

Do not write in these spaces

2

No. of Units Involved

Form 1 Of 1

☐ Supplemental Report☐ Non-Reportable

Date Received by DMV

Date
12/09/2014
mm/dd/ccyyCounty
MECKLENBURGTime
1 2 2 8
(24 Hour Clock)Local Use/Patrol Area
20121209122800

01

33 Relation to
Roadway Surface 1 Crash occurred ☒ In Near Charlotte☐ ☐ ☐ ☐ outside municipalityon LCL South Church Street
Highway Number, or Highway, Street, (If ramp or service road, indicate on line)

Municipality

(R.R. Crossing # _____) _____ Miles 0

ft. N S E W

AT LCL West Hill Street
Use Highway Number, Street Name or Adjacent County or State Line☐ ☒ ☐ ☐ toward LCL John Belk Freeway

Use Highway Number, Street Name or Adjacent County or State Line

Latitude _____
Longitude _____
Altitude _____UNIT# 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL
20 VEHICLEDriver NESTOR PELLOT JR
First Middle Last Suffix

Address _____

City _____ State _____ Zip _____

Same Address on Driver's License? ☒ Yes ☐ No Driver's Phone Numbers H (_____) W (_____)D.L. # _____ D.L. Class _____ State _____
CDL License ☐DOB _____ 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0
mm/dd/ccyy37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) ☐

Owner NESTOR PELLOT JR

Same as Driver? ☒

Address _____

Same Address as Driver? ☒

City _____ State _____ Zip _____

Plate # _____ Plate State _____ Year _____

VIN _____

Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD FR 3 44 Estimated Damage 4000

Insurance Company _____

Policy # _____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type _____ ☐ Same Address as Owner?

Source:

☐ Truck☐ Shipping papers☐ DriverUNIT# 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHERDriver CAMERON JERRELL NEWTON
First Middle Last Suffix

Address _____

City _____ State _____ Zip _____

Same Address on Driver's License? ☐ Yes ☒ No Driver's Phone Numbers H (_____) W (_____)D.L. # _____ D.L. Class _____ State _____
CDL License ☐DOB _____ 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0
mm/dd/ccyy37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) ☐

Owner CAMERON JERRELL NEWTON

Same as Driver? ☐

Address _____

Same Address as Driver? ☒

City _____ State _____ Zip _____

Plate # _____ Plate State _____ Year _____

VIN _____

Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) 2 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD BL 3 L&T 4 44 Estimated Damage 9000

Insurance Company _____

Policy # _____

Carrier Identification Numbers, GVWR, Axles

US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____

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 address same as Driver

	21	22	23	24	25	26	27	28	29	30	31	32	
A	0	1	1	Unit1-Drv1, Ped1, etc see above 46	B	M	2	2	0	2	1	4	see above Veh#1 Towed To/By: 2801 WILKINSON BLVD EASTWAY WRECKER
B	0	2	1	Unit2-Drv2, Ped2, etc see above 25	B	M	2	1	0	2	1	4	see above Veh#2 Towed To/By: 2801 WILKINSON BLVD EASTWAY WRECKER
C													
D													
E													
F													
G													
H													

46 Name of EMS

MEDIC 30

47 Injured Taken
by EMS to

CMC-MAIN

CHARLOTTE

NC

(Treatment Facility and City or Town)

