

North Carolina
State Highway Patrol
COLLISION INVESTIGATION CHECKLIST

Fatal Personal Injury Property Damage

- 1. DMV-349 original final (copy)
- 2. DMV-349 original completed with notes. Be sure to include the following next-of-kin notification:

Next-of-Kin Name	Date Notified	Time Notified
YAHEE ARFIELD	9/13/2017	3:10PM
Relationship to Deceased	Address	Phone Number
1 ST COUSIN	279 STABLE ROAD	252-885-3145
Medical Examiner Notified	Date Notified	Time Notified
AIMEE BAKER/DOCTOR MYERS	9/13/2017	1:30PM

- 3. DMV-349M Multi-Occupant Form
- 4. ENF-500 Commercial Motor Vehicle Inspection Report (if applicable)
- 5. HP-49A Collision Scene Measurements and Field Sketch
- 6. Scale drawings and/or detailed drawings
- 7. HP-306 Rights Form
- 8. HP-326A Voluntary Statement(s)
- 9. Copy of owner and/or driver information and DCI checks
- 10. Copy of ID cards, operator's license, or other identification
- 11. North Carolina Uniform Citation Officer's copy with notes
- 12. Copy of warrants
- 13. Copy of Driving While Impaired Report
- 14. DHHS-3907 DHHS-4081 DHHS-4082
- 15. Signal 22
- 16. Signal 4
- 17. HP-305 Consent to Tow
- 18. Medical Examiner's Report
- 19. Toxicology Report
- 20. Photographs: Digital 35mm Film
- 21. Video
- 22. HP-52 Evidence Collected (copy)
- 23. Victim Notification: HP-20 HP-20A HP-20B
- 24. HP-320 Highway Condition Report
- 25. Sequence of Events
- 26. Event Data Recorder (EDR) Vehicle(s) Supported Yes No Imaged By: _____
(Check Support <http://cdr-system.com/resources/coverage.html>) Call # _____ Reg # _____
- 27. Cell Phone Image Phone(s) Supported Yes No Imaged By: _____

Member's Signature	Date	Supervisor's Signature	Date
	9/14/2017		9/21/17

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.

2

No. of Units Involved

Form 1 of 1

Supplemental Report

Non-Reportable

Do not write in these spaces

1	Date 09/13/2017	County EDGECOMBE	Time 12:37	Local Use/Patrol Area 170913099CA - 07	Date Received by DMV
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2	1	33 Relation to Roadway Surface 1	Crash Occurred <input checked="" type="checkbox"/>	In <input checked="" type="checkbox"/>	TARBORO	or	01.40	Miles	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	outside municipality
3	1	SR 1006	(R.R. Crossing #)	00.80	Miles	ft.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
		At NC 111	Ramp or Service Road <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	toward	SR 1206	Latitude				
		From				Longitude				
						Altitude				

4	1	UNIT # 1	<input checked="" type="checkbox"/> VEHICLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> COMMERCIAL	20	VEHICLE	UNIT # 2	<input checked="" type="checkbox"/> VEHICLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> OTHER				
		Driver	BRYAN TERRELL COREY						Driver	KRISTOPHER ONELL HYMAN							
		Address	3005 ANACONDA ROAD						Address	279 STABLE RD.							
		City	TARBORO	State	NC	Zip	27886-8961		City	TARBORO	State	NC	Zip	27886-4931			
		Same Address on Driver's License?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Driver's Phone Numbers	H	(252) 641-7911		Same Address on Driver's License?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Driver's Phone Numbers	H	(252) 641-1621			
		D.L.#		D.L. Class	C	State	NC		D.L.#		D.L. Class	C	State	MD			
		DOB		34 Vision Obstruction	0	35 Physical Condition	1	36 D.L. Restrictions	0	DOB		34 Vision Obstruction	0	35 Physical Condition	1	36 D.L. Restrictions	0
		37 Alcohol/Drugs Suspected	0	38 Alcohol/Drugs Test	0	39 Results (if known)	0	40 Vehicle Seizure (DWI)	<input type="checkbox"/>	37 Alcohol/Drugs Suspected	0	38 Alcohol/Drugs Test	0	39 Results (if known)	0	40 Vehicle Seizure (DWI)	<input type="checkbox"/>

5	Owner	COUNTY OF EDGECOMBE	Same as Driver?	<input type="checkbox"/>	Owner	KRISTOPHER ONELL HYMAN	Same as Driver?	<input type="checkbox"/>
	Address	201 SAINT ANDREWS STREET			Address	279 STABLE RD		
	City	TARBORO	State	NC	Zip	27886		
	Plate #	80332T	Plate State	NC	Year	2899		
	VIN	1FTVX12587NA57897			VIN	1G1ZH57BX94233516		
	Vehicle Make	FORD	Vehicle Year	2007	41 Vehicle Style (Type)	2	42 Vehicle Drivable	<input checked="" type="checkbox"/> Yes
	43 TAD	ND-0	44 Estimated Damage	\$0.00	Vehicle Make	CHEV	Vehicle Year	2009
	Insurance Company	SEGDWICK CLAIMS MANAGEMENT SERVICES			41 Vehicle Style (Type)	1	42 Vehicle Drivable	<input checked="" type="checkbox"/> Yes
	Policy #	LP-ED-033-16			43 TAD	FD-7	44 Estimated Damage	\$20,000.00
	Insurance Company	METRO GRP PROP AND CAS INS COMP			Policy #	A7102626180		

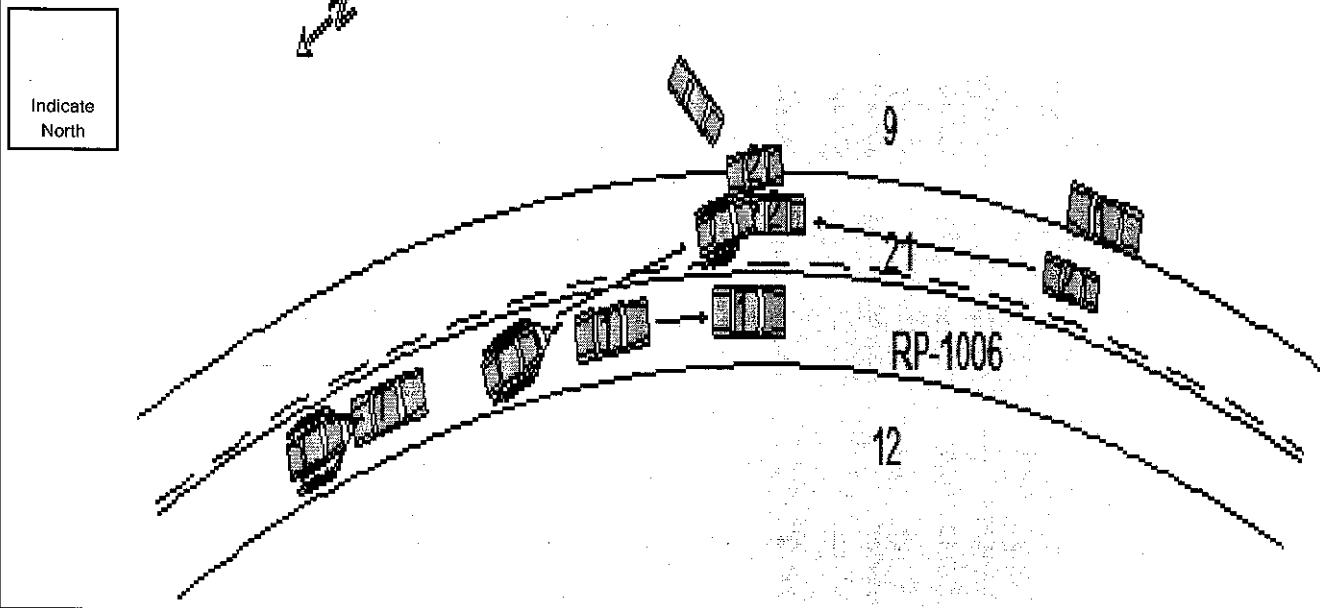
20	COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source	Carrier Identification Numbers, GVWR, Axles
Unit	45 Cargo Body Type	Same Address as owner?
Source:	<input type="checkbox"/> Truck	US DOT#
	<input type="checkbox"/> Shipping	ICC#
	<input type="checkbox"/> Driver	State
		State #
		FEI#
		Fleet #
		Gross Vehicular Weight Rating

A	1	1	1	Unit 1-Drv 1, Ped 1, etc. see above	B	M	0	1	0	2	1	5	see above	Veh# 1 Towed To/By:
B	2	1	1	Unit 2-Drv 2, Ped 2, etc. see above	B	M	2	2	0	2	1	2	see above	Veh# 2 Towed To/By: TROOPERS AND SHERIFF'S REQUEST / SAMMY'S WRECKER SERVICE
C	2	2	3		B	F	2	2	0	2	1	1		KOSHALA SHENIQUN HYMAN 729 STABLE ROAD. TARBORO. NC 27886
D														
E														
F														
G														
H														

46 Name of EMS	B - EDGECOMBE COUNTY RESCUE	46 Name of EMS	C - EDGECOMBE COUNTY RESCUE
47 Injured Taken by EMS to	B - PITT HOSOTAL IN GREENVILLE	47 Injured Taken by EMS to	C - VIDANT HOSPITAL
	(Treatment Facility and City or Town)		(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit # 1 0 Unit # 2 1,2,3	VEHICLE INFO		Veh # 1 55	Veh # 2 55	ROADWAY INFO		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)		Unit # 1	Unit # 2	80 Authorized Speed Limit	69 Road Feature	0	78 Work Zone Area	5	
49 Vehicle Maneuver/Action	4	4	81 Estimate of Original Traveling Speed	40	50	70 Road Character	7	78 Work Activity	
50 Non-Motorist Action			62 Estimate of Speed at Impact	40	40	71 Road Classification	4	80 Work Area Marked	
51 Non-Motorist Location Prior to Impact			63 Tire Impressions Before Impact (ft.)	0	0	72 Road Surface Type	4	81 Crash Location	
52 Crash Sequence - First Event for this Unit	12	32	64 Distance travelled After Impact (ft.)			73 Road Configuration	2	TRAILER INFO.	
53 Crash Sequence - Second Event			65 Emergency Vehicle Use			74 Access Control	1	Unit # 1	Unit # 2
54 Crash Sequence - Third Event			66 Post Crash Fire (if 'Yes' check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	82 Trailer Type	0
55 Crash Sequence - Fourth Event			67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	0	1st Trailer No. Axles	
56 Most Harmful Event for this Unit	12	32	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		Width (inches)	
57 Distance/Direction of Object Struck	0	0	COMMERCIAL VEHICLE: Hazardous Material Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No		Unit <input type="checkbox"/> From Placard indicate 4-digit placard number or name from diamond or <input type="checkbox"/> 1-digit number from bottom of diamond <input type="checkbox"/>		82 Trailer Type	0	0
58 Vehicle Under/Override	1	3					75 Number of Lanes	2	1st Trailer No. Axles
59 Vehicle Defects		0					76 Traffic Control Type	0	Width (inches)
						77 Traffic Control Oper		Length (feet)	
								2nd Trailer No. Axles	
								Width (inches)	
								Length (feet)	
								83 Unit #	
								Overwidth Trailer and Overwidth Mobilehome	
								Overwidth Permit	

