

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.

DMV-349 (Rev. 1/2009)

2

Do not write in these spaces

No. of Units Involved Form 1 of 4 Supplemental Report Non-Reportable

Date Received by DMV

Crash Date 04/22/2010 County BUNCOMBE Time 10:55 Local Use/Patrol Area 10010220 / ANOR

outside municipality

Miles 600 ft. N S E W

Latitude Longitude Altitude

33 Relation to Roadway Surface 1 Crash occurred In ASHEVILLE Municipality

on PP (600 RIVERSIDE DR) Highway Number, or Highway, Street, (If ramp or service road, indicate on line)

from HILL ST Use Highway Number, Street Name or Adjacent County or State Line

Ramp or Service Road

(R.R. Crossing #)

N S E W

toward PEARSON BRIDGE RD Use Highway Number, Street Name or Adjacent County or State Line

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE

UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver WENDY KOCHENTHAL First Middle Last Suffix

Driver ROBERT RAY FRIZSELL First Middle Last Suffix

Address 50 RUSTLING OAKS LN

Address 104 WALKER COVE RD

City ASHEVILLE State NC Zip 28805

City BM11 BLACK MTN State NC Zip 28711

Same Address on Driver's License? Yes No Driver's Phone Numbers H (828) 595-1015 W ( )

Same Address on Driver's License? Yes No Driver's Phone Numbers H (828) 669-5203 W (828) 712-5062

D.L. # 28191282 D.L. Class C State NC

D.L. # D.L. Class State

DOB 02/12/1942 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0

DOB 12/30/1968 34 Vision Obstruction 12 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) 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) 0

Owner WENDY KOCHENTHAL Same as Driver? Yes

Owner BUSINESS ONLY NORFOLK Same as Driver? No

Address 50 RUSTLING OAKS LN

Address 70 MEADOW RD

City ASHEVILLE State NC Zip 28805

City ASHEVILLE State NC Zip 28803

Plate # YNT6634 Plate NC Plate Year 2010

Plate # Plate NC Plate Year

VIN JTDKDB20U287815630

VIN

Vehicle TOYT Vehicle 2008 41 Vehicle 1 42 Vehicle Yes No

Vehicle OTH Vehicle 26 41 Vehicle 26 42 Vehicle Yes No

43 TAD LFQ1 44 Estimated Damage \$2,000.00

43 TAD FR-0 44 Estimated Damage \$0.00

Insurance LIBERTY MUTUAL INSURANCE CO Company

Insurance - Company

Policy # AB125152767910

Policy # SELF INSURED

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

Carrier Identification Numbers, GVWR, Axles

Unit 45: Cargo Body Type Same Address as Owner? Source: Truck Shipping papers Driver

US DOT# ICC# Axles on Vehicle including Trailers State State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver		
A	1	1	1	Unit1-Drv1, Ped1, etc see above	W	F	2	1	3	2	1	5	see above	Veh# <u>1</u> Towed To/By: PAUL DAVIS/ WAYNE DAVIS PAUL DAVIS/ WAYNE DAVIS
B	2	1	1	Unit2-Drv2, Ped2, etc see above	W	M	0	0	0	2	1	5	see above	Veh# <u>2</u> Towed To/By: DRIVER DRIVER
C	2	2	3	07/03/1944	W	M	0	0	0	2	1	5	<input type="checkbox"/>	ROBERT MARTIN LEDWELL 66 GRAVEYARD RD FAIRVIEW NC 28730
D	2	2	6	06/13/1977	W	M	0	0	0	2	1	5	<input type="checkbox"/>	MICHAEL ALAN MANNING 21 SAMUEL LN CANDLER NC 28715
E													<input type="checkbox"/>	
F													<input type="checkbox"/>	
G													<input type="checkbox"/>	
H													<input type="checkbox"/>	

46 Name of EMS A,B,C,D--


47 Injured Taken by EMS to A,B,C,D--

(Treatment Facility and City or Town)

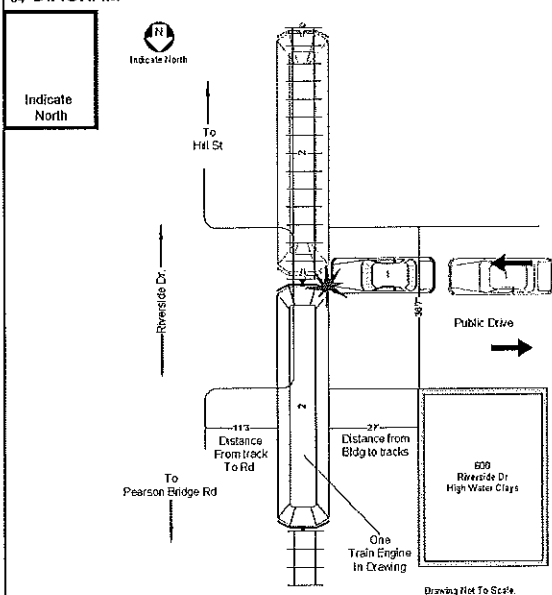
46 Name of EMS

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# <u>1</u> <u>4</u> <u>0</u> <u>0</u>		Unit# <u>2</u> <u>0</u> <u>0</u> <u>0</u>		VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)		Unit# <u>1</u>		Unit# <u>2</u>		60 Authorized Speed Limit		<u>5</u>	<u>10</u>	69 Road Feature		<u>22</u>	
49 Vehicle Maneuver/Action		<u>4</u>		<u>4</u>		61 Estimate of Original Traveling Speed		<u>5</u>	<u>8</u>	70 Road Character		<u>1</u>	
50 Non-Motorist Action		-		-		62 Estimate of Speed at Impact		<u>5</u>	<u>8</u>	71 Road Classification		<u>8</u>	
51 Non-Motorist Location Prior to Impact		-		-		63 Tire Impressions Before Impact (ft.)				72 Road Surface Type		<u>8</u>	
52 Crash Sequence - First Event for This Unit		<u>16</u>		<u>16</u>		64 Distance Traveled After Impact (ft.)		<u>UNK</u>	<u>60</u>	73 Road Configuration		<u>2</u>	
53 Crash Sequence - Second Event		-		-		65 Emergency Vehicle Use		-	-	74 Access Control		<u>3</u>	
54 Crash Sequence - Third Event		-		-		66 Post Crash Fire (if "Yes" check black)		<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes		<u>2</u>	
55 Crash Sequence - Fourth Event		-		-		67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		<u>0</u>	
56 Most Harmful Event for This Unit		<u>16</u>		<u>16</u>		68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper			
57 Distance/Direction to Object Struck		<u>0</u>		<u>3</u>		<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> 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 or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No							
58 Vehicle Underride/Override		<u>3</u>		<u>3</u>									
59 Vehicle Defects		<u>0</u>		<u>7</u>									
84 DIAGRAM						82 Trailer Type <u>00</u> <u>00</u> 1st Trailer No. Axles Width (inches) Length (feet) 2nd Trailer No. Axles Width (inches) Length (feet) 83 Unit# <u>    </u> Overwidth Trailer and Overwidth Mobile Home Overwidth Permit # <u>    </u>							

## 84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on PVA 600 RIVERSIDE DR Unit# 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on RAILROAD TRACKS

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

Vehicle # 1 struck # 2.

Driver # 1 attempted to cross the railroad tracks located at 600 Riverside Drive and collided into the front right corner (Engine) of the oncoming train.  
Driver # 1 failed to stop and see that the way was clear and safe before crossing the railroad tracks.

Driver # 1 said she did not see nor hear the train approaching from her left when she attempted to cross the rail road tracks.

