

This report has been redacted to prevent the disclosure of personally identifiable information.

DMV-349 (Rev. 1/09)

2

No. of Units Involved

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.

Form 1 of 1

☐ Supplemental Report

☐ Non-Reportable

Do not write in these spaces

1	3	Date 10/23/2020	County WAKE	Time 22:38	Local Use/Patrol Area P20050387	Date Received by DMV
2	3	33 Relation to Roadway Surface <input checked="" type="checkbox"/> 1 Crash Occurred <input checked="" type="checkbox"/> In <input type="checkbox"/> Near RALEIGH Municipality or _____ Miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W outside municipality				
3	1	on S SAUNDERS ST Highway Number, or Highway, Street, (If ramp or service road, indicate on line) <input checked="" type="checkbox"/> At I 40 <input type="checkbox"/> From _____ (Use Highway Number, Street Name or Adjacent County or State Line) <input checked="" type="checkbox"/> X <input type="checkbox"/> toward CAROLINA PINES AVE N S E W (Use Highway Number, Street Name or Adjacent County or State Line) Latitude 35.75163N Longitude 78.64912E Altitude _____				
4	1	UNIT # 1 <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> COMMERCIAL VEHICLE Driver ROBERT ARCHIE SCOTT First Middle Last Address 2020 SMITTY RD City DILLON State SC Zip 29536 Same Address on Driver's License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Driver's Phone Numbers H _____ W _____ D.L.# REDACTED CDL License <input type="checkbox"/> D.L. Class C State SC DOB REDACTED 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) <input type="checkbox"/> Owner ROBERT ARCHIE SCOTT Same as Driver? <input type="checkbox"/> Address 2020 SMITTY RD Same Address as Driver? <input type="checkbox"/> City DILLON State SC Zip 29536 Plate # 6008LD Plate State SC Year 2021 VIN 4JGAB54E5YA173130 Vehicle Make MER-BENZ Vehicle Year 2000 41 Vehicle Style (Type) 4 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD RP-5 44 Estimated Damage \$10,000.00 Insurance Company STATE FARM Policy # UNK		UNIT # 2 <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER Driver PATRICK LORING MATUSIE First Middle Last Address 8413 WOODBERRY CT City GARNER State NC Zip 27529-7460 Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone Numbers H (919) 389-0009 W _____ D.L.# REDACTED CDL License <input type="checkbox"/> D.L. Class C State NC DOB REDACTED 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0 37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) <input type="checkbox"/> Owner PATRICK LORING MATUSIE Same as Driver? <input type="checkbox"/> Address 8413 WOODBERRY CT Same Address as Driver? <input type="checkbox"/> City GARNER State NC Zip 27529-7460 Plate # 7L5089 Plate State NC Year 2020 VIN JKAEXEK17HDA00616 Vehicle Make KAWASAKI Vehicle Year 2017 41 Vehicle Style (Type) 20 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD FD-5 44 Estimated Damage \$8,000.00 Insurance Company PROGRESSIVE Policy # 935303889		
5	2	20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Unit _____ 45 Cargo Body Type _____ <input type="checkbox"/> Same Address as owner? Source: <input type="checkbox"/> Truck <input type="checkbox"/> Shippin g <input type="checkbox"/> Driver US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____ State _____ State # _____ IFTA# _____ FEI# _____ Fleet # _____ Gross Vehicular Weight Rating _____				

A	1	1	1	Unit 1: Drv 1, Ped 1, etc. see above	B	M	2	1	0	2	1	4	see above	Veh# 1 Towed To/By: UNLIMITED TOWING & RECOVERY / UNLIMITED TOWING & RECOVERY
B	2	1	1	Unit 2: Drv 2, Ped 2, etc. see above	W	M	5	0	0	2	2	1	see above	Veh# 2 Towed To/By: UNLIMITED TOWING & RECOVERY / UNLIMITED TOWING & RECOVERY
C														
D														
E														
F														
G														
H														