84 DIAGRAM



Unit # 1 was Traveling Parked Facing N S E W on SR 1006

Unit # 2 was Traveling Parked Facing N S E W on SR 1006

85 NARRATIVE

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

THE DRIVER OF VEHICLE NUMBER 1 WAS TRAVELING SOUTH EAST ON RP-1006 PULLING A DOLLY WITH A 2004 PASSENGER VEHICLE ATTACHED. THE DRIVER OF VEHICLE NUMBER 2 WAS TRAVELING NORTH WEST ON RP-1006. IT APPEARS THAT THE DOLLY CAME UNATTACHED AND CROSSED THE CENTERLINE CAUSING SAME TO COLLIDED WITH VEHICLE NUMBER 2. VEHICLE NUMBER 2 CAME TO REST ON RP-1006 AND ALONG THE SHOULDER OF THE ROADWAY. THE DRIVER OF VEHICLE NUMBER 2 TURNED AROUND AND IMMEDIATELY CALLED FOR ASSISTANCE. THE DOLLY AND PASSENGER VEHICLE THAT WAS BEING TOWED CAME TO REST PARTIALLY ON RP-1006 AND ON THE SHOULDER OF THE ROAD. THE MEDICAL EXAMINER MRS. AIMEE BACKER ADVISED THAT MRS. HYMAN COULD BE TRANSPORTED FROM THE COLLISION SCENE TO VIDANT HOSPITAL IN TARBORO. MRS. AIRFIELD, MRS. HYMAN'S 1ST COUSIN WAS ADVISED OF HER DEATH AT 3:10PM ON 03-13-2017.

66 Type/Owner _____ Owner Address _____ State Property? Estimated Damage \$ _____

ADDITIONAL PROPERTY DAMAGE

WITNESSES

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

TRAFFIC VIOLATION(S)

Name BRYAN TERRELL COREY Charge(s) 7G48435 - FAILURE TO SECURE LOAD

Name _____ Address _____

Officer Name TRP. T POPE Officer Number 1687 Department NC STATE HIGHWAY PATROL ORI NHP00 Date of Report 09/13/2017

No. of Units Involved 2

Form 1 of 1

Supplemental Report

Non-Reportable

Do not write in these spaces

1	Date 09/13/2017	County EDGECOMBE	Time 12:37	Local Use/Patrol Area 170913099CA-07	Date Received by DMV
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2	Location 33 Relation to Roadway Surface <u>1</u> Crash occurred <input checked="" type="checkbox"/> In <input checked="" type="checkbox"/> Near <u>TARBORO</u> Municipality	Distance <u>01.40</u> Miles <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W outside municipality
3	On <u>SR 1006</u> Highway Number, or Highway, Street, (if ramp or service road, indicate on line)	Ramp or Service Road <input type="checkbox"/> (R.R. Crossing # _____) <u>00.80</u> Miles <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W (to R. Intersection)
1	At <u>NC 111</u> Use Highway Number, Street Name or Adjacent County or State Line	From <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> toward <u>SR 1206</u> Use Highway Number, Street Name or Adjacent County or State Line
	Latitude _____	Longitude _____
	Altitude _____	

4	UNIT# <u>1</u> <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> COMMERCIAL <u>20</u> VEHICLE	UNIT# <u>2</u> <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER _____
1	Driver <u>BRYAN TERRELL COREY</u> First Middle Last	Driver <u>KRISTOPHER ONELL HYMAN</u> First Middle Last
5	Address <u>3005 ANACONDA ROAD</u>	Address <u>279 STABLE RD</u>
	City <u>TARBORO</u> State <u>NC</u> Zip <u>27886-8961</u>	City <u>TARBORO</u> State <u>NC</u> Zip <u>27886-4931</u>
6	Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone Numbers H _____ W <u>(252) 641-7911</u>	Same Address on Driver's License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Driver's Phone Numbers H _____ W _____
2	D.L. # <u>[REDACTED]</u> D.L. Class <u>C</u> State <u>NC</u> <input checked="" type="checkbox"/> CDL License <input type="checkbox"/>	D.L. # <u>[REDACTED]</u> D.L. Class <u>C</u> State <u>MD</u> <input checked="" type="checkbox"/> CDL License <input type="checkbox"/>
	DOB <u>[REDACTED]</u> 34 Vision Obstruction <u>0</u> 35 Physical Condition <u>1</u> 36 D.L. Restrictions <u>0</u>	DOB <u>[REDACTED]</u> 34 Vision Obstruction <u>0</u> 35 Physical Condition <u>1</u> 36 D.L. Restrictions <u>0</u>
7	37 Alcohol/Drugs Suspected <u>0</u> 38 Alcohol/Drugs Test <u>0</u> 39 Results (if known) <u>0</u> 40 Vehicle Seizure (DWI) <input type="checkbox"/>	37 Alcohol/Drugs Suspected <u>0</u> 38 Alcohol/Drugs Test <u>0</u> 39 Results (if known) <u>0</u> 40 Vehicle Seizure (DWI) <input type="checkbox"/>

Owner <u>COUNTY OF EDGECOMBE</u>	Owner <u>KRISTOPHER ONELL HYMAN</u>
Address <u>201 SAINT ANDREWS STREET</u> Same as Driver? <input type="checkbox"/>	Address <u>279 STABLE RD</u> Same as Driver? <input type="checkbox"/>
City <u>TARBORO</u> State <u>NC</u> Zip <u>27886</u>	City <u>TARBORO</u> State <u>NC</u> Zip <u>27886-4931</u>
Plate # <u>80332T</u> Plate State <u>NC</u> Year <u>2899</u>	Plate # <u>1CV9975</u> Plate State <u>MD</u> Year <u>2018</u>
VIN <u>1FTVX12587NA57897</u>	VIN <u>1G1ZH57BX94233516</u>
Vehicle <u>FORD</u> Year <u>2007</u> 41 Vehicle Style (Type) <u>2</u> 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle <u>CHEV</u> Year <u>2009</u> 41 Vehicle Style (Type) <u>1</u> 42 Vehicle Drivable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
43 TAD <u>ND-0</u> 44 Estimated Damage <u>\$0.00</u>	43 TAD <u>FD-7</u> 44 Estimated Damage <u>\$20,000.00</u>
Insurance Company <u>SEGDWICK CLAIMS MANAGEMENT SERVICES</u>	Insurance Company <u>METRO GRP PROP AND CAS INS COMP</u>
Policy # <u>LP-ED-033-16</u>	Policy # <u>A7102626180</u>

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source	Carrier Identification Numbers, GVWR, Axles
Unit <u>45</u> Cargo Body Type _____ <input type="checkbox"/> Same Address as Owner? _____	US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____
Source: <input type="checkbox"/> Truck <input type="checkbox"/> Shipping papers <input type="checkbox"/> Driver	State _____ State # _____ IFTA# _____
	FEI# _____ Fleet# _____ Gross Vehicle Weight Rating _____

Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if														
A	1	1	1	Unit 1-Drv 1, Ped 1, etc. see above	B	M	0	1	0	2	1	5	see above	Veh# <u>1</u> Towed To/By: _____
B	2	1	1	Unit 2-Drv 2, Ped 2, etc. see above	B	M	2	2	0	2	1	2	see above	Veh# <u>2</u> Towed To/By: <u>TROOPERS AND SHERIFF'S REQUEST / SAMMYS WRECKER SERVICE</u>
C	2	2	3	[REDACTED]	B	F	2	2	0	2	1	1		<u>KOSHALA SHENIQUN HYMAN</u> <u>729 STABLE ROAD, TARBORO, NC 27886</u>
D														
E														
F														
G														
H														

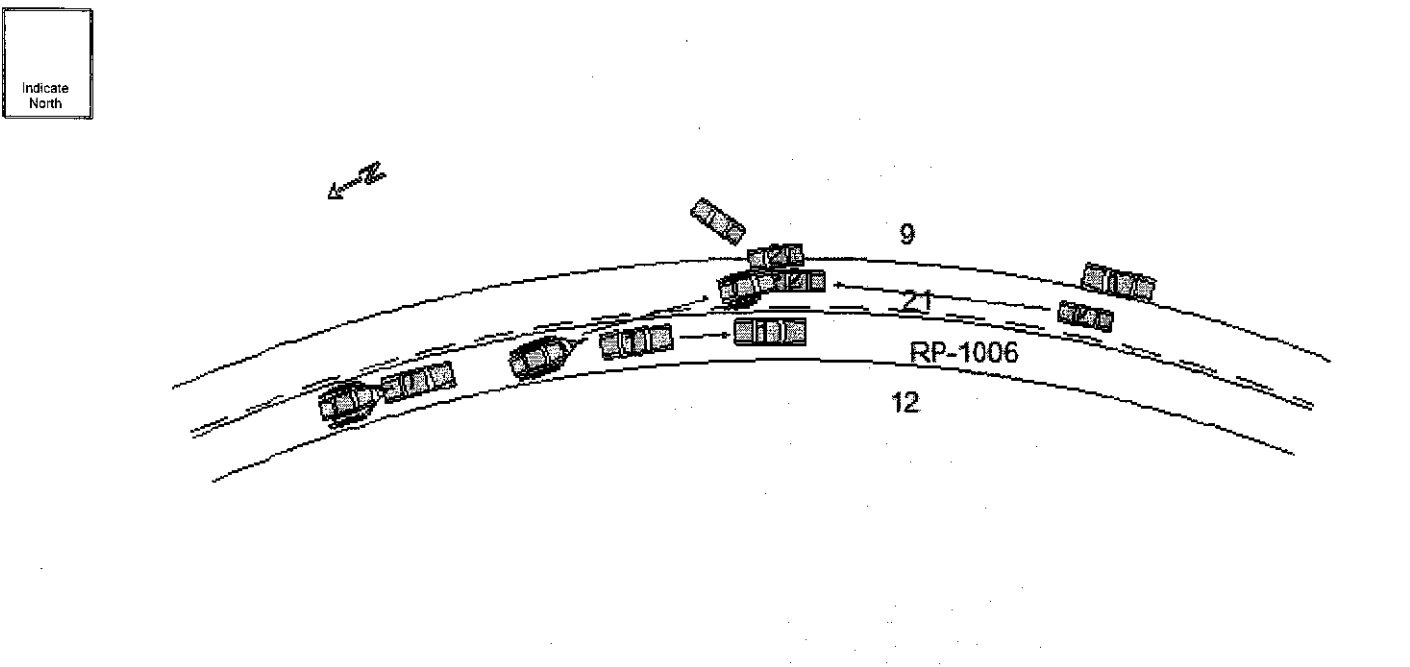
46 Name of EMS B-EDGECOMBE COUNTY RESCUE