The witness advised that it appeared as though Driver # 1 panicked and froze as she started

86 Type/Owner      Owner Address      Phone      ADDITIONAL PROPERTY DAMAGE      State      Property? ☐ Estimated Damage \$     

WITNESSES  
Name BERLINDA JEAN AUSTIN Address 99 WEDGEFIELD PL, ASHEVILLE, NC 28806 Phone No. (828) 242-5204

Name      Address      Phone No.      TRAFFIC VIOLATION(S)     

Name      Charge(s)       
Name      Charge(s)       
(Citation # optional)

Officer Name MCCASKILL, B. D. Officer Number A2592 Department 0110100 Date of Report 04/22/2010

## ACCIDENT DESCRIPTION (continued)

onto the tracks. She also said that the train was sounding a horn prior to the accident.

Owner: Norfolk Southern Corp. 70 Meadow Rd. Asheville NC 28803.

Engine Make: General Electric

Identifying Number: 3528

Rail Owner: Norfolk Southern Corp.

Operator for # 2 Michael R. Frizzell, Norfolk Permit # 0770616.

Operating on the tracks were 3 cars pulled by 2 Engines. Estimated Speed 8mph.

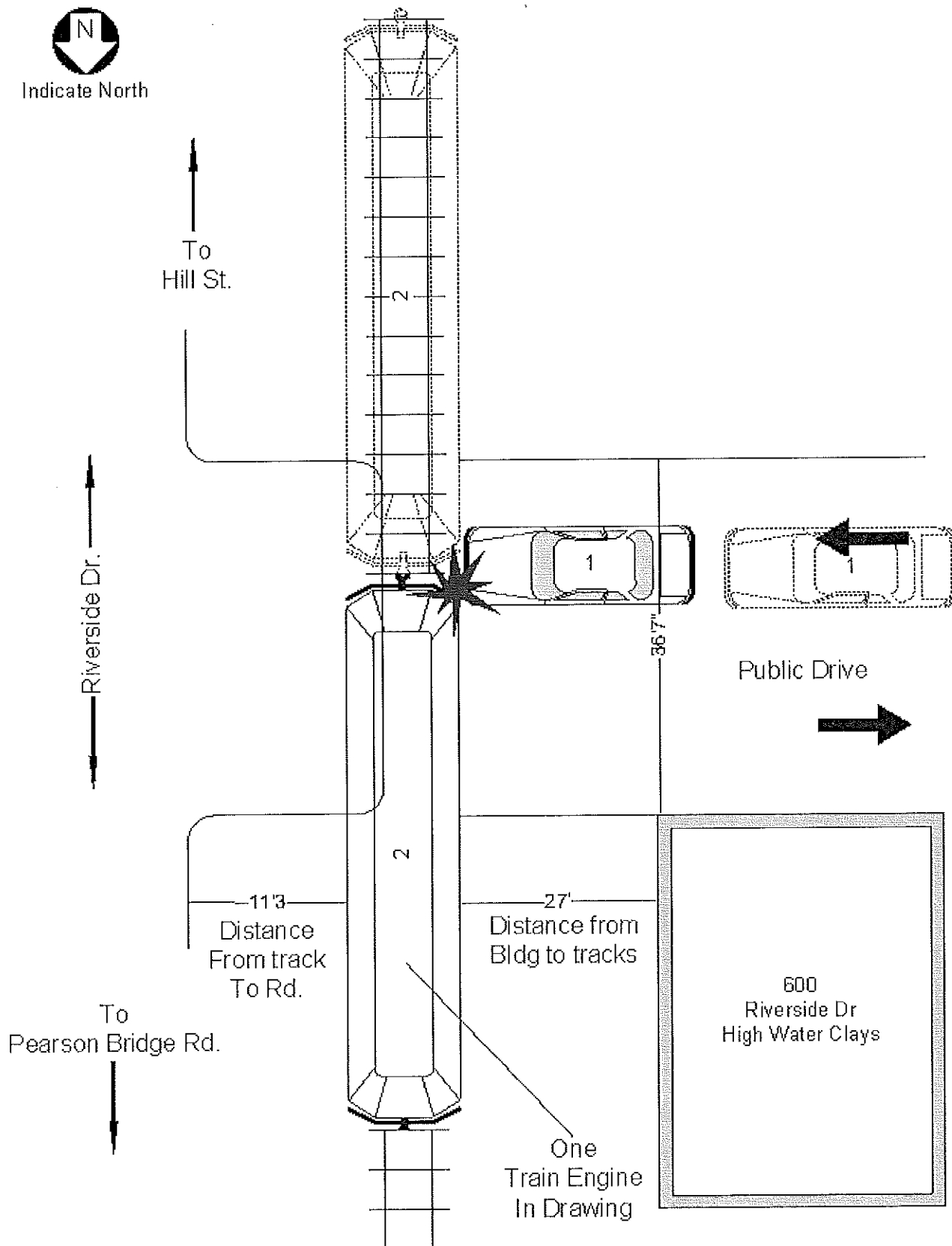
The train stopped approximately 60' after impact.

The operator could not see Vehicle # 1 from his position in the Cab of the Engine.

Also the building at 600 Riverside Dr. (High Water Clays) would inhibit both #1 and #2 from seeing each other until they came into view.

Driver # 1 backed her Vehicle up prior to officers arrival.

## DIAGRAM



Drawing Not To Scale.

2

Do not write in these spaces

No. of Units Involved

Form 1 of 3

☐ Supplemental Report☒ Non-Reportable

Date Received by DMV

Crash Date  
10/04/2011County  
BUNCOMBETime  
19:34  
(24 Hour Clock)Local Use/Patrol Area  
11027515 / ----

33 Relation to Roadway Surface

1

Crash occurred

☒ In

Near ASHEVILLE

Municipality

☐ outside municipality

Miles N S E W

on RIVERSIDE DR

Highway Number, or Highway, Street, (If ramp or service road, indicate on line)

Ramp or Service Road

(R.R. Crossing #)

Miles 1000  
(0 ft.-Intersection)☒ ft. N S E W

(If available)

from CRAVEN ST

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

☒ N ☐ S ☐ E ☐ W

toward HILL ST

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

Latitude

Longitude

Altitude

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL  
20 VEHICLEUNIT # 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHERDriver WALTER A JOHNSON  
First Middle Last SuffixDriver TIM FRANCIS FRAKEL  
First Middle Last Suffix

Address 975 OLIVETTE RD

Address 97 W FOX CHASE RD

City ASHEVILLE State NC Zip 28804

City ASHEVILLE State NC Zip 28804

Same Address on Driver's License? ☐ Yes ☒ No  
Driver's Phone Numbers H (828) 777-0914  
W ( )Same Address on Driver's License? ☐ Yes ☒ No  
Driver's Phone Numbers H (828) 645-4561  
W (828) 259-9001D.L. # 793789 D.L. Class C State NC  
CDL License ☐D.L. # D.L. Class State  
CDL License ☐DOB 10/04/1937 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 1,2,3  
mm/dd/ccyyDOB 05/05/1956 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) ☐37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) ☐Owner WALTER A JOHNSON  
Same as Driver? ☒Owner TIM FRANCIS FRAKEL  
Same as Driver? ☐

Address 975 OLIVETTE RD

Same Address as Driver? ☒

Address 97 W FOX CHASE RD

Same Address as Driver? ☐

City ASHEVILLE State NC Zip 28804

City ASHEVILLE State NC Zip 28804

Plate # VWE4963 Plate NC Plate 2012  
State YearPlate # Plate NC Plate  
State Year

VIN 1GNET13M162267931

VIN

Vehicle CHEV Vehicle 2006 41 Vehicle 1 42 Vehicle ☒ Yes  
Make Year Style (Type) Drivable ☐ NoVehicle Vehicle 23 41 Vehicle 23 42 Vehicle ☐ Yes  
Make Year Style (Type) Drivable ☒ No

43 TAD FC-1 44 Estimated Damage \$100.00

43 TAD BC-1 44 Estimated Damage \$500.00

Insurance Company NATIONWIDE MUTUAL INSURANCE C

Insurance Company

Policy # 6132E091714

Policy #

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

Carrier Identification Numbers, GVWR, Axles

Unit 45 Cargo Body Type ☐ Same Address as Owner?

