

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

3	Crash Date <b>04/22/2010</b> <small>mm/dd/yyyy</small>	County <b>BUNCOMBE</b>	Time <b>10:55</b> <small>(24 Hour Clock)</small>	Local Use/Patrol Area <b>10010220 / ANOR</b>	Date Received by DMV
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3	33 Relation to Roadway Surface <b>1</b> Crash occurred <input checked="" type="checkbox"/> In <b>ASHEVILLE</b> Municipality or _____ Miles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> outside municipality	on <b>PP (600 RIVERSIDE DR)</b> Highway Number, or Highway, Street, (If ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing # _____) Miles <b>600</b> (0 ft.-Intersection) ft. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N S E W (If available)	1	from <b>HILL ST</b> Use Highway Number, Street Name or Adjacent County or State Line <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward <b>PEARSON BRIDGE RD</b> Use Highway Number, Street Name or Adjacent County or State Line	Latitude _____ Longitude _____ Altitude _____
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4	UNIT # <b>1</b> <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> COMMERCIAL <b>20</b> VEHICLE	UNIT # <b>2</b> <input type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input checked="" type="checkbox"/> OTHER
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4	Driver <b>WENDY KOCHENTHAL</b> First Middle Last Suffix	Driver <b>ROBERT RAY FRIZSELL</b> First Middle Last Suffix
5	Address <b>50 RUSTLING OAKS LN</b>	Address <b>104 WALKER COVE RD</b>
6	City <b>ASHEVILLE</b> State <b>NC</b> Zip <b>28805</b>	City <b>BM11 BLACK MTN</b> State <b>NC</b> Zip <b>28711</b>
7	Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone Numbers H ( <b>828</b> ) <b>595-1015</b> W ( )	Same Address on Driver's License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Driver's Phone Numbers H ( <b>828</b> ) <b>669-5203</b> W ( <b>828</b> ) <b>712-5062</b>

6	D.L. # <b>28191282</b> CDL License <input type="checkbox"/> D.L. Class <b>C</b> State <b>NC</b>	D.L. # _____ CDL License <input type="checkbox"/> D.L. Class _____ State _____
7	DOB <b>02/12/1942</b> 34 Vision Obstruction <b>0</b> 35 Physical Condition <b>1</b> 36 D.L. Restrictions <b>0</b>	DOB <b>12/30/1968</b> 34 Vision Obstruction <b>12</b> 35 Physical Condition <b>1</b> 36 D.L. Restrictions <b>0</b>
8	37 Alcohol/Drugs Suspected <b>0</b> 38 Alcohol/Drugs Test <b>0</b> 39 Results (if known) <b>0</b> 40 Vehicle Seizure (DWI) <input type="checkbox"/>	37 Alcohol/Drugs Suspected <b>0</b> 38 Alcohol/Drugs Test <b>0</b> 39 Results (if known) <b>0</b> 40 Vehicle Seizure (DWI) <input type="checkbox"/>

9	Owner <b>WENDY KOCHENTHAL</b> Same as Driver? <input checked="" type="checkbox"/>	Owner <b>BUSINESS ONLY NORFOLK</b> Same as Driver? <input type="checkbox"/>
10	Address <b>50 RUSTLING OAKS LN</b> Same Address as Driver? <input checked="" type="checkbox"/>	Address <b>70 MEADOW RD</b> Same Address as Driver? <input type="checkbox"/>
11	City <b>ASHEVILLE</b> State <b>NC</b> Zip <b>28805</b>	City <b>ASHEVILLE</b> State <b>NC</b> Zip <b>28803</b>
12	Plate # <b>YNT6634</b> Plate <b>NC</b> Plate <b>2010</b>	Plate # _____ Plate <b>NC</b> Plate _____
13	VIN <b>JTDKB20U287815630</b>	VIN _____
14	Vehicle <b>TOYT</b> Vehicle <b>2008</b> 41 Vehicle <b>1</b> 42 Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle <b>OTH</b> Vehicle _____ 41 Vehicle <b>26</b> 42 Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15	43 TAD <b>LFQ1</b> 44 Estimated Damage <b>\$2,000.00</b>	43 TAD <b>FR-0</b> 44 Estimated Damage <b>\$0.00</b>
16	Insurance Company <b>LIBERTY MUTUAL INSURANCE CO</b>	Insurance Company _____
17	Policy # <b>AB125152767910</b>	Policy # <b>SELF INSURED</b>

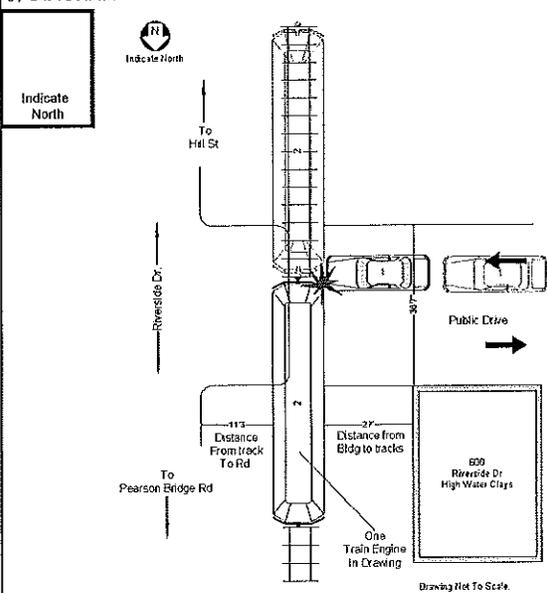
20	COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Unit _____ 45: Cargo Body Type _____ <input type="checkbox"/> Same Address as Owner? <input type="checkbox"/>	Carrier Identification Numbers, GVWR, Axles US DOT# _____ ICC# _____ Axes on Vehicle including Trailers _____ State _____ State# _____ IFTA# _____ FEI# _____ Fleet# _____ Gross Vehicle Weight Rating _____
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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	W	F	2	1	3	2	1	5	see above Veh# <b>1</b> Towed To/By: <b>PAUL DAVIS/ WAYNE DAVIS PAUL DAVIS/ WAYNE DAVIS</b>	
B	2	1	1	W	M	0	0	0	2	1	5	see above Veh# <b>2</b> Towed To/By: <b>DRIVER DRIVER</b>	
C	2	2	3	07/03/1944	W	M	0	0	0	2	1	5	<b>ROBERT MARTIN LEDWELL</b> <b>66 GRAVEYARD RD FAIRVIEW NC 28730</b>
D	2	2	6	06/13/1977	W	M	0	0	0	2	1	5	<b>MICHAEL ALAN MANNING</b> <b>21 SAMUEL LN CANDLER NC 28715</b>
E													
F													
G													
H													