47 Injured Taken by EMS to B-PITT HOSPITAL IN GREENVILLE
(Treatment Facility and City or Town)

46 Name of EMS C-EDGECOMBE COUNTY RESCUE

47 Injured Taken by EMS to C-VIDANT HOSPITAL
(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# <u>1</u> <u>0</u>	VEHICLE INFO.		Veh# <u>1</u>	Veh# <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED	
		Unit# <u>2</u> <u>1,2,3</u>	60 Authorized Speed Limit		<u>55</u>	<u>55</u>	69 Road Feature	<u>0</u>	78 Workzone Area	<u>5</u>
CRASH SEQUENCE (Unit Level)		Unit# <u>1</u>	Unit# <u>2</u>	61 Estimate of Original Traveling Speed	<u>40</u>	<u>50</u>	70 Road Character	<u>7</u>	79 Work Activity	
49 Vehicle Maneuver/Action		<u>4</u>	<u>4</u>	62 Estimate of Speed at Impact	<u>40</u>	<u>40</u>	71 Road Classification	<u>4</u>	80 Work Area Marked	
50 Non-Motorist Action				63 Tire Impressions Before Impact (ft.)	<u>0</u>	<u>0</u>	72 Road Surface Type	<u>4</u>	81 Crash Location	
51 Non-Motorist Location Prior to Impact				64 Distance traveled After Impact (ft.)			73 Road Configuration	<u>2</u>	TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>	
52 Crash Sequence - First Event for This Unit		<u>12</u>	<u>32</u>	65 Emergency Vehicle Use			74 Access Control	<u>1</u>	82 Trailer Type	<u>0</u> <u>0</u>
53 Crash Sequence - Second Event				66 Post Crash Fire (If "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	<u>2</u>	1st Trailer No. Axles	
54 Crash Sequence - Third Event				67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	<u>0</u>	Width (inches)	
55 Crash Sequence - Fourth Event				68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		Length (feet)	
56 Most Harmful Event for This Unit		<u>12</u>	<u>32</u>	COMMERCIAL VEHICLE: Hazardous Materials Involvement			Unit <input type="checkbox"/>		2nd Trailer No. Axles	
57 Distance/Direction to Object Struck		<u>0</u>	<u>0</u>	Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No			From Placard indicate:		Width (inches)	
58 Vehicle Underride/Override		<u>1</u>	<u>3</u>	Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No			4-digit placard number or name from diamond or box		Length (feet)	
59 Vehicle Defects			<u>0</u>	Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			1-digit number from bottom of diamond		83 Unit #	Overwidth Permit #
84 DIAGRAM									Overwidth Trailer and Overwidth Mobile Home	



Unit# 1 was Traveling Parked Facing on SR 1006

Unit# 2 was Traveling Parked Facing on SR 1006

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

THE DRIVER OF VEHICLE NUMBER 1 WAS TRAVELING SOUTH EAST ON RP-1006 PULLING A DOLLY WITH A 2004 PASSENGER VEHICLE ATTACHED. THE DRIVER OF VEHICLE NUMBER 2 WAS TRAVELING NORTH WEST ON RP-1006. IT APPEARS THAT THE DOLLY CAME UNATTACHED AND CROSSED THE CENTERLINE CAUSING SAME TO COLLIDED WITH VEHICLE NUMBER 2. VEHICLE NUMBER 2 CAME TO REST ON RP-1006 AND ALONG THE SHOULDER OF THE ROADWAY. THE DRIVER OF VEHICLE NUMBER 2 TURNED AROUND AND IMMEDIATELY CALLED FOR ASSISTANCE. THE DOLLY AND PASSENGER VEHICLE THAT WAS BEING TOWED CAME TO REST PARTIALLY ON RP-1006 AND ON THE SHOULDER OF THE ROAD. THE MEDICAL EXAMINER MRS. AIMEE BACKER ADVISED THAT MRS. HYMAN COULD BE TRANSPORTED FROM THE COLLISION SCENE TO VIDANT HOSPITAL IN TARBORO. MRS. AIRFIELD, MRS. HYMAN'S 1ST COUSIN WAS ADVISED OF HER DEATH AT 3:10PM ON 03-13-2017.

86 Type/Owner _____ Owner Address _____ Phone _____

ADDITIONAL PROPERTY DAMAGE _____ State Property? Estimated Damage \$ _____

WITNESSES

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

TRAFFIC VIOLATION(S)

Name _____ Charge(s) _____

Name _____ Charge(s) _____

Officer Name TRP. T POPE Officer Number 1687 Department STATE HIGHWAY PATROL State NC

Date of Report 09/13/2017

North Carolina State Highway Patrol FIELD DIAGRAM AND MEASUREMENTS OF COLLISION SCENE

9.13.17	SR1006	EN6ECONKE
F.A. McCLURE	F.A. DeMUTH	T.C. KATCHELOR
<input checked="" type="checkbox"/> Fatality <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage		
T. POPE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	T. POPE

Supplementary Information / Investigation Notes

Visually Inspect Exterior/Interior of Vehicle or Vehicles (Check block when completed)

Indicate Vehicle Damages

Towed Vehicle



UNDER

Distance (ft.)	
Before	64.8
After	
Airbags Deployed	
Front	NO
Side	NO



OVER

Distance (ft.)	
Before	
After	
Airbags Deployed	
Front	YES
Side	NO



Distance (ft.)
Before
After

US DOT#	
ICC MC#	
State & State #	
IFTA#	
FEI#	
Fleet#	
GVWR/GCWR	
Width (inches)	
Length (feet)	
Axles on Trailer	

Trailer Information:

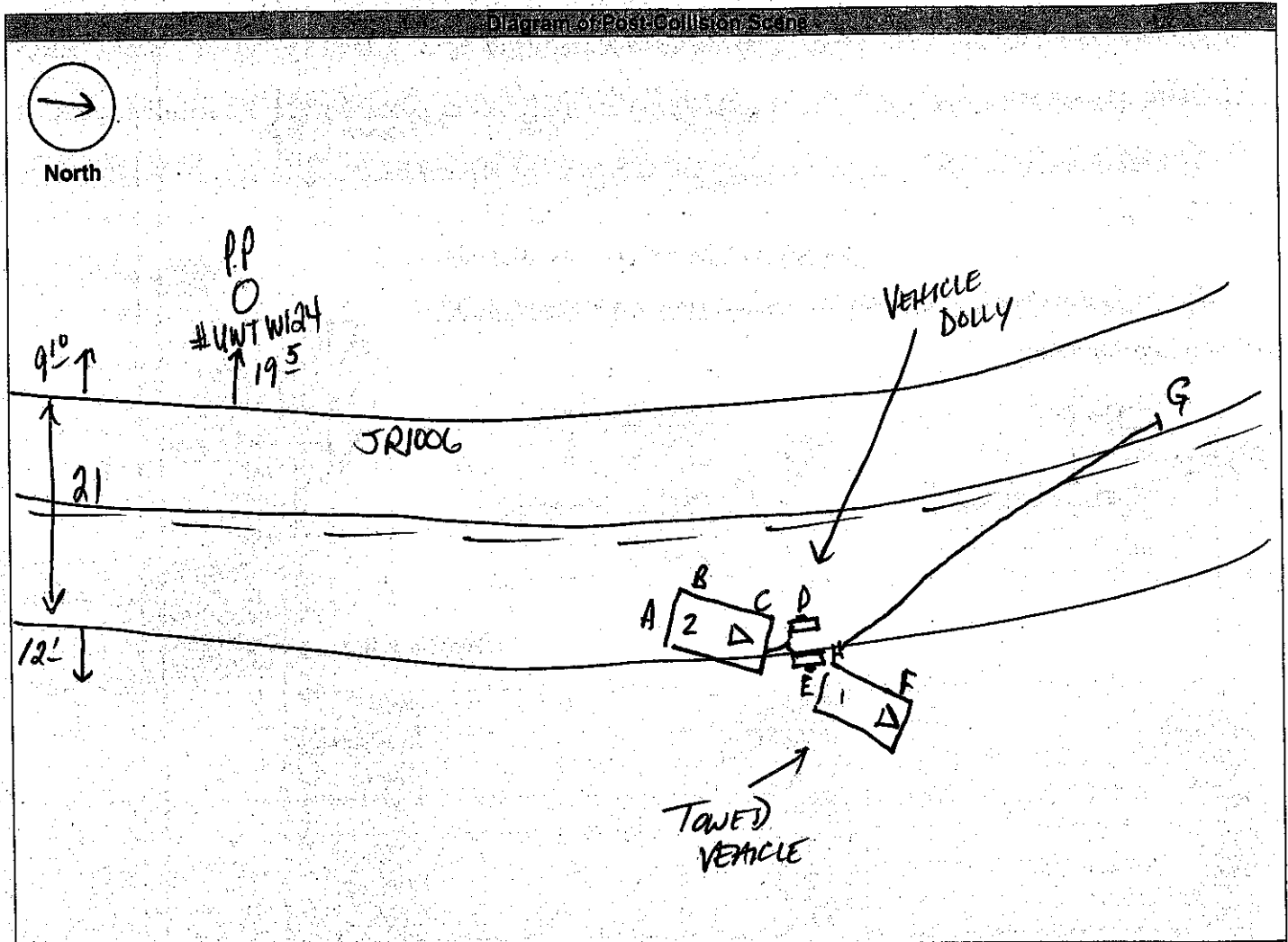
Unit #: 1	Unit #: 2	Unit #:
State/OLN#:	State/OLN#:	State/OLN#:
Plate #: 2PD 6304 (NC) 8861	Plate# (MD) 1CV9975	Plate # (NC) 80332-T
VIN: 8861	VIN: 1G12H57B94233516	VIN: 1FTVX12587NA57897
Make: CHRYSLER 2004	Make: CHEVY	Make: FORD
Model: SEBRING	Model: MALIBU	Model: F150
Color: RED	Color: SILVER	Color: WHITE
Towed to/By: SAMMY'S	Towed to/By: SAMMY'S	Towed to/By: SHERIFF VEHICLE GREEN LIGHT

VEHICLE # 2 FL + FR LOW TREAD
GOOD TREAD ON REAR

VEH #

TOWING VEHICLE
2" REC W/ 1 7/8" BALL
2" TONGUE RECIEVER
ON DOLLY.

North Carolina State Highway Patrol FIELD DIAGRAM AND MEASUREMENTS OF COLLISION SCENE



Method of Scene Measurements			Measuring Device(s)		
<input type="checkbox"/> Coordinate	<input type="checkbox"/> Triangulation	<input checked="" type="checkbox"/> Rolling Meter	<input type="checkbox"/> Steel Tape	<input type="checkbox"/> Fiberglass Tape	<input type="checkbox"/> Laser
Item	N or RP1	S or RP2	E	W	Object Measured
A	617		139		REAR OF VEH #2
B	66 ¹⁰		12'		BL TIRE VEH 2
C	743		16'		FL TIRE VEH 2
D	753		16'		RIGHT DOLLY TIRE
E	776		22'		LEFT " "
F	820		28'		LF TIRE VEH #1
G	139'		9'		BEGIN DOLLY MARKS
H	820		10'		END " "
I					
J					
K					
L					
M					
N					
O					
P					

Name: Richard Chad Taylor Address: _____
First M.I. Last

Phone Number: 252 290 2839 Business Address: 2515 Stedman dr
Home () 236-4127 Office Wilson, NC, 27896

Begin statement here: We were hauling cars out of in pound lot. He hooked up trailer to his truck and we got some officers to help us push it on the wheel dollie. The vehicle being towed was then secured to the trailer. We left the in pound lot in route to Cox auto salvage when I seen trailer come off truck and ~~hit~~ another vehicle run into car and trailer. Turned around and came back to the scene.

