

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.

Do not write in these spaces

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

2 Date **07/18/2008** County **Union** Time **23:54** Local Use/Patrol Area **SP00003165 S** Date Received by DMV _____

3 **LOCATION** 33 Relative to Roadway Surface **1** Crash occurred In **Stallings** Municipality _____ or _____ Miles outside municipality

3 on **Seaboard Dr.** (R.R. Crossing # _____) _____ Miles **200.00** ft. (if available)

3 of or from **Industrial** toward **Warehouse** Latitude _____ Longitude _____ Altitude _____

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

4 UNIT # **1** VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL OTHER

4 Driver **Gerald Ray McNeely** Driver _____

5 Address **9416 Burmester Ln.** Address _____

6 City **Charlotte** State **NC** Zip **28227-** City _____ State _____ Zip _____

6 Same Address as Driver's License? Yes No Driver's Phone Numbers H (**704**) **426-7430** W (**704**) **821-2061** Driver's Phone Numbers H (_____) W (_____)

6 D.L. # **8526771** State **NC** D.L. # _____ State _____

6 DOB **08/16/1974** 34 Vision Obstruction **0** 35 Physical Condition **5** 36 D.L. Restrictions **1** DOB _____ Vision Obstruction _____ Physical Condition _____ D.L. Restrictions _____

7 37 Alcohol/Drugs Suspected **1** 38 Alcohol/Drugs Test **0** 39 Results (if known) _____ 40 Vehicle Seizure (DWI) 37 Alcohol/Drugs Suspected _____ 38 Alcohol/Drugs Test _____ 39 Results (if known) _____ 40 Vehicle Seizure (DWI)

4 Owner **Scott Allen Holcomb** Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Plate # _____ Plate State _____ Plate Year _____ Plate # _____ Plate State _____ Plate Year _____

VIN **WBSCM9342YLC61933** VIN _____

Vehicle **BMW** Vehicle **2000** 41 Vehicle Style (Type) **1** 42 Vehicle Drivable Yes No Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) _____ 42 Vehicle Drivable Yes No

43 TAD _____ 44 Estimated Damage **\$35,000.00** 43 TAD _____ 44 Estimated Damage _____

Insurance Company _____ Insurance Company _____

Policy # _____ Policy # _____

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

45 Cargo Body Type _____ Some Address as Owner? _____ Source: Truck Shipping papers Driver

Carrier Identification Numbers, GVWR, Axles

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

State _____ State# _____ IFTA# _____

FEW# _____ Fleet# _____ Gross Vehicle Weight Rating _____

Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check boxes if address same as above														
A	1	1	1	Unit 1-Drv1, Ped1, etc. see above	W	M	2	1	4	2	1	5	Unit 2-Drv2, Ped2, etc. see above	Unit # Towed To By: EuroWorks/Private Wrecker
B														Unit # Towed To By:
C														
D														
E														
F														
G														
H														

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)