with the motor vehicle, such as derailment, or throwing some part, other road vehicle, animal, or pedestrian against a motor vehicle.

General: Motion of the motor vehicle is immaterial; it can be in motion or stopped in the path of the railway train.

Motion of the railway train is immaterial; it can be stopped in the path of the motor vehicle or in motion.

Whether the motor vehicle or the railway train does the actual striking is immaterial.

9. **Bicycle/Pedalcycle**—includes devices known as bicycles, pedacycles, unicycles and sidecars or trailers attached to these devices. *All of which are moved by human power in a collision involving a motor vehicle in transport.*

Includes: Includes any of the following devices in transport:

Bicycle

Tricycle

Unicycle

Trailers or sidecars attached to any of above devices.

Excludes: Pedalcycle towed by motor vehicle, including:

Hitching

Unoccupied pedalcycle.

General: A pedalcyclist is any person riding upon a pedalcycle or in a sidecar attached to the pedalcycle.

A stopped pedalcycle is considered to be in transport if in readiness for transport, such as stopped at a stop sign, traffic light, or waiting in traffic for any reason, if attended, and the pedalcyclist need not be occupying the riding saddle, but not pushing the pedalcycle.

A coasting pedalcycle with rider is in transport.

If the motor vehicle and pedalcycle are in transport, which one does the actual striking is immaterial.

10. **Moped**—a motorized bicycle with a motor up to 50cc but which can also be pedaled.

11. **Animals**—is any collision involving a motor vehicle in transport and an animal, herded or unattended.

Includes: Domestic and wild animals, flying animals, such as birds and bats.

Excludes: Ridden animals, animal drawing a conveyance.

General: Injury to wild animals, such as birds and rabbits, is excluded if there is no injury to any person or damage to the motor vehicle.

Injury to domestic animals is treated as property damage, if there is no injury to any person or damage to the motor vehicle.

12. Fixed Objects—is any collision involving a motor vehicle in transport and a fixed object.

Includes: Any object attached to the terrain.

Tree, boulder, utility pole, traffic signals, guard rail, bridge abutment or similar objects.

Any object intentionally placed for an official purpose: traffic barricades, road machinery, construction machinery, construction materials, or similar objects placed on or along the roadway for some purpose.

Excludes: Any object in motion.

13. Other Object—is any collision involving a motor vehicle in transport and any other object which is movable or moving, but not fixed.

Includes: Animal-drawn vehicle (any type).

Animal carrying a person.

Street car.

Objects dropped from motor vehicle or other vehicles but not in motion.

Special devices not considered in transport or as fixed objects.

Fallen tree or stone.

Landslide or avalanche materials, not in motion.

Pedalcycle not in transport.

Railway devices moved by human power.

Nonmotorized devices not set in motion by railway train or railway vehicle.

Excludes: Objects set in motion by air craft, watercraft, railway, or other motor vehicle.

Objects set in motion by cataclysm, lightning, or other natural and environmental factors.

Collision of Motor Vehicle with Another Motor Vehicle

14. Rear end, slow, or stop—rear end collision with one vehicle going at a slower speed, slowing down or stopping in traffic.

15. Rear end, turn—rear end collision with front vehicle turning.

16. Left turn, same roadway—collision with both vehicles traveling on *same* roadway prior to one or both turning left; may occur in passing maneuver or vehicles may be meeting.

17. Left turn, different roadways—collision of vehicles traveling on *different* roadways prior to one or both turning left.

18. Right turn, same roadway—collision with both vehicles traveling on the *same* roadway prior to one or both turning right. (Occurs in passing on right at intersections, meeting of one-way road with two-way road, etc.) If one vehicle was turning left while the other was turning right, then code according to the vehicle which appeared to cause the collision.

19. Right turn, different roadways—collision of vehicles traveling on *different* roadways prior to one or both turning right. If one vehicle was turning left while the other was turning right, then code according to the vehicle which appeared to cause the collision.

20. Head on—head on collision of motor vehicles moving in opposite directions in which initial contact is on the fronts of both vehicles.
21. Sideswipe—the collision of motor vehicles in which contact usually results from attempting to pass too closely, skidding, or other side-to-side initial contact. Damage is generally along entire side of vehicle.
22. Angle collision—collision most often resulting in the vehicles hitting at or near right angles, with the front of one vehicle striking the side of the other vehicle. Most often occurs at an intersection when two vehicles are going straight on intersecting roads and **neither vehicle is turning.**
23. Backing—collision in which one vehicle backs into another, generally stopped or parked vehicle.

ACCIDENT SEQUENCE	Veh. 1	Veh. 2 or Ped.
6. Veh. Maneuver/Ped. Action	A	
7. First Harmful Event	B	
7. Most Harmful Event	C	
8. Object Struck	D	
9. Distance to Object Struck	E	
10. Vehicle Defects	F	

C. MOST HARMFUL EVENT—Using the same collision type codes defined in No. 7 First Harmful. Identify for *each* vehicle or pedestrian the most harmful or serious event in the collision sequence. If there are no further events after the first harmful event or if later events are less serious, repeat the code given in "B".

Example: As in "B", Vehicle 1 runs off right side of the roadway, then swerves back onto the roadway and strikes Vehicle 2 head-on. Code "1" (ran off roadway, right) for the *first* harmful event and "20" (collision of motor vehicle with another motor vehicle head-on) for the *most* harmful event for Vehicle 1. Vehicle 2 is then knocked into a utility pole as a result of the impact. "12" (collision of motor vehicle with fixed object) would be coded for the most harmful event for Vehicle 2 *if* the collision with the utility pole was more harmful than the initial collision with Vehicle 1. Otherwise, a "20" would also be entered for Vehicle 2's most harmful event.

ACCIDENT SEQUENCE	Veh. 1	Veh. 2 or Ped.
6. Veh. Maneuver/Ped. Action	A	
7. First Harmful Event	B	
7. Most Harmful Event	C	
8. Object Struck	D	
9. Distance to Object Struck	E	
10. Vehicle Defects	F	

OBJECT STRUCK INFORMATION, VEHICLE 1

D. OBJECT—(excluding another motor vehicle *in traffic*)—Identify object struck by entering appropriate code from the "Object Struck" list (now 8 on the code sheet of the DMV-349). If more than one object is struck (such as a mailbox and then a tree) enter code for object inflicting the greatest damage (in this case, most likely the tree). "1" signifies no object struck.