46 Name of EMS **A,B,C,D--** 46 Name of EMS \_\_\_\_\_  
 47 Injured Taken by EMS to **A,B,C,D--** (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>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	
60 Authorized Speed Limit						5		10		69 Road Feature		22	
61 Estimate of Original Traveling Speed						5		8		70 Road Character		1	
62 Estimate of Speed at Impact						5		8		71 Road Classification		8	
63 Tire Impressions Before Impact (ft.)										72 Road Surface Type		8	
64 Distance Traveled After Impact (ft.)						UNK		60		73 Road Configuration		2	
65 Emergency Vehicle Use						-		-		74 Access Control		3	
66 Post Crash Fire (if "Yes" check block)						<input type="checkbox"/>		<input type="checkbox"/>		75 Number of Lanes		2	
67 School Bus - Contact Vehicle "						<input type="checkbox"/>		<input type="checkbox"/>		76 Traffic Control Type		0	
68 School Bus - Noncontact Vehicle "						<input type="checkbox"/>		<input type="checkbox"/>		77 Traffic Control Oper			
49 Vehicle Maneuver/Action		4		4		62		62		70		71	
50 Non-Motorist Action		-		-		63		63		72		72	
51 Non-Motorist Location Prior to Impact		-		-		64		64		73		73	
52 Crash Sequence - First Event for This Unit		16		16		65		65		74		74	
53 Crash Sequence - Second Event "		-		-		66		66		75		75	
54 Crash Sequence - Third Event "		-		-		67		67		76		76	
55 Crash Sequence - Fourth Event "		-		-		68		68		77		77	
56 Most Harmful Event for This Unit		16		16		69		69		78		78	
57 Distance/Direction to Object Struck		0		3		70		70		79		79	
58 Vehicle Underride/Override		3		3		71		71		80		80	
59 Vehicle Defects		0		7		72		72		81		81	
<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b>												TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>	
Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: 												82 Trailer Type <u>00</u> <u>00</u>	
Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (does not include fuel from fuel tank) 4-digit placard number or name from diamond or box												1st Trailer No. Axles	
Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No												Width (inches)	
												Length (feet)	
												2nd Trailer No. Axles	
												Width (inches)	
												Length (feet)	
												83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home	
												Overwidth Permit # _____	

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 RAIL ROAD 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 \_\_\_\_\_ State \_\_\_\_\_

ADDITIONAL PROPERTY DAMAGE \_\_\_\_\_ 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) \_\_\_\_\_

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

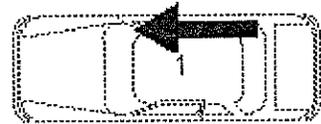
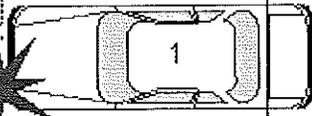
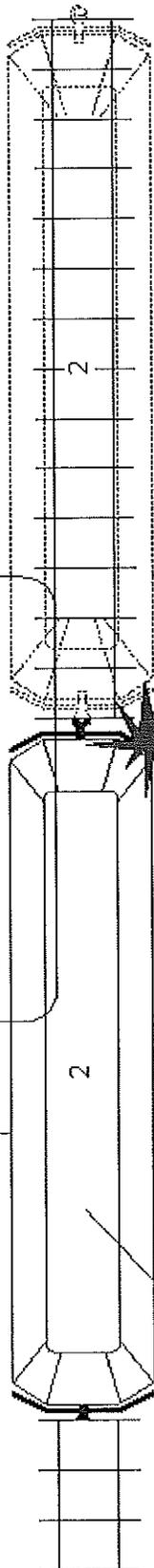


Indicate North

To Hill St.

Riverside Dr.

To Pearson Bridge Rd.



Public Drive



11'3"  
Distance From track To Rd.

27'  
Distance from Bldg to tracks

36'7"

600  
Riverside Dr  
High Water Clays

One Train Engine In Drawing

Drawing Not To Scale.

2

No. of Units Involved Form 1 of 3 Supplemental Report Non-Reportable

Crash Date 10/04/2011 County BUNCOMBE Time 19:34 Local Use/Patrol Area 11027515 / ----

33 Relation to Roadway Surface 1 Crash occurred In ASHEVILLE Municipality on RIVERSIDE DR Highway Number, or Highway, Street, (If ramp or service road, indicate on line) from CRAVEN ST Use Highway Number, Street Name or Adjacent County or State Line toward HILL ST Use Highway Number, Street Name or Adjacent County or State Line

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE Driver WALTER A JOHNSON Address 975 OLIVETTE RD City ASHEVILLE State NC Zip 28804 D.L. # 793789 D.L. Class C State NC DOB 10/04/1937 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 1,2,3 37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) 0

Owner WALTER A JOHNSON Address 975 OLIVETTE RD City ASHEVILLE State NC Zip 28804 Plate # VWE4963 State NC Plate Year 2012 VIN 1GNET13M162267931 Vehicle CHEV Year 2006 41 Vehicle Style (Type) 1 42 Vehicle Drivable Yes 43 TAD FC-1 44 Estimated Damage \$100.00 Insurance Company NATIONWIDE MUTUAL INSURANCE C Policy # 6132E091714

UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER Driver TIM FRANCIS FRAKEL Address 97 W FOX CHASE RD City ASHEVILLE State NC Zip 28804 D.L. # DOB 05/05/1956 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) 0

Owner TIM FRANCIS FRAKEL Address 97 W FOX CHASE RD City ASHEVILLE State NC Zip 28804 Plate # State NC Plate Year Vehicle Year 41 Vehicle Style (Type) 23 42 Vehicle Drivable No 43 TAD BC-1 44 Estimated Damage \$500.00 Insurance Company Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Unit 45 Cargo Body Type Source: Truck Shipping papers Driver US DOT# ICC# Axles on Vehicle Including Trailers State State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

Table with columns A-H and rows 1-32. Includes names and addresses for all persons (Unit 1/Unit 2 Drv, Ped, etc.) and towed to/by information for vehicles 1 and 2.