He was following me to Cox auto salvage in Elm city North Carolina with my hazard lights on and his four way flashers on but not lights on top of truck

Continued Yes No
Page 1 of

I have voluntarily prepared this statement which is a true and accurate reflection of what I witnessed. This

statement was prepared at Scene AM / PM 9-13-17
Date (mm/dd/yyyy)

Signature of

Office of the Sheriff



EDGECOMBE COUNTY

P.O. BOX 219 • 3005 ANACONDA ROAD
TARBORO, N.C. 27886

CLEVELAND ATKINSON, JR.
SHERIFF

PHONE: 252.641.7911
FAX: 252.641.5411

A representative from Cox Auto Savage, loaded the savage car onto the dolly and he made sure the car was secure and wouldn't move. Once secure, he got into his truck and I got into the animal control truck and we drove from the Sheriff's Office, 3005 Anaconda Road to McKendree Church Road. Once on McKendree Road, I was following behind the auto savage truck. I saw a gray car heading east and next thing I know I heard a loud boom. Once I heard the boom, I looked back in my rear view mirror and I saw what appeared to be the car that I was towing had come off the dolly and the gray car that was heading east toward Tarboro had collided with the dolly and the car. I stopped. I got out of the animal control truck and ran back to the gray vehicle to make sure everyone was ok. I then called dispatch by radio to inform them there was a 10 50 (accident). I then called the savage truck driver by cell phone and asked him to return to scene. I then called Sheriff Atkinson and Major Harrell.

The gray car had two people in it. I observed the passenger leaned over on the seat.

September 13, 2017, 2:40 PM, Edgecombe County Sheriff's Office

A handwritten signature in black ink that reads 'Bryan Corey'.

Sergeant Bryan Corey

To: Trooper Pope

Ref: Statement for Incident on September 13, 2017

On the afternoon of September 13th just past 12 pm, I was walking to my vehicle to go home when Sgt Bryan Corey asked if I could help push a vehicle onto a transport dolly. When I arrived the vehicle was sitting behind the dolly and the dolly was already connected to the truck. The car had 2 flat front tires and it took several of us to push the car onto the dolly. Once the car was on the dolly I proceeded to my vehicle and went home.



9/21/2017

Michael J Catagnus III
Communications Director

I Capt. Lane on September 13, 2017 help Sgt. Bryan Corey push a car on a trailer to be transported to Cox Savage. Mike Catagnus from Telecommunications also help push the car. There were two others whom help push the car that i don't know. After we got the car on the trailer i saw the man from Cox secureing it to the trailer but on the left side the scrap wasn't secure to the front left wheel. He also secure something in the front of the car. I ask would that hold it an he replied Yes. The trailer was already hooked up to the truck and backed in when i came over to help them.

Capt M. Lane

09-21-2017

12:56 Pm

Reference: 04ZM00002D
Msc Key : OVR
Date/Time: 20170914061054
Source : DMVREG

04ZM00002D.DMVREG.OVR.20170914061054.
TO: EDC -434470 20170914 06:10:54 18B315E77F

FROM: DMVREG 20170914 06:10:54

N.C. VEHICLE REGISTRATION SYSTEM

RESPONSE BASED UPON:

PLATE NO: 80332T YEAR: LIENS: PAGES: 7

ATTENTION: TROOPER POPE

VEHICLE DETAIL RESPONSE

VIN: 1FTVX12587NA57897 2007 FORD LGT CONVTNL 'F TK
TITLE NO: 777772071572051 PURCHASE DT: 04052007

CUSTOMER ID: 21768138

DOB:

HANDICAP PLACARD:

COUNTY OF EDGECOMBE

PLACARD STATUS:

201 SAINT ANDREW ST

TAX COUNTY: EDGECOMBE

TARBORO

NC

27886-5198

PLT STATUS: ACTIVE

CURRENT PLATE NO: 80332T

WGT: 10000

ISSUE DT: 12312012 VALID THRU: PERM

INS CO: SELF-INSURED

POLICY:

PRIOR PLATE NO: 88348S

WGT: 10000

ISSUE DT: 06062007 VALID THRU: PERM

INS CO:

POLICY:

END OF MESSAGE

Reference: 04ZM00002J
Msg Key : OVR
Date/Time: 20170914061124
Source : DMVREG

04ZM00002J.DMVREG.OVR.20170914061124.
TO: EDC -434474 20170914 06:11:24 18B315E783
FROM: DMVREG 20170914 06:11:24

N.C. VEHICLE REGISTRATION SYSTEM
RESPONSE BASED UPON:
PLATE NO: ZPD6304 YEAR: LIENS: PAGES: 7
ATTENTION: TROOPER POPE

VIN: 1C3EL55R44N258861 VEHICLE DETAIL RESPONSE
TITLE NO: 775092093086907 2004 CHRYSLER SEBRING LXI CN
PURCHASE DT: 11042009

CUSTOMER ID: ██████████ DOB: ██████████ HANDICAP PLACARD:
WOODROW WILSON TAYLOR III PLACARD STATUS:
15346 US 258 S TAX COUNTY: EDGECOMBE
FOUNTAIN NC 27852 PLT STATUS: REVOKED

CURRENT PLATE NO: ZPD6304 WGT: ISSUE DT: 11132009 VALID THRU: 12152010
INS CO: PEAK PROPERTY AND CASUALTY IN POLICY: 335680897

PICK UP PLATE / **VEHICLE HAS AN INSURANCE STOP**
INSURANCE POLICY TERMINATION DATE IS 2009-12-14

VEHICLE HAS AN INSPECTION VIOLATION
VEHICLE LAST INSPECTED ON: 2009-06-30
END OF MESSAGE

Reference: 04ZM00001V
Msg Key : QDF
Date/Time: 20170914060941
Source : DMVISS

04ZM00001V.DMVISS.QDF.20170914060941.
TO: EDC -434456 20170914 06:09:41 18B4118453
FROM: DMVISS 20170914 06:09:40
N.C. DRIVER LICENSE SYSTEM

RESPONSE BASED UPON:
CUSTOMER ID: [REDACTED] PAGES: 50
ATTENTION: TROOPER POPE IMAGE: Y
DRIVER HISTORY RESPONSE

NAME: COREY BRYAN TERRELL
ADDRESS: 5970 NC HIGHWAY 33 E
CITY: TARBORO STATE: NC ZIP: 278868961 TOTAL POINTS: 0
DOB: [REDACTED] HEIGHT: 5 FT. 10 IN. SEX: M EYES: BRO HAIR: BLK RACE: B
PRIMARY LICENSE NO: [REDACTED]
SECONDARY LICENSE NO: NON-RESIDENT MILITARY: N REAL ID:
ORG. ISS.DT: 02-27-98 OS DL NO: 059616039 OS STATE: GA

*** DRIVER LICENSE STATUS: CLS C ACTIVE ***

CLASS	GRP	TYP	ISSUE DT	EXPIR DT	CDL	DISQ	PROB	LMT	COND	PRIV	RESTR	STATUS
			10-17-16	08-08-19	N	N	N	N	N	N	N	ACTIVE

ENDORS:
RSTR: 0 NONE

CRD TRNS:0017528735

OCCUR/ BEG DATE	CONV/ END DATE	NATURE OF RECORD OR DIVISION ACTION	POINTS
10-17-16	08-08-19	DUP ISS: CLS C EN: RSTR:0 NONE	
10-17-16	08-08-19	DUP ISS: CLS C EN: RSTR:0 NONE	
10-26-13		ACDNT: EDGEcombe COUNTY, NC ACDNT: CASE ID:103886197	
08-08-11	08-08-19	REN ISS: CLS C EN: RSTR:0 NONE	
04-25-08		ACDNT: EDGEcombe COUNTY, NC ACDNT: CASE ID:102311783	
08-16-06	08-08-11	REN ISS: CLS C EN: RSTR:0 NONE	
11-21-03	03-04-04	CONV: (313)SPEEDING (44 MPH IN A 35) COURT: PITT COUNTY COURT, NC COURT: AOC #: 03IF 014858 CITATION ID: C4105640	12
08-08-01	08-08-06	REN ISS: CLS C EN: RSTR:0 NONE	
02-09-00		ACDNT: PITT COUNTY, NC ACDNT: CASE ID:100027513	
02-27-98	08-08-01	ORG ISS: CLS C EN: RSTR:0 NONE	
10-22-97	04-22-99	ORG ISS: CLS C PRMT EN: RSTR:10 ACCOMPANIED BY DRIVER LICENSED	

IMAGE :

