

# How to Read a North Carolina Accident Report (Overview)

**POLICE REPORT  
INCIDENT NUMBER**

DMV-349 (Rev. 4/2018) 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 Form of  Supplemental Report  Non-Reportable

2 Date County Time Local/Patrol Area Date Received by DMV

3 Location to Highway Surface  Crash occurred  In  Near Municipality or \_\_\_\_\_ Miles  N  S  E  W outside municipality

4 Driver First Middle Last Suffix Driver First Middle Last Suffix

5 Address Address

6 City State Zip City State Zip

7 D.L. # CDL License  34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions D.L. # CDL License  34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions

8 37 Alcohol/Drugs Suspected 38 Alcohol/Drugs Test 39 Results (If known) 40 Vehicle Seizure (DWI) 37 Alcohol/Drugs Suspected 38 Alcohol/Drugs Test 39 Results (If known) 40 Vehicle Seizure (DWI)

9 Owner Same as Driver?  Owner Same as Driver?

10 Address Same Address as Driver?  Address Same Address as Driver?

11 City State Zip City State Zip

12 Plate # Plate State Year Plate # Plate State Year

13 VIN VIN

14 Vehicle Make Year 41 Vehicle Style (Type) 42 Vehicle Drivable  Yes  No Vehicle Make Year 41 Vehicle Style (Type) 42 Vehicle Drivable  Yes  No

15 43 TAD Insurance Company Policy # 43 TAD Insurance Company Policy #

16 44 Estimated \$ Damage 44 Estimated \$ Damage

17 20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Unit 45 Cargo Body Type  Same Address as Owner?  Truck  Shipping Papers  Driver

18 Carrier Identification Numbers, GVWR, Axles US DOT # ICC# Axles or Vehicle Including Trailers State State# IFTA# Gross Vehicle Weight Rating FE# Fleet#

19 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

20 Unit1-Drv1, Ped1, etc. see above Veh# Towed To/By: see above

21 Unit2-Drv2, Ped2, etc. see above Veh# Towed To/By: see above

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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)

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## A | The Basics

As you can see in the sample, the time, date, and location of your accident are documented at the top of your report.

The on-scene officer should also include the county, city/town, and distance to the nearest intersection. If the accident occurred at a railroad crossing or highway, that should be documented as well.

## B | Vehicle and Driver Information

Officers also record information about all drivers and vehicles involved in the accident. Special circumstances, such as accidents involving pedestrians, commercial vehicles, or hit-and-runs, should be documented also.

Driver information typically includes:

- Name, address, and phone number
- License number and restrictions
- Physical condition after the accident
- Whether alcohol/drug use was suspected and, if applicable, test results
- Insurance company and policy number

Vehicle information typically includes:

- Vehicle owner
- License plate number
- Vehicle make and style
- Vehicle Identification Number (VIN)
- Estimated damage

## C | Contact Information

Contact information for other parties involved in the accident may also be included, such as passengers, pedestrians, bicyclists, and witnesses.

Below this section, officers record whether EMS workers were called to the scene and which hospital any injured victims were taken to after the crash.

LAW OFFICES OF

**JAMES SCOTT FARRIN**

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Offices in Durham (Main), Raleigh, Charlotte, Greensboro, NC and Greenville, SC. Attorney J. Gabe Talton: 280 South Mangum Street, Suite 400, Durham, North Carolina.

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

<b>E</b>	<b>DIAGRAM</b>	<input type="checkbox"/> Travelling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> on _____ Unit# _____ was: <input type="checkbox"/> Travelling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> on _____ Unit# _____ was:	
		<input type="checkbox"/> Parked Facing N S E W <input type="checkbox"/> Parked Facing N S E W	

**85 NARRATIVE** (Note: If additional space is needed for the Narrative or Diagram, please use the Continuation Page.)

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86 Type/Owner \_\_\_\_\_ ADDITIONAL PROPERTY DAMAGE \_\_\_\_\_ State Property \_\_\_\_\_ Estimated Damage \_\_\_\_\_

Owner Address \_\_\_\_\_ Phone \_\_\_\_\_

WITNESS \_\_\_\_\_

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

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

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

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

Name \_\_\_\_\_ Charger(s) \_\_\_\_\_

Officer Name \_\_\_\_\_ Officer Number \_\_\_\_\_ Department \_\_\_\_\_ Date of Report \_\_\_\_\_



This section is often used to help determine whose fault the accident might have been and will likely play a large part in determining if you may be eligible to receive compensation.

### D | Who Was At Fault?

Officers then document how they believe the crash occurred, including important factors such as the motorists' actions leading up to the crash, the accident sequence, the speed limit, and estimated speeds at impact.

If an accident involves a construction area or a commercial vehicle, additional details may be recorded.

### E | Diagram

A pictorial diagram is used by officers to further document how and why they believe an accident happened.

Typically, an accident diagram will include all vehicles involved in the crash, vehicle directions, speed limits, proximity to traffic signals and intersections, and vehicle maneuvers leading up to the crash.