46 Name of EMS A,B-- 47 Injured Taken by EMS to (Treatment Facility and City or Town)

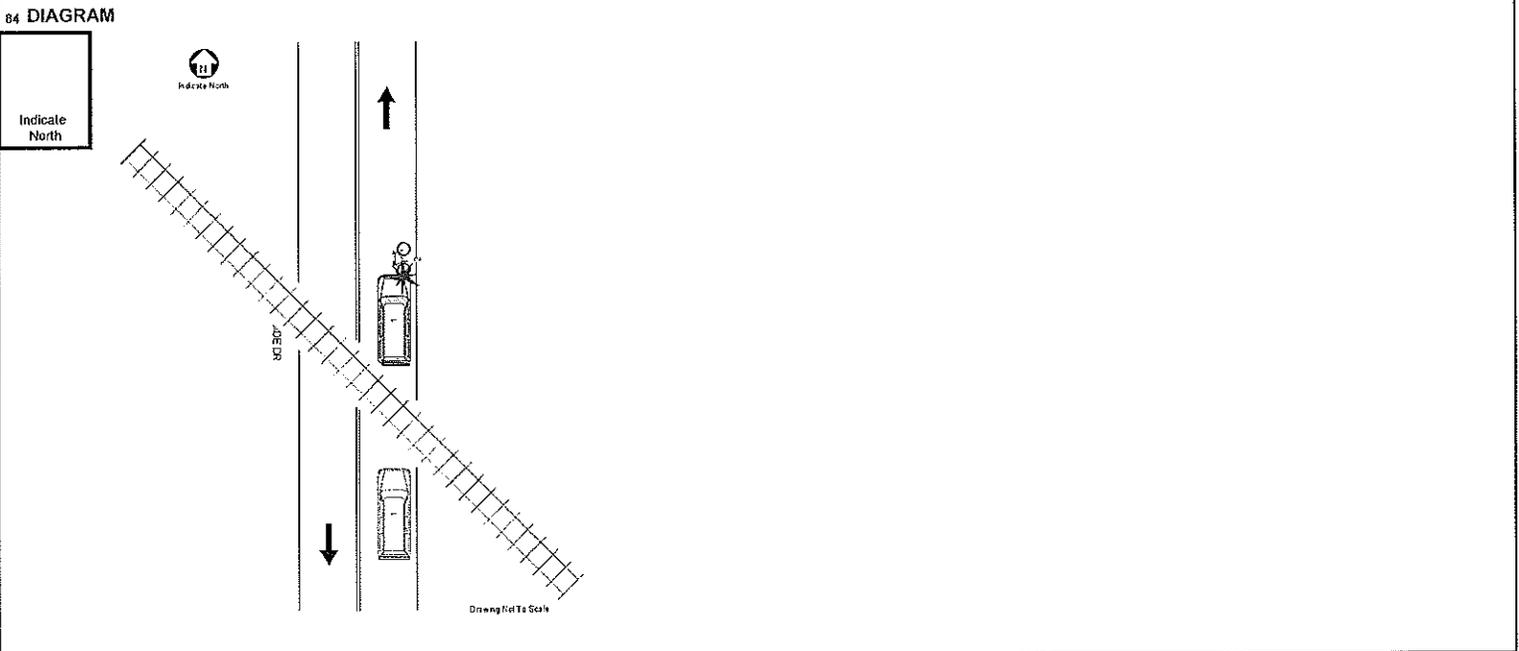
48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# <u>1</u> <u>1</u> <u>0</u> <u>0</u>		Unit# <u>2</u> <u>29</u> <u>0</u> <u>0</u>		VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED		
60 Authorized Speed Limit						35		35	69 Road Feature		22		78 Workzone Area	5
61 Estimate of Original Traveling Speed						15		10	70 Road Character		1		79 Work Activity	-
62 Estimate of Speed at Impact						10		10	71 Road Classification		5		80 Work Area Marked	2
63 Tire Impressions Before Impact (ft.)									72 Road Surface Type		3		81 Crash Location	-
64 Distance Traveled After Impact (ft.)						0		0	73 Road Configuration		2		TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>	
65 Emergency Vehicle Use									74 Access Control		3		82 Trailer Type	00 00
66 Post Crash Fire (if "Yes" check block)						<input type="checkbox"/>		<input type="checkbox"/>	75 Number of Lanes		2		1st Trailer No. Axles	
67 School Bus - Contact Vehicle "						<input type="checkbox"/>		<input type="checkbox"/>	76 Traffic Control Type		13		Width (inches)	
68 School Bus - Noncontact Vehicle "						<input type="checkbox"/>		<input type="checkbox"/>	77 Traffic Control Oper		1		Length (feet)	
49 Vehicle Maneuver/Action		4		4		62		62	73		2		2nd Trailer No. Axles	
50 Non-Motorist Action		-		-		63		63	74		3		Width (inches)	
51 Non-Motorist Location Prior to Impact		-		-		64		64	75		2		Length (feet)	
52 Crash Sequence - First Event for This Unit		21		21		65		65	76		13		2nd Trailer No. Axles	
53 Crash Sequence - Second Event "		-		-		66		66	77		1		Width (inches)	
54 Crash Sequence - Third Event "		-		-		67		67	78		2		Length (feet)	
55 Crash Sequence - Fourth Event "		-		-		68		68	79		2		Overwidth Permit #	
56 Most Harmful Event for This Unit		21		21		69		69	80		2		Overwidth Trailer and Overwidth Mobile Home	
57 Distance/Direction to Object Struck		0		0		70		70	81		2			
58 Vehicle Underide/Override		3		3		71		71	82		2			
59 Vehicle Defects		7		7		72		72	83		2			

**COMMERCIAL VEHICLE: Hazardous Materials Involvement**

Haz Mat Placard  Yes  No From Placard indicate:

Hazardous Cargo  Yes  No Released (does not include fuel from fuel tank) 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond

Carrying Haz Mat  Yes  No



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

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

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 \_\_\_\_\_ Phone \_\_\_\_\_

ADDITIONAL PROPERTY DAMAGE \_\_\_\_\_ State Property?  Estimated Damage \$ \_\_\_\_\_

WITNESSES

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

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

TRAFFIC VIOLATION(S)