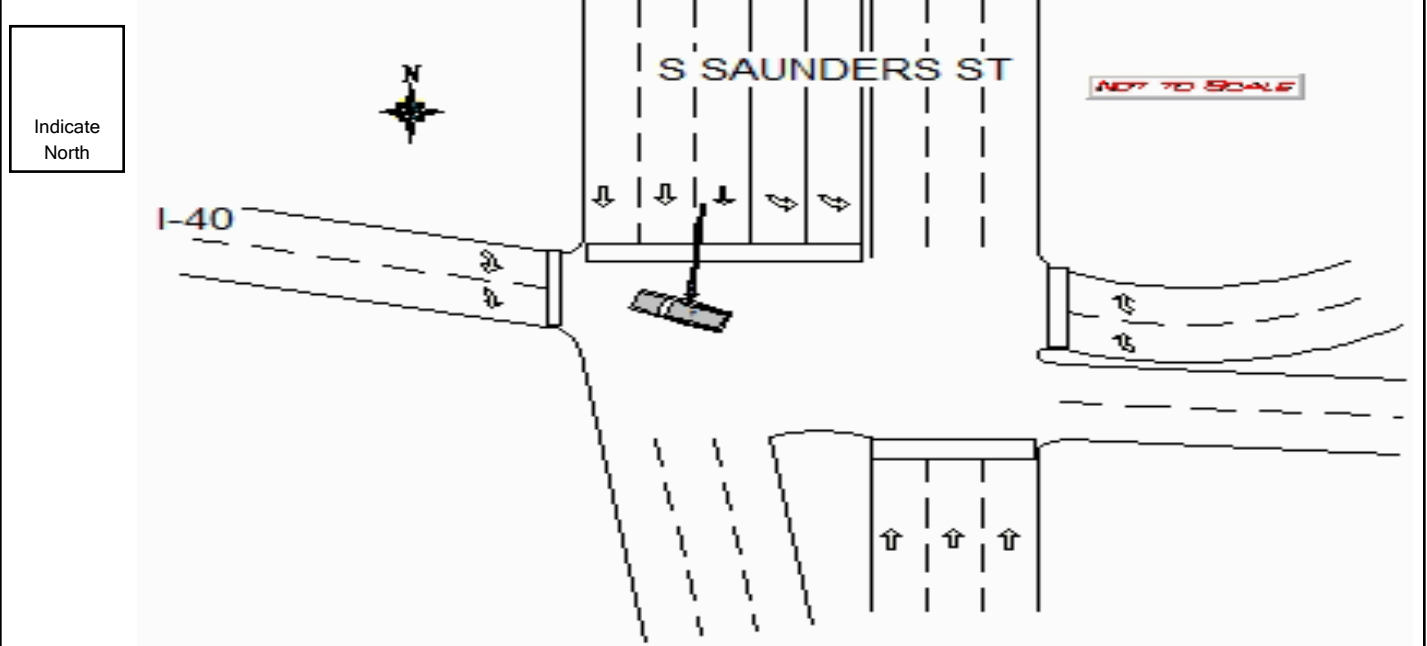
46 Name of EMS A - WAK COUNTY EMS

47 Injured Taken by EMS to A - WAKE MEDICAL CENTER, RALEIGH
(Treatment Facility and City or Town)

46 Name of EMS B - WAKE COUNTY EMS

47 Injured Taken by EMS to B - NO TRANSPORT
(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit # <u>1</u> <u>19</u> Unit # <u>2</u> <u>27</u>	VEHICLE INFO		Veh # <u>1</u> <u>45</u>	Veh # <u>2</u> <u>45</u>	ROADWAY INFO		WORK ZONE RELATED			
		60 Authorized Speed Limit				69 Road Feature		17			
		61 Estimate of Original Traveling Speed		105	60	70 Road Character		1			
		62 Estimate of Speed at Impact		15	55	71 Road Classification		5			
		63 Tire Impressions Before Impact (ft.)		0	34	72 Road Surface Type		3			
		64 Distance travelled After Impact (ft.)		11	6	73 Road Configuration		3			
		65 Emergency Vehicle Use				74 Access Control		1			
		66 Post Crash Fire (if 'Yes' check block)		<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes		14			
		67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		3			
		68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		1			
CRASH SEQUENCE (Unit 1 event)		Unit # <u>1</u>	Unit # <u>2</u>	COMMERCIAL VEHICLE: Hazardous Material Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or hmv Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No 1-digit number from bottom of diamond				TRAILER INFO.		Unit # <u>1</u>	Unit # <u>2</u>
49 Vehicle Maneuver/Action	8	4	82 Trailer Type					0	0		
50 Non-Motorist Action			1st Trailer No. Axles								
51 Non-Motorist Location Prior to Impact			Width (inches)								
52 Crash Sequence - First Event for this Unit	24	30	Length (feet)								
53 Crash Sequence - Second Event	30		2nd Trailer No. Axles								
54 Crash Sequence - Third Event			Width (inches)								
55 Crash Sequence - Fourth Event			Length (feet)								
56 Most Harmful Event for this Unit	30	30									
57 Distance/Direction of Object Struck	0	0									
58 Vehicle Underride/Override	3	3									
59 Vehicle Defects	0	0									

84 DIAGRAM
Unit # 1 was ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on S SAUNDERS ST

Unit # 2 was ☒ Traveling ☐ Parked Facing ☐ N ☒ S ☐ E ☐ W on S SAUNDERS ST
85 NARRATIVE

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

THE DRIVER OF VEHICLE 1 WAS TRAVELING SOUTHBOUND ON S SAUNDERS ST AND ATTEMPTED TO MAKE A LEFT TURN TOWARDS THE I 40 EXIT RAMP. THE INTERSECTION IS MARKED STATING NO LEFT TURN AND NO U-TURNS. THE DRIVER OF VEHICLE 1 TURNED LEFT IN FRONT OF THE OPERATOR OF VEHICLE 2. VEHICLE 2 COLLIDED WITH THE PASSENGER SIDE OF VEHICLE 1 CAUSING THE OPERATOR TO DIE AS A RESULT. DRIVER 1 WAS CHARGED.

86 Type/ Owner	Owner Address	ADDITIONAL PROPERTY DAMAGE		State Property?	Estimated Damage \$
				<input type="checkbox"/>	
WITNESSES					
Name	Address	Phone No.			
Name	Address	Phone No.			
TRAFFIC VIOLATION(S)					
Name	Charge(s) (Citation # optional)	88378G0 - FAILURE TO YIELD THE RIGHT OF WAY / MISDEMEANOR DEATH BY MOTOR VEHICLE			
Name	Address				
Officer Name		Officer Number	Department	ORI	Date of Report
OFFICER D V MORRIS		3697	RALEIGH POLICE DEPARTMENT	09201	10/23/2020