

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

DMV-349 (Rev. 1/09)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

2

No. of Units Involved

Form 1 of 1

Supplemental Report

Non-Reportable

Do not write in these spaces

1	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	Location 33 Relation to Roadway Surface 1	Crash Occurred 1	In <input checked="" type="checkbox"/> Near <input type="checkbox"/> In	TARBORO Municipality	or	01.40 Miles	<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	outside municipality
3	1	At <input type="checkbox"/> From	NC 111	Ramp or Service Road <input type="checkbox"/>	(R.R. Crossing #	00.80 Miles	ft.	<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	Latitude
									Longitude
									Altitude

4	1	UNIT # 1	<input checked="" type="checkbox"/> VEHICLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> COMMERCIAL 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	W (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	W						
		D.L.#	REDACTED	CDL License	<input type="checkbox"/>	D.L. Class	C	State	NC	D.L.#	REDACTED	CDL License	<input type="checkbox"/>	D.L. Class	C	State	MD
		DOB	REDACTED	34 Vision Obstruction	0	35 Physical Condition	1	36 D.L. Restrictions	0	DOB	REDACTED	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"/>

6	2	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	Same Address as Driver?	<input type="checkbox"/>	Address	279 STABLE RD	Same Address as Driver?	<input type="checkbox"/>								
		City	TARBORO	State	NC	Zip	27886	City	TARBORO	State	NC	Zip	27886-4931				
		Plate #	80332T	Plate State	NC	Plate Year	2899	Plate #	1CV9975	Plate State	MD	Plate Year	2018				
		VIN	1FTVX12587NA57897	VIN	1G1ZH57BX94233516												
		Vehicle Make	FORD	Vehicle Year	2007	41 Vehicle Style (Type)	2	42 Vehicle Drivable	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Make	CHEV	Vehicle Year	2009	41 Vehicle Style (Type)	1	42 Vehicle Drivable	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		43 TAD	ND-0	44 Estimated Damage	\$0.00	43 TAD	FD-7	44 Estimated Damage	\$20,000.00								
		Insurance Company	SEGDWICK CLAIMS MANAGEMENT SERVICES	Insurance Company	METRO GRP PROP AND CAS INS COMP												
		Policy #	LP-ED-033-16	Policy #	A7102626180												

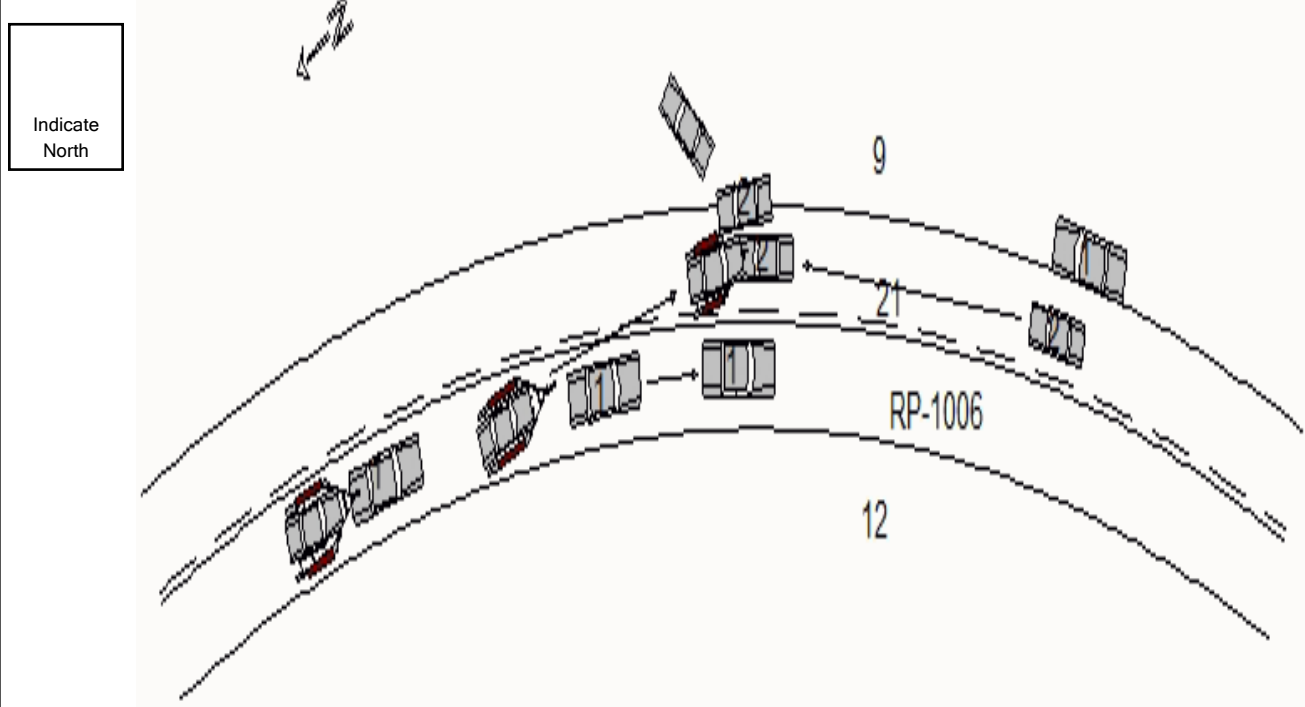
20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source	Carrier Identification Numbers, GVWR, Axles
Unit 45 Cargo Body Type <input type="checkbox"/> Same Address as owner?	Source: <input type="checkbox"/> Truck <input type="checkbox"/> Shipping <input type="checkbox"/> Driver
US DOT# _____ ICC# _____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

A	1	1	1	Unit 1-Dir 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-Dir 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 / SAMMYS WRECKER SERVICE
C	2	2	3	REDACTED	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 # <u>1</u> <u>0</u>	Unit # <u>2</u> <u>1,2,3</u>	VEHICLE INFO			ROADWAY INFO		WORK ZONE RELATED							
			60 Authorized Speed Limit	Veh # <u>1</u> <u>55</u>	Veh # <u>2</u> <u>55</u>	69 Road Feature	<u>0</u>	78 Work Zone 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 travelled 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 Material Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate Unit <u> </u> <input type="checkbox"/> Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or hmv 1-digit number from bottom of diamond Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			83 Unit # <u> </u> Overwidth Trailer and Overwidth Mobilehome		Overwidth Permit <u> </u>							
57 Distance/Direction of Object Struck	<u>0</u>	<u>0</u>													
58 Vehicle Underride/Override	<u>1</u>	<u>3</u>													
59 Vehicle Defects		<u>0</u>													

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.

86 Type/Owner	Owner Address	State Property?	Estimated Damage \$
		<input type="checkbox"/>	
WITNESSES			
Name	Address	Phone No	
Name	Address	Phone No.	
TRAFFIC VIOLATION(S)			
Name	Charge(s) (Citizen # optional)		
Name	Address		
Officer Name	Officer Number	Department	Date of Report
TRP. T POPE	1687	NC STATE HIGHWAY PATROL	09/13/2017