1. None
2. Parked Vehicle
3. Bicycle, moped
4. Pedestrian
5. Animal
6. Tree
7. Utility pole (with or without light) generally called "telephone pole"
8. Luminaire pole (non-breakaway) "light pole", not telephone pole
9. Luminaire pole (breakaway)
10. Official highway sign (non-breakaway)
11. Official highway sign (breakaway)
12. Commercial sign
13. Guardrail end on shoulder
14. Guardrail face on shoulder (face is portion between ends of guardrail)
15. Guardrail end in median
16. Guardrail face in median
17. Shoulder barrier end
18. Shoulder barrier face
19. Median barrier end
20. Median barrier face
21. Bridge rail end
22. Bridge rail face
23. Overhead part of underpass
24. Pier on shoulder of underpass
25. Pier in median of underpass
26. Abutment (supporting wall of underpass)
27. Curb, median or traffic island
28. Catch basin or culvert on shoulder
29. Catch basin or culvert in median
30. Ditch bank
31. Mailbox
32. Fence or fence post
33. Construction barrier
34. Crash cushion
35. Other object (describe also in narrative)

} **Non-Guardrail**

ACCIDENT SEQUENCE	Veh. 1	Veh. 2 or Ped.
6. Veh. Maneuver/Ped. Action	A	
7. First Harmful Event	B	
7. Most Harmful Event	C	
8. Object Struck	D	
9. Distance to Object Struck	E	
10. Vehicle Defects	F	

E. DISTANCE—If an object was struck enter the appropriate code from Section 9 in the codes at the top of the form to describe its distance and direction **from edge of roadway**. The edge of the roadway is where the roadway meets the shoulder. If no object struck, enter an 8.

1. In road
2. Right of road, 0-10 ft.
3. Right of road, 11-30 ft.
4. Right of road, over 30 ft.
5. Left of road, 0-10 ft.
6. Left of road, 11-30 ft.
7. Left of road, over 30 ft
8. None or N/A
9. Straight ahead, 0-10 ft.
10. Straight ahead, 11-30 ft.
11. Straight ahead, over 30 ft.

ACCIDENT SEQUENCE	Veh. 1	Veh. 2 or Ped.
6. Veh. Maneuver/Ped. Action	A	
7. First Harmful Event	B	
7. Most Harmful Event	C	
8. Object Struck	D	
9. Distance to Object Struck	E	
10. Vehicle Defects	F	

F. Vehicle defects—Enter appropriate code from section 10 for each vehicle; if "other" describe in narrative. If pedestrian, enter a dash(—) for Vehicle 2.

1. Defective brakes
2. Defective headlights
3. Defective rear lights
4. Defective steering
5. Defective tires
6. Other defects
7. Not known if defective
8. No defects detected

	Veh. 1	Veh. 2 or Ped.
Speed Limit (for each vehicle)	A	
Estimated Original Traveling Speed	B	
Estimated Speed at Impact	C	
Tire Impressions Before Impact (ft.)	D	
Distance Traveled After Impact (ft.)	E	

- A. Speed limit**—Posted speed limit for **each** vehicle. If pedestrian, enter a dash (—) for Vehicle 2.
- B. Estimated original traveling speed**—Estimated speed in miles per hour for each vehicle involved. These estimates are to reflect the speed of each vehicle **at the moment the driver initially perceived an existing hazard**. If pedestrian, enter a dash (—) for Vehicle 2.
- C. Estimated speed at impact**—Estimated speed in miles per hour for each vehicle involved. These estimates are to reflect the speed of each vehicle at the moment of impact. If pedestrian, enter a dash (—) for Vehicle 2.
- D. Tire impressions before impact**—Length (in feet) of tire impressions (skid marks, tire print yaw) for each vehicle prior to impact. If pedestrian, enter a dash (—) for Vehicle 2.
- E. Distance traveled after impact**—Distance (in feet) each vehicle traveled after impact as a result of the force of the collision.

ROADWAY INFORMATION

ROADWAY INFORMATION (See Front)			
11. Locality	A	19. Road Defects	I
12. Development Type	B	20. Road Condition	J
13. Road Feature	C	21. Light Condition	K
14. Road Character	D	22. Weather	L
15. Road Class	E	23. Traffic Control	M
16. Number of Lanes	F	N Operating <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Road Configuration	G	O Visible <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Road Surface	H		

Using the coding stub at the top on the front side of the report, enter the number of each item which best describes the following:

A. Locality (Sec. 11)—The general type and level of development in the vicinity of the collision. For example, if the estimated total development is less than 30% or about 1/3 of road frontage on both sides over a substantial distance from the scene of the collision, then enter a "1" for rural development.

1. Rural (<30% developed)
2. Mixed (30% to 70% developed)
3. Urban (>70% developed)

B. Development type (Sec. 12)—The predominant type of development in the area in which the collision occurred. Examples are:

Commercial (mainly retail stores)
Institutional (schools, hospitals, government buildings, etc.)

1. Farms, woods, pastures
2. Residential
3. Commercial
4. Institutional
5. Industrial

C. Road feature (Sec. 13)—If feature is at point of the accident, list feature. Examples are:

Underpass ("road-on" going under an overhead structure)
Driveway, public (shopping center, service station, etc.)
Non-intersection median crossing (road serving as private drive, a U-turn, etc.)