Source:

☐ Truck☐ Shipping papers☐ Driver

US DOT# ICC# Axles on Vehicle Including Trailers

State State# IFTA#

FEI# Fleet# Gross Vehicle Weight Rating

21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

A	1	1	1	Unit1-Drv1, Ped1, etc. see above	W	M	2	1	4	2	1	5	see above	Veh# 1 Towed To/By: DRIVER DRIVER
B	2	1	1	Unit2-Drv2, Ped2, etc. see above	W	M	5	1	4	2	2	5	see above	Veh# 2 Towed To/By: DRIVER DRIVER
C														
D														
E														
F														
G														
H														

46 Name of EMS A,B--

46 Name of EMS

47 Injured Taken by EMS to A,B--

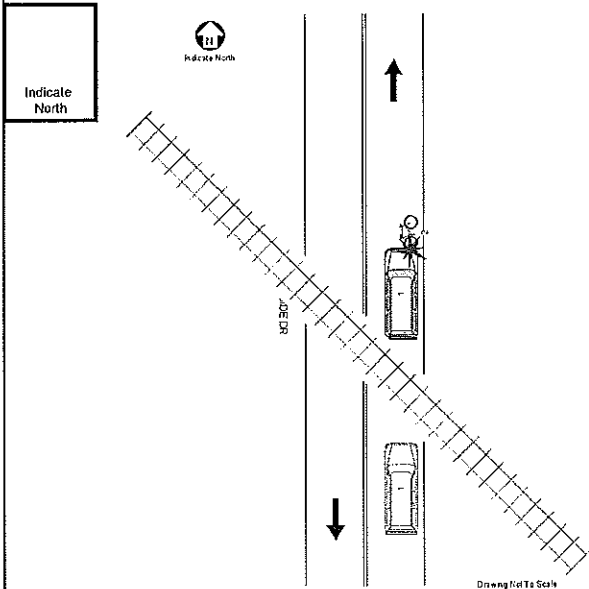
(Treatment Facility and City or Town)

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# <u>1</u> <u>1</u> <u>0</u> <u>0</u>	VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED		
		Unit# <u>2</u> <u>29</u> <u>0</u> <u>0</u>	60 Authorized Speed Limit		<u>35</u>	<u>35</u>	69 Road Feature		<u>22</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>15</u>	<u>10</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>10</u>	<u>10</u>	71 Road Classification		<u>5</u>	80 Work Area Marked	<u>2</u>
50 Non-Motorist Action		- -	63 Tire Impressions Before Impact (ft.)				72 Road Surface Type		<u>3</u>	81 Crash Location	-
51 Non-Motorist Location Prior to Impact		- -	64 Distance Traveled After Impact (ft.)		<u>0</u>	<u>0</u>	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>21</u> <u>21</u>	65 Emergency Vehicle Use		-	-	74 Access Control		<u>3</u>	82 Trailer Type	<u>00</u> <u>00</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>13</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>21</u> <u>21</u>	<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> 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 or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No						2nd Trailer No. Axles		
57 Distance/Direction to 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>7</u> <u>7</u>								83 Unit#	Overwidth Permit #
										Overwidth Trailer and Overwidth Mobile Home	

## 84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ ☐ ☐ on RIVERSIDE DR ☐ Parked Facing N S E W

Unit# 2 was: ☒ Traveling ☐ ☐ ☐ on RIVERSIDE DR ☐ Parked Facing N S E W

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

Vehicle 1 was traveling north on Riverside Dr. Vehicle 2, a bicycle, was traveling in front of Vehicle 1, also north on Riverside Dr. Driver 1 was inattentive and failed to notice the bicycle in front of him. Vehicle 1 failed to reduce speed and struck vehicle 2.

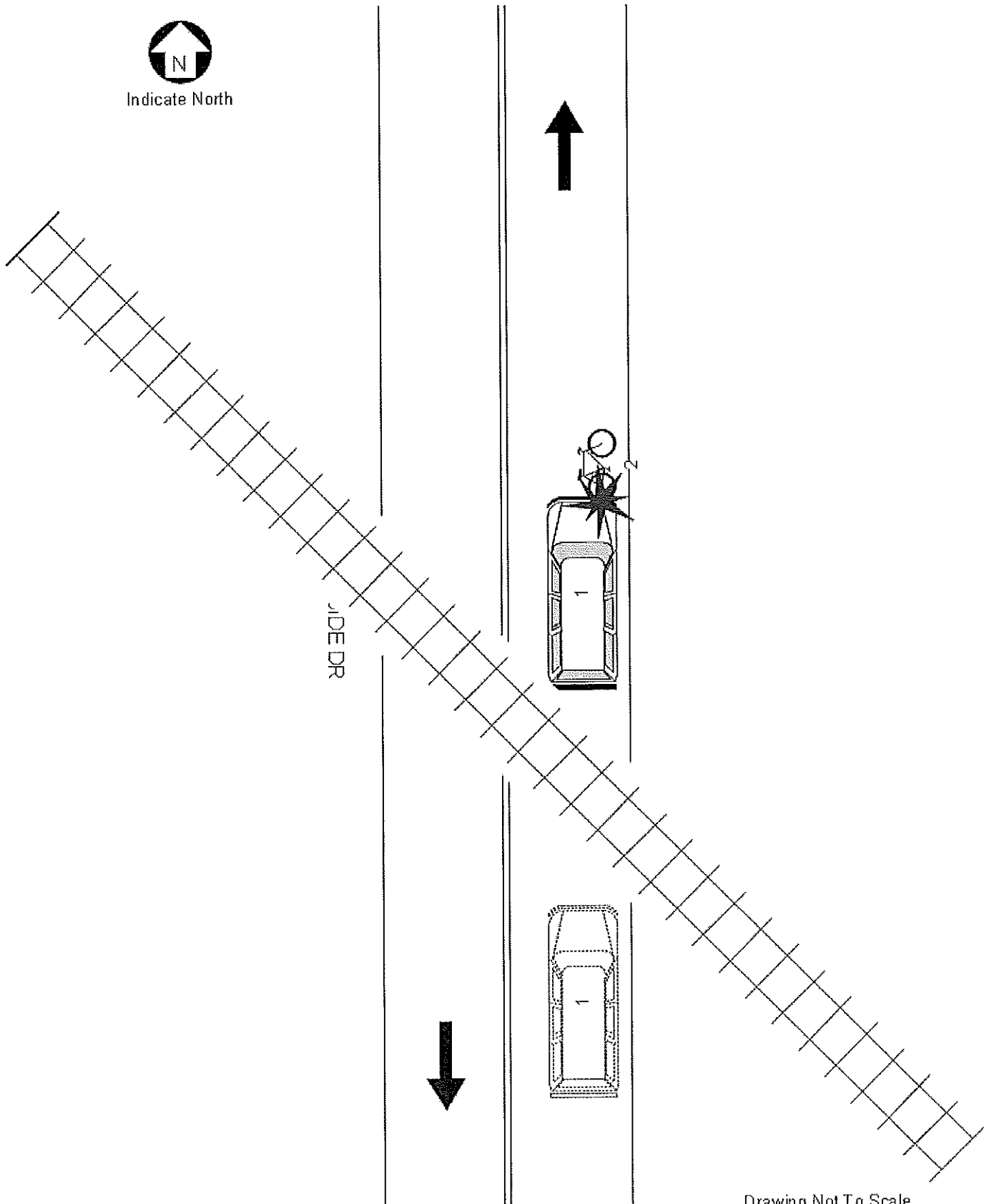
Driver 1 was not injured and did not request medical treatment.  
 Driver 2 reported that he was not injured and refused medical treatment.

