

**Town of Huntersville
Town Board
June 18, 2018**

To: Town Board

From: Pattie Ellis, Finance

Date: 6/18/18

Subject: Budget Amendment - Police Department Insurance

EXPLAIN REQUEST:

Approve budget amendment recognizing insurance revenue in the amount of \$28,493.51 and appropriate to the Police Department's auto insurance account. These insurance proceeds involve eight accident claims, three of which the Town was at fault, one of which was a comprehensive claim where our vehicle struck an animal in the roadway and the remaining where the Town was not at fault.

ACTION RECOMMENDED:

Approve budget amendment recognizing insurance revenue in the amount of \$28,493.51 and appropriate to the Police Department's auto insurance account. (Pattie Ellis/Chief Spruill)

FINANCIAL IMPLICATIONS:

Offsetting revenue and expense of \$28,493.51, no net change to Fund Balance.

ATTACHMENTS:

•

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.

2

Do not write in these spaces

No. of Units Involved

Form 1 of 1

☐ Supplemental Report☐ Non-Reportable

Date Received by DMV

Date
03/01/2018
mm/dd/yyyyCounty
MECKLENBURGTime
1 2 1 1
(24 Hour Clock)Local Use/Patrol Area
20180301121101

01

33 Relation to Roadway Surface 1 Crash occurred ☒ In Near Charlotte

on PVA 232 S. Davidson St.

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

Municipality

Ramp or Service Road

(RR Crossing #)

Miles N S E W

outside municipality

Miles 100

fl. N S E W

(0.1 Intersection)

(if available)

AT

LCL E. 4th St.

N S E W

toward

LCL E. 3rd St.

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

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

Latitude

0.00000

Longitude

0.00000

Altitude

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

Driver CLEVELAND LEE SPRUILL

First Middle Last Suffix

Address 9630 JULIAN CLARK AV.

City HUNTERSVILLE State NC Zip 28078

Same Address as Driver's Driver's Phone H (7 0 4) 4 6 4 5 4 0 0

License? ☒ Yes ☐ No

Numbers W ()

D.L. # 39788971

D.L. Class

C

State NC

DOB 09/22/1964

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 (DAI) ☐

37 Alcohol/ Drugs Suspected 0

38 Alcohol/ Drugs Test 0

39 Results (if known) 0

40 Vehicle Seizure (DAI) ☐

Owner TOWN OF HUNTERSVILLE

Same as Driver?

Address 9630 JULIAN CLARK AVE

Same Address as Driver?

City HUNTERSVILLE State NC Zip 28078

Plate # 80868V State NC Plate Year 2018

VIN 2C3CDXKT6GH136824

Vehicle DODG Vehicle 2016 41 Vehicle 1 42 Vehicle ☒ Yes

Make

Year

Style (Type)

Driveable ☐ No

43 TAD BL 2

44 Estimated Damage 1200

Insurance SELF INSURED

Company CITY OF HUNTERSVILLE

Policy #

Insurance TRAVELERS INDEMNITY CO

Company

Policy #

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

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#

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	01	1	1	Unit1-Drv1,Ped1,etc. see above 53	B	M	2	1	4	2	1	5	see above	Vehicle 1 Towed To By:
B	02	1	1	Unit2-Drv2,Ped2,etc. see above 75	W	M	2	1	4	2	1	5	see above	Vehicle 2 Towed To By:
C													<input type="checkbox"/>	
D													<input type="checkbox"/>	
E													<input type="checkbox"/>	
F													<input type="checkbox"/>	
G													<input type="checkbox"/>	
H													<input type="checkbox"/>	