1. Bridge
2. Underpass
3. Driveway, public
4. Driveway, private
5. Alley intersection
6. Intersection of roadways
7. Non-intersection median crossing
8. End or beginning of divided highway
9. Interchange ramp
10. Interchange service road
11. Railroad crossing
12. Tunnel
13. Other (write in narrative)
14. No special feature

ROADWAY INFORMATION (See Front)			
11. Locality	A	19. Road Defects	I
12. Development Type	B	20. Road Condition	J
13. Road Feature	C	21. Light Condition	K
14. Road Character	D	22. Weather	L
15. Road Class	E	23. Traffic Control	M
16. Number of Lanes	F	N Operating <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Road Configuration	G	O Visible <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Road Surface	H		

D. Road character (Sec. 14)—Examples are:

Straight, grade (a straight uphill or downhill road)
 Straight, bottom (sag—opposite of hillcrest)

1. Straight, level
2. Straight, hillcrest
3. Straight, grade
4. Straight, bottom (sag)
5. Curve, level
6. Curve, hillcrest
7. Curve, grade
8. Curve, bottom (sag)

E. Road class (I. U.S., etc.) (Sec. 15)—Use highest class (use road class for local streets having route designation)

1. Interstate
2. U.S. route
3. N.C. route
4. State secondary route
5. Local street
6. Public vehicular area
7. Private road, property or driveway

F. Number of lanes (Sec. 16)—The total number of thru lanes of the "road-on" at the point of the collision (if two-way, total for both directions). Do not count turning lanes unless they are continuous between intersections. Enter "0" for parking lots.

G. Road configuration (Sec. 17)—Note that median must be present for a divided road.

1. Undivided, one-way
2. Undivided, two-way
3. Divided

H. Road surface (Sec. 18)—Examples are:

Grooved concrete (areas where the concrete surface has been sawed, scratched or molded to form grooves intended to improve traction or to make tire noise).
 Soil (dirt surfaces not identifiable as sand, gravel, or any paved typed).

1. Concrete
2. Grooved concrete
3. Smooth asphalt
4. Coarse asphalt
5. Gravel
6. Sand
7. Soil
8. Other (write in narrative)

ROADWAY INFORMATION (See Front)			
11. Locality	A	19. Road Defects	I
12. Development Type	B	20. Road Condition	J
13. Road Feature	C	21. Light Condition	K
14. Road Character	D	22. Weather	L
15. Road Class	E	23. Traffic Control	M
16. Number of Lanes	F	N Operating <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Road Configuration	G	O Visible <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Road Surface	H		

M. Traffic control (Sec. 23)—The kind of traffic control device (if any) present at the collision site and whether it was operating and visible at the time. Examples are:

RR crossbucks only (the black on white cross-arm device)

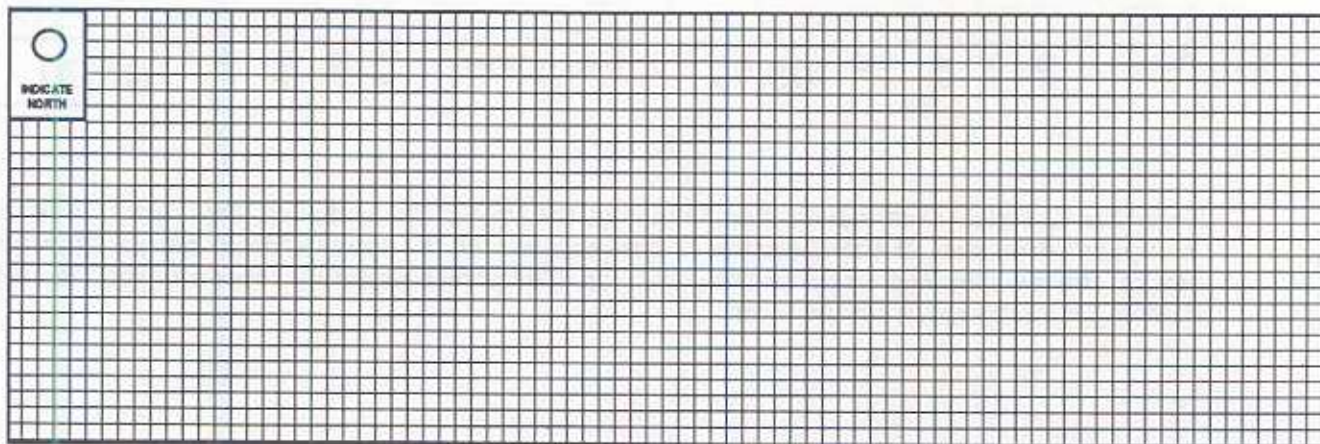
Human control (law officer, railroad flagman, etc.)

1. Stop sign
2. Yield sign
3. Stop and go signal
4. Flashing signal with stop sign
5. Flashing signal without stop sign
6. RR gate and flasher
7. RR flasher
8. RR crossbucks only
9. Human control
10. Other (write in narrative)
11. No control present

N. Traffic control—Check appropriate block if device was operating properly at time of the collision.

O. Traffic control—Check appropriate block if device was visible at time of the collision.

COLLISION DIAGRAM



The collision diagram is an important part of the collision report in that it enables the investigating officer to illustrate the special relationships that existed between the vehicles and environment at the time of the collision. Care should be exercised to see that any roadway or roadside feature that might possibly have been a contributing factor in the collision is shown. For example, if a vehicle is struck while exiting a driveway, give the name of any business located there or the name of the resident at the private driveway. The Division of Motor Vehicles does not require a scaled drawing.

- A. Draw a diagram of the collision scene; the diagram should include:
1. Roads and intersecting roads, widths of roads, shoulders and median strips.
 2. Direction of travel for each traffic lane.
 3. All roadside features pertinent to the collision (parked cars, trees, buildings, traffic signs and signals, etc.)
 4. Path of travel for involved vehicles and pedestrians prior to, at and after the collision.
 5. Tire marks and debris, if important in the collision or otherwise needed.
 6. Measurements pertinent to the location of the point of impact should be shown on the diagram. Measure distances up to 500 feet with a tape, use odometer measurement of distances over 500 feet (528 ft. = 1/10mi.).
- B. Draw arrow pointing (true) north (*relative to scene*).
- C. When a collision occurs within an interchange (grade separation) area, the investigating officer should add a small line sketch of the interchange shape and show an "X" on it at the point the collision actually occurred. This small sketch should not use more than 25 percent of the total area and should also conform to the north arrow of the main collision sketch. Be sure to identify by name or number, or both, the roads, ramps, and service roads shown.