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

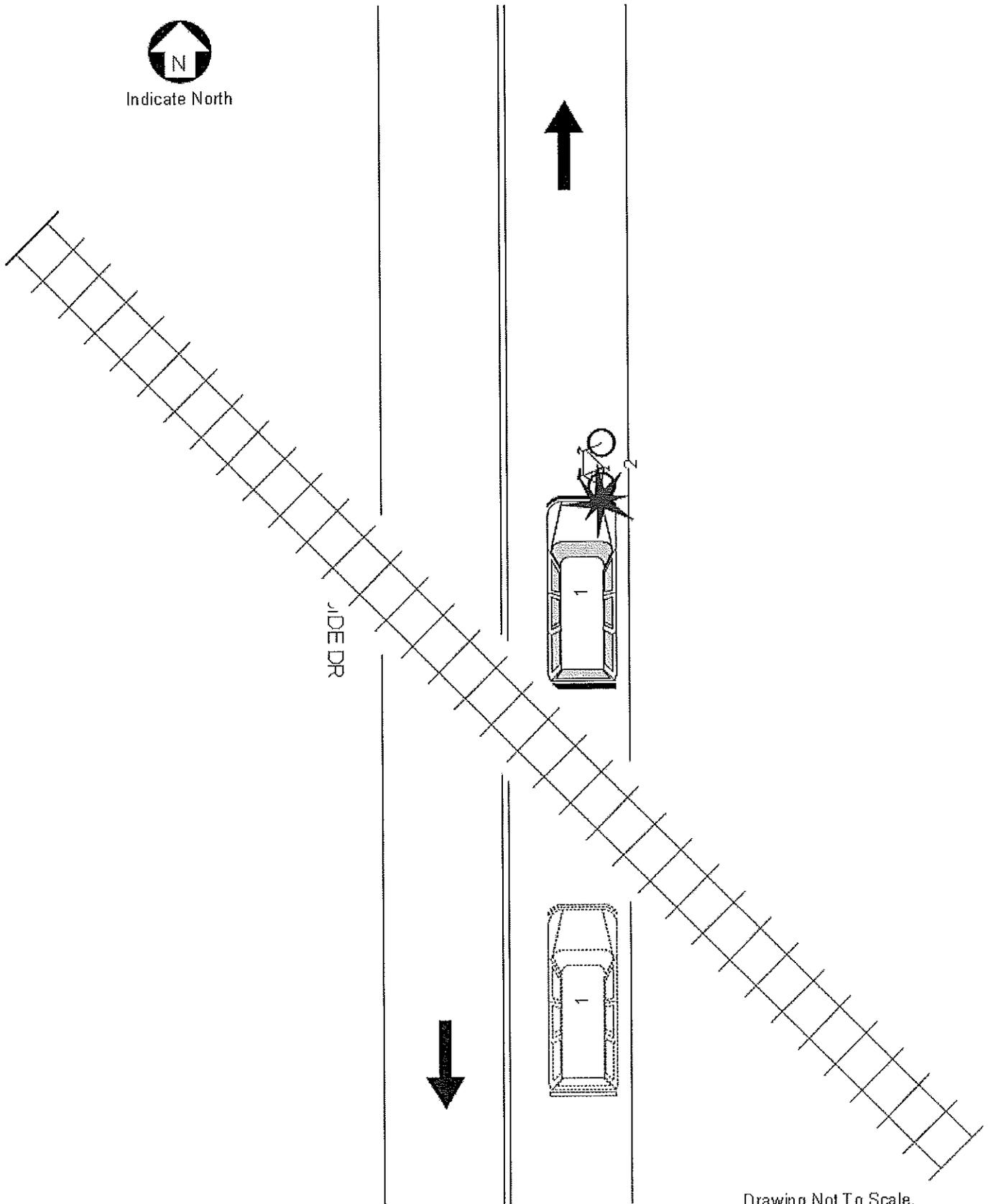
Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

Officer Name **FRENCH, J. E.** Officer Number **A2815** Department \_\_\_\_\_ Date of Report **10/04/2011**

DIAGRAM



Indicate North



Drawing Not To Scale.

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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: 07/08/2013
County: BUNCOMBE
Time: 00:08
Local Use/Patrol Area: 13016797 / ANOR

33 Relation to Roadway Surface: 5
Crash occurred In: ASHEVILLE
on: PP 700 RIVERSIDE DR (RAILROAD)
from: LCL RIVERSIDE DR
toward: LCL HILL ST

UNIT # 1
VEHICLE
PEDESTRIAN
HIT & RUN
COMMERCIAL VEHICLE

Driver: DUSTIN, DEREK, JABS
Address: 198 KIMBERLY AVE 8
City: ASHEVILLE
State: NC
Zip: 28804

Same Address on Driver's License? Yes
Driver's Phone Numbers: 828-450-8654
D.L. # 24019054
D.L. Class: C
State: NC

DOB: 04/16/1981
34 Vision Obstruction: 0
35 Physical Condition: 1
36 D.L. Restrictions:
37 Alcohol/Drugs Suspected: 1
38 Alcohol/Drugs Test: 1
39 Results (if known): 2 (13)
40 Vehicle Seizure (DWI):

Owner: DUSTIN, DEREK, JABS
Address: 198 KIMBERLY AVE 8
City: ASHEVILLE
State: NC
Zip: 28804

Plate #: BEZ7328
VIN: 1Y1SK5462LZ107691
Vehicle Make: CHEV
Vehicle Year: 1990
41 Vehicle Style (Type): 1
42 Vehicle Drivable: Yes