46 Name of EMS

46 Name of EMS

47 Injured Taken by EMS to

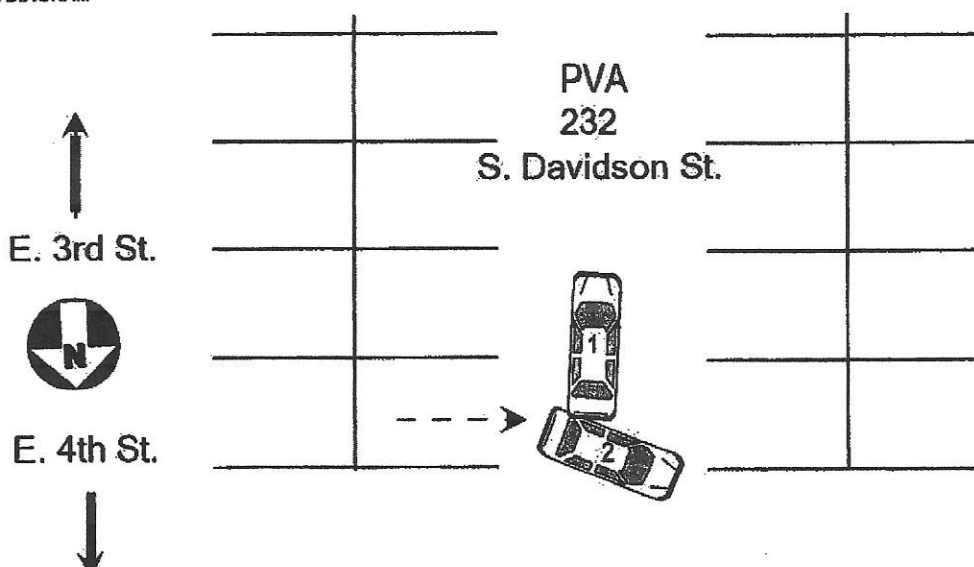
(Treatment Facility and City or Town)

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

40 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>14</u> Unit# <u>2</u> <u>14</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		0 1 5	0 1 5	69 Road Feature	25	76 Workzone Area	5
49 Vehicle Maneuver/Action			61 Estimate of Original Traveling Speed		0 1 0	0 1 0	70 Road Character	3	79 Work Activity	
50 Non-Motorist Action			62 Estimate of Speed at Impact		0 1 0	0 1 0	71 Road Classification	6	80 Work Area Marked	
51 Non-Motorist Location Prior to Impact			63 Tire Impressions Before Impact (ft.)		0 0 0 0	0 0 0 0	72 Road Surface Type	1	81 Crash Location	
52 Crash Sequence - First Event for This Unit			64 Distance Traveled After Impact (ft.)		0 0 0 0	0 0 0 0	73 Road Configuration	1	TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>	
53 Crash Sequence - Second Event			65 Emergency Vehicle Use				74 Access Control	1	82 Trailer Type	
54 Crash Sequence - Third Event			66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	0 1	1st Trailer No. Axles	
55 Crash Sequence - Fourth Event			67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	0	Width (inches) Length (feet)	
56 Most Harmful Event for This Unit			68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		2nd Trailer No. Axles	
57 Distance/Direction to Object Struck			COMMERCIAL VEHICLE: Hazardous Materials Involvement		<input type="checkbox"/> Yes <input type="checkbox"/> No		From Placard indicate:		Width (inches) Length (feet)	
58 Vehicle Underdrive/Override			Haz Mat Placard		<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Cargo		<input type="checkbox"/> Yes <input type="checkbox"/> No	4-digit placard number or name from diamond box	1-digit number from bottom of diamond
59 Vehicle Defects			Released (does not include fuel from tank)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Carrying Haz Mat		<input type="checkbox"/> Yes <input type="checkbox"/> No	83 Unit# Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #

64 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on PVA 232 S. Davidson St. Unit# 2 was: ☒ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on PVA 232 S. Davidson St.

65 NARRATIVE

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

Driver 1 stated he was looking over his right shoulder looking behind him and as he started backing up he was struck by vehicle 2.

Driver 2 stated while exiting his parking space he observed vehicle 1 stopped to his left. Driver 2 stated as he was proceeding forward vehicle 1 backed up striking his vehicle.