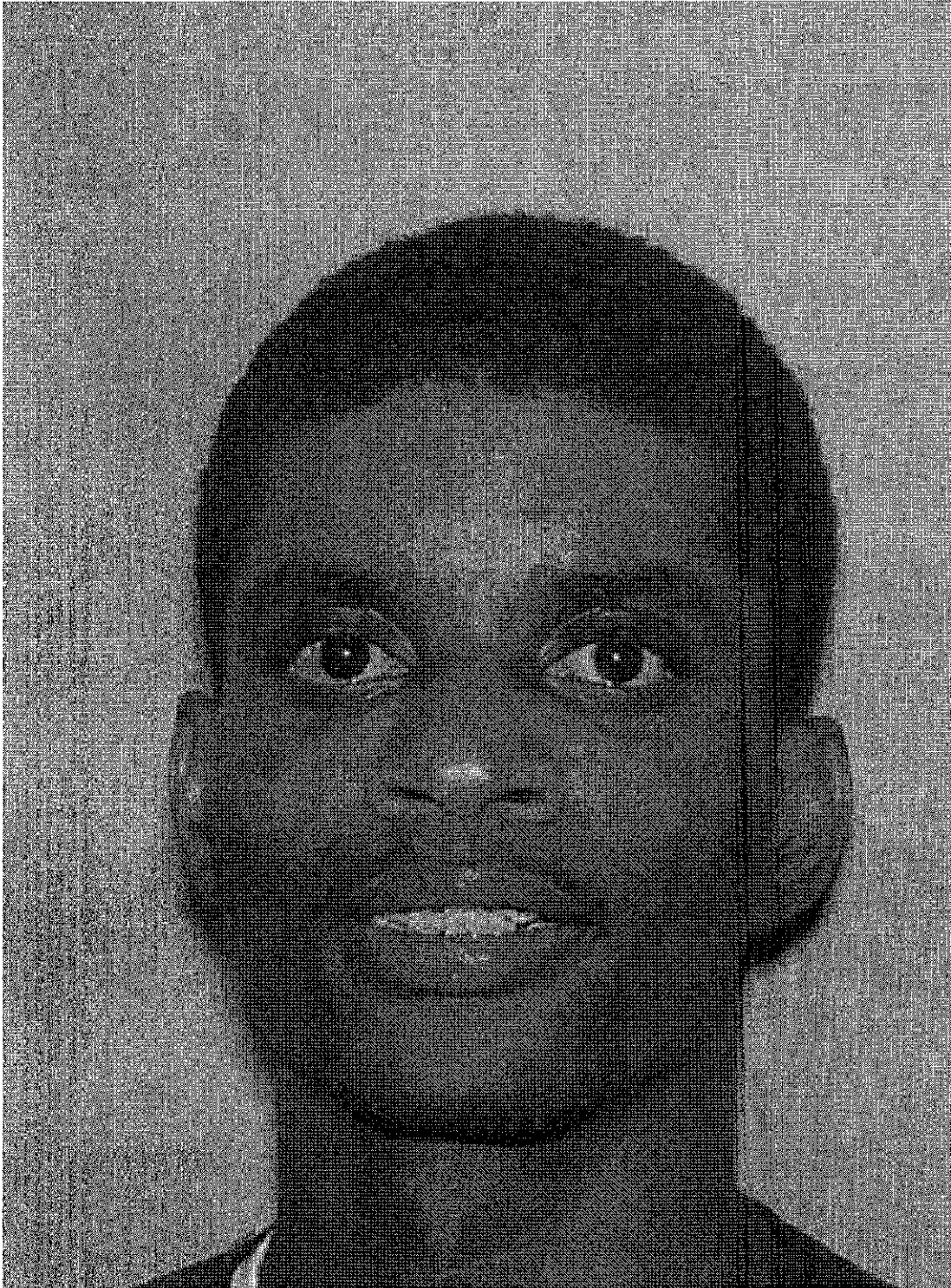


IMAGE CAPTURE DATE: 2016-10-17
IMAGE CAPTURE TIME: 15.24.46

ACCIDENTS NOTED ON THIS DOCUMENT SHALL NOT BE
CONSIDERED DETERMINATIVE OF FAULT OR NEGLIGENCE
ON THE PART OF THE INDIVIDUAL

**
CERTIFIED A TRUE COPY OF THE D/L RECORD OF THE PERSON NAMED HEREIN AS APPEARS
ON THE AUTOMATED SYSTEM OF DMV. G.S.20-26(B).
* END OF MESSAGE *

Reference: UNKNOWN
Msg Key : DR
Date/Time: 20170914061444
Source : NLETS

UNKNOWN.NLETS.DR.20170914061444.
TO: EDC: -434482 20170914 06:14:44 4380305F50
FROM: NLETS 20170914 06:14:44
DR.MD002015V
03:14 09/14/2017 02503
03:14 09/14/2017 01632 NC0330000

TXT

QUERY FORMAT: NAM/KRISTOPHER HYMAN.DOB/[REDACTED].SEX/M.NPY/99

OLN: [REDACTED]

NAME: KRISTOPHER O'NELL HYMAN RACE: 1-BLACK SEX: M
ADDR: 13006 OLD STAGE CH RD APT 1115 HGT: 6'01" WGT: 215 DOB: [REDACTED]
CITY: LAUREL ST COUNTY: PG ST: MD ZIP: 20708-1628

* TOTAL CURRENT POINTS 00

* LICENSE STATUS: VALID
* COMMERCIAL DRIVER'S LIC. STATUS:
* SPECIAL ATTENTION * NONE

* LICENSE DATA
CLASS LICENSE ISSUE EXPIRE RESTRICTIONS
TYPE DATE DATE
CLASS C N 12-02-16 05-03-25

SP-RESTRIC/NONE

* VIOLATION DATA		DISPOSITION	VIOLATION DESCRIPTION	PTS.
VIOL.	CONVICT.			
DATE	DATE			
12-02-16		NC23NC	MD LICENSE ISSUED/OUT OF ST LIC SURRENDERED/VOIDED	
02-24-15	07-27-15	NC-2015IF 70042	PRIMA FACIE SPEED VIOLATION OR DRIVING TOO FAST FOR CONDITION	

OLN-SUSPEN/NONE

PBJ-RECORD/NONE

APS-RECORD/NONE

MCI-RECORD/NONE

ECI-RECORD/NONE

DISABLED PARKING PLACARD/NONE

* END OF MESSAGE *

Reference: 04ZM000024
Msg Key : QDF
Date/Time: 20170914061018
Source : DMVISS

04ZM000024.DMVISS.QDF.20170914061018.
TO: EDC -434462 20170914 06:10:18 18B4118456
FROM: DMVISS 20170914 06:10:18
N.C. DRIVER LICENSE SYSTEM

RESPONSE BASED UPON:
CUSTOMER ID: [REDACTED] PAGES: 50
ATTENTION: TROOPER POPE IMAGE: Y
DRIVER HISTORY RESPONSE

NAME: HYMAN KRISTOPHER ONELL
ADDRESS: 702B W SAINT JAMES ST
CITY: TARBORO STATE: NC ZIP: 278864931 TOTAL POINTS: 2
DOB: [REDACTED] HEIGHT: 6 FT. 01 IN. SEX: M EYES: BRO HAIR: BLK RACE: B
PRIMARY LICENSE NO: [REDACTED]
SECONDARY LICENSE NO: [REDACTED] NON-RESIDENT MILITARY: N REAL ID:
ORG. ISS.DT: 08-30-96 OS DL NO: TRANSFERED LICENSE OS STATE: MD

Reference: 0121
Msg Key: *** DRIVER LICENSE STATUS: CLS C INACTIVE ***
Date/Time: 2017
Source: LEOV

CLASS	GRP	TYP	ISSUE DT	EXPIR DT	CDL	DISQ	PROB	LMT	COND	STATUS
04ZM000024	Q	A	07-25-15	05-03-23	N	N	N	N	N	INACTIVE

ENDORS: N
RSTR: 0 NONE

CRD TRNS:0013962373

CLASS	GRP	TYP	ISSUE DT	EXPIR DT	CDL	DISQ	PROB	LMT	COND	STATUS
A	D		01-17-14	05-03-16	Y	N	N	N	N	EXPIRED

ENDORS: N
RSTR: 0 NONE

CLASS	GRP	TYP	ISSUE DT	EXPIR DT	CDL	DISQ	PROB	LMT	COND	STATUS
A	D		06-13-08	05-03-16	Y	N	N	N	N	EXPIRED

ENDORS: N
RSTR: 0 NONE

OCCUR/	CONV/	NATURE OF RECORD OR DIVISION ACTION		POINTS
BEG DATE	END DATE			
12-02-16		CSOR: TRANSFERRED TO THE STATE OF MD		
02-24-15	07-27-15	CONV: (239) EXCEED SAFE SPEED		2
		COURT: MARTIN COUNTY COURT, NC		
		COURT: AOC #: 2015IF 700424	CITATION ID: 05514F41	
02-24-15		ACDNT: MARTIN COUNTY, NC		PERS INJ
		ACDNT: CASE ID:104304490		
01-17-14	05-03-16	DUP ISS: CLS A CDL	EN: N	
			RSTR: 0 NONE	
03-26-13	03-18-14	CONV: (615) USE FOREIGN LIC WHILE DWLR		
		COURT: PITT COUNTY COURT, NC		PJC
		COURT: AOC #: 2013CR 704358	CITATION ID: 05F46973	
12-17-12		ACDNT: EDGECOMBE COUNTY, NC		
		ACDNT: CASE ID:103646401		
05-25-12	05-03-20	ORG ISS: ID	EN:	
11-30-10	01-15-14	SUSP: FAILURE TO APPEAR		
02-21-10	09-30-10	CONV: (634) FAIL TO APPEAR		
		COURT: EDGECOMBE COUNTY COURT, NC		
		COURT: AOC #: 2010CR 700865	CITATION ID: 01677E11	
11-30-10	01-15-14	SUSP: FAILURE TO APPEAR		
02-21-10	09-30-10	CONV: (634) FAIL TO APPEAR		
		COURT: EDGECOMBE COUNTY COURT, NC		

COURT: AOC #: 2010CR 700865 CITATION ID: 01677E11

08-24-10 01-15-14 SUSP: FAILURE TO APPEAR

02-21-10 06-24-10 CONV: (634) FAIL TO APPEAR
 COURT: EDGECOMBE COUNTY COURT, NC
 COURT: AOC #: 2010CR 700866 CITATION ID: 01677E12

08-24-10 01-15-14 SUSP: FAILURE TO APPEAR

02-21-10 06-24-10 CONV: (634) FAIL TO APPEAR
 COURT: EDGECOMBE COUNTY COURT, NC
 COURT: AOC #: 2010CR 700866 CITATION ID: 01677E12

03-02-10 CSOR: TRANSFERRED TO THE STATE OF CO

06-13-08 05-03-16 DUP ISS: CLS A CDL EN:N
 RSTR:0 NONE

06-13-08 05-03-16 REN ISS: CLS A CDL EN:N
 RSTR:*9 FLEET VEHICLES ONLY

04-29-08 1 CSOR: TRANSFERRED TO THE STATE OF CO

04-19-04 05-03-08 DUP ISS: CLS A CDL EN:H
 RSTR:0 NONE

07-25-01 05-03-08 ORG ISS: CLS A CDL EN:H
 RSTR:0 NONE

10-14-00 02-22-01 CONV: (313) SPEEDING (51 MPH IN A 35) 2
 COURT: EDGECOMBE COUNTY COURT, NC
 COURT: AOC #: 00CR 011560 CITATION ID: C0541414

03-12-97 05-03-03 DUP ISS: CLS C EN:
 RSTR:0 NONE

08-30-96 05-03-03 ORG ISS: CLS C EN:
 RSTR:0 NONE

06-16-95 12-16-96 ORG ISS: CLS C PRMT EN:
 RSTR:10 ACCOMPANIED BY DRIVER LICENSED

Out-of-state Conviction Info

CONVICTION DATE	CITATION DATE	COMMERCIAL VEHICLE	HAZMAT	STATE	COURT TYPE
2007-10-23	2007-09-04	N	N	CO	MUN
Detail: CONV:(F66)RDL SI UNSAFE COND OF VEHICLE (OBS 9/1/13)					