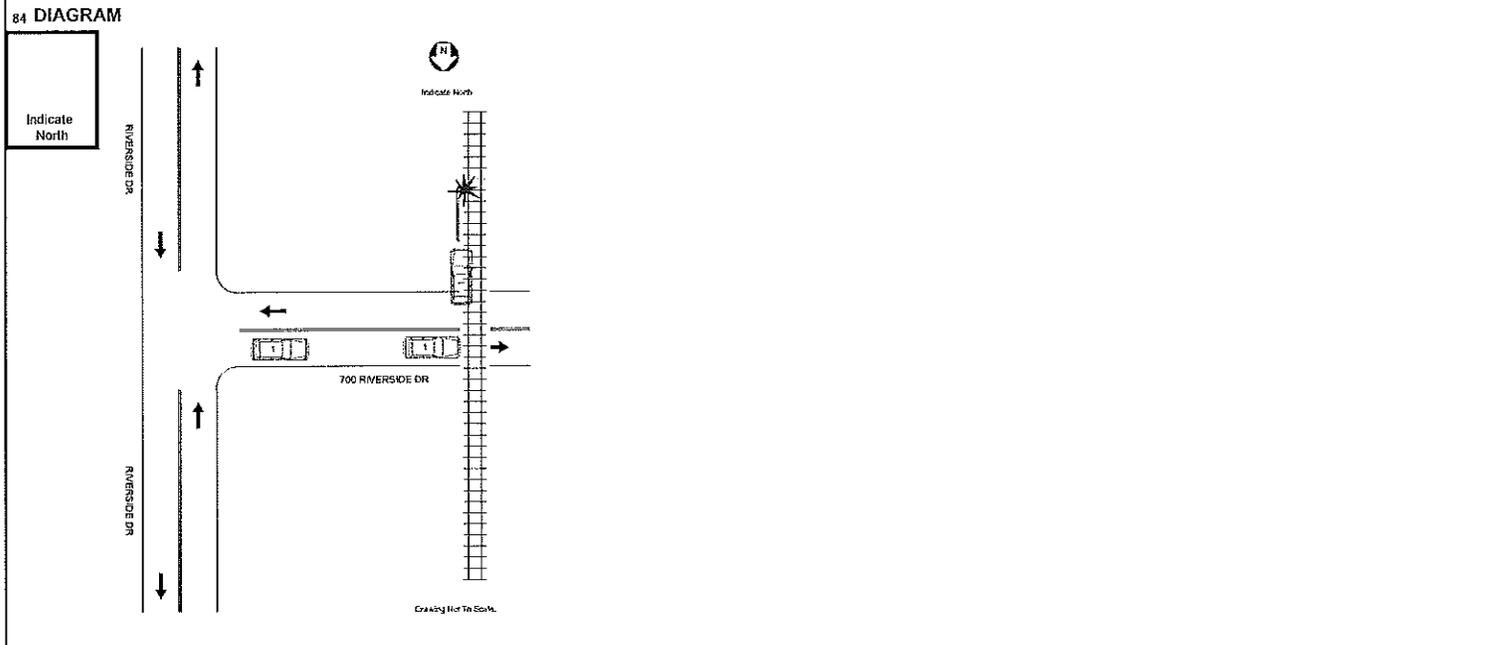
43 TAD: UND1
44 Estimated Damage: \$1,000.00
Insurance Company: PROGRESSIVE UNIVERSAL INS CO
Policy #: 37815347 0

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source
Carrier Identification Numbers, GVWR, Axles
US DOT#, ICC#, State, State#, IFTA#, FE#, Fleet#, Gross Vehicle Weight Rating

Table with columns A-H and rows 1-5. Contains names and addresses for all persons involved in the crash.

46 Name of EMS: A--
47 Injured Taken by EMS to: A--
48 Name of EMS
49 Injured Taken by EMS to:

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



Unit# **1** was:  Traveling    on **RIVERSIDE DR**      Unit# \_\_\_\_\_ was:  Traveling    on \_\_\_\_\_  
 Parked Facing N S E W       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** \_\_\_\_\_ **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) \_\_\_\_\_  
 (Citation # optional)

DIAGRAM

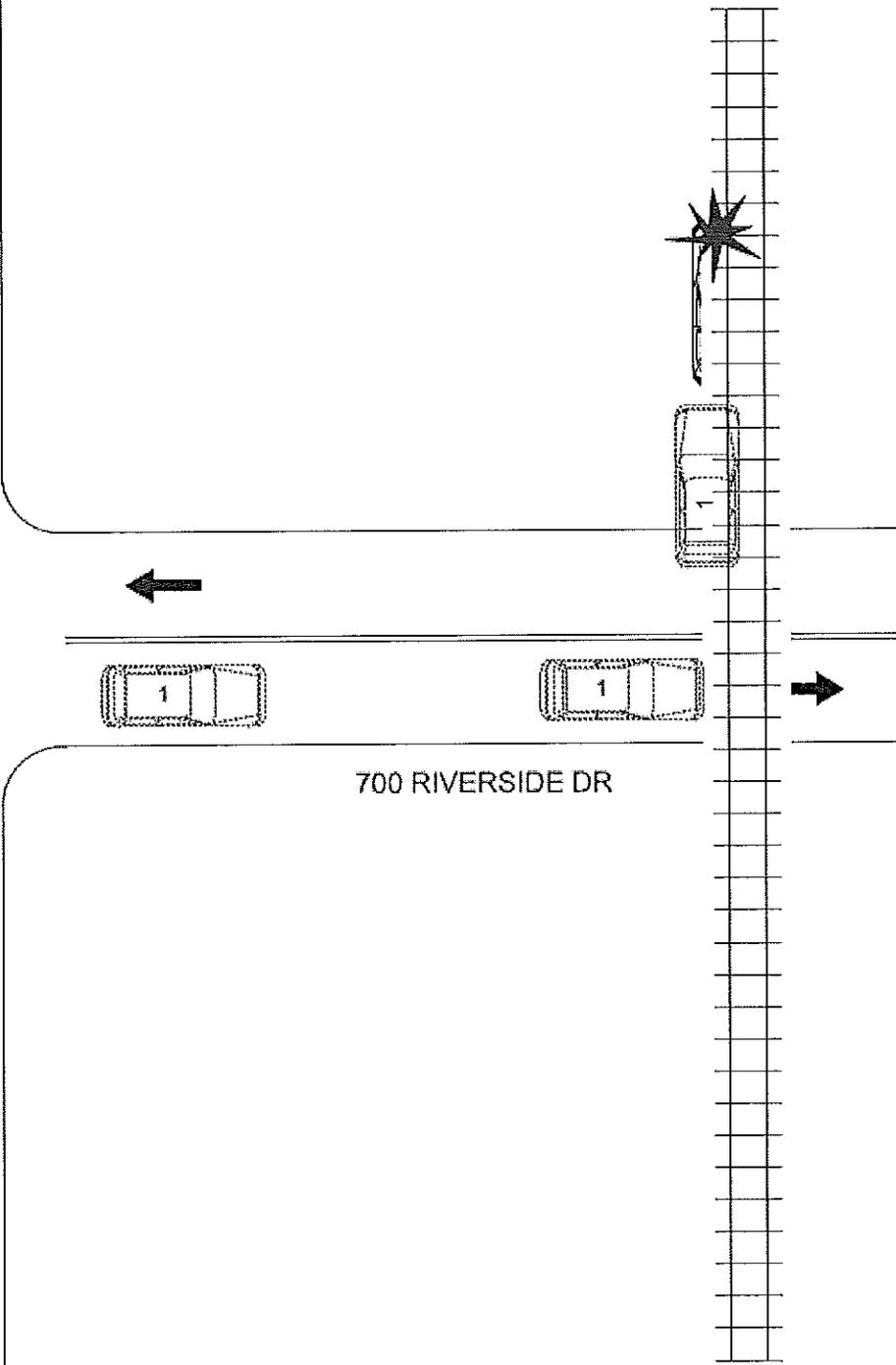
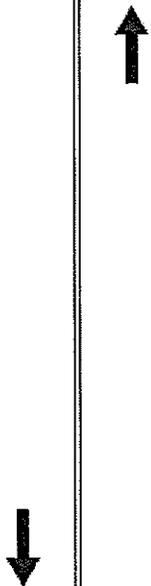
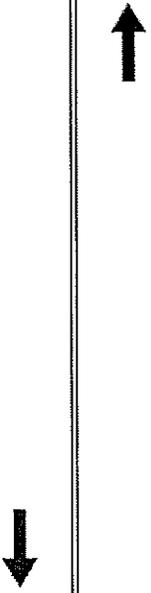


Indicate North

RIVERSIDE DR

RIVERSIDE DR

700 RIVERSIDE DR



Drawing Not To Scale.