66 Type/Owner		Owner Address Phone		ADDITIONAL PROPERTY DAMAGE		State Property?	Estimated Damage \$
Name		Address		Phone No. ()		Name	
Name		Address		Phone No. ()		Name	
Name		Charge(s) (Citation # optional) Charge(s)		Name		Name	
D.		Officer Name M. MULLIS		Officer Number 0992		Department Charlotte Mecklenburg Police Department	
						Date of Report 03/01/2018	

SWORN STATEMENT IN PROOF OF LOSS

(Automobile)

Policy Coverage at Time of Loss _____
 Policy at time of Loss _____
 Date Issued 07/01/2017 _____
 Date Expires 06/30/2018 _____
 To the _____
 Of _____
 you insured Town of Huntersville
 (HEREINAFTER CALLED THE INSURED) AGAINST LOSS OF OR DAMAGE TO THE AUTOMOBILE DESCRIBED AS FOLLOWS:
 Policy No. APD - Collision CLM No. _____
 Company Claim No. 3170087123
 Agent _____
 Agency At _____
 By your policy of insurance described above.

DESCRIPTION OF AUTOMOBILE	TRADE NAME	TYPE OF BODY (IF TRUCK STATE TONNAGE)	MODEL	MODEL (YEAR)	VEHICLE IDENTIFICATION NUMBER
	Dodge	4 Door	Charger	2016	2C3CDXKT6GH136824

TIME AND A loss caused by Chief Sprull was backing when he was struck by Mr. _____ occurred on the 03/01/2018 day of _____ 20 _____
 about the hour of 12:00 AM ☐ AM ☐ PM

ORIGIN the full particulars of which are as follows: (State where and how it occurred) 232 S Davidson St (Between # 4th And E 3rd Streets Charlotte

TITLE AND INTEREST The insured was the sole owner of the automobile at the time of the loss or damage and no other person had any interest therein, by bailment lease, conditional sale, mortgage, or other encumbrance or otherwise, except:
 N/A

OTHER INSURANCE At the time of this loss, there was no other insurance on said automobile covering the same perils except:
 N/A

USE At the time of this loss, the said automobile was being used for _____
 (PLEASURE, BUSINESS OR COMMERCIAL PURPOSES)
 and was not being used to carry passengers for compensation or rental or leased or

of the property described, the actual loss and damage sustained, and the amount claimed under this Policy are as follows:

CASH VALUES	WHOLE LOSS	AMOUNT DEDUCTIBLE	AMOUNT CLAIMED UNDER THIS POLICY
	\$1,058.75	\$500.00	\$658.75

SUBROGATION To the extent of the payment made or advanced under this policy, the insured hereby assigns, transfers and sets over to the insurance company all rights, claims or that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorized the insurance company to sue any such third party in his name.
 The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The said loss or damage did not originate by any act, design or procurement on my/our part nor on the part of anyone having interest in the property insured, or in the said policy of nor in consequence of any fraud or evil practice done or suffered by me/us and that no property saved has any manner been concealed.
 It is expressly understood and agreed that the furnishing of this blank or the preparation of proof by a representative of the above insurance company is not a waiver of any of its rights.

State of North Carolina
 County Mecklenburg
 Subscribed and sworn to before me this 9th day of March 2018
 x Jackie Hughes
 x Janet W. Piers
 WITNESS

PAYMENT AUTHORIZATION

is hereby requested, authorized and empowered to pay, at its option, as follows:
 To _____ The sum of \$ _____
 To _____ The sum of \$ _____
 To _____ The sum of \$ _____
 Amount Claimed Under Policy \$ _____

Witness: _____ Insured By _____ Title _____
 Address _____
 Witness: _____ Loss Payee By _____ Title _____

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

3

No. of Units Involved

Form 1 of 2

☐ Supplemental Report☐ Non-ReportableDate
04/16/2018
mm/dd/yyyyCounty
MECKLENBURGTime
1 4 4 5
(24 Hour Clock)Local Use/Patrol Area
20180416144503 92

Date Received by DMV

33 Relation to
Roadway Surface 1

Crash occurred

☒ In

Near

HUNTERSVILLE

☐ ☐ ☐ outside municipality

Miles N S E W

Miles 40

(0 if Intersection)

Latitude

Longitude

Altitude

or LCL GILEAD RD.

Municipality

☐ (RR Crossing #)

Ramp or Service Road

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

From LCL MARGUERITE LN.

☐ ☐ ☒ N S E W

toward

LCL PINWOOD DR.