VEHICLE DIRECTION OF MOVEMENT

Vehicle 1 was Traveling	<input checked="" type="checkbox"/> N	<input type="checkbox"/> S	<input checked="" type="checkbox"/> E	<input type="checkbox"/> W on	US 70	Vehicle 2 was Traveling	<input type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input checked="" type="checkbox"/> W on	US 70
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Enter the direction each vehicle was headed at the time of the collision. This direction is the "compass" direction. If the direction is between two of the four cardinal points then two blocks can be checked such as NW, SW, etc. The street name or route number is then entered for each vehicle on the form.

COLLISION NARRATIVE

DESCRIBE WHAT HAPPENED:

Insert a word description of events occurring prior to, during, and after the collision which are not elsewhere on the form. The description should note *all pertinent and unusual* aspects of the collision. This enables traffic researchers to design and promote Highway Safety Programs. The statements made in this narrative should be in the opinion of the investigating officer.

CONTRIBUTING CIRCUMSTANCES TO THE COLLISION

DRIVER		CIRCUMSTANCES CONTRIBUTING TO THE COLLISION (Check as many as apply)	DRIVER		
1	2		1	2	
<input type="checkbox"/>	<input type="checkbox"/>	1. None	<input type="checkbox"/>	<input type="checkbox"/>	10. Pass stopped school bus
<input type="checkbox"/>	<input type="checkbox"/>	2. Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	11. Passing on hill
<input type="checkbox"/>	<input type="checkbox"/>	3. Drug use	<input type="checkbox"/>	<input type="checkbox"/>	12. Passing on curve
<input type="checkbox"/>	<input type="checkbox"/>	4. Yield	<input type="checkbox"/>	<input type="checkbox"/>	13. Other improper passing
<input type="checkbox"/>	<input type="checkbox"/>	5. Stop sign	<input type="checkbox"/>	<input type="checkbox"/>	14. Improper lane change
<input type="checkbox"/>	<input type="checkbox"/>	6. Traffic signal	<input type="checkbox"/>	<input type="checkbox"/>	15. Use of improper lane
<input type="checkbox"/>	<input type="checkbox"/>	7. Exceeding speed limit	<input type="checkbox"/>	<input type="checkbox"/>	16. Improper turn
<input type="checkbox"/>	<input type="checkbox"/>	8. Exceeding safe speed	<input type="checkbox"/>	<input type="checkbox"/>	17. Improper or no signal
<input type="checkbox"/>	<input type="checkbox"/>	9. Failure to reduce speed	<input type="checkbox"/>	<input type="checkbox"/>	18. Improper vehicle equipment
			<input type="checkbox"/>	<input type="checkbox"/>	19. Safe movement violation
			<input type="checkbox"/>	<input type="checkbox"/>	20. Following too closely
			<input type="checkbox"/>	<input type="checkbox"/>	21. Improper backing
			<input type="checkbox"/>	<input type="checkbox"/>	22. Improper parking
			<input type="checkbox"/>	<input type="checkbox"/>	23. Unable to determine
			<input type="checkbox"/>	<input type="checkbox"/>	24. Left of center
			<input type="checkbox"/>	<input type="checkbox"/>	25. Right turn on red
			<input type="checkbox"/>	<input type="checkbox"/>	26. Other _____

Indicate by checking or blocking out the appropriate box of events or circumstances or action by driver 1 or 2, which may have contributed to the collision. Keep in mind these contributing circumstances to the collision do not indicate charges, nor do they indicate any guilt by either driver.

RESERVED FOR CITY OR OTHER USE

This space is for city, county or municipal police department or Highway Patrol use for *any purpose whatsoever*. It may also be used by the reporting officer to continue the collision narrative should additional space be needed.

RESERVED FOR STATE USE		
	Driver 1	Driver 2
24. Direction		
25. Violation		
26. Misc. Action		
27. Charges		
28. Investigating Agency		

Do not use this space.

WIT-	Name _____	Address _____	Phone No. () _____
NESSES-	Name _____	Address _____	Phone No. () _____

Identify any reliable witness(es) who may be of help in future investigation by giving name, address and phone number.

ARRESTS: Name _____	Charge(s) _____
Name _____	Charge(s) _____

Enter names of any arrested persons and charges preferred. Citation numbers are not required.

Sign Here _____	Officer's Rank and Name _____	Number _____	Department _____	Date of Report _____
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Enter name, rank, identification and department of officer preparing report. Report should be signed. Date of the report should be the *date it was signed*.

Definitions, Interpretations, and Examples Relating To Motor Vehicle and Other Road Vehicle Collisions

DEFINITIONS

Collision is an event that produces injury or damage. The word "injury" includes "fatal injury."

Driver is an occupant who is in actual physical control of a transport vehicle or for an out-of-control vehicle an occupant who was in control until control was lost.

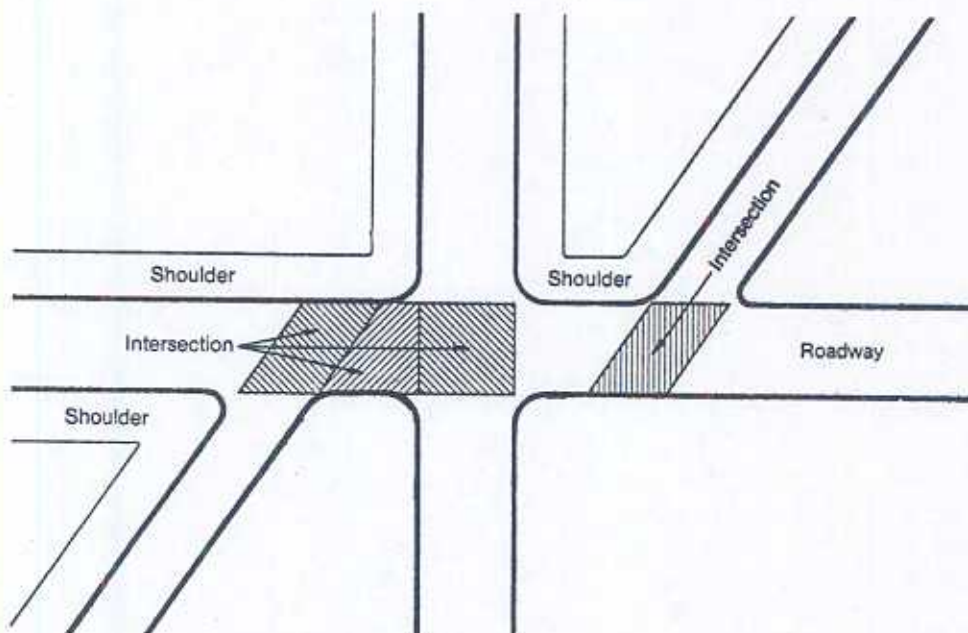
Fatal Collision is any motor vehicle or other road vehicle collision that results in fatal injuries to one or more persons.

