

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

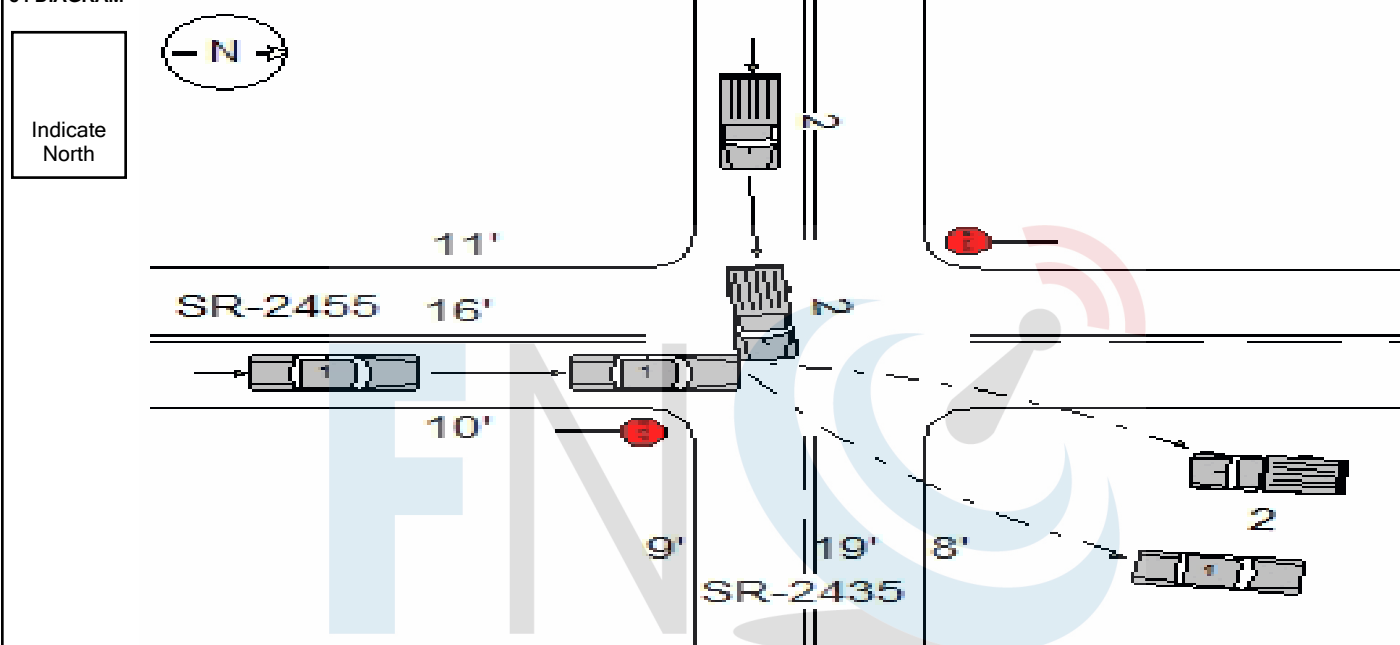
☐ Supplemental Report

☐ Non-Reportable

Do not write in these spaces

1	1	Date 03/14/2025	County ROBESON	Time 19:35	Local Use/Patrol Area 250314166BA - 01	Date Received by DMV																																																																																																																													
2	1	33 Relation to Roadway Surface <input type="checkbox"/> 1 Crash Occurred <input checked="" type="checkbox"/> In <input checked="" type="checkbox"/> Near FAIRMONT Municipality or 05.10 Miles N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W outside municipality																																																																																																																																	
3	1	on SR 2455 At <input checked="" type="checkbox"/> SR 2435 <input type="checkbox"/> From <input type="checkbox"/> toward SR 1155 Use Highway Number, Street Name or Adjacent County or State Line N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Latitude 34.533798 Longitude -79.20215 Altitude																																																																																																																																	
4	1	UNIT # 1 <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> 20 VEHICLE Driver WINSTON CHARLES JAMES First Middle Last Address 1900 WALNUT DRIVE City CHESTERFIELD State VA Zip 23836 Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone Numbers H XXXXXXXXXX W XXXXXXXXXX D.L.# A6XXXXXXXXXX D.L. Class C State XX DOB XX/XX/1970 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"/> Owner WINSTON CHARLES JAMES Same as Driver? <input type="checkbox"/> Address 1900 WALNUT DRIVE Same Address as Driver? <input type="checkbox"/> City CHESTERFIELD State VA Zip 23836 Plate # THJ1033 Plate State VA Plate Year 2025 VIN WDBUF26J76A954645 Vehicle Make MER-BENZ Vehicle Year 2006 41 Vehicle Style (Type) 1 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD FD-4 / LFQ-4 44 Estimated Damage \$3,000.00 Insurance Company STATE FARM Policy # 2476185D2646L																																																																																																																																	
5	2	UNIT # 2 <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER Driver JOHNNIE JUNIOR JACOBS First Middle Last Address 216 DEW RD City FAIRMONT State NC Zip 28340-8500 Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone Numbers H XXXXXXXXXX W XXXXXXXXXX D.L.# 02XXXXXXXXXX D.L. Class C State XX DOB XX/XX/1968 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"/> Owner JOHNNIE JUNIOR JACOBS Same as Driver? <input type="checkbox"/> Address 216 DEW RD Same Address as Driver? <input type="checkbox"/> City FAIRMONT State NC Zip 28340-8500 Plate # EEZ5713 Plate State NC Plate Year 2025 VIN 1GCEC14V75Z223213 Vehicle Make CHEV Vehicle Year 2005 41 Vehicle Style (Type) 2 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD FD-4 / LFQ-4 44 Estimated Damage \$4,000.00 Insurance Company INTEGON Policy # 2021761595																																																																																																																																	
6	2	20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Unit 45 Cargo Body Type <input type="checkbox"/> Same Address as owner? <input type="checkbox"/> Source: <input type="checkbox"/> Truck <input type="checkbox"/> Shipping <input type="checkbox"/> Driver Carrier Identification Numbers, GVWR, Axles US DOT# ICC# Axles on Vehicle Including Trailers State State # IFTA# FEI# Fleet # Gross Vehicular Weight Rating																																																																																																																																	
7	5	<table border="1"><tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td></td></tr><tr><td>A</td><td>1</td><td>1</td><td>1</td><td>Unit 1-Drv 1, Ped 1, etc. see above</td><td>B</td><td>M</td><td>2</td><td>4</td><td>0</td><td>2</td><td>1</td><td>2</td><td>see above Veh# 1 Towed To/By: A, E, & T AUTO TOWING/ ROTATIONAL / A, E, & T AUTO TOWING/ ROTATIONAL</td></tr><tr><td>B</td><td>2</td><td>1</td><td>1</td><td>Unit 2-Drv 2, Ped 2, etc. see above</td><td>N</td><td>M</td><td>0</td><td>2</td><td>0</td><td>2</td><td>2</td><td>1</td><td>see above Veh# 2 Towed To/By: A, E, & T AUTO TOWING/ ROTATIONAL / A, E, & T AUTO TOWING/ ROTATIONAL</td></tr><tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>F</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>G</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>H</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					21	22	23	24	25	26	27	28	29	30	31	32		A	1	1	1	Unit 1-Drv 1, Ped 1, etc. see above	B	M	2	4	0	2	1	2	see above Veh# 1 Towed To/By: A, E, & T AUTO TOWING/ ROTATIONAL / A, E, & T AUTO TOWING/ ROTATIONAL	B	2	1	1	Unit 2-Drv 2, Ped 2, etc. see above	N	M	0	2	0	2	2	1	see above Veh# 2 Towed To/By: A, E, & T AUTO TOWING/ ROTATIONAL / A, E, & T AUTO TOWING/ ROTATIONAL	C														D														E														F														G														H													
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47	Injured Taken by EMS to B - UNC HEALTH SOUTHEASTERN, LUMBERTON (Treatment Facility and City or Town)																																																																																																																																		