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

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

UNIT# 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLEDriver DANIEL ALAN JOHNSON JR
First Middle Last Suffix

Address 9630 JULIAN CLARK AVE

City HUNTERSVILLE State NC Zip 28078

Same Address on Driver's License? ☐ Yes ☒ No
Driver's Phone Numbers H (7 0 4) 4 6 4 5 4 0 0
W ()

D.L. # 36525542 D.L. Class C State NC

DOB 06/22/1991 34 Vision Observation 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 (DMV) ☐

Owner TOWN OF HUNTERSVILLE

Same as Driver? ☐ Address 101 HUNTERSVILLE-CONCORD RD.Same Address as Driver? ☐ City HUNTERSVILLE State NC Zip 28078

Plate # 90908V Plate NC Plate Year 2018

VIN 2C3DXAT0GH356896

Vehicle Make DODGE Vehicle Year 2016 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☒ No

43 TAD FD 1 44 Estimated Damage 5000

Insurance Company INTERLOCAL RISK FINANCING

Policy # 630652018

UNIT# 2 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver

Address

City State Zip

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

D.L. # D.L. Class State

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

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

Owner

Same as Driver? ☐ AddressSame Address as Driver? ☐ City State Zip

Plate # Plate State Plate Year

VIN

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

43 TAD 44 Estimated Damage

Insurance Company

Policy #

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

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 # FTA# Gross Vehicle Weight Rating

FE# Fleet#

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	01	1	1	Unit1-Drv1, Ped1, etc. see above 20	W	M	2	1	3	2	1	5	see above	Unit1 Towed To/By: DRIVEN TO TOYOTA SUPERVISOR
B	02	1	1	Unit2-Drv2, Ped2, etc. see above 41	W	F	2	1	3	2	1	5	see above	Unit2 Towed To/By: DRIVEN TO DESTINATION DRIVER
C														
D														
E														
F														
G														
H														

46 Name of EMS

NONE

46 Name of EMS

NONE

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# 1 01 02 03 Unit# 2 14 15 16			VEHICLE INFO.		Veh.#1	Veh.#2	ROADWAY INFO.		WORK ZONE RELATED		
CRASH SEQUENCE (Unit Level)			Unit# 1	Unit# 2	60 Authorized Speed Limit	0 2 5	0 2 5	69 Road Feature	12	76 Workzone Area	5
49 Vehicle Maneuver/Action			11	1	61 Estimate of Original Traveling Speed	0 2 5	0 2 5	70 Road Character	1	79 Work Activity	
60 Non-Motorist Action					62 Estimate of Speed at Impact	0 1 5	0 0 0	71 Road Classification	4	80 Work Area Marked	
51 Non-Motorist Location Prior to Impact					63 Tire Impressions Before Impact (ft.)	0 0 0 0	0 0 0 0	72 Road Surface Type	3	81 Crash Location	
52 Crash Sequence - First Event for This Unit			21	21	64 Distance Traveled After Impact (ft.)	0 0 0 0	0 0 0 5	73 Road Configuration	2	TRAILER INFO. Unit# 1 Unit# 2	
53 Crash Sequence - Second Event				21	65 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type	0 0
54 Crash Sequence - Third Event					66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	0 2	1st Trailer No. Axles	
55 Crash Sequence - Fourth Event					67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	0	Width (inches)	
56 Most Harmful Event for This Unit			21	21	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		Length (feet)	
57 Distance/Direction to Object Struck			0	0	COMMERCIAL VEHICLE: Hazardous Materials Involvement 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 box 1-digit number from bottom of diamond Released (does not include fuel from tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				83 Unit#		Overwidth Permit #
58 Vehicle Underride/Override			3	3					84 Unit#		
59 Vehicle Defects			0	0					85 Unit#		

64 DIAGRAM

Unit# 1 was: ☒ Traveling ☐ Parked Facing N S E W on LCL GILEAD RD. Unit# 2 was: ☒ Traveling ☐ Parked Facing N S E W on LCL GILEAD RD.