In Transport is the state or condition of a vehicle when it is in use primarily for moving persons or property (including the vehicle itself) from one place to another, and is

1. In motion; or
2. In readiness for motion; or
3. On a roadway, but not parked in a designated parking area.

Intersection An area which (1) contains a crossing or connection of two or more roadways not classified as driveway access and (2) is embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of the roadways. Where the distance along a roadway between two areas meeting these criteria is less than 30 feet, the two areas and the roadway connecting them are considered to be parts of a single intersection.

INTERSECTION



Motor Vehicle is any mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn upon a highway. For purpose of this manual, any object such as a trailer, coaster, sled or wagon being towed by a motor vehicle is considered a part of the motor vehicle, including such devices when detached while in motion, or set in motion by a motor vehicle, such as during pushing. Also, the load, including occupants, upon or in the motor vehicle, or upon or in the device being towed or pushed, is considered a part of the motor vehicle. Motor Vehicle includes, but not limited to the following devices:

1. Automobiles (any type), bus, motorcycle, motorized bicycle or scooter, motorized fire engine, truck, van, trolley bus not operating upon rails.
2. Construction machinery, farm and industrial machinery, road roller, tractor, army tank, highway grader, or similar devices equipped with wheels or treads, while in transport under own power.
3. Special motorized devices such as go-carts, midget racers, invalid chairs, snowmobiles, swamp buggies, or similar devices, while in transport under own power.

Motor Vehicle Nontraffic Collision is any motor vehicle collision occurring entirely in any place other than a trafficway.

Motor Vehicle Traffic Collision is any motor vehicle collision that occurs on a trafficway or that occurs after the motor vehicle runs off roadway but before events are stabilized.

Motorcycle is a two-wheeled motor vehicle having one or more riding saddles, and sometimes a third wheel for the support of a sidecar. The sidecar is considered a part of the motorcycle. Motorcycle includes motorized, bicycle, scooter, or tricycle.

Nonfatal Injury Collision is any motor vehicle or other road vehicle collision, other than a fatal collision, that results in injuries, other than fatal, to one or more persons.

Other Road Vehicle is any device, except motor vehicle and pedestrian conveyance, in, upon, or by which any person or property may be transported upon a land way or place, such as a trafficway.

Includes: Animal-drawn vehicle (any type).
Animal harnessed to a conveyance.
Animal carrying a person.
Street car.
Bicycle (pedalcycle).

Other Road Vehicle Collision is an collision involving another road vehicle in transport, but not involving an aircraft, a watercraft, a motor vehicle in transport, or a railway train.

Pedalcycle is a vehicle operated solely by pedals, and propelled by human power.

Includes: Bicycle (any size, with two wheels in tandem).
Tricycle.
Unicycle.
Sidecar or trailer attached to any of the above devices.

Excludes: These devices when towed by a motor vehicle, including hitching.

Pedestrian is any person not in or upon a motor vehicle or other road vehicle.

Includes: Person afoot, sitting, lying, or working upon a land way or place.
Person in or operating a pedestrian conveyance.

Excludes: Person boarding or alighting from another conveyance, except pedestrian conveyance.
Person jumping or falling from a motor vehicle in transport.

Private Road or Driveway Every road or driveway not open to the use of the public as a matter of right for the purpose of vehicular traffic.

Public Vehicular Area Any area that is generally open to and used by the public for vehicular traffic, including by way of illustration and not limitation any drive, driveway, road, roadway, street, alley, or parking lot upon the grounds and premises of:

- a. Any public or private hospital, college, university, school, orphanage, church, or any of the institutions, parks or other facilities maintained and supported by the state of North Carolina or any of its subdivisions; or
- b. Any service station, drive-in theater, supermarket, store, restaurant, or office building, or any other business, residential, or municipal establishment providing parking space for customers, patrons, or the public.
- c. Any property owned by the United States and subject to the jurisdiction of the State of North Carolina. (The inclusion of property owned by the United States in this definition shall not limit assimilation of North Carolina law when applicable under the provisions of Title 18, United States Code, section 13.)

The term "public vehicular" area shall also include any beach area used by the public for vehicular traffic as well as any road opened to vehicular traffic within or leading to a subdivision for use by subdivision residents, their guests, and members of the public, whether or not the subdivision roads have been offered for dedication to the public. The term "public vehicular area" shall not be construed to mean any private property not generally open to and used by the public. Report on a PVA should contain the same information as if the accident occurred on the roadway.

Road is that part of a trafficway which includes both the roadway and any shoulder alongside the roadway.

Roadway is that part of a trafficway designed, improved, and ordinarily used for vehicular travel. In the event the trafficway includes two or more separate roadways, the term "roadway" refers to any such roadway separately, but not to all such roadways collectively.

Railway Train or railway vehicle, is any device, with or without cars coupled thereto, designed for transport upon a railway, including any device designed to operate upon railway tracks, under its own power, such as a motor vehicle equipped with flanged wheels. Nonmotorized devices, not set in motion by a railway train or vehicle, are not considered to be a railway train or vehicle.

Shoulder is that portion of the road contiguous with the roadway for accommodation of stopped vehicles, for emergency use, and for lateral support of the roadway structure. The line between the roadway and the shoulder may be a painted edge line, a change in surface color or material, or a curb. On some modern trafficways, there may be a surfaced shoulder on the right side, and frequently a narrower shoulder on the left side of a one-way roadway.

Trafficway is the entire width between property lines, or other boundary lines, of every way or place, of which any part is open to the public for purposes of vehicular travel as a matter of right or custom.

