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DMV-349 (Rev. 1/09)

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Do not write in these spaces

8 4 | 9 6

3 No. of Units Involved | Form 1 of 2 | [X] Supplemental Report | [ ] Non-Reportable

Date Received by DMV

1 1 Date	County	Time	Local Use/Patrol Area
11/03/2026	NASH	06:03	261103021CA - 04

LOCATION

2 1 | 33 Relation to Roadway Surface: 1 | Crash Occurred: [ ] In [X] Near | MIDDLESEX Municipality | or 04.00 Miles | [X] N [ ] S [ ] E [ ] W outside municipality | 10 14

3 1 | on SR 1131 Highway Number, or Highway, Street. (If ramp or service road, indicate on line) | Ramp or Service Road [ ] | (R.R. Crossing #) 00.20 Miles ft. [ ] N [ ] S [ ] E [X] W

[ ] At [X] From SR 1135 Use Highway Number, Street Name or Adjacent County or State Line | [ ] N [ ] S [ ] E [X] W toward SR 1130 Use Highway Number, Street Name or Adjacent County or State Line

Latitude 35.835167 | Longitude -78.15791 | Altitude | 11 14

UNIT # 1 [ ] VEHICLE [X] PEDESTRIAN [ ] HIT & RUN [ ] COMMERCIAL 20 VEHICLE

4 1 | Driver: RAQUEL (First) | (Middle) | ARELLANES BANOS (Last)

5 | Address: 8608 BRYANT RD

City: MIDDLESEX | State: NC | Zip: 27557

Same Address on Driver's License? [ ] Yes [X] No | Driver's Phone Numbers: H XXXXXXXXXX W XXXXXXXXXX

6 2 | D.L.# | CDL License [ ] | D.L. Class | State: XX

DOB: XX/XX/2012 | 34 Vision Obstruction: 0 | 35 Physical Condition: 1 | 36 D.L. Restrictions:

7 5 | 37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (if known): 0 | 40 Vehicle Seizure (DWI) [ ]

Owner: | Same as Driver? [ ]

Address: | Same Address as Driver? [ ]

City: | State: | Zip:

Plate #: | Plate State: | Plate Year:

VIN:

Vehicle Make: | Vehicle Year: | 41 Vehicle Style (Type): 24 | 42 Vehicle Drivable [ ] Yes [ ] No

43 TAD: | 44 Estimated Damage:

Insurance Company Policy #:

UNIT # 2 [X] VEHICLE [ ] PEDESTRIAN [ ] HIT & RUN [ ] OTHER

Driver: ROY (First) | GLENN (Middle) | PEARSON (Last)

Address: 6155 WINTERS RD

City: MIDDLESEX | State: NC | Zip: 27557-7943 | 12 0

Same Address on Driver's License? [X] Yes [ ] No | Driver's Phone Numbers: H XXXXXXXXXX W XXXXXXXXXX | 13

D.L.# 42XXXXXXXXXX | CDL License [ ] | D.L. Class: C | State: XX | 14

DOB: XX/XX/1965 | 34 Vision Obstruction: 0 | 35 Physical Condition: 1 | 36 D.L. Restrictions: 1 | 15

37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (if known): 0 | 40 Vehicle Seizure (DWI) [ ]

Owner: LYNDA WADSWORTH PEARSON | Same as Driver? [ ] | 16

Address: 6155 WINTERS RD | Same Address as Driver? [ ]

City: MIDDLESEX | State: NC | Zip: 27557-7943 | 17 0

Plate #: TJC8655 | Plate State: NC | Plate Year: 2026 | 18

VIN: 3GCUKREC3EG295598

Vehicle Make: CHEV | Vehicle Year: 2014 | 41 Vehicle Style (Type): 2 | 42 Vehicle Drivable [X] Yes [ ] No | 19

43 TAD: FR-2 | 44 Estimated Damage: $3,000.00

Insurance Company Policy #: STATE FARM MUTUAL AUTOMOBILE INS CO 1308445

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

Unit | 45 Cargo Body Type | [ ] Same Address as owner? | Source: [ ] Truck [ ] Shipping [ ] Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# | ICC# | Axles on Vehicle Including Trailers

State | State # | IFTA#

FEI# | Fleet # | Gross Vehicular Weight Rating

	21	22	23	24	25	26	27	28	29	30	31	32	
A	1	3		Unit 1-Drv 1, Ped 1, etc. see above	H	F	0	0	0			1	see above Veh# 1 Towed To/By:
B	2	1	1	Unit 2-Drv 2, Ped 2, etc. see above	W	M	2	1	0	2	1	5	see above Veh# 2 Towed To/By: ANYTIME TOWING / ANYTIME TOWING
C													
D													
E													
F													
G													
H													