46 Name of EMS

MEDIC 2

47 Injured Taken
by EMS to

PRESBYTERIAN MAIN

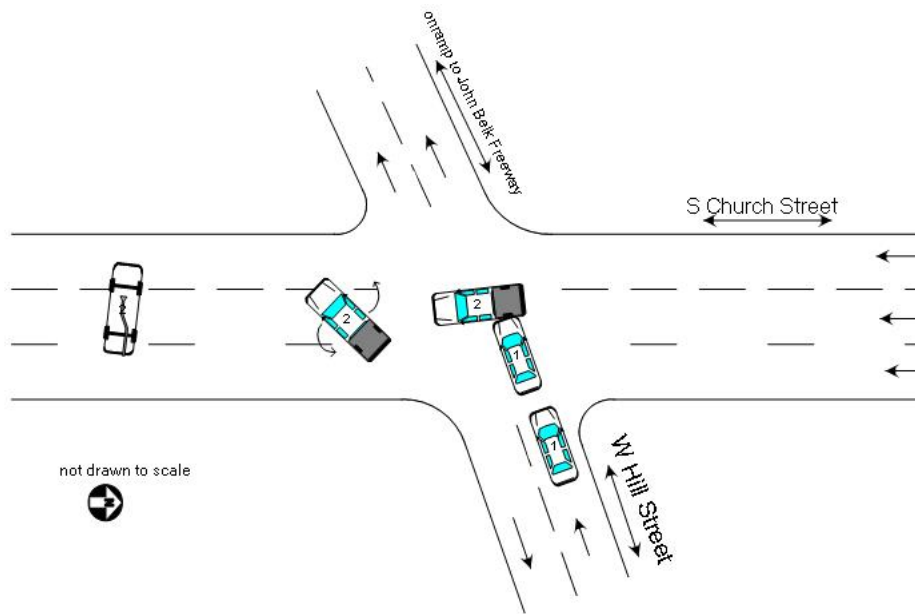
CHARLOTTE

NC

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT Unit# <u>1</u> <u>01</u> (Write in Codes) Unit# <u>2</u> <u>07</u> <u>25</u>			VEHICLE INFO. Veh.# <u>1</u> Veh.# <u>2</u>		ROADWAY INFO.		WORK ZONE RELATED		
			60 Authorized Speed Limit	0 3 5	0 3 5	69 Road Feature	7	78 Workzone Area	5
			61 Estimate of Original Traveling Speed	0 3 5	0 3 5	70 Road Character	1	79 Work Activity	
			62 Estimate of Speed at Impact	0 2 0	0 3 5	71 Road Classification	5	80 Work Area Marked	
			63 Tire Impressions Before Impact (ft.)	0 0 0 0	0 0 0 0	72 Road Surface Type	3	81 Crash Location	
			64 Distance Traveled After Impact (ft.)	0 0 0 0	0 0 0 0	73 Road Configuration	1	TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>	
CRASH SEQUENCE (Unit Level) Unit# <u>1</u> Unit# <u>2</u>			65 Emergency Vehicle Use			74 Access Control	2	82 Trailer Type	0 0
49 Vehicle Maneuver/Action			66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	0 3	1st Trailer No. Axles	
50 Non-Motorist Action			67 School Bus - Contact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	1	Width (inches)	
51 Non-Motorist Location Prior to Impact			68 School Bus - Noncontact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	1	Length (feet)	
52 Crash Sequence - First Event for This Unit			COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond box 1-digit number from bottom of diamond Released (does not include fuel from tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				83 Unit#	Overwidth Permit #	
53 Crash Sequence - Second Event "							83 Unit#	Overwidth Trailer and Overwidth Mobile Home	
54 Crash Sequence - Third Event "									
55 Crash Sequence - Fourth Event "									
56 Most Harmful Event for This Unit							83 Unit#	Overwidth Permit #	
57 Distance/Direction to Object Struck									
58 Vehicle Underride/Override									
59 Vehicle Defects									

84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☒ W on LCL West Hill Street

Unit# 2 was: ☒ Traveling ☐ Parked Facing ☒ N ☐ S ☐ E ☐ W on LCL South Church Street

85 NARRATIVE

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

Driver of vehicle 1 advised that he was crossing S Church St from W Hill St. He advised that he did not see vehicle 2 approaching on S Church Street as he started in the roadway. As he began crossing S Church St, he collided into vehicle 2.

Driver of vehicle 2 advised that as he was traveling on S Church St., vehicle 1 pulled out in front of him and collided into his vehicle. Driver of vehicle 1 advised that he tried to maneuver to avoid the collision but unsuccessful. As a result of the collision, vehicle 2 rolled over.

Witness 1 advised that he was behind vehicle 1 and advised that he saw that vehicle pull out in front of vehicle 2.

Witness 2 advised that he was behind vehicle 2 and advised that he saw vehicle 1 pull out in front of vehicle 2.

86 Type/Owner		Owner Address		ADDITIONAL PROPERTY DAMAGE		State Property?		Estimated Damage \$	
		Phone				<input type="checkbox"/>			
WITNESSES Name <u>Jay Correll</u> Address _____ Phone No. (____) _____ Name <u>Josh Wrona</u> Address _____ Phone No. (____) _____									
TRAFFIC VIOLATION(S) Name _____ Charge(s) _____ (Citation # optional) Name _____ Charge(s) _____									
Officer Name		Officer Number		Department		Date of Report			
<u>D R</u>		<u>Faulkenberry</u>		<u>1215</u>		<u>Charlotte Mecklenburg Police Department</u>		<u>12/09/2014</u>	