Transport collision is any collision involving a device designed primarily for, or being used at the time primarily for, conveying persons or goods from one place to another. In classifying collisions which involve more than one kind of transport, the following order of precedence should be used: 1) aircraft, 2) watercraft, 3) motor vehicle, 4) railway train, and 5) other road vehicle. This means that a collision involving aircraft and a motor vehicle or a watercraft and a motor vehicle will not be classified as a motor vehicle collision.

Motor Vehicle Collision is a collision involving a motor vehicle in transport, but not involving aircraft or watercraft.

The following interpretations and examples further clarify the definition for determining motor vehicle collision status:

Examples The following examples are events that fall within the definition of a motor vehicle collision if damage or injury results:

1. Motor vehicle in transport, including its load, collides with:
 - a. Another motor vehicle (in transport or parked).
 - b. Railway train (no prior railway transport accident).
 - c. Other road vehicle in transport.
 - d. Pedestrian, including pedestrian conveyance if occupied.
 - e. Animal attended or unattended.
 - f. Object which is fixed, moveable, or moving (not set in motion by aircraft or watercraft).
2. Motor vehicle in transport overturns without antecedent accident.
3. Motor vehicle in transport sets something in motion without the motor vehicle per se doing the actual striking, such as:
 - a. Sets in motion its load.
 - b. Sets in motion any of its parts.
 - c. Sets in motion something which is upon the way or place where the motor vehicle is in motion, such as a stone or other object.
 - d. Sets in motion its occupants
 - e. Otherwise produces a transfer of its energy of motion to persons or property without the motor vehicle per se doing the actual striking or colliding.
4. Motor vehicle in transport is involved in noncollision accidents:
 - a. Accidental poisoning from carbon monoxide generated by a motor vehicle.
 - b. Breakage of any part of the motor vehicle, resulting in injury or in further property damage.
 - c. Explosion of any part of the motor vehicle.
 - d. Person falling or jumping from the motor vehicle.
 - e. Fire starting in the motor vehicle.
 - f. Person hit by an object in, or thrown against some part of the motor vehicle.
 - g. Injury or damage from moving part of the vehicle.
 - h. Object falling from, or in, the motor vehicle.
 - i. Injury or damage by object thrown into the motor vehicle.
 - j. Object falling on the motor vehicle.
 - k. Injury or damage by animals flying against or into the motor vehicle.
 - l. Any other injury or damage producing event involving only the motor vehicle in transport, that is of a noncollision nature, such as a bridge giving way under the weight of a motor vehicle, or a motor vehicle striking holes or bumps in the surface of the way or place, or driving into water.

5. Motor vehicle in transport but not in motion is involved in noncollision events:
- It catches on fire.
 - A part explodes.
 - Occupant jumps or falls.
 - A part breaks, and results in injury or further property damage.
 - The load falls.
 - A part is set in motion.
 - Exhaust gases seep in.
 - Toxic or corrosive chemicals leak out.
 - Other injury or damage producing events which originate upon or in the motor vehicle, excluding events not hazards of transport, such as a fight between occupants, occupant injured by a burning cigarette, or similar events.

Excluded Collisions Some collisions involving motor vehicles in transport, that are by definition motor vehicle collisions, are excluded from the motor vehicle collision classification because the fact that the motor vehicles are in transport is not deemed to be the primary contributing factor to the collision.

Examples:

- Injury or damage due to cataclysm (cloudburst, cyclone, earthquake, flood, hurricane, tidal wave, torrential rain, tornado, volcanic eruption). For purposes of this manual, an avalanche or a landslide is not considered a cataclysm.
- Injury or damage due to lightning.
- Injury or damage while a motor vehicle, not under its own power, is being loaded on, or unloaded from, another conveyance.

Insufficient Information When available information is insufficient to determine whether the injury or damage resulted from a motor vehicle in a transport collision, assume that it did and that the event is a motor vehicle collision.

Mechanical Failure Any mechanical failure, such as, a tire blowout, broken fan belt, broken axle, or similar event does not, by itself, constitute a motor vehicle collision. However, any subsequent injury or damage producing event resulting from the mechanical failure would be a motor vehicle collision if the motor vehicle is in transport.

Animal If a motor vehicle strikes an animal other than a domestic animal and harm results only to the animal, the event is not a motor vehicle collision.

Collisions After Stabilized Situations A stabilized situation marks the end of an event; that is, nothing further will occur insofar as the event itself is concerned, but other events may follow because of subsequent actions closely related to the first event. The stabilized situation may be brief, but it separates the end of one event from the beginning of another event caused by further action. In some events a temporary position of safety may be reached; that is, a position in which a person would not be in jeopardy again if the position were maintained until rescue or the hazard were removed. In a collision in which a stabilized situation can be identified, subsequent injury or damage producing events should not be considered a part of the original collision. The following examples are illustrative of the application of the stabilized situation principle:

- In a motor vehicle collision live electric wire fall on a motor vehicle, but there is no injury from the electric current because the occupants remain in the motor vehicle. This is a stabilized situation. Any subsequent injury resulting from attempts to leave the motor vehicle, or attempts to rescue, attributable to the electric current, is not a part of the original motor vehicle collision.

2. In a motor vehicle collision the occupants of the motor vehicle are carried or thrown into water, but there is no injury from the submersion, and the occupants reach a temporary position of safety, other than the motor vehicle itself, unless it has stabilized and is no longer sinking. This is a stabilized situation. Any subsequent injury from attempts to reach shore, or attempts to rescue, attributable to submersion, is not a part of the original motor vehicle collision.
3. In a motor vehicle collision objects are loosened which remain in place until all occupants are removed from the hazard of the objects that might fall or roll. This is a stabilized situation. Any subsequent injury or damage, attributable to the fall or fall of the loosened objects, is not a part of the original motor vehicle collision.
4. In a motor vehicle collision the motor vehicle catches on fire and is burning, but all occupants have been rescued and the danger of the fire spreading is under control. This is a stabilized situation. However, if the heat of the fire induces ignition in nearby combustible materials, any subsequent injury or damage from the induced ignition is not a part of the original motor vehicle collision.
5. In a motor vehicle collision an involved motor vehicle carrying explosive materials is stopped and occupants and bystanders are removed from the scene. This is a stabilized situation. If the explosive materials subsequently detonate during attempts to remove or salvage, any injury or damage resulting from the explosion is not a part of the original motor vehicle collision.