**
 IMAGE :

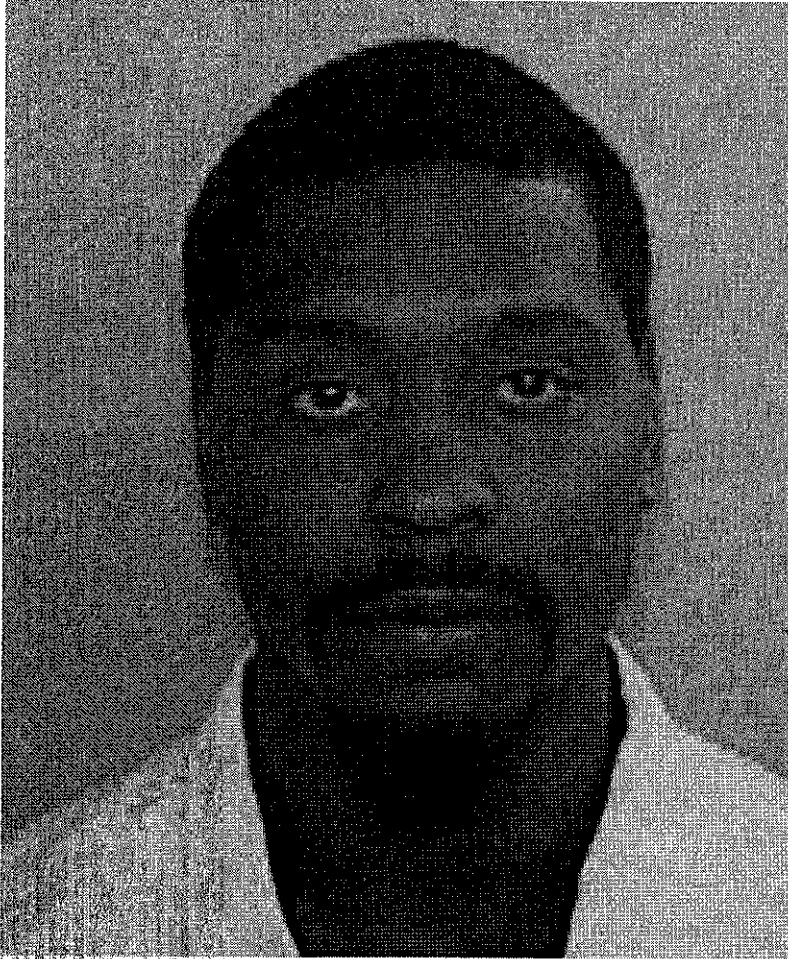


IMAGE CAPTURE DATE: 2015-07-25
IMAGE CAPTURE TIME: 12.30.38

ACCIDENTS NOTED ON THIS DOCUMENT SHALL NOT BE
CONSIDERED DETERMINATIVE OF FAULT OR NEGLIGENCE
ON THE PART OF THE INDIVIDUAL

*
CERTIFIED A TRUE COPY OF THE D/L RECORD OF THE PERSON NAMED HEREIN AS APPEARS
ON THE AUTOMATED SYSTEM OF DMV. G.S.20-26(B).
* END OF MESSAGE *

DL118M1

N.C. DRIVER LICENSE SYSTEM
DRIVER CURRENT / HISTORY DETAIL

09/14/2017
08:57:18

CUSTOMER NO: [REDACTED] NAME: HYMAN KOSHALA SHENIQUN
 DOB : [REDACTED] SSN : DONOR: Y RACE: B REAL ID:
 HAIR COLOR : BLK EYE COLOR: BRO SEX: F HEIGHT: 5 FT 08 IN
 TYPE: DUPLICATE CURRENT ISSUANCE CLASS: C CDL: N
 APPLICATION DT: 11/05/2013 ISSUE DT: 11/05/2013 EXPIRATION DT: 10/03/2018
 OS DL NO: OS STATE: STAFF ID: T1M0K5V
 DRVR LIC TURNED IN: N TRANSFERRED TO: STATION ID: 032
 DUPLICATE REASON: D001 NAME/ADDRESS CHANGE CAMERA ID:
 FORM ID : NCDL/MAR CER
 PHONE: 252-641-1621 EMAIL: sims.koshala@gmail.com
 RESTRICTIONS: 0 ENDORSEMENTS:
 *9 DESCRIPTIONS:

PEND MED RESTRIC(S):

RESIDENT ADDRESS: 702 B W ST JAMES ST
 CITY : TARBORO ST: NC ZIP: 27886 CNTY: EDGECE
 MAILING ADDRESS: PO BOX 443
 CITY : TARBORO ST: NC ZIP: 278860443 CNTY: EDGECE

F1=HELP F2=EVNTHIST F3=MAIN MENU F4=SUSPENDS F5=CONVICTS F6=WHATIF
 F7=PG BACK F8=PG FWD F9=PG TOP F10=TESTING F11=PHYSICAL F12=PREV

DL750M1

N.C. DRIVER LICENSE SYSTEM
HEARING OFFICERS LIST OF CONVICTIONS

09/14/2017
08:57:26

CUSTOMER NO: [REDACTED]
SSN: [REDACTED]

NAME: HYMAN KOSHALA SHENIQUN
DOB: [REDACTED]

SEL
(C,D,I)

-	FAIL TO APPEAR	CIT: 03969257	LOC: EDGE
	OFFEN: 03/15/2005	CONVIC: 12/22/2005	RECVD: 12/26/2005
	STATUS: 2	CMV: N	HAZ: N
		PTS: 0	PJC: LP: ORIG CHRG: 313
-	SPEEDING	074/065	CIT: 09783164
	OFFEN: 05/01/2000	CONVIC: 08/17/2000	RECVD: 08/20/2000
	STATUS: 1	CMV: N	HAZ: N
		PTS: 3	PJC: LP: ORIG CHRG:
-	SPEEDING	067/055	CIT: 08028938
	OFFEN: 09/13/1997	CONVIC: 05/24/1999	RECVD: 05/25/1999
	STATUS: 1	CMV: N	HAZ: N
		PTS: 3	PJC: LP: ORIG CHRG: 313
-	FAIL TO APPEAR	CIT: 08028938	LOC: EDGE
	OFFEN: 09/13/1997	CONVIC: 01/07/1998	RECVD: 01/07/1998
	STATUS: 2	CMV: N	HAZ: N
		PTS: 0	PJC: LP: ORIG CHRG: 313

F1=HELP

F7=PG BACK

F8=PG FWD

F3=MENU

F9=PG TOP

F12=PREV

DL750M1

N.C. DRIVER LICENSE SYSTEM
HEARING OFFICERS LIST OF CONVICTIONS

09/14/2017
08:57:33

CUSTOMER NO: [REDACTED] NAME: HYMAN KOSHALA SHENIQUN
SSN: [REDACTED] DOB: [REDACTED]

SEL
(C,D,I)

- FAIL TO APPEAR CIT: 08028938 LOC: EDGE
OFFEN: 09/13/1997 CONVIC: 01/07/1998 RECVD: 01/07/1998
STATUS: 2 CMV: N HAZ: N PTS: 0 PJC: LP: ORIG CHR: 313
- SPEEDING 070/055 CIT: 05163748 LOC: EDGE
OFFEN: 05/28/1994 CONVIC: 09/07/1994 RECVD: 09/08/1994
STATUS: 1 CMV: N HAZ: N PTS: 3 PJC: 0 LP: N ORIG CHR:

9019 NO MORE DATA

F1=HELP

F3=MENU

F7=PG BACK F8=PG FWD

F9=PG TOP

F12=PREV

DL784M1

N.C. DRIVER LICENSE SYSTEM
SUSPENSIONS

09/14/2017
08:57:41

CUSTOMER NO: [REDACTED] NAME: HYMAN KOSHALA SHENIQUN
SSN: [REDACTED] DOB: [REDACTED]

SEL
(C,D,I)

-	FAILURE TO APPEAR				
	BEG DT: 02/25/2006	END DT: 12/05/2006	RECVD DT: 02/25/2006		
	STATUS: 3	LP: N	HEARING ALLOWED: N	ELIG DT:	
-	FAILURE TO APPEAR				
	BEG DT: 03/09/1998	END DT: 05/24/1999	RECVD DT: 03/09/1998		
	STATUS: 3	LP: N	HEARING ALLOWED: N	ELIG DT:	

9019 NO MORE DATA

F7=PG BACK F8=PG FWD F3=MENU
F9=PG TOP

F12=PREV

NORTH CAROLINA UNIFORM CITATION - DEFENDANT'S COPY

STATE OF NORTH CAROLINA EDGECOMBE County District Court **Citation No.** 7G48435

TO THE DEFENDANT NAMED BELOW: You have been charged with the misdemeanor(s) or infraction(s) specified below. Read this citation carefully.

YOUR COURT DATE AND LOCATION

Court Day Of Week THURSDAY	Date 12/07/2017	Appear In Court At 09:00 AM	Court Location TARBORO	Courtroom 0001	Interpreter
--------------------------------------	---------------------------	---------------------------------------	----------------------------------	--------------------------	--------------------

THE STATE OF NORTH CAROLINA VS.

Name Of Defendant COREY, BRYAN TERRELL	Address 3005 ANACONDA ROAD	City TARBORO	State NC	Zip 27886
--	--------------------------------------	------------------------	--------------------	---------------------

Drivers License No. [REDACTED]	State NC	Source DL	CDL NO	Class C	Race BLACK	Sex MALE	Date Of Birth [REDACTED]	Age 36	Social Security No. XXX-XX-9127
--	--------------------	---------------------	------------------	-------------------	----------------------	--------------------	------------------------------------	------------------	---

WHAT YOU ARE CHARGED WITH

The officer named below has probable cause to believe that on or about WEDNESDAY, the 13 day of SEPTEMBER, 2017 at 11:20 PM in the county named above you did unlawfully and willfully OPERATE A MOTOR VEHICLE ON A STREET OR HIGHWAY BY TOWING A (DOLLY) WITH (VEHICLE) ATTACHED THAT WAS NOT FIRMLY ATTACHED TO THE REAR OF THE MOTOR VEHICLE TOWING SAME. (G.S. 20-123)

and on or about _____, the ____ day of _____, ____ at _____ in the county named above you did unlawfully and willfully _____

YOUR VEHICLE

Vehicle License No. 80332T	State NC	Trailer Type	CMV NO	Vehicle Type Pickup/Truck	Make FORD	Year 2007	Haz. Mat. NO
--------------------------------------	--------------------	---------------------	------------------	-------------------------------------	---------------------	---------------------	------------------------

OTHER INFORMATION

Area Open country	Weather Clear	Visibility Clear	Traffic Light	Accident F-01	Speed A 40
<input checked="" type="checkbox"/> Injury or Serious Injury	SHP Code 7	On Highway No./Street SR 1006			
<input type="checkbox"/> Passenger(s) Under 18					

In Vicinity/City Of TARBORO	At/Near Intersection NC-111
---------------------------------------	---------------------------------------

CHARGING OFFICER INFORMATION

Date 10/01/2017	Signature Of Officer TRP. T POPE	No. 1687	Law Enforcement Agency STATE HIGHWAY PATROL	Troop/Squad C	District/Zone 1
---------------------------	--	--------------------	---	-------------------------	---------------------------

OPTIONS FOR DISPOSING OF CHARGE

Based on the offense(s) charged above, you have the following options:

- You may dispose of the offense **online** without appearing in court by completing one of the options at **OnlineServices.NCCourts.org**. The online options available to you will vary depending on the offense.
- You may dispose of the offense without appearing in court by using US Mail or by visiting the office of the clerk or the magistrate. To do so, see the "WAIVER INSTRUCTIONS" section below.
- If you do not use one of the two options above prior to your court date, you must appear in court** on the court date and at the time and location shown above. If you wish to contest the charge(s) or otherwise choose to appear before a judge, you must appear in court on the court date and at the time and location shown above. **If you have not disposed of your charge prior to your court date, and then you also fail to appear on your court date**, criminal process may be issued against you and substantial additional fees may be assessed. If you are charged with a motor vehicle offense, your failure to appear may result in the revocation of your drivers license and the NC DMV may assess additional fees against you. If a cash bond was required and posted, the bond will be forfeited, and the NC DMV will treat your failure to appear as a conviction that may result in points against your driving and insurance records or license revocation. If you have any questions regarding your legal rights and obligations, consult a licensed attorney.