2

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

Do not write in these spaces

Date Received by DMV

Crash Date: 10/30/2013 County: BUNCOMBE Time: 09:44 Local Use/Patrol Area: 13026938 / ANOR

33 Relation to Roadway Surface: 1 Crash occurred in ASHEVILLE Municipality on PVA 665 RIVERSIDE DR from PVA 665 RIVERSIDE DR. toward LCL RIVERSIDE DR.

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

Driver: ADOLPHO LEON TOVAR-CABRALES

Address: 36 BEN LIPPEN RD

City: ASHEVILLE State: NC Zip: 28806

Same Address on Driver's License? Yes No Driver's Phone Numbers H (240) 353-7220 W ( )

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

DOB: 12/04/1964 Vision Obstruction 12 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? Yes

Address: 36 BEN LIPPEN RD Same Address as Driver? Yes

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 Drivable: Yes

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

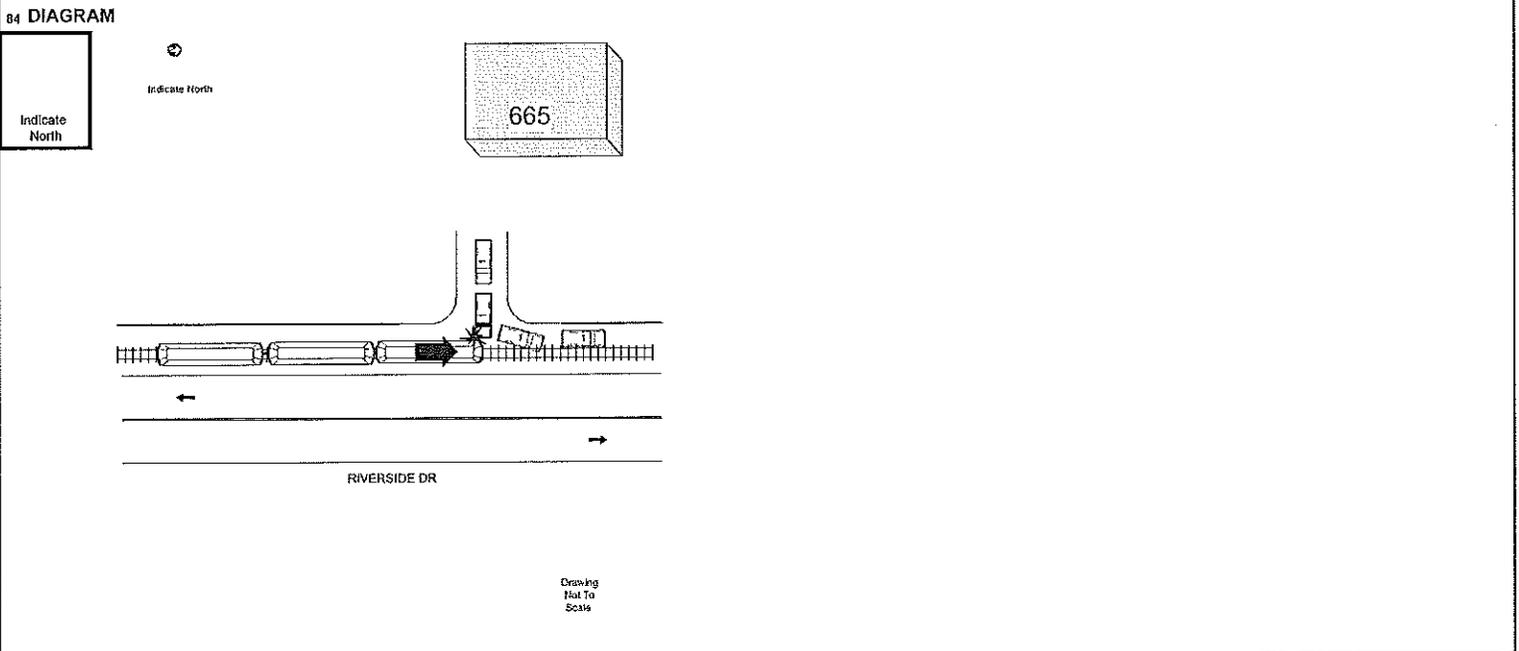
Insurance Company: PROGRESSIVE Policy #: 36268789-1

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Carrier Identification Numbers, GVWR, Axles

Table with columns A-H and rows 1-5. Contains names and addresses for all persons involved in the crash.

46 Name of EMS: A-- 47 Injured Taken by EMS to: A-- (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)			VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED				
Unit# <u>1</u>	<u>1</u>	<u>21</u>	<u>20</u>	Veh # <u>1</u>	Veh # <u>2</u>	69 Road Feature	<u>22</u>	78 Workzone Area	<u>5</u>		
CRASH SEQUENCE (Unit Level)				60 Authorized Speed Limit	<u>10</u>	<u>10</u>	70 Road Character	<u>1</u>	79 Work Activity		
Unit# <u>1</u>	<u>1</u>	Unit# <u>2</u>	<u>2</u>	61 Estimate of Original Traveling Speed	<u>10</u>	<u>10</u>	71 Road Classification	<u>6</u>	80 Work Area Marked		
49 Vehicle Maneuver/Action	<u>4</u>	<u>4</u>		62 Estimate of Speed at Impact	<u>10</u>	<u>10</u>	72 Road Surface Type	<u>3</u>	81 Crash Location		
50 Non-Motorist Action		-		63 Tire Impressions Before Impact (ft.)			73 Road Configuration	<u>2</u>	TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>		
51 Non-Motorist Location Prior to Impact		-		64 Distance Traveled After Impact (ft.)	<u>20 FT</u>	<u>20 FT</u>	74 Access Control	<u>1</u>	82 Trailer Type	<u>00</u>	<u>00</u>
52 Crash Sequence - First Event for This Unit	<u>16</u>	<u>16</u>		65 Emergency Vehicle Use	-	-	75 Number of Lanes	<u>2</u>	1st Trailer No. Axles		
53 Crash Sequence - Second Event	"	-	-	66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	<u>0</u>	Width (inches)		
54 Crash Sequence - Third Event	"	-	-	67 School Bus - Contact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	<u>1</u>	Length (feet)		
55 Crash Sequence - Fourth Event	"	-	-	68 School Bus - Noncontact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>	COMMERCIAL VEHICLE: Hazardous Materials Involvement				
56 Most Harmful Event for This Unit	<u>16</u>	<u>16</u>		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>0</u>	<u>0</u>		83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home Overwidth Permit # _____							
58 Vehicle Underride/Override	<u>3</u>	<u>3</u>									
59 Vehicle Defects	<u>0</u>	<u>0</u>									



