

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
---	---	--------------------	---------------------	---------------	-------------------------------------------	----------------------

2	1	Location 33 Relation to Roadway Surface 1 Crash Occurred <input checked="" type="checkbox"/> In <input checked="" type="checkbox"/> Near TARBORO Municipality	Distance 01.40 Miles	Direction <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	Outside Municipality <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W
3	1	At SR 1006 Highway Number, or Highway, Street, (If ramp or service road, indicate on line)	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
		From NC 111 Use Highway Number, Street Name or Adjacent County or State Line	toward <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	SR 1206 Use Highway Number, Street Name or Adjacent County or State Line	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
5		Driver BRYAN TERRELL COREY First Middle Last	Driver KRISTOPHER ONELL HYMAN First Middle Last
6	2	Address 3005 ANACONDA ROAD	Address 279 STABLE RD
7	1	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"/> DOB REDACTED 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0	D.L.# REDACTED CDL License <input type="checkbox"/> 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"/>

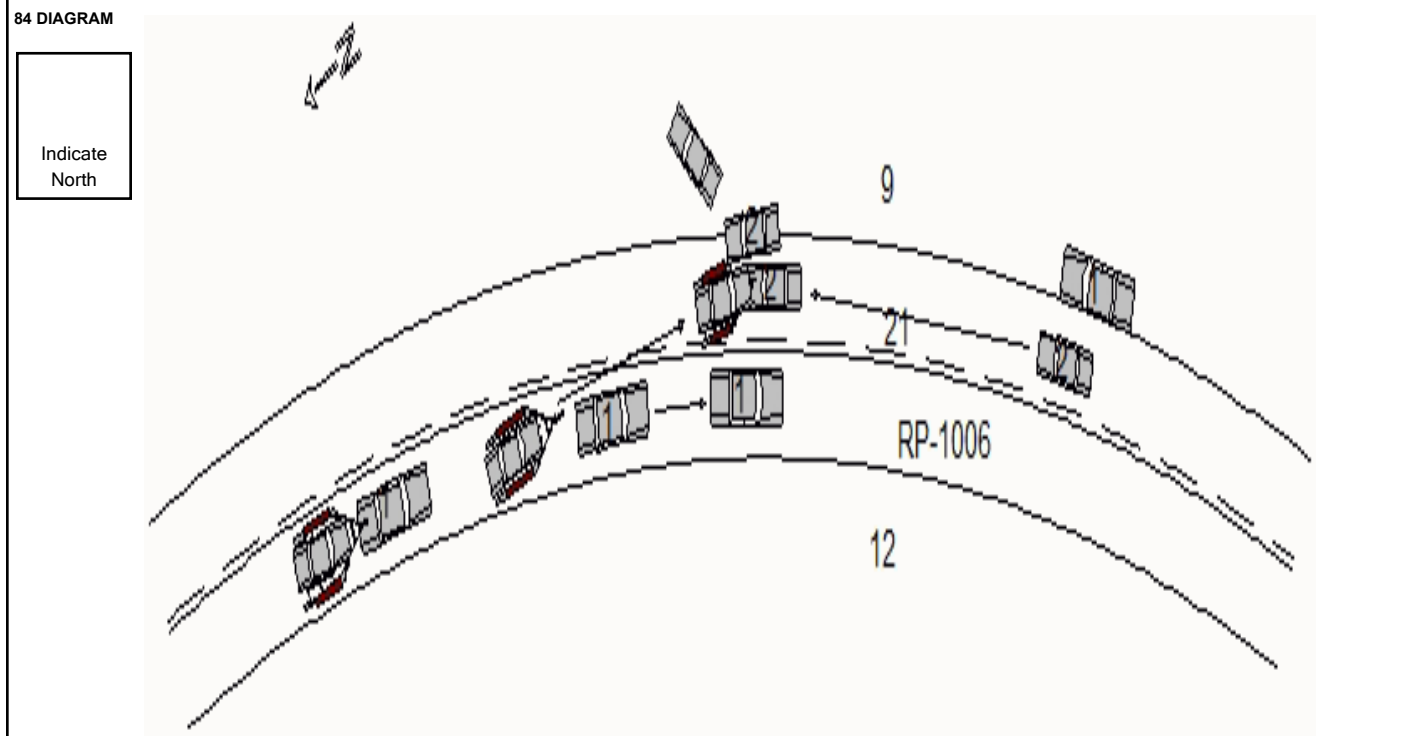
8		Owner COUNTY OF EDGECOMBE Same as Driver? <input type="checkbox"/>	Owner KRISTOPHER ONELL HYMAN Same as Driver? <input type="checkbox"/>
9		Address 201 SAINT ANDREWS STREET Same Address as Driver? <input type="checkbox"/>	Address 279 STABLE RD Same Address as Driver? <input type="checkbox"/>
10		City TARBORO State NC Zip 27886	City TARBORO State NC Zip 27886-4931
11		Plate # 80332T Plate State NC Year 2899	Plate # 1CV9975 Plate State MD Year 2018
12		VIN 1FTVX12587NA57897	VIN 1G1ZH57BX94233516
13		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
14		43 TAD ND-0 44 Estimated Damage \$0.00	43 TAD FD-7 44 Estimated Damage \$20,000.00
15		Insurance Company SEGDWICK CLAIMS MANAGEMENT SERVICES Policy # LP-ED-033-16	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 <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 C - EDGECOMBE COUNTY RESCUE  
47 Injured Taken by EMS to B - PITT HOSOTAL IN GREENVILLE C - VIDANT HOSPITAL  
(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>	<b>VEHICLE INFO</b>			<b>ROADWAY INFO</b>		<b>WORK ZONE RELATED</b>		
60 Authorized Speed Limit			Veh # <u>1</u>	Veh # <u>2</u>	69 Road Feature	<u>0</u>	78 Work Zone Area	<u>5</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>	
50 Non-Motorist Action					63 Tire Impressions Before Impact (ft.)	<u>0</u>	<u>0</u>	72 Road Surface Type	<u>4</u>	
51 Non-Motorist Location Prior to Impact					64 Distance travelled After Impact (ft.)			73 Road Configuration	<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>	
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>	
54 Crash Sequence - Third Event					67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	<u>0</u>	
55 Crash Sequence - Fourth Event					68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		
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 <input type="checkbox"/> <input type="checkbox"/> Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or hvv 1-digit number from bottom of diamond Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>TRAILER INFO.</b> Unit # <u>1</u> Unit # <u>2</u> 82 Trailer Type <u>0</u> <u>0</u> 1st Trailer No. Axles Width (inches) Length (feet) 2nd Trailer No. Axles Width (inches) Length (feet) 83 Unit # _____ Overwidth Trailer and Overwidth Mobilehome Overwidth Permit # _____		
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>						



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 \$ \_\_\_\_\_

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 \_\_\_\_\_