WAIVER INSTRUCTIONS

If you choose to dispose of the offense without appearing in court by using US Mail or by visiting the office of the clerk or the magistrate, you must do the following:

- Carefully review the waiver information in the next section, and date and sign this Citation in the space provided.
- Return this Citation along with full payment by mail to Clerk of Superior Court, EDGECOMBE County Courthouse, PO DRAWER 9, TARBORO, NC 27886-0009, **OR** appear in person with full payment at the office of the clerk or magistrate in the county shown above. The clerk must receive your mailed Citation and payment, or you must appear in person with your Citation and payment, **before the close of business on the last business day before your court date**. Payment must be made by certified check, cashier's check, or money order made payable to "Clerk of Superior Court." If paying in person, you also may pay in cash, or by credit card if providing payment in person to the clerk. **Do not mail cash. PERSONAL CHECKS WILL NOT BE ACCEPTED.**

WAIVER OF TRIAL/HEARING - PLEA OF GUILTY/RESPONSIBLE - CONSENT TO ENTRY OF JUDGMENT

I acknowledge that I have been charged with the offense/infraction noted herein by the charging officer. I understand that I am presumed by law to be Not Guilty/Not Responsible until proven Guilty/Responsible beyond a reasonable doubt. Nevertheless, I do hereby waive my constitutional rights to a trial/hearing in open court, to confront the witness(es) against me, and to representation by an attorney. I hereby plead Guilty/Responsible to this offense/infraction and tender to the court the sums listed below as payment of the fine/penalty and costs in this case.

I request that the court accept my waiver of trial/hearing, plea of Guilty/Responsible and tender of fine/penalty and costs, and that a verdict/finding of Guilty/Responsible be entered. This request is made with the full understanding that a verdict/finding of Guilty/Responsible will be entered against my record, that if this is a motor vehicle offense, the North Carolina Division of Motor Vehicles (or the licensing authority of any other State which issued my license to drive) will be notified of the verdict/finding, that it will have the same legal effect for all purposes as a verdict/finding of Guilty/Responsible after a trial/hearing, and that it may result in the assessment of points on my driving and insurance records or the suspension or revocation of my drivers license.

Note: The fine specified below is a standard amount set by the Chief District Court Judges of North Carolina pursuant to G.S. 7A-148. The costs specified below are set by the North Carolina General Assembly, apply to all cases disposed in district court, and are subject to change without notice.

Amount Of Fine/Penalty \$ 25.00	Costs \$ 238.00	Total \$ 263.00	Date	Signature Of Defendant
---	---------------------------	---------------------------	-------------	-------------------------------

ADDITIONAL SPECIAL CONDITIONS EXIST. PRESS PF4 FOR DETAILS
320 EDGEcombe INFRACIONS INDEX 01 17IF 701927 FILM:
DISPOSED R S DOB IF CITA.#: 7G48435
CITATION B M [REDACTED] DL#: [REDACTED] NC
COREY, BRYAN, TERRELL
3005 ANACONDA ROAD HEARING DATE: 042618 AM
TARBORO NC 27886 FILING DATE: 100517
CHRG OFFN: I IMPROPER TOWING
COMPLAINANT: POPE, T AGENCY: SHP OFFICER #: 1687
OFFENSE TIME: 11:20 PM DATE: 091317 ISSUED: 100117 SERVED: 100117
CONT. D: 00 S: 00 J: 00 NR: 00 INT?: DISP DATE: 042618

PLEA VER MOD PEN. COST WCC JUDGE J.SATISF TO BE SATISF.
VD \$ \$

RESP. OFFENSE:
AREA CODE: 07 ACCIDENT: F HWY: SR1006 V.LIC: 80332T V.ST: NC V.TYPE: PU
TROOP: C DIST.: 1 WITHDRAWN: APPEALED TO: SUPERIOR:
CDL: N CMV: N HAZ: N TRANSFER TO SUPERIOR: APPELLATE:
PER REQUEST OF INVESTIGATING OFFICER; INSURANCE SETTLED

NEXT#: PF2 - NAME INQUIRY ADDL CHARGES:



OFFICE OF THE DISTRICT ATTORNEY
Edge County, North Carolina

TO: JIMMIE SILVER, FIRST SERGEANT (NCHP)

FROM: PHILLIP C. ENTMINGER, ASSISTANT DISTRICT ATTORNEY (3A)

DATE: SEPTEMBER 29, 2017

RE: STATE V. COREY

I have had multiple conversations with Trooper Pope regarding this case. Additionally, I have spoken with the victim's family in this case, as well as multiple attorneys in my office. After researching the law, both criminal and civil, I am *not* inclined to authorize the charge of misdemeanor death by motor vehicle against Bryan Corey.

While we do not have any bad "driving," we do have the improper attachment of a trailer. Moreover, there seems to be an issue as to who actually improperly attached this trailer to the truck: the driver defendant or someone else. Ergo, I am authorizing charges of improper towed trailer/vehicle per the provisions set forth in N.C. Gen. Stat. § 20-123 *et al.*

Finally, please let me know of the first setting of this case. My office number is (252) 695-7209.

PCE

R DAILY REPORT OF ACCIDENTS - INQUIRY 9/21/2017 20:43 HPCS131

SLIP: 170913099CA 10-CODE 50 SIG F COUNTY 033 DOA 170913 TIME 1237
HIGHWAY NO.: SR1006 1.4 MI SW OF TARBORO 0.8 MI SW OF NC111
AUTHORITY: TRP T POPE CLASS 1 UNIT C138 DOE 170913
CONTRIB CIRCUM 32 ALC N NO. VEHICLES 02 NO. FATALITIES 01 NO. INJURED 01
----- PERSONS KILLED -----

	NAME	R/S/AGE/B/PS/V	ADDRESS
1	KOSHALA SHENIQUN HYMAN	B F 041 Y RF 2	279 STABLE ROAD TARBORO NC

2
3
4
5
6
7
8
9

REMRKS: VEHICLE 1 WAS TRAVELING SOUTHWEST ON MCKENDREE ROAD. THE TRAILER
: FROM VEHICLE 1 CAME LOOSE AND CROSSED THE CENTER LINE, THEN COLLIDED
: WITH VEHICLE 2
: NOK NOTIFIED
:

ENTRY DATE: 20170913 1650 ID: 7061 UPDATE DATE: 20170921 2037 ID: 7887
I/U/J/? = INQ/UPD/RPT/HELP-(F5/F4//F12) R/S = RETURN/SYSTEM MENU----- (F2/F1)

M 170913CA1653 STORED/RCVRD VEHICLE(OWNER) INQ 9/14/2017 08:27 HPCS122

SLIP#: 170913099CA-A

STORID: 170913CA1653 UNIT: C138 REG: 1687 NAME: POPE,TIMOTHY

VEHICLE: YR: 04 MAKE: CHRY VIN: 1C3EL55R44N258861 LIC: ZPD6304 YR: 17 ST: NC

ACTION: RECDONLY: NTFYOWNR: X DRUG: N DWI: N ELUDE: N WRECK: Y

OWNER INFORMATION: NAME: FIRST: WOODROW

MI: W

LAST: TAYLOR III

ADDRESS: 15346 US258

CITY: FOUNTAIN

ZIP: 27852 -

STATE: NC

COUNTRY:

PRINTED 09/13/17 165546 BY USER 7061 ENTRY/UPDT 09/13/17 165536 BY USER 7061

? = HELP----- (F12)

M/B = CONTINUE/BACK

R/S = STORED-RCVRD/SYSTEM MENU-- (F2/F1)

M 170913CA1656 STORED/RCVRD VEHICLE (VEHICLE) INQ 9/14/2017 08:27 HPCS121

STOREID: 170913 CA 1656 SLIP: 170913099CA-B RO: 7061 RECD-ONLY: NTFY-OWNR: X
STORED BY UNIT: C138 IN COUNTY 033 HIWAY: SR1222 DRUG SEIZURE (Y/N): N
TROOPER REG#: 1687 NAME: POPE, TIMOTHY DWI SEIZURE (Y/N): N
DUTY STATION: COURIER BOX 07-62-15 ELUDE SEIZURE (Y/N): N
ROCKY MOUNT, NC 27804-8655 REASON TOWED: 15
COLOR: SIL YEAR: 09 MAKE: CHEV VEH. TYPE: PC VIN: 1G1ZH57BX94233516
LICENSE#: 1CV9975 YEAR: 17 STATE: MD COUNTY:
WRECKER#: C15A ALL MC AND ANY VEH. MFD BEFORE 1954 MOTOR#:
STORED AT: SAMMYS WRECKER SERVI ADDRESS: 502 DOWD ST
CITY: TARBORO STATE: NC ZIP: 27886
PHONE DAY: 252 823 2515 NIGHT: 252 823 2515 WRECKED? (Y/N): Y
IF STOLEN DATE: LOCATION/AGENCY:
NCIC#:

RELEASE PROCEDURE?: HOLD FOR FATAL INVESTIGATION
REMARKS: NO PS LISTED, LETTER SENT

PRINTED 09/13/17 165957 BY USER 7061 ENTRY/UPDT 09/13/17 165946 BY USER 7061
N/? = NEXT VEH/HELP----- (F8/F12) C/P = RESTART BROWSE/SEARCH---- (F9/F11)
M/I = CONTINUE/INQUIRY----- (/F5) R/S = STORED-RCVRD/SYSTEM MENU-- (F2/F1)

M 170913CA1656 STORED/RCVRD VEHICLE(OWNER) INQ 9/14/2017 08:27 HPCS122

SLIP#: 170913099CA-B

STORID: 170913CA1656 UNIT: C138 REG: 1687 NAME: POPE,TIMOTHY

VEHICLE: YR: 09 MAKE: CHEV VIN: 1G1ZH57BX94233516 LIC: 1CV9975 YR: 17 ST: MD

ACTION: RECDONLY: NTFYOWNR: X DRUG: N DWI: N ELUDE: N WRECK: Y

OWNER INFORMATION: NAME: FIRST: KRISTOPHER

MI: O

LAST: HYMAN

ADDRESS: 13006 OLD STAGE CH RD

APT 1115

CITY: LAUREL

ZIP: 20708 -

STATE: MD

COUNTRY:

PRINTED 09/13/17 165957 BY USER 7061 ENTRY/UPDT 09/13/17 165946 BY USER 7061

? = HELP----- (F12)

M/B = CONTINUE/BACK

R/S = STORED-RCVRD/SYSTEM MENU-- (F2/F1)



12017-09885

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
 17-10205
 Case number
 SEP 20 2017
 Date received
 Res NR

DECEDENT: Koshala S. Hyman
First Middle Last Suffix
 RESIDENCE: 279 Stable Road Tarboro NC Edgecombe
Number and Street City, State County
 AGE: 41 SEX: Male Female Unknown
 RACE: Black Native American Oriental White Unknown
 HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	9-13-17	1233	McKendree Ch Road	Edgecombe
DEATH	9-13-17	1302	McKendree Ch Road	Edgecombe
VIEW OF BODY	9-14-17	1130	<input type="checkbox"/> Scene of death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other _____ <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	9-13-17	1400	LAW ENFORCEMENT AGENCY: <u>SHP</u> OFFICER: <u>POPE</u> TELEPHONE: _____	
LAST KNOWN TO BE ALIVE	9-13-17	9-13-17	Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: _____
 BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: _____
 IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: Pending

1. Multiple Blunt force Injuries
DUE TO _____
2. _____
DUE TO _____
3. MVC
DUE TO _____
4. _____
DUE TO _____

OCME REVIEW		SDC
1. <u>Multiple blunt force injuries</u> DUE TO _____		<input checked="" type="checkbox"/> None <input type="checkbox"/> AL <input type="checkbox"/> Dictated <input type="checkbox"/> COG
2. _____ DUE TO _____		
3. _____ DUE TO _____		
4. _____ DUE TO _____		
CONTRIBUTING CONDITIONS <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Reviewer: <u>[Signature]</u> Date: <u>9/14/17</u> Information in this block supersedes that contained in space at left.		