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 \_\_\_\_\_ Property?  Estimated Damage \$ \_\_\_\_\_

WITNESSES

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

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

TRAFFIC VIOLATION(S) \_\_\_\_\_

Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

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

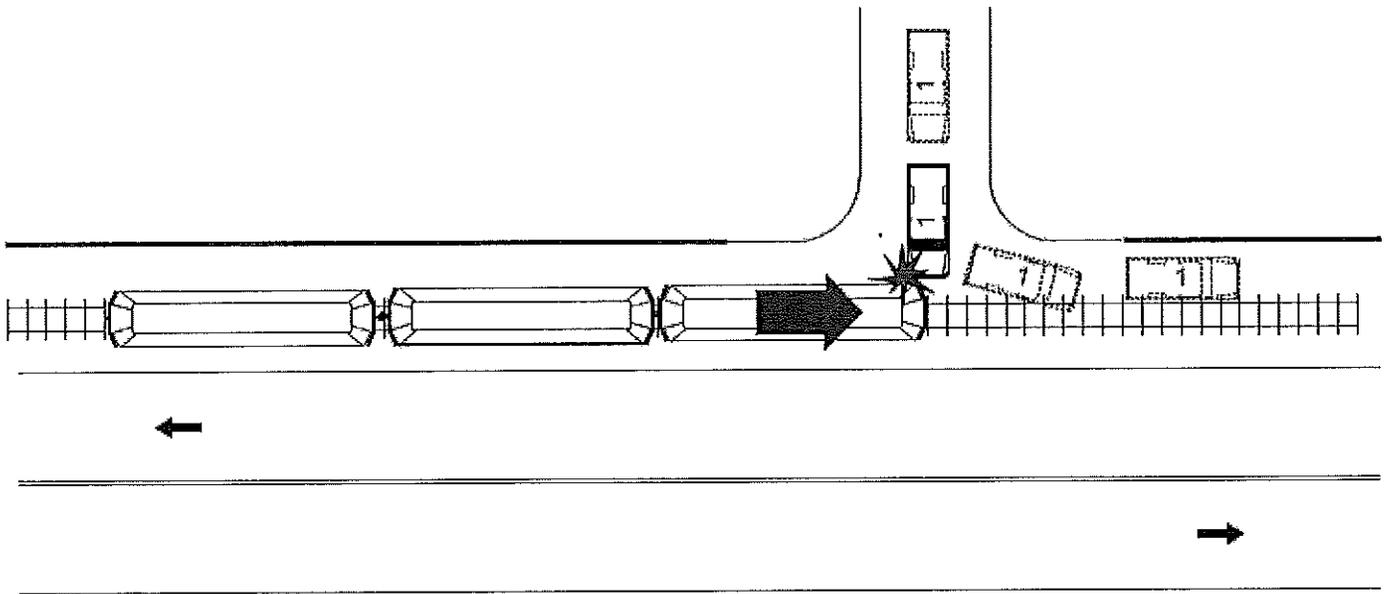
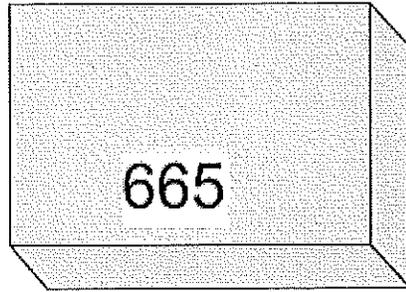
## ACCIDENT DESCRIPTION (continued)

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

DIAGRAM



Indicate North



RIVERSIDE DR

Drawing  
Not To  
Scale.

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.

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 04/18/2014 County BUNCOMBE Time 02:48 Local Use/Patrol Area 14008211 / ----

33 Relation to Roadway Surface 2 Crash occurred In ASHEVILLE Municipality on LCL RIVERSIDE DR Highway Number, or Highway, Street, (if ramp or service road, indicate on line) from LCL HILL ST toward LCL PEARSON BRIDGE RD

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE

Driver SEAN DAVID FITZPATRICK Address 16 LACKEY LN City ASHEVILLE State NC Zip 28804

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

D.L. # 34548845 D.L. Class C State NC DOB 11/02/1991 34 Vision Obstruction 0 35 Physical Condition 5 36 D.L. Restrictions 0

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

Owner SEAN DAVID FITZPATRICK Address 16 LACKEY LN City ASHEVILLE State NC Zip 28804

Plate # AKN4319 Plate NC Year 2015 VIN 1HGJ8244WL129403 Vehicle Make HOND Year 1998 41 Vehicle Style (Type) 1 42 Vehicle Drivable No

43 TAD UND1 44 Estimated Damage \$500.00 Insurance Company ALLSTATE PROPERTY AND CASUALT Policy # 955871561

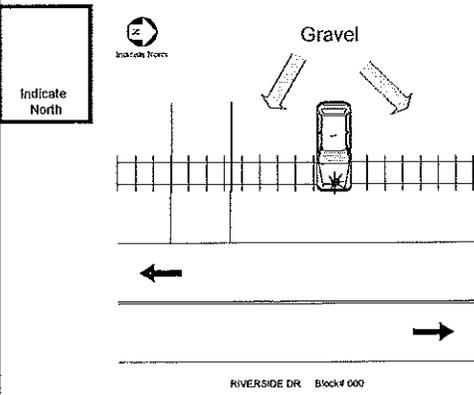
20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Carrier Identification Numbers, GVWR, Axles

Table with columns A-H and rows 1-5. Contains names and addresses for all persons involved in the crash.