86 Type/Owner		Owner Address	ADDITIONAL PROPERTY DAMAGE	State Property?	Estimated Damage \$
		Phone		<input type="checkbox"/>	
WITNESSES					
Name	Address	Phone No.	( )		
Name	Address	Phone No.	( )		
TRAFFIC VIOLATION(S)					
Name	Charge(s)				
Name	(Citation # optional)				
Name	Charge(s)				
Officer Name		Officer Number	Department	Date of Report	
FRENCH, J. E.		A2815	0110100	10/04/2011	

DIAGRAM



Indicate North



Drawing Not To Scale.

1

No. of Units Involved

Form 1 of 3

☐ Supplemental Report☐ Non-Reportable

Date Received by DMV

Crash Date

07/08/2013

County

BUNCOMBE

Time

00:08

(24 Hour Clock)

Local Use/Patrol Area

13016797 / ANOR

33 Relation to Roadway Surface

5

Crash occurred

☒ In

Near ASHEVILLE

Municipality

☐ outside municipality

Miles N S E W

Miles 60

(0 ft.-Intersection)

☐ ft. N S E W

(If available)

Latitude

Longitude

Altitude

on PP 700 RIVERSIDE DR (RAILROAD)

Highway Number, or Highway, Street, (If ramp or service road, indicate on line)

Ramp or Service Road

(R.R. Crossing #)

from LCL RIVERSIDE DR

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

☐ N ☐ S ☐ E ☐ W

toward LCL HILL ST

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

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL

20 VEHICLE

UNIT # ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver DUSTIN DEREK JABS

First Middle Last Suffix

Driver

Address 198 KIMBERLY AVE 8

Address

City ASHEVILLE State NC Zip 28804

City State Zip

Same Address on Driver's Driver's H ( 828 ) 450-8654

License? ☒ Yes ☐ No Phone Numbers W ( 828 ) 450-8654

Same Address on Driver's Driver's H ( )

License? ☐ Yes ☐ No Phone Numbers W ( )

D.L. # 24019054 D.L. Class C State NC

D.L. # D.L. Class State

DOB 04/16/1981 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions

DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions

37 Alcohol/ Drugs Suspected 1 38 Alcohol/ Drugs Test 1 39 Results (if known) 2 (13) 40 Vehicle Seizure (DWI) ☐37 Alcohol/ Drugs Suspected 38 Alcohol/ Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI) ☐

Owner DUSTIN DEREK JABS

Same as Driver? ☒

Owner

Same as Driver? ☐

Address 198 KIMBERLY AVE 8

Same Address as Driver? ☒

Address

Same Address as Driver? ☐

City ASHEVILLE State NC Zip 28804

City State Zip

Plate # BEZ7328 Plate NC Plate 2013

Plate # Plate State Plate Year

VIN 1Y1SK5462LZ107691

VIN

Vehicle CHEV Vehicle 1990 41 Vehicle 1 42 Vehicle ☒ YesMake Year Style (Type) Drivable ☐ NoVehicle Vehicle 41 Vehicle 42 Vehicle ☐ YesMake Year Style (Type) Drivable ☐ No

43 TAD UND1 44 Estimated Damage \$1,000.00

43 TAD 44 Estimated Damage

Insurance PROGRESSIVE UNIVERSAL INS CO

Company

Insurance

Company

Policy # 37815347 0

Policy #

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

Carrier Identification Numbers, GVWR, Axles

Unit 45 Cargo Body Type ☐ Same Address as Owner?

Source:

☐ Truck☐ Shipping papers☐ Driver

US DOT# ICC# Axles on Vehicle including Trailers

State State# IFTA#

FE# Fleet# Gross Vehicle Weight Rating

21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

A	1	1	1	Unit1-Drv1, Ped1, etc. see above	W	M	10	1	3	2	1	5	see above	Veh# 1 Towed To/By: ASHEVILLE WRECKER ASHEVILLE WRECKER
B				Unit2-Drv2, Ped2, etc. see above									see above	Veh# Towed To/By:
C														
D														
E														
F														
G														
H														

46 Name of EMS A--

46 Name of EMS

47 Injured Taken A--

by EMS to

(Treatment Facility and City or Town)

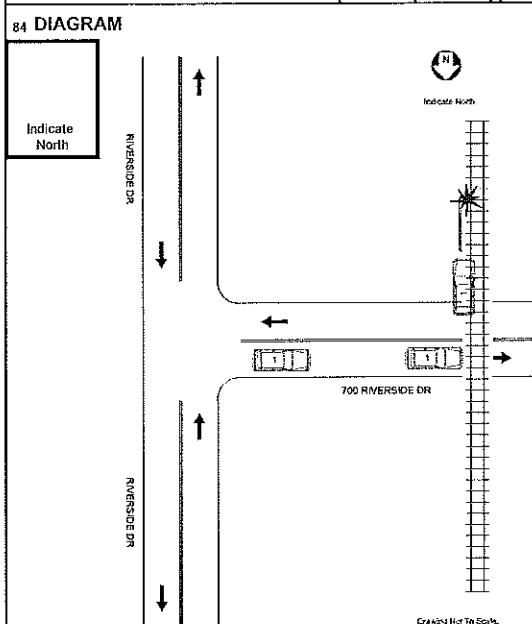
47 Injured Taken

by EMS to

(Treatment Facility and City or Town)



48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>26</u> Unit# _____		VEHICLE INFO.		Veh # <u>1</u>	Veh # _____	ROADWAY INFO.		WORK ZONE RELATED	
		60 Authorized Speed Limit		<u>35</u>		69 Road Feature		<u>22</u>	78 Workzone Area
		61 Estimate of Original Travelling Speed		<u>10</u>		70 Road Character		<u>1</u>	79 Work Activity
CRASH SEQUENCE (Unit Level)		Unit# <u>1</u>	Unit# _____	62 Estimate of Speed at Impact		<u>10</u>		71 Road Classification	
49 Vehicle Maneuver/Action		<u>8</u>		63 Tire Impressions Before Impact (ft.)				72 Road Surface Type	
50 Non-Motorist Action				64 Distance Traveled After Impact (ft.)		<u>0</u>		73 Road Configuration	
51 Non-Motorist Location Prior to Impact				65 Emergency Vehicle Use		-		74 Access Control	
52 Crash Sequence - First Event for This Unit		<u>2</u>		66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	
53 Crash Sequence - Second Event		<u>18</u>		67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	
54 Crash Sequence - Third Event		-		68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	
55 Crash Sequence - Fourth Event		-							
56 Most Harmful Event for This Unit		<u>18</u>		<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard Indicate: 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond					
57 Distance/Direction to Object Struck		<u>6</u>							
58 Vehicle Underride/Override		<u>3</u>							
59 Vehicle Defects		<u>0</u>							
84 DIAGRAM		TRAILER INFO. Unit# <u>1</u> Unit# _____ 82 Trailer Type <u>00</u> 1st Trailer No. Axles _____ Width (inches) _____ Length (feet) _____ 2nd Trailer No. Axles _____ Width (inches) _____ Length (feet) _____ 83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home _____ Overwidth Permit # _____							



Unit# 1 was: ☒ Traveling ☐ ☐ ☐ on RIVERSIDE DR Unit# \_\_\_\_\_ was: ☐ Traveling ☐ ☐ ☐ on \_\_\_\_\_  
☐ Parked Facing N S E W

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)  
 Vehicle 1 turned left onto a railroad crossing. Vehicle 1 continued to drive down the tracks about 15 feet before getting stuck. Vehicle 1's driver Dustin Jabs was under the influence of alcohol. Jabs was arrested and charged with Driving While Impaired and Careless and Reckless Driving.