65 NARRATIVE

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

VEHICLE 3 CAME TO A STOP IN THE ROADWAY FOR THE VEHICLE IN FRONT OF HIM TO LET ANOTHER VEHICLE MAKE A LEFT ACROSS HIS LANE OF TRAVEL. VEHICLE 2 CAME TO A STOP BEHIND VEHICLE 3. VEHICLE 1 FAILED TO REDUCE SPEED AND CRASHED INTO VEHICLE 2 CAUSING VEHICLE 2 TO CRASH INTO VEHICLE 3.

as 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)							
		(Citation # optional)							
Name		Charge(s)							
Officer Name		Officer Number		Department		Date of Report			
C D		RAYMOND HP198		Huntersville Police Department 9214		04/16/2018			

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3

Do not write in these spaces

No. of Units Involved		Form <u>2</u> <u>α2</u>		<input type="checkbox"/> Supplemental Report		<input type="checkbox"/> Non-Reportable	
Date <u>04/16/2018</u> <small>mm/dd/yyyy</small>		County <u>MECKLENBURG</u>		Time <u>1 4 4 5</u> <small>(24 Hour Clock)</small>		Local Use/Patrol Area <u>20180416144503</u> <u>92</u>	
Date Received by DMV							
33 Relation to Roadway Surface <u>1</u> <input checked="" type="checkbox"/> Crash <input type="checkbox"/> In <u>HUNTERSVILLE</u> or <u>_____</u> Miles <u>40</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W outside municipality on <u>LCL GILEAD RD.</u> Municipality <u>_____</u> (R.R. Crossing # <u>_____</u>) Miles <u>40</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Highway Number, or Highway, Street (If ramp or service road, indicate on line) <input type="checkbox"/> Range or Service Road (If available)							
From <u>LCL MARGUERITE LN.</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W toward <u>LCL PINEWOOD DR.</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Use Highway Number, Street Name or Adjacent County or State Line Use Highway Number, Street Name or Adjacent County or State Line							
UNIT# <u>3</u> <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> 20 VEHICLE				UNIT# <u>_____</u> <input type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER <u>_____</u>			
Driver				Driver			
First _____ Middle _____ Last _____ Suffix _____				First _____ Middle _____ Last _____ Suffix _____			
Address _____				Address _____			
City _____ State _____ Zip _____				City _____ State _____ Zip _____			
Same Address on Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's Phone Numbers H (_____) W (_____)			
D.L. # _____				D.L. # _____			
CDL License <input type="checkbox"/>				Class _____ State _____			
DOB _____				DOB _____			
34 Vision Obstruction _____				35 Physical Condition _____			
36 D.L. Restrictions _____				36 D.L. Restrictions _____			
37 Alcohol/Drugs Suspected <u>0</u>				37 Alcohol/Drugs Suspected <u>0</u>			
38 Alcohol/Drugs Test <u>0</u>				38 Alcohol/Drugs Test <u>0</u>			
39 Results (If known) <u>0</u>				39 Results (If known) <u>0</u>			
40 Vehicle Seizure (DAV) <input type="checkbox"/>				40 Vehicle Seizure (DAV) <input type="checkbox"/>			
Owner				Owner			
Same as Driver? <input type="checkbox"/>				Same as Driver? <input type="checkbox"/>			
Address _____				Address _____			
City _____ State _____ Zip _____				City _____ State _____ Zip _____			
Plate # _____				Plate # _____			
Plate State _____				Plate State _____			
Plate Year _____				Plate Year _____			
VIN _____				VIN _____			
Vehicle Make _____				Vehicle Year _____			
41 Vehicle Style (Type) _____				42 Vehicle Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No			
43 TAD _____				44 Estimated Damage _____			
Insurance Company <u>THE CINCINNATI INSURANCE</u>				Insurance Company _____			
Policy # _____				Policy # _____			
20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source				Carrier Identification Numbers, GVWR, Axles			
45 Cargo Body Type _____				US DOT# _____ ICC# _____			
Same Address as Owner? <input type="checkbox"/>				Axles on Vehicle Including Trailers _____			
Source: <input type="checkbox"/> Truck <input type="checkbox"/> Shipping papers <input type="checkbox"/> Driver				State _____ State # _____ IFTA# _____			
FEB# _____				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	03	1	1	Unit 1-Drv1, Ped1, etc. see above	W	M	2	1	3	2	1	5	see above	Vehicle 3 Towed To/By: DRIVEN TO DESTINATION DRIVER
B				Unit 2-Drv2, Ped2, etc. see above									see above	Vehicle 4 Towed To/By: _____
C														
D														
E														
F														
G														
H														