Chain Reaction Collisions Sometimes, in the same area and within a short time, several motor vehicles may be involved in collisions during an adverse driving condition, such as reduced visibility due to fog. In such chain reaction collisions, it is frequently difficult to determine afterward whether this event was one collision without a moment in which the collision situation was stabilized, or whether several collisions occurred with the collision situation stabilized between separate collisions. Consequently, for purposes of uniformity, consider such chain reaction collisions to be single motor vehicle collisions, unless a stabilized situation can be established between the several events that may occur in such chain reaction collisions.

Exclusions Some injury or damage producing events involving motor vehicles in transport are motor vehicle collisions by definition, but they are not classified as motor vehicle collisions because transport is not deemed to be the primary contributing factor to the injury or damage producing event excluded, while other parts are included in a motor vehicle accident classification. The following examples are illustrative of the application of the exclusion principle:

1. A motor vehicle in transport was washed away with a trafficway bridge during a hurricane. This collision was due to a cataclysm rather than the action of a motor vehicle in transport. However, this exclusion would not apply if the motor vehicle were driven into the water after the bridge had washed away because transport would be the primary contributing factor
2. A motor vehicle in transport was overwhelmed by a landslide or an avalanche which was a direct result of a cataclysm such as an earthquake, torrential rain, etc. However, this exclusion would not apply if a cataclysm were not in existence at the time of the event; nor would this exclusion apply if the motor vehicle were driven against any fallen materials covering a trafficway as a result of any landslide or avalanche.
3. A loaded firearm was being carried in a motor vehicle in transport and it accidentally fired causing injury or damage. In such an event, transport is not considered to be the primary contributing factor; therefore, the event is not a motor vehicle collision.

4. The driver of a motor vehicle in transport dies from a disease condition such as cerebral hemorrhage, heart attack or diabetic coma, prior to involvement of the motor vehicle in a motor vehicle collision. The death is due to the disease condition if it can be clearly established and not due to transport. However, to other persons, vehicles, or other property, this event, if it involved more than the death of the driver, would be a collision, and would be classified as a motor vehicle collision.
5. The driver of a motor vehicle in transport suffers an epileptic seizure and the motor vehicle is involved in a motor vehicle collision. The injury or death to the driver is due to epilepsy. However, other injury or damage in the event would be classified as a motor vehicle collision.
6. A pregnant woman, occupying a motor vehicle in transport, gives birth to a stillborn fetus following the involvement of the motor vehicle in a motor vehicle collision. The death of the fetus is not classified as a fatal injury resulting from a motor vehicle collision.

2 No. of Units Involved

☐ Supplemental Report

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
DMV REPORT #

Date May 1 93 MONTH DAY YEAR	Day of Week Saturday	County Wake	Time 1530 (24 Hour Clock)	Local Use / Patrol Area 1	Date Received by DMV
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LOCATION	Collision occurred <input checked="" type="checkbox"/> In <input checked="" type="checkbox"/> Near <u>Raleigh</u> Municipality	or <u>1.70</u> Miles <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W outside municipality
	on <u>US 70</u> Highway Number, or Highway, Street, (If ramp or service road, indicate on line)	(R.R. Crossing # <u>0.11</u> Miles (0 ft. Intersection) <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
	at <u>BP 1934</u> Use Highway Number, Street Name or Adjacent County or State Line	toward <u>RP 1936</u> Use Highway Number, Street Name or Adjacent County or State Line

Driver 1 Name: <u>George Lee Washington</u> Address: <u>122 Jones Street</u> City: <u>Fayetteville</u> State: <u>NC</u> Zip: <u>27061</u> Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone No. W: (919) <u>555-2121</u> H: (919) <u>555-5073</u> D.L.#: <u>778877</u> State: <u>NC</u> DOB: <u>2-24-39</u> Vision: 1. Obstruction <u>1</u> 2. Condition <u>1</u> 3. Intoxication <u>1</u> Restrictions <u>-</u> Owner: <u>Smith Hauling Company</u> Address: <u>711 Black Street</u> City: <u>Fayetteville</u> State: <u>NC</u> Zip: <u>27062</u> VIN: <u>1EVBYB84FG375452</u> Plate #: <u>X 930621</u> State: <u>NC</u> Year: <u>1993</u> Veh. Year: <u>85</u> Veh. Make: <u>Mack</u> Veh. Type Code: <u>TF-T</u> Commercial Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Trailer Type Code: <u>DT</u> Air Bag <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1st Trailer No. of Axles: <u>2</u> Deployed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Width: <u>96</u> inches Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Length: <u>28</u> feet Post Crash Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2nd Trailer No. of Axles: <u>2</u> Rollover <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Width: <u>96</u> inches Hazardous Cargo <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Length: <u>28</u> feet Spilled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TAD: <u>FR-1</u> Crossed Median <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Est. Damage \$: <u>1000</u> Removed to: <u>Destination</u> By: <u>Driver</u> Authority:	Driver 2 Name: <u>Jonathan Daniel Jones</u> Address: <u>Route 8, Box 233</u> City: <u>Raleigh</u> State: <u>NC</u> Zip: <u>27609</u> Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone No. W: (919) <u>555-3210</u> H: (919) <u>555-7654</u> D.L.#: <u>2305006</u> State: <u>NC</u> DOB: <u>11-25-27</u> Vision: 1. Obstruction <u>1</u> 2. Condition <u>1</u> 3. Intoxication <u>1</u> Restrictions <u>1</u> Owner: <u>SAME AS ABOVE</u> Address: _____ City: _____ State: _____ Zip: _____ VIN: <u>MGBCQ2653EX26120</u> Plate #: <u>TYS-931</u> State: <u>NC</u> Year: <u>1992</u> Veh. Year: <u>89</u> Veh. Make: <u>Ford</u> Veh. Type Code: <u>P</u> Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Trailer Type Code: _____ Air Bag <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1st Trailer No. of Axles: _____ Deployed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Width: _____ inches Vehicle Drivable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length: _____ feet Post Crash Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2nd Trailer No. of Axles: _____ Rollover <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Width: _____ inches Hazardous Cargo <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length: _____ feet Spilled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TAD: <u>LBQ-3, LFQ-3</u> Crossed Median <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Est. Damage \$: <u>2,000</u> Removed to: <u>Strick's Wrecker Station</u> By: <u>Strick's Wrecker</u> Authority: <u>Rotation</u>
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Other Property Damaged: <u>Guardrail</u>	Estimated Damage: <u>\$ 100</u>	Owner Name: <u>NC/DOT</u>
		Address: <u>Raleigh NC 27611</u>

OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top). Names and addresses are necessary for all occupants.