86 Type/Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ Owner Phone \_\_\_\_\_ State Property? ☐ Estimated Damage \$ \_\_\_\_\_  
 ADDITIONAL PROPERTY DAMAGE \_\_\_\_\_

WITNESSES  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

TRAFFIC VIOLATION(S)  
 Name \_\_\_\_\_ Charge(s) \_\_\_\_\_  
 Name \_\_\_\_\_ Charge(s) \_\_\_\_\_  
 (Citation # optional)

Officer Name ASPO BUTTERFIELD, B. A. Officer Number A2838 Department 0110100 Date of Report 07/08/2013

## DIAGRAM



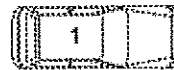
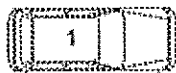
Indicate North

RIVERSIDE DR

RIVERSIDE DR

700 RIVERSIDE DR

Drawing Not To Scale.



2

Do not write in these spaces

No. of Units Involved

Form 1 of 4

☐ Supplemental Report☐ Non-Reportable

Date Received by DMV

Crash Date

10/30/2013

County

BUNCOMBE

Time

09:44  
(24 Hour Clock)

Local Use/Patrol Area

13026938 / ANOR

33 Relation to  
Roadway Surface

1

Crash occurred

☒ In

Near ASHEVILLE

Municipality

☐ ☐ ☐ outside municipality

Miles N S E W

on PVA 665 RIVERSIDE DR

Highway Number, or Highway, Street, (If ramp or service road, indicate on line)

☐ Ramp or  
Service Road

(R.R. Crossing #)

Miles 0

(0 ft.-Intersection)

ft. N S E W

from PVA 665 RIVERSIDE DR.

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

☐ ☒ ☐ N S E W

toward LCL RIVERSIDE DR.

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

Latitude

Longitude

Altitude

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN☐ COMMERCIAL  
20 VEHICLEUNIT # 2 ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☒ OTHER TRAIN

Driver ADOLPHO LEON TOVAR-CABRALES

First Middle Last Suffix

Address 36 BEN LIPPEN RD

City ASHEVILLE State NC Zip 28806

Same Address on Driver's Driver's H ( 240 ) 353-7220

License? ☐ Yes ☒ No Phone Numbers W ( )

D.L. # T162031507924 D.L. Class State MD

DOB 12/04/1964 34 Vision Obstruction 12 35 Physical Condition 1 36 D.L. Restrictions

37 Alcohol/ Drugs Suspected 0 38 Alcohol/ Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) ☐

Owner ADOLPHO LEON TOVAR-CABRALES

Same as Driver? ☒

Address 36 BEN LIPPEN RD

Same Address as Driver? ☒

City ASHEVILLE State NC Zip 28806

Plate # 20279CD Plate State NC Plate Year 2001

VIN 1B7HC13Y61J210678

Vehicle Make DODG Vehicle Year 2001 41 Vehicle Style (Type) 2 42 Vehicle ☒ Yes Drivable ☐ No

43 TAD FR 1 | RP 1 | RFQ1 44 Estimated Damage \$2,000.00

Insurance Company PROGRESSIVE

Policy # 36268789-1

Driver

First Middle Last Suffix

Address

City State Zip

Same Address on Driver's Driver's H ( )

License? ☐ Yes ☐ No Phone Numbers W ( )

D.L. # D.L. Class State

DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions

37 Alcohol/ Drugs Suspected 38 Alcohol/ Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI) ☐

Owner BUSINESS ONLY NORFOLK

Same as Driver? ☐

Address 70 MEADOW RD

Same Address as Driver? ☐

City ASHEVILLE State NC Zip 28803

Plate # Plate State Plate Year

VIN 5673

Vehicle Make Vehicle Year 41 Vehicle Style (Type) 26 42 Vehicle ☒ Yes Drivable ☐ No

43 TAD FL 0 | 44 Estimated Damage \$0.00

Insurance Company SELF INSURED

Policy #

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

Unit 45 Cargo Body Type ☐ Same Address as Owner?

Source:

☐ Truck☐ Shipping papers☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# ICC# Axles on Vehicle Including Trailers

State State# IFTA#

FEI# Fleet# Gross Vehicle Weight Rating

21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

A	1	1	1	Unit1-Drv1, Ped1, etc, see above	W	M	10	1	3	2	1	5	see above	Veh# 1 Towed To/By: DRIVER DRIVER
B	2	1		Unit2-Drv2, Ped2, etc, see above									see above	Veh# 2 Towed To/By: DRIVER DRIVER
C														
D														
E														
F														
G														
H														

46 Name of EMS A--

46 Name of EMS

47 Injured Taken A--

by EMS to

(Treatment Facility and City or Town)

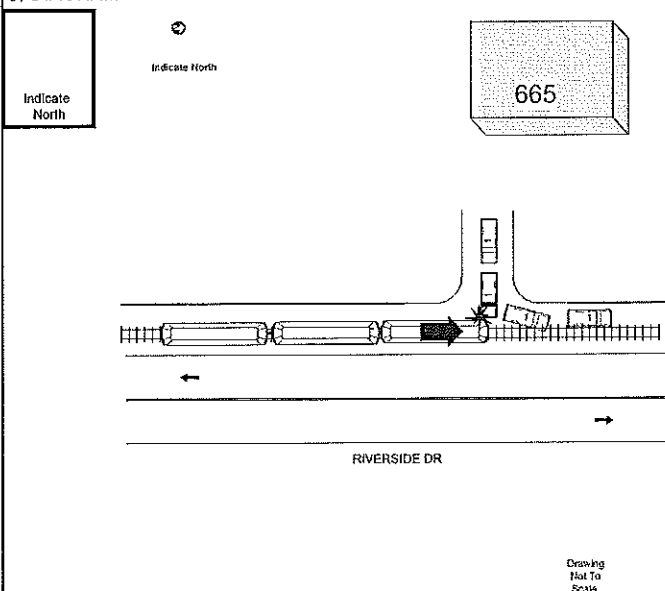
47 Injured Taken

by EMS to

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# <u>1</u> <u>1</u> <u>21</u> <u>20</u>	VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED		
		Unit# <u>2</u> <u>3</u>	60 Authorized Speed Limit		<u>10</u>	<u>10</u>	69 Road Feature		<u>22</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>10</u>	<u>10</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>10</u>	<u>10</u>	71 Road Classification		<u>6</u>	80 Work Area Marked	
50 Non-Motorist Action		-	63 Tire Impressions Before Impact (ft.)				72 Road Surface Type		<u>3</u>	81 Crash Location	
51 Non-Motorist Location Prior to Impact		-	64 Distance Traveled After Impact (ft.)		<u>20 FT</u>	<u>20 FT</u>	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>16</u> <u>16</u>	65 Emergency Vehicle Use		-	-	74 Access Control		<u>1</u>	82 Trailer Type	<u>00</u> <u>00</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		<u>1</u>	Length (feet)	
56 Most Harmful Event for This Unit		<u>16</u> <u>16</u>	<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> 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 or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No		83 Unit# <u>    </u> Overwidth Permit # <u>    </u>						
57 Distance/Direction to Object Struck		<u>0</u> <u>0</u>			82 Trailer No, Axles						
58 Vehicle Underride/Override		<u>3</u> <u>3</u>			Width (inches)						
59 Vehicle Defects		<u>0</u> <u>0</u>					83 Unit# <u>    </u> Overwidth Trailer and Overwidth Mobile Home			Overwidth Permit # <u>    </u>	

## 84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing N S E W on 665 RIVERSIDE DR Unit# 2 was: ☒ Traveling ☐ Parked Facing N S E W on 665 RIVERSIDE DR

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

Unit #1 was leaving the PVA of 665 Riverside Drive heading East. Unit #2 was proceeding north on the railroad tracks. Unit #1 proceeded onto the railroad tracks and collided with Unit #2. Unit #1 was drug several feet by Unit #2.