46 Name of EMS A-- 47 Injured Taken by EMS to A-- (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	
49 Vehicle Maneuver/Action		<u>16</u>		60 Authorized Speed Limit	<u>35</u>	69 Road Feature	<u>22</u>	78 Workzone Area	<u>5</u>		
50 Non-Motorist Action				61 Estimate of Original Traveling Speed	<u>10</u>	70 Road Character	<u>1</u>	79 Work Activity			
51 Non-Motorist Location Prior to Impact				62 Estimate of Speed at Impact	<u>10</u>	71 Road Classification	<u>5</u>	80 Work Area Marked			
52 Crash Sequence - First Event for This Unit		<u>64</u>		63 Tire Impressions Before Impact (fl.)		72 Road Surface Type	<u>5</u>	81 Crash Location			
53 Crash Sequence - Second Event		"		64 Distance Traveled After Impact (ft.)	<u>0</u>	73 Road Configuration	<u>2</u>	TRAILER INFO.		Unit# <u>1</u>	Unit# _____
54 Crash Sequence - Third Event		"		65 Emergency Vehicle Use	-	74 Access Control	<u>1</u>	82 Trailer Type	<u>00</u>		
55 Crash Sequence - Fourth Event		"		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes	<u>1</u>	1st Trailer No. Axles			
56 Most Harmful Event for This Unit		<u>64</u>		67 School Bus - Contact Vehicle	<input type="checkbox"/>	76 Traffic Control Type	<u>0</u>	Width (inches)			
57 Distance/Direction to Object Struck		<u>2</u>		68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	77 Traffic Control Oper	<u>2</u>	Length (feet)			
58 Vehicle Underride/Override		<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 Released (does not include fuel from fuel tank) 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				2nd Trailer No. Axles			
59 Vehicle Defects		<u>7/-</u>						83 Unit# _____	Overwidth Permit # _____		

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 \_\_\_\_\_ 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) \_\_\_\_\_

Officer Name LEE, C. M. Officer Number A2428 Department \_\_\_\_\_ Date of Report 04/18/2014

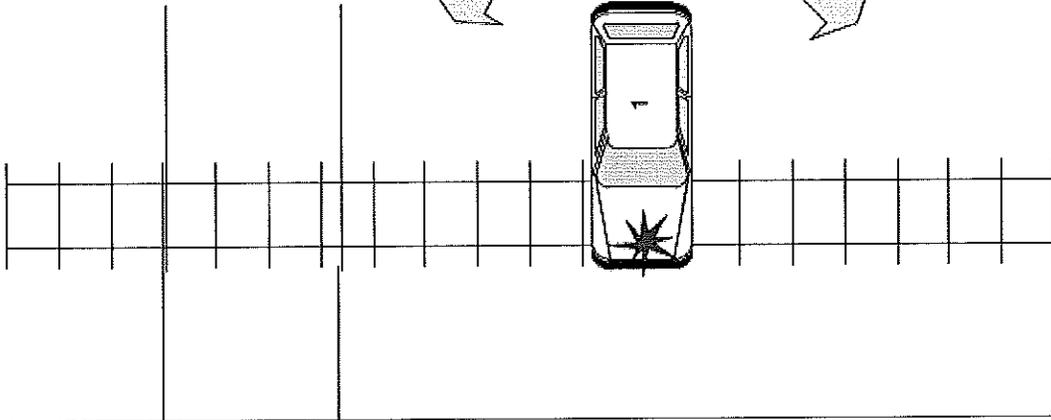
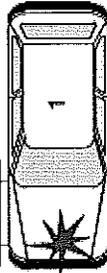
0110100

DIAGRAM



Indicate North

Gravel



RIVERSIDE DR Block# 600

Drawing Not To Scale.

1

No. of Units Involved Form 1 of 2 Supplemental Report Non-Reportable

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 on LCL RIVERSIDE DR Highway Number, or Highway, Street. (If ramp or service road, indicate on line) at PVA 587 RIVERSIDE DR toward I 19

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE Driver ROBERT MITCHELL WEST Address 94 S WINDY RIDGE RD City MARSHALL State NC Zip 28753 D.L. # 2145071 D.L. Class C State NC DOB 03/11/1953

Owner JONATHAN LEWIS GREENE Address 94 WINDY RIDGE LN City FLETCHER State NC Zip 28753 Plate # DK1871 Plate NC Plate 2015 VIN 1FD8W3F65BEA34029 Vehicle FORD Year 2011 41 Vehicle 2 42 Vehicle 43 TAD RD 3 44 Estimated Damage \$3,000.00 Insurance Company OWNERS INSURANCE COMPANY Policy # 4464083800

UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER Driver Address City State Zip 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 Make Year 41 Vehicle Style (Type) 42 Vehicle 43 TAD 44 Estimated Damage Insurance Company Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Source: Carrier Identification Numbers, GVWR, Axles Unit 45 Cargo Body Type Same Address as Owner? Truck Shipping papers Driver US DOT# ICC# State State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

Table with columns A-H and rows 1-5. Includes names and addresses for all persons (Unit 1/Unit 2 Drv, Ped, etc.) and check blocks for driver identification.

46 Name of EMS Injured Taken by EMS to (Treatment Facility and City or Town) 47 Name of EMS Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		VEHICLE INFO.		Veh # <u>1</u>	Veh # <u>    </u>	ROADWAY INFO.		WORK ZONE RELATED	
Unit# <u>1 19 18</u> Unit# <u>    </u>		60 Authorized Speed Limit	<u>5</u>			69 Road Feature	<u>22</u>	78 Workzone Area	<u>5</u>
<b>CRASH SEQUENCE (Unit Level)</b>		61 Estimate of Original Traveling Speed	<u>7</u>			70 Road Character	<u>1</u>	79 Work Activity	
49 Vehicle Maneuver/Action	<u>4</u>	62 Estimate of Speed at Impact	<u>7</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>5</u>	81 Crash Location	
51 Non-Motorist Location Prior to Impact		64 Distance Traveled After Impact (ft.)				73 Road Configuration	<u>1</u>	<b>TRAILER INFO.</b> Unit# <u>1</u> Unit# <u>    </u>	
52 Crash Sequence - First Event for This Unit	<u>13</u>	65 Emergency Vehicle Use				74 Access Control	<u>2</u>	82 Trailer Type	<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>1</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>13</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>					Width (inches)			
58 Vehicle Underride/Override	<u>3</u>					Length (feet)			
59 Vehicle Defects	<u>7</u>					Length (feet)			
84 <b>DIAGRAM</b>									
<div style="border: 1px solid black; width: 50px; height: 50px; display: inline-block; vertical-align: top; padding: 2px;">                         Indicate North                     </div>									

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)     

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