Seat	4. Inj. Class	5. Belt / Hel.	Race / Sex	Age	First Name	Injured Names and Addresses	Last Name	Seat	4. Inj. Class	5. Belt / Hel.	Race / Sex	Age	First Name	Injured Names and Addresses	Last Name
Left Front	0	2	M	54	DRIVER 1			Left Front	A	1	W	65	DRIVER 2, PEDESTRIAN, OTHER		
Center Front								Center Front							
Right Front								Right Front	C	2	W	52	Susan Ann Jones Route 8, Box 233 Raleigh, NC 27610		
Left Rear								Left Rear							
Center Rear								Center Rear	0	4	W	0	Regan Elizabeth Smith 1325 Majolica Road Charlotte, NC 28202		
Right Rear								Right Rear	B	9	W	13	Jerry Dean Smith 1325 Majolica Road Charlotte, NC 28202		

Total Number Occupants	1	Total Number Injured	0	Total Number Occupants	4	Total Number Injured	3
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Ambulance Requested ☒ Yes ☐ No If yes, Ambulance Arrived At 1 5 4 0 (24 Hour Clock)

Injured Taken To Wake Medical Center, Raleigh, NC
(Treatment Facility and City or Town)

 N.C. COLLISION REPORT FORM — Send To: N.C. Division of Motor Vehicles
 Raleigh, N.C. 27697-0001

MARKS > < ADDED BY (Initial)

POINTS OF INITIAL CONTACT (Write In Codes)		Passenger Cars/Small Trucks		Tractor-Trailers		Motorcycle, Bicycle or Moped	
VEH. 1	VEH. 2						
1	8						
7	7						
	5						

ACCIDENT SEQUENCE		Veh. 1		Veh. 2 or Ped.		UNDERNEATH: 22 Front 23 Center 24 Rear 25 Unknown		ROADWAY INFORMATION (See Front)				
6. Veh. Maneuver/Pad. Action	5	4							11. Locality	1	19. Road Defects	7
7. First Harmful Event	22	22							12. Development Type	1	20. Road Condition	7
7. Most Harmful Event	22	22							13. Road Feature	14	21. Light Condition	1
8. Object Struck	14	1							14. Road Character	3	22. Weather	2
9. Distance to Object Struck	2	-							15. Road Class	2	23. Traffic Control	17
10. Vehicle Defects	8	8							16. Number of Lanes	4	Operating <input type="checkbox"/> Yes <input type="checkbox"/> No	
									17. Road Configuration	3	Visible <input type="checkbox"/> Yes <input type="checkbox"/> No	
									18. Road Surface	4		

INDICATE NORTH

Vehicle 1 was Traveling ☒ N ☒ S ☐ E ☐ W on **US 70**

Vehicle 2 was Traveling ☒ N ☒ S ☐ E ☐ W on **US 70**

DESCRIBE WHAT HAPPENED: Veh 1 in inside lane and veh 2 in outside lane were traveling S on US 70. Veh 1 attempted to change lanes and struck veh 2 in the left rear quarter. Veh 2 lost control striking veh 1 again on the left rear tandem wheel of the cab. Veh 1 then ran off the right side of the road and struck a guardrail.

CIRCUMSTANCES CONTRIBUTING TO THE COLLISION (Check as many as apply)						RESERVED FOR CITY OR OTHER USE	
DRIVER		DRIVER		DRIVER			
1	2	1	2	1	2		
<input type="checkbox"/> 1. None	<input type="checkbox"/> 10. Pass stopped school bus	<input type="checkbox"/> 19. Safe movement violation					
<input type="checkbox"/> 2. Alcohol use	<input type="checkbox"/> 11. Passing on hill	<input type="checkbox"/> 20. Following too closely					
<input type="checkbox"/> 3. Drug use	<input type="checkbox"/> 12. Passing on curve	<input type="checkbox"/> 21. Improper backing					
<input type="checkbox"/> 4. Yield	<input type="checkbox"/> 13. Other improper passing	<input type="checkbox"/> 22. Improper parking					
<input type="checkbox"/> 5. Stop sign	<input type="checkbox"/> 14. Improper lane change	<input type="checkbox"/> 23. Unable to determine					
<input type="checkbox"/> 6. Traffic signal	<input type="checkbox"/> 15. Use of improper lane	<input type="checkbox"/> 24. Left of center					
<input type="checkbox"/> 7. Exceeding speed limit	<input type="checkbox"/> 16. Improper turn	<input type="checkbox"/> 25. Right turn on red					
<input type="checkbox"/> 8. Exceeding safe speed	<input type="checkbox"/> 17. Improper or no signal	<input type="checkbox"/> 26. Other _____					
<input type="checkbox"/> 9. Failure to reduce speed	<input type="checkbox"/> 18. Improper vehicle equipment						

RESERVED FOR STATE USE	
24. Direction	Driver 1
25. Violation	Driver 2
26. Misc. Action	
27. Charges	
28. Investigating Agency	

WIT- Name Frank F. James Address Rt 1, Box 199, Raleigh NC Phone No. (919) 556-0101

NESSES: Name _____ Address _____ Phone No. (____) _____

ARRESTS: Name George Lee Washington Charge(s) Safe Movement

Name _____ Charge(s) _____

Sign Here John E. Doe Officer's Rank and Name

10025 Number

SHP Department

May 1, 1993 Date of Report

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