46 Name of EMS NONE

48 Name of EMS _____

47 Injured Taken by EMS to _____

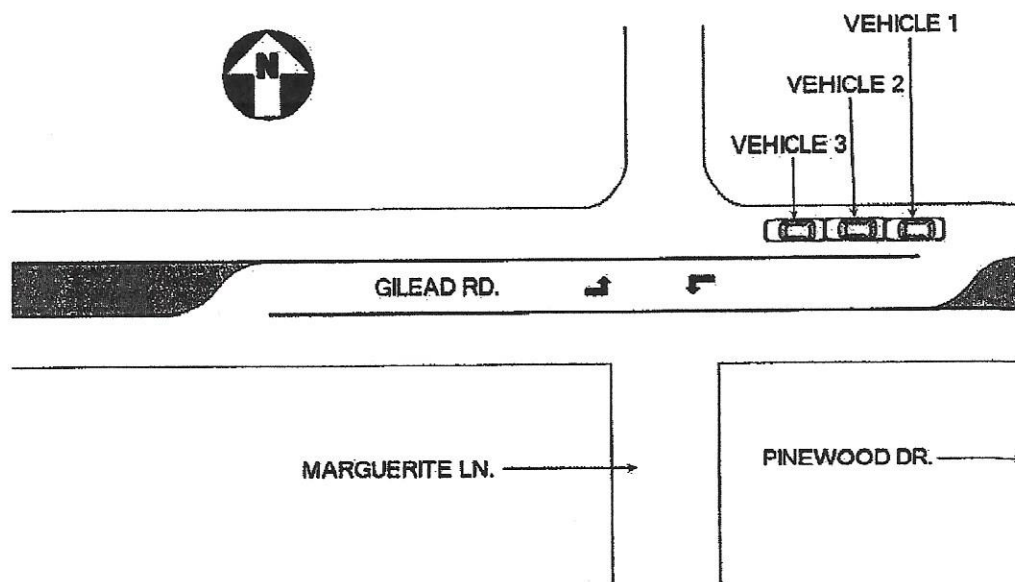
(Treatment Facility and City or Town)

47 Injured Taken by EMS to _____

(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write In Codes) Unit# <u>3 14 15 16</u> Unit# _____		VEHICLE INFO.		Veh.# <u>3</u>	Veh.# _____	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)		Unit# <u>3</u>	Unit# _____	60 Authorized Speed Limit	<u>0 2 5</u>	69 Road Feature	<u>12</u>	78 Workzone Area	<u>5</u>
49 Vehicle Maneuver/Action	<u>1</u>			61 Estimate of Original Traveling Speed	<u>0 2 5</u>	70 Road Character	<u>1</u>	79 Work Activity	
50 Non-Motorist Action				62 Estimate of Speed at Impact	<u>0 0 0</u>	71 Road Classification	<u>4</u>	80 Work Area Marked	
51 Non-Motorist Location Prior to Impact				63 Tire Impressions Before Impact (ft.)	<u>0 0 0 0</u>	72 Road Surface Type	<u>3</u>	81 Crash Location	
52 Crash Sequence - First Event for This Unit	<u>21</u>			64 Distance Traveled After Impact (ft.)	<u>0 0 0 0</u>	73 Road Configuration	<u>2</u>	TRAILER INFO. Unit# <u>3</u> Unit# _____	
53 Crash Sequence - Second Event *				65 Emergency Vehicle Use		74 Access Control	<u>1</u>	82 Trailer Type	<u>0</u>
54 Crash Sequence - Third Event *				66 Post Crash Fire (If "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes	<u>0 2</u>	1st Trailer No. Axles	
55 Crash Sequence - Fourth Event *				67 School Bus - Contact Vehicle *	<input type="checkbox"/>	76 Traffic Control Type	<u>0</u>	Width (inches)	
56 Most Harmful Event for This Unit	<u>21</u>			68 School Bus - Noncontact Vehicle *	<input type="checkbox"/>	77 Traffic Control Oper		Length (feet)	
57 Distance/Direction to Object Struck	<u>0</u>			COMMERCIAL VEHICLE: Hazardous Materials Involvement				2nd Trailer No. Axles	
58 Vehicle Under/Overlaid	<u>3</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 tank) <input type="checkbox"/> Yes <input type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				Width (inches)	
59 Vehicle Defects	<u>0</u>			From Placard indicate: 4-digit placard number or name from diamond box 1-digit number from bottom of diamond				Length (feet)	
				83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home			Overwidth Permit # _____		