Unit #1 said he heard the train horn but did not see it as he proceeded onto the railroad tracks.

All parties involved refused medical attention.

Unit #2 the train engine (PA01) was being operated by David C. Rhinehart (09/06/1979). The conductor was Matthew Lanford (12/23/1984) and the switchman was Larry Boggess (04/22/1973).

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 LEE, C. M. Officer Number A2428 Department 0110100 Date of Report 10/30/2013

## ACCIDENT DESCRIPTION (continued)

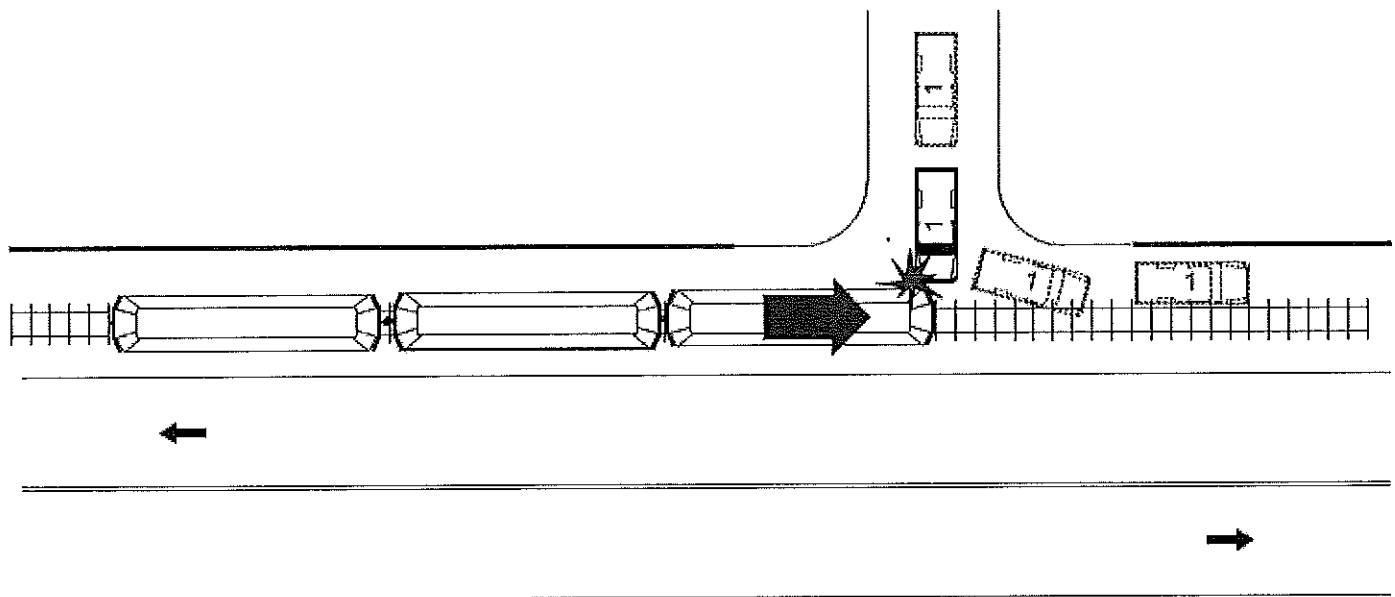
There were 2 engines and 2 railcars making up the train.

## DIAGRAM



Indicate North

665



RIVERSIDE DR

Drawing  
Not To  
Scale.

1

No. of Units Involved

Form 1 of 3

☐ Supplemental Report☐ Non-Reportable

Do not write in these spaces

Date Received by DMV

Crash Date  
04/18/2014County  
BUNCOMBETime  
02:48  
(24 Hour Clock)Local Use/Patrol Area  
14008211 / ----33 Relation to  
Roadway Surface 2 Crash ☒ In  
occurred ☐ Near ASHEVILLE

Municipality

☐ ☐ ☐ ☐ outside municipality

on LCL RIVERSIDE DR

Ramp or  
Service Road

(R.R. Crossing # ) 2 Miles

(0 R-Intersection) ft. N S E W

from LCL HILL ST

☒ ☐ ☐ ☐ toward

LCL PEARSON BRIDGE RD

Latitude

Longitude

Altitude

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL  
20 VEHICLEUNIT # ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver SEAN DAVID FITZPATRICK

First

Middle

Last

Suffix

Driver

First

Middle

Last

Suffix

Address 16 LACKEY LN

Address

City ASHEVILLE State NC Zip 28804

City State Zip

Same Address on Driver's Driver's H ( 828 ) 808-7158  
License? ☒ Yes ☐ No Phone Numbers W ( 828 ) -Same Address on Driver's Driver's H ( )  
License? ☐ Yes ☐ No Phone Numbers W ( )

D.L. # 34548845 D.L. Class C State NC

D.L. # D.L. Class State

DOB 11/02/1991 34 Vision Obstruction 0 35 Physical Condition 5 36 D.L. Restrictions 0

DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions

37 Alcohol/ Drugs Suspected 1 38 Alcohol/ Drugs Test 1 39 Results 2 (14) 40 Vehicle Seizure (DWI) ☐37 Alcohol/ Drugs Suspected 38 Alcohol/ Drugs Test 39 Results 40 Vehicle Seizure (DWI) ☐

Owner SEAN DAVID FITZPATRICK

Same as Driver? ☒

Owner

Same as Driver? ☐

Address 16 LACKEY LN

Same Address as Driver? ☒

Address

Same Address as Driver? ☐

City ASHEVILLE State NC Zip 28804

City State Zip

Plate # AKN4319 Plate NC Plate 2015

Plate # Plate Plate

VIN 1HGEJ8244WL129403

VIN

Vehicle HOND Vehicle 1998 41 Vehicle 1 42 Vehicle ☐ Yes

Make

Year

Style (Type)

Drivable ☒ NoVehicle Vehicle 41 Vehicle 42 Vehicle ☐ Yes

Make

Year

Style (Type)

Drivable ☐ No

43 TAD UND1 44 Estimated Damage \$500.00

43 TAD 44 Estimated Damage

Insurance ALLSTATE PROPERTY AND CASUALT

Company

Insurance

Company

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

Carrier Identification Numbers, GVWR, Axles

Unit 45 Cargo Body Type ☐ Same Address as Owner?