CONTRIBUTING CONDITIONS
 MANNER OF DEATH:
 Natural Accident Homicide Suicide Pending

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

[Signature] 9-14-17 Edgecombe
 Signature of Medical Examiner Date County of Appointment M.E. Number

MEDICAL HISTORY

- Alcoholism, Diabetes, IV drug abuse, Ischemic heart disease, Smoking, Seizure disorder, Cancer, Hypertension, Depression, HIV/AIDS, Other sleep apnea, bipolar

MEANS OF DEATH

- VEHICLE: Type of vehicle associated with this decedent: Passenger car, Pickup truck, Truck--more than 2 axles, Motorcycle, Bicycle, Farm vehicle, ATV, Moped, Other. Position: Driver, Passenger, Pedestrian, Unknown. Devices: Seat restraints, Air bag, Helmet, Child restraint, None, Unknown. GUN: Rifle--Caliber, Handgun--Caliber, Shotgun--Gauge, Other. INSTRUMENT: Blunt, Sharp, Description. TOXIC AGENT(S) SUSPECTED: Alcohol, Others. DROWNING: Pond, Lake or river, Ocean, Pool, Bathtub, Other. Life preserver, Able to swim. FIRE: Suspected cause, Smoke detector. FALL: From, to, Approximate distance, feet.

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY OR ILLNESS: Activity, Type of place, Specific location

Fatal injury or illness occurred on a job: Yes, No, Unknown. If yes, was employment: Primary job, Secondary, Volunteer work, Unknown. Name of this employing firm or agency, Type of business or industry, Decedent's occupation

DEATH: Type of place, Specific location

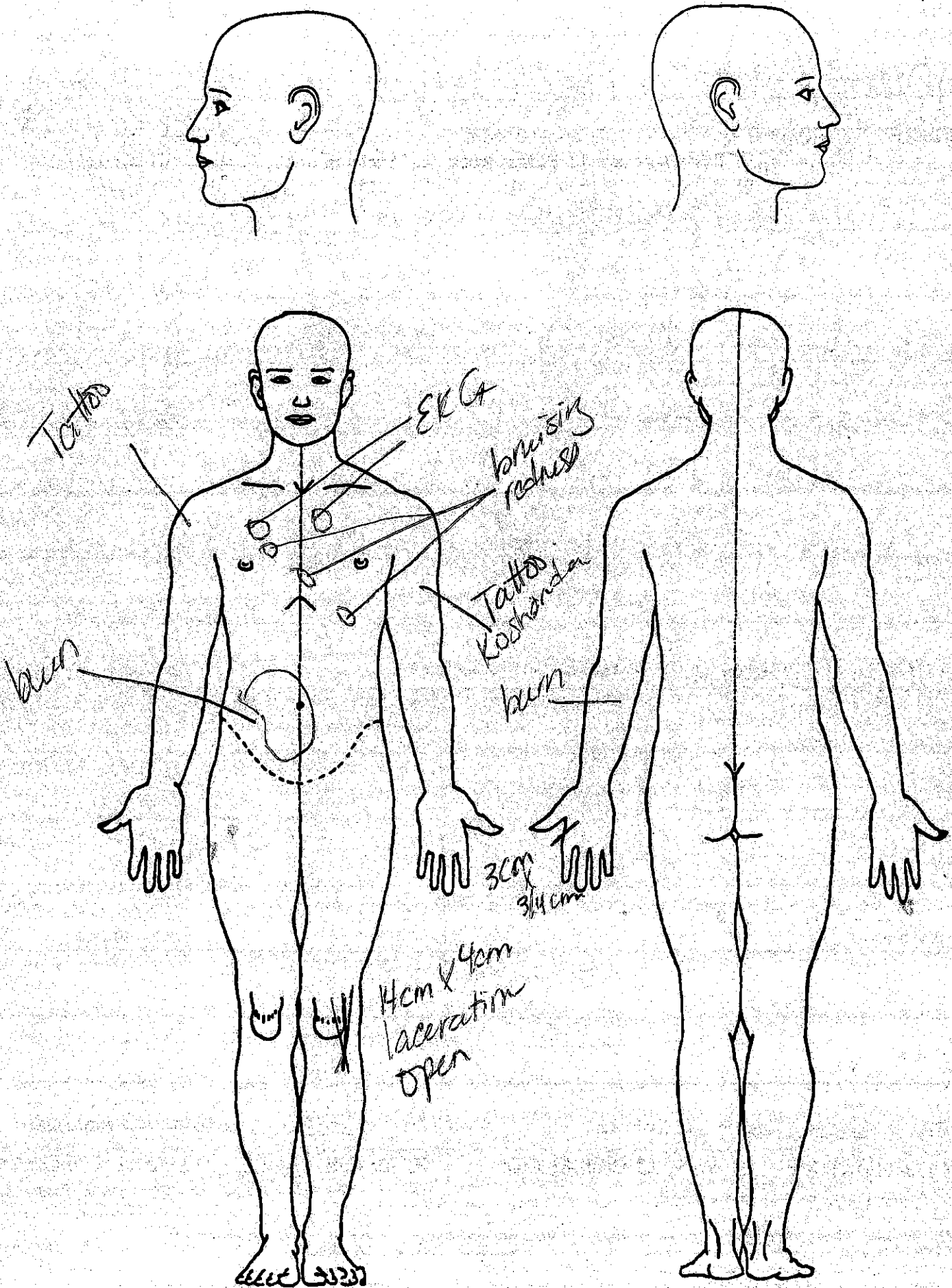
Examples: Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc. Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc. Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc. On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

CONDITION: Intact, Decomposition, Skeletonized, Embalmed, Charred, Prolonged immersion, Exhumed. RIGOR: None, 1+, 2+, 3+, LIVOR: None, Anterior, Posterior, Lateral. HEIGHT: 5'10" inches, Estimate, WEIGHT: 320 pounds, Estimate. BODY TEMPERATURE: Warm, Cool, Cold, HAIR: Color, Beard, Mustache. EYES: Color, Abnormalities. TEETH: Upper, Lower, Natural, Dentures, Abnormalities

CLOTHING: white bra, gray, Not clothed. VALUABLES: yellow color band, sweatpants, black t-shirt, No valuables

BODY DIAGRAMS



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

41 yo female front seat passenger of vehicle.
Restrained in seatbelt. Vehicle reported traveling
at safe speed when oncoming vehicle pulling
a trailer approached on its side of the
road. Trailer came unhooked causing
trailer to roll down and cross over yellow line
facing decedent's vehicle. This caused
head on collision. Patient was reported
DFA on scene with multiple injuries
noted. Highway patrol on scene and
reported file. *ARLume*

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).

PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.

DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.

COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

Collins, Mary L .

From: noreply@dhhs.nc.gov
Sent: Thursday, February 08, 2018 10:04 AM
To: Collins, Mary L .
Subject: No Reply: OCME Toxicology F201710205

TOXICOLOGY REPORT

Office of the Chief Medical Examiner Toxicology Folder: T201709103
Raleigh, NC 27699-3025 Case Folder: F201710205
Date of Report: 20-sep-2017
Page: 1

Mary Collins
Nc State Highway Patrol
2617 N. Wesleyan Blvd.
Rocky Mount, NC 27804

DECEDENT: Koshala Shemeka Hyman

Status of Report: Approved
Report Electronically Approved By: Marc Feaster,

* * *

=====

SPECIMENS received from Aimee L. Baker on 18-sep-2017

S170026924: 7.0 ml Blood CONDITION: Postmortem
SOURCE: Subclavian Vessel OBTAINED: 14-sep-2017

Ethanol ----- None Detected 09/20/2017

S170026925: 3.0 ml Vitreous Humor CONDITION: Postmortem
SOURCE: Eye OBTAINED: 14-sep-2017

Accredited by the American Board of Forensic Toxicology, Inc.

020818 10:04 *** END OF REPORT ***

Stanton, Quintin C .

From: Richardson, Scott
Sent: Friday, September 29, 2017 2:29 PM
To: Stanton, Quintin C .
Subject: RE: C1 Download Request

I was unable to download the vehicles for Seq# 170913099CA due to the damage to the 2009 Chevrolet passenger car, and the Ford Pickup Truck did not record any events.

I was also unable to download the 2005 Nissan due to the damage it had for Seq # is 170901072CA.

Trooper S. Richardson
N.C. Department of Public Safety
North Carolina State Highway Patrol
Troop C, District 8
26 Three Bridges Road
Roanoke Rapids, NC 27870
Off: 252-536-2224
Fax: 252-536-3512
Scott.Richardson@ncdps.gov
www.ncdps.gov

From: Stanton, Quintin C .
Sent: Wednesday, September 13, 2017 6:33 PM
To: Richardson, Scott; Silveri, Mark O .; Goswick, Rodney W .; Guy, Darby O .; Troop C HQ
Cc: Finch, David B .; Silver, Jimmie C .; Pope, Timothy; Cannon, Macy A.; Howald, Kearstin S .
Subject: C1 Download Request

Trooper Richardson, I am respectfully your assistance with the following downloads:

The following Seq # 170913099CA; 2009 Chevrolet Passenger Car with Maryland 10-28 1CV9975; 2007 Ford Pickup Truck with NC 10-28 80332T. Both vehicles are stored at Sammy's Towing at 410 Dowd St, Tarboro, NC 27886. Phone number : (252) 823-2515. Special note: the pickup truck was actually towing a vehicle that separated and collided with the victim's vehicle. The pickup truck never made contact with the victim's vehicle.

Trooper Richardson, you also requested storage information from a previous download request. That Seq # is 170901072CA. The vehicle is 2005 Nissan passenger car that is stored at Midway Auto at 13635 Old Raleigh-Wilson Rd, Middlesex, NC 27557. Phone number: (252) 235-4088.

Thanks in advance for your help. Contact the C1 office or me directly if you need any assistance.

Q. C. Stanton
Sergeant
North Carolina Department of Public Safety
North Carolina State Highway Patrol - Troop C, District 1
2617 North Wesleyan Blvd.
Rocky Mount, North Carolina 27804-8655
(252) 446- 8144 - District Office
(252) 446-5064 - Fax