84 DIAGRAM



Unit# 3 was: ☒ Traveling ☐ Parked Facing N S E W on LCL GILEAD RD. 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)

VEHICLE 3 CAME TO A STOP IN THE ROADWAY FOR THE VEHICLE IN FRONT OF HIM TO LET ANOTHER VEHICLE MAKE A LEFT ACROSS HIS LANE OF TRAVEL. VEHICLE 2 CAME TO A STOP BEHIND VEHICLE 3. VEHICLE 1 FAILED TO REDUCE SPEED AND CRASHED INTO VEHICLE 2 CAUSING VEHICLE 2 TO CRASH INTO VEHICLE 3.

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)							
		(Citation # optional)							
Name		Charge(s)							
Officer Name		Officer Number		Department		Date of Report			
<u>C</u>		<u>D</u>		<u>RAYMOND</u>		<u>HP198</u>		<u>Huntersville Police Department 9214</u>	
								<u>04/16/2018</u>	

SWORN STATEMENT IN PROOF OF LOSS

(Automobile)

Policy No. APD - Collision CLM No. _____
 Policy Coverage at Time of Loss _____
 Policy at time of Loss _____ Company Claim No. 3170087643
 Date Issued 07/01/2017 Agent _____
 Date Expires 06/30/2018 Agency At _____
 To the Interlocal Risk Financing Fund By your policy of insurance described above.
 Of North Carolina
 you insured _____

(HEREINAFTER CALLED THE INSURED) AGAINST LOSS OF OR DAMAGE TO THE AUTOMOBILE DESCRIBED AS FOLLOWS:

DESCRIPTION OF AUTOMOBILE	TRADE NAME	TYPE OF BODY (IF TRUCK STATE TONNAGE)	MODEL	MODEL (YEAR)	VEHICLE IDENTIFICATION NUMBER

TIME AND A loss caused by Officer Johnson failed to reduce speed and crashed into occurred on the 04/18/2018 day of April 20 18
 about the hour of 12:00 AM ☐ AM ☐ PM

ORIGIN the full particulars of which are as follows: (State where and how it occurred) Gilead Rd Between Marguerite And Pinewood Huntersville 28078

TITLE AND INTEREST The insured was the sole owner of the automobile at the time of the loss or damage and no other person had any interest therein, by bailment lease, conditional sale, mortgage, or other encumbrance or otherwise, except:
N/A

OTHER INSURANCE At the time of this loss, there was no other insurance on said automobile covering the same perils except:
N/A
 At the time of this loss, the said automobile was being used for _____

USE (PLEASURE, BUSINESS OR COMMERCIAL PURPOSES)
 and was not being used to carry passengers for compensation or rental or leased or _____

of the property described, the actual loss and damage sustained, and the amount claimed under this Policy are as follows:

THE ACTUAL CASH VALUE	CASH VALUES	WHOLE LOSS	AMOUNT DEDUCTIBLE	AMOUNT CLAIMED UNDER THIS POLICY
	<u>\$NA</u>	<u>\$9,534.81</u>	<u>\$500</u>	<u>\$9,034.81</u>

SUBROGATION To the extent of the payment made or advanced under this policy, the insured hereby assigns, transfers and sets over to the insurance company all rights, claims or that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorized the insurance company to sue any such third party in his name.
 The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The said loss or damage did not originate by any act, design or procurement on my/our part nor on the part of anyone having interest in the property insured, or in the said policy of nor in consequence of any fraud or evil practice done or suffered by me/us and that no property saved has any manner been concealed.
 It is expressly understood and agreed that the furnishing of this blank or the preparation of proof by a representative of the above insurance company is not a waiver of any of its rights.