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit # <u>1</u> <u>3,4</u> Unit # <u>2</u> <u>1,21</u>			VEHICLE INFO.		Veh # <u>1</u> <u>55</u>	Veh # <u>2</u> <u>55</u>	ROADWAY INFO.		WORK ZONE RELATED			
			60 Authorized Speed Limit		<u>55</u>	<u>55</u>	69 Road Feature		<u>7</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>55</u>	<u>55</u>	70 Road Character	<u>1</u>	79 Work Activity	
49 Vehicle Maneuver/Action			<u>4</u>	<u>4</u>	62 Estimate of Speed at Impact		<u>55</u>	<u>50</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.)		<u>92</u>	<u>71</u>	73 Road Configuration	<u>2</u>	TRAILER INFO.	
52 Crash Sequence - First Event for this Unit			<u>30</u>	<u>30</u>	65 Emergency Vehicle Use				74 Access Control	<u>1</u>	82 Trailer Type	Unit # <u>1</u> <u>0</u>
53 Crash Sequence - Second Event			<u>1</u>	<u>6</u>	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	Unit # <u>2</u> <u>0</u>
54 Crash Sequence - Third Event				<u>2</u>	67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	<u>1</u>	Width (inches)	
55 Crash Sequence - Fourth Event					68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	<u>1</u>	Length (feet)	
56 Most Harmful Event for this Unit			<u>30</u>	<u>30</u>							2nd Trailer No. Axles	
57 Distance/Direction of Object Struck			<u>0</u>	<u>0</u>							Width (inches)	
58 Vehicle Underride/Override			<u>3</u>	<u>3</u>							Length (feet)	
59 Vehicle Defects			<u>0</u>	<u>0</u>							83 Unit #	
											Overwidth Trailer and Overwidth Mobilehome	
											Overwidth Permit #	

84 DIAGRAM

Unit # 1 was ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on SR 2455

Unit # 2 was ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☒ E ☐ W on SR 2435

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

VEHICLE 1 WAS TRAVELING NORTH ON SR 2455. VEHICLE 2 WAS TRAVELING EAST ON SR 2435. VEHICLE 1 DISREGARDED THE STOP SIGN AND COLLIDED WITH VEHICLE 2, EJECTING THE DRIVER OF VEHICLE 2. AFTER IMPACT, VEHICLE 1 RAN OFF THE ROAD TO THE RIGHT, AND CAME TO REST OUT OF THE ROADWAY FACING NORTH. VEHICLE 2 CROSSED THE CENTERLINE, RAN OFF THE ROAD TO THE LEFT, AND CAME TO REST OUT OF THE ROADWAY FACING SOUTH.

86 Type/Owner		Owner Address Phone		ADDITIONAL PROPERTY DAMAGE		State Property? <input type="checkbox"/>		Estimated Damage \$	
Name		Address		WITNESSES		Phone No.			
Name		Address				Phone No.			
Name		Winston Charles James		TRAFFIC VIOLATION(S)					
Name				Charge(s) (Citation # optional)		37XXXXXXXXXXXXXXXXXXXX			
				Charge(s) (Citation # optional)					
Officer Name		Officer Number		Department		ORI		Date of Report	
TRP. G J HUNT		4529		NC STATE HIGHWAY PATROL		NHP00		03/14/2025	