Source:

☐ Truck☐ Shipping papers☐ Driver

US DOT#

ICC#

Axles on Vehicle Including Trailers

State

State#

IFTA#

FE#

Fleet#

Gross Vehicle Weight Rating

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A	1	1	1	Unit1-Drv1, Ped1, etc. see above	W	M	10	1	3	2	1	5	see above: Veh# 1 Towed To/By: DRIVERS RESIDENCE
B				Unit2-Drv2, Ped2, etc. see above									see above: Veh# Towed To/By:
C													
D													
E													
F													
G													
H													

46 Name of EMS A--

46 Name of EMS

47 Injured Taken A--  
by EMS to

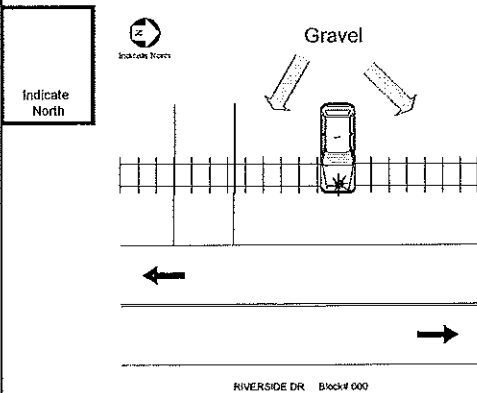
(Treatment Facility and City or Town)

47 Injured Taken  
by EMS to

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# <u>1</u> <u>1</u> <u>2</u> <u>3</u>		VEHICLE INFO.		Veh # <u>1</u>	Veh # _____	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)				Unit# <u>1</u>	Unit# _____	60 Authorized Speed Limit	<u>35</u>	69 Road Feature	<u>22</u>	78 Workzone Area	<u>5</u>
49 Vehicle Maneuver/Action	<u>16</u>			61 Estimate of Original Traveling Speed	<u>10</u>			70 Road Character	<u>1</u>	79 Work Activity	
50 Non-Motorist Action				62 Estimate of Speed at Impact	<u>10</u>			71 Road Classification	<u>5</u>	80 Work Area Marked	
51 Non-Motorist Location Prior to Impact				63 Tire Impressions Before Impact (ft.)				72 Road Surface Type	<u>5</u>	81 Crash Location	
52 Crash Sequence - First Event for This Unit	<u>64</u>			64 Distance Traveled After Impact (ft.)	<u>0</u>			73 Road Configuration	<u>2</u>	TRAILER INFO. Unit# <u>1</u> Unit# _____	
53 Crash Sequence - Second Event	"	-		65 Emergency Vehicle Use	-			74 Access Control	<u>1</u>	82 Trailer Type	<u>00</u>
54 Crash Sequence - Third Event	"	-		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>		75 Number of Lanes	<u>1</u>	1st Trailer No. Axles	
55 Crash Sequence - Fourth Event	"	-		67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>		76 Traffic Control Type	<u>0</u>	Width (inches)	
56 Most Harmful Event for This Unit	<u>64</u>			68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>		77 Traffic Control Oper	<u>2</u>	Length (feet)	
57 Distance/Direction to Object Struck	<u>2</u>			<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> 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 or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				83 Unit# _____		Overwidth Permit # _____	
58 Vehicle Under/Override	<u>3</u>							Overwidth Trailer and Overwidth Mobile Home			
59 Vehicle Defects	<u>7/-</u>										

## 84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing N S E W on RIVERSIDE DR Unit# \_\_\_\_\_ was: ☐ Traveling ☐ Parked Facing N S E W on \_\_\_\_\_

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

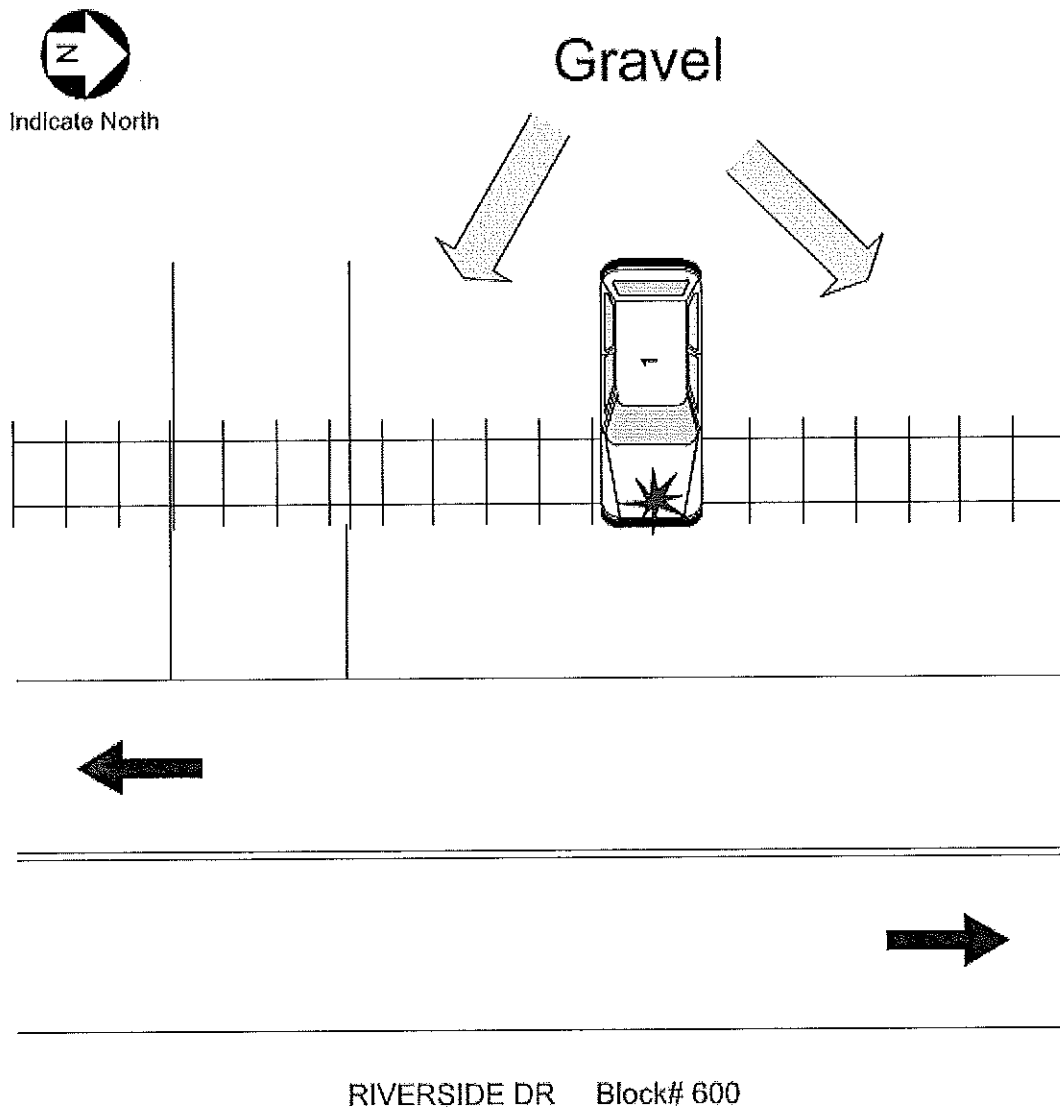
I, Officer Carrie Lee, arrived on the scene of a single vehicle collision on 04/18/2014 at 0256. The Driver stated he was fine and already had a tow truck en route. The vehicle was stuck on the railroad tracks with the front wheels in the middle of the track. The Driver stated he was going home and needed to relieve himself so he pulled off the road over a paved crossing over the tracks. He stated when he was trying to leave the area he turned off into, he ran over the railroad tracks. The area where his vehicle came to rest was an area that was not surrounded by raised asphalt, to allow a vehicle to pass over. Officer Green arrested the driver for DWI.

The Driver had called AAA to tow his vehicle prior to my arrival on scene. AAA towed the vehicle to the Driver's residence.

86 Type/Owner	Owner Address	ADDITIONAL PROPERTY DAMAGE	State Property?	Estimated Damage
_____	Phone _____	_____	<input type="checkbox"/>	\$ _____
WITNESSES				
Name _____	Address _____	Phone No. (_____) _____		
Name _____	Address _____	Phone No. (_____) _____		
TRAFFIC VIOLATION(S)				
Name _____	Charge(s) _____			
Name _____	(Citation # optional) Charge(s) _____			
Officer Name	Officer Number	Department	Date of Report	
LEE, C. M.	A2428	0110100	04/18/2014	



## DIAGRAM



Drawing Not To Scale.