CAUTION
 State of North Carolina Jackie Stigma INSURED
 County Mecklenburg
 Subscribed and sworn to before me this 14th day of May 20 18
Janet W. Pierson NOTARY PUBLIC

PAYMENT AUTHORIZATION

is hereby requested, authorized and empowered to pay, at its option, as follows:

To _____ The sum of \$ _____
 To _____ The sum of \$ _____
 To _____ The sum of \$ _____
 Amount Claimed Under Policy \$ _____

Witness: _____ Insured By _____ Title _____
 Address _____
 Witness: _____ Loss Payee By _____ Title _____

SWORN STATEMENT IN PROOF OF LOSS

(Automobile)

Policy No. APD - Collision CLM No. _____
 Policy Coverage at Time of Loss _____
 Policy at time of Loss _____ Company Claim No. 3170086887
 Date Issued 07/01/2017 Agent _____
 Date Expires 06/30/2018 Agency At _____
 To the _____ By your policy of insurance described above.
 Of _____

you insured Town of Huntersville

(HEREINAFTER CALLED THE INSURED) AGAINST LOSS OF OR DAMAGE TO THE AUTOMOBILE DESCRIBED AS FOLLOWS:					
DESCRIPTION OF AUTOMOBILE	TRADE NAME	TYPE OF BODY (IF TRUCK STATE TONNAGE)	MODEL	MODEL (YEAR)	VEHICLE IDENTIFICATION NUMBER
	<u>Dodge</u>	<u>4 Door</u>	<u>Charger</u>	<u>2016</u>	<u>2C3CDXAT3GH356892</u>

TIME AND A loss caused by Officer Bergh was traveling on NC 73 and lost traction occurred on the 01/17/2018 day of _____, 20____
 about the hour of 12:00 AM ☐ AM ☐ PM

ORIGIN the full particulars of which are as follows: (State where and how it occurred) Nc 73 Between Eastlake Ln And Club Dr Stanley

TITLE AND INTEREST The insured was the sole owner of the automobile at the time of the loss or damage and no other person had any interest therein, by bailment lease, conditional sale, mortgage, or other encumbrance or otherwise, except:
N/A

OTHER INSURANCE At the time of this loss, there was no other insurance on said automobile covering the same perils except:
N/A

USE At the time of this loss, the said automobile was being used for _____
 (PLEASURE, BUSINESS OR COMMERCIAL PURPOSES)
 and was not being used to carry passengers for compensation or rental or leased or

of the property described, the actual loss and damage sustained, and the amount claimed under this Policy are as follows:

THE ACTUAL CASH VALUE	CASH VALUES	WHOLE LOSS	AMOUNT DEDUCTIBLE	AMOUNT CLAIMED UNDER THIS POLICY
		<u>\$2,872.25</u>	<u>\$500.00</u>	<u>\$2,472.25</u>

SUBROGATION To the extent of the payment made or advanced under this policy, the insured hereby assigns, transfers and sets over to the insurance company all rights, claims or that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorized the insurance company to sue any such third party in his name.
 The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The said loss or damage did not originate by any act, design or procurement on my/our part nor on the part of anyone having interest in the property insured, or in the said policy of nor in consequence of any fraud or evil practice done or suffered by me/us and that no property saved has any manner been concealed.
 It is expressly understood and agreed that the furnishing of this blank or the preparation of proof by a representative of the above insurance company is not a waiver of any of its rights.

State of North Carolina
 County Mecklenburg
 Subscribed and sworn to before me this 16th day of February 2018
Janet W. Pierson
 NOTARY PUBLIC

PAYMENT AUTHORIZATION

is hereby requested, authorized and empowered to pay, at its option, as follows:
 To _____ The sum of \$ _____
 To _____ The sum of \$ _____
 To _____ The sum of \$ _____
 Amount Claimed Under Policy \$ _____

Witness: _____ Insured By _____ Title _____
 Address _____
 Witness: _____ Loss Payee By _____ Title _____