1

No. of Units Involved

Form 1 of 2

☐ Supplemental Report☐ Non-Reportable

Do not write in these spaces

0

9

Date Received by DMV

10

13

11

13

12

0

13

14

19

15

16

17

18

19

Crash Date **01/20/2015** County **BUNCOMBE** Time **09:58** Local Use/Patrol Area **15001468 / ANOR**

33 Relation to Roadway Surface **5** Crash occurred ☒ In **ASHEVILLE** Municipality ☐ outside municipality

on **LCL RIVERSIDE DR** (Highway Number, or Highway, Street, (If ramp or service road, indicate on line)) (R.R. Crossing # \_\_\_\_\_) Miles **1.19** (If available)

at **PVA 587 RIVERSIDE DR** (Use Highway Number, Street Name or Adjacent County or State Line) toward **119** (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Altitude \_\_\_\_\_

UNIT # **1** ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL ☒ VEHICLE

Driver **ROBERT MITCHELL WEST** First Middle Last Suffix

Address **94 S WINDY RIDGE RD**

City **MARSHALL** State **NC** Zip **28753**

Same Address on Driver's License? ☐ Yes ☒ No Driver's Phone Numbers **H (828) 206-2727** W ( )

D.L. # **2145071** D.L. Class **C** State **NC**

DOB **03/11/1953** 34 Vision Obstruction **0** 35 Physical Condition **1** 36 D.L. Restrictions \_\_\_\_\_

37 Alcohol/Drugs Suspected **0** 38 Alcohol/Drugs Test **0** 39 Results (if known) **0** 40 Vehicle Seizure (DWI) ☐

Owner **JONATHAN LEWIS GREENE** Same as Driver? ☐

Address **94 WINDY RIDGE LN** Same Address as Driver? ☐

City **FLETCHER** State **NC** Zip **28753**

Plate # **DK1871** Plate State **NC** Plate Year **2015**

VIN **1FD8W3F65BEA34029**

Vehicle **FORD** Vehicle Year **2011** 41 Vehicle Style (Type) **2** 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD **RD 3** 44 Estimated Damage **\$3,000.00**

Insurance Company **OWNERS INSURANCE COMPANY**

Policy # **4464083800**

UNIT # ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver \_\_\_\_\_ First Middle Last Suffix

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone Numbers \_\_\_\_\_ W ( )

D.L. # \_\_\_\_\_ D.L. Class \_\_\_\_\_ State \_\_\_\_\_

DOB \_\_\_\_\_ 34 Vision Obstruction \_\_\_\_\_ 35 Physical Condition \_\_\_\_\_ 36 D.L. Restrictions \_\_\_\_\_

37 Alcohol/Drugs Suspected \_\_\_\_\_ 38 Alcohol/Drugs Test \_\_\_\_\_ 39 Results (if known) \_\_\_\_\_ 40 Vehicle Seizure (DWI) ☐

Owner \_\_\_\_\_ Same as Driver? ☐

Address \_\_\_\_\_ Same Address as Driver? ☐

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Plate # \_\_\_\_\_ Plate State \_\_\_\_\_ Plate Year \_\_\_\_\_

VIN \_\_\_\_\_

Vehicle \_\_\_\_\_ Vehicle Year \_\_\_\_\_ 41 Vehicle Style (Type) \_\_\_\_\_ 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD \_\_\_\_\_ 44 Estimated Damage \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

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

Unit \_\_\_\_\_ 45 Cargo Body Type \_\_\_\_\_ ☐ Same Address as Owner? ☐

Source: ☐ Truck ☐ Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# \_\_\_\_\_ ICC# \_\_\_\_\_ Axles on Vehicle Including Trailers \_\_\_\_\_

State \_\_\_\_\_ State# \_\_\_\_\_ IFTA# \_\_\_\_\_

FEI# \_\_\_\_\_ Fleet# \_\_\_\_\_ Gross Vehicle Weight Rating \_\_\_\_\_

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A	1	1	1	Unit 1-Drv1, Ped1, etc. see above	W	M	2	1	3	2	1	5	see above
B				Unit 2-Drv2, Ped2, etc. see above									see above
C													
D													
E													
F													
G													
H													

Veh# **1** Towed To/By: **DRIVER** **DRIVER**

Veh# \_\_\_\_\_ Towed To/By: \_\_\_\_\_

46 Name of EMS

46 Name of EMS

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>19</u> <u>18</u> Unit# _____		VEHICLE INFO.		Veh # <u>1</u>	Veh # _____	ROADWAY INFO.		WORK ZONE RELATED	
		60 Authorized Speed Limit		<u>5</u>		69 Road Feature		<u>22</u>	78 Workzone Area
		61 Estimate of Original Traveling Speed		<u>7</u>		70 Road Character		<u>1</u>	79 Work Activity
		62 Estimate of Speed at Impact		<u>7</u>		71 Road Classification		<u>6</u>	80 Work Area Marked
		63 Tire Impressions Before Impact (ft.)				72 Road Surface Type		<u>5</u>	81 Crash Location
		64 Distance Traveled After Impact (ft.)				73 Road Configuration		<u>1</u>	TRAILER INFO. Unit# <u>1</u> Unit# _____
		65 Emergency Vehicle Use				74 Access Control		<u>2</u>	
		66 Post Crash Fire (If "Yes" check block)		<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes		<u>1</u>	
		67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		<u>0</u>	
		68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		<u>1</u>	
CRASH SEQUENCE (Unit Level) Unit# <u>1</u> Unit# _____									
49 Vehicle Maneuver/Action		<u>4</u>							
50 Non-Motorist Action									
51 Non-Motorist Location Prior to Impact									
52 Crash Sequence - First Event for This Unit		<u>13</u>							
53 Crash Sequence - Second Event		"							
54 Crash Sequence - Third Event		"							
55 Crash Sequence - Fourth Event		"							
56 Most Harmful Event for This Unit		<u>13</u>							
57 Distance/Direction to Object Struck		<u>0</u>							
58 Vehicle Underride/Override		<u>3</u>							
59 Vehicle Defects		<u>7</u>							

## COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No

From Placard indicate:

Hazardous Cargo ☐ Yes ☐ No

4-digit placard number or name from diamond or box

1-digit number from bottom of diamond

Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

## 84 DIAGRAM

Indicate North

Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on 587 RIVERSIDE DR Unit# \_\_\_\_\_ was: ☐ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on \_\_\_\_\_

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)  
 Engineer David King stated he was traveling 7 Mph North on the railroad tracks. Engineer David King stated he was blowing the train horn to let traffic know he was coming. Unit 1 pulled out in front of him and was t-boned. The train belonged to Norfolk Southern. Train number is Norfolk5808.

Norfolk southern didn't want a report due to no damage done to the train.

Driver of Unit 1 stated he wasn't paying attention and pulled out in front of the train.

No drawing in report.

86 Type/Owner NORFOLK SOUTHERN TRAIN Owner Address 70 MEADOW RD ASHEVILLE NC 28803 State Property? ☐ Estimated Damage \$ 5.00  
BUSINESS ONLY NORFOLK SOUTHERN 8287125062

WITNESSES  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

TRAFFIC VIOLATION(S)  
 Name \_\_\_\_\_ Charge(s) \_\_\_\_\_  
 Name \_\_\_\_\_ Charge(s) \_\_\_\_\_  
 Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

Officer Name HUNTER, E. Officer Number A2279 Department 0110100 Date of Report 01/20/2015