46 Name of EMS: A - NASH COUNTY EMS

47 Injured Taken by EMS to: A - WAKE MED, RALEIGH, NC (Treatment Facility and City or Town)

46 Name of EMS: B - NASH COUNTY EMS

47 Injured Taken by EMS to: B - NOT TRANSPORTED (Treatment Facility and City or Town)

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Form 1 of 2

Local Use/Patrol Area: 261103021CA - 04

48 POINTS OF INTIAL CONTACT (Write in Codes)	Unit # 1	Unit # 2
	0	1,21

CRASH SEQUENCE (Unit Level)	Unit # 1	Unit # 2
49 Vehicle Maneuver/Action		4
50 Non-Motorist Action	9	
51 Non-Motorist Location Prior to Impact	5	
52 Crash Sequence - First Event for this Unit	14	1
53 Crash Sequence - Second Event		14
54 Crash Sequence - Third Event		
55 Crash Sequence - Fourth Event		
56 Most Harmful Event for this Unit	14	14
57 Distance/Direction of Object Struck		0
58 Vehicle Underride/Override		
59 Vehicle Defects		0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit		55
61 Estimate of Original Traveling Speed		50
62 Estimate of Speed at Impact		40
63 Tire Impressions Before Impact (ft.)		0
64 Distance travelled After Impact (ft.)	82	
65 Emergency Vehicle Use		
66 Post Crash Fire (if 'Yes' check block)	☐	☐
67 School Bus - Contact Vehicle	☐	☐
68 School Bus - Noncontact Vehicle	☐	☐

COMMERCIAL VEHICLE: Hazardous Material Involvement — Unit ____

Haz Mat Placard ☐ Yes ☐ No — From Placard indicate: 4-digit placard number or name from diamond or box; 1-digit number from bottom of diamond

Hazardous Cargo Released ☐ Yes ☐ No (Does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

ROADWAY INFO.	
69 Road Feature	5
70 Road Character	1
71 Road Classification	4
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	13
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Work Zone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

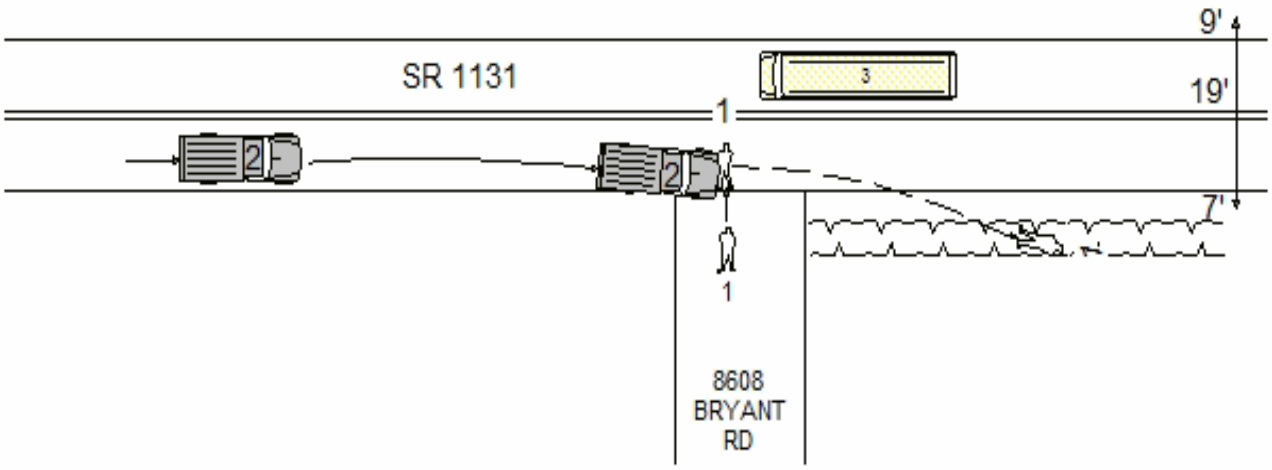
TRAILER INFO.	Unit # 1	Unit # 2
82 Trailer Type	0	0
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit # ____ Overwidth Trailer and Overwidth Mobilehome

Overwidth Permit #

84 DIAGRAM

Indicate North



Unit # 1 was [X] Traveling ☐ Parked Facing — ☐ [X] ☐ ☐ N S E W — on PP 8608 BRYANT RD

Unit # 2 was [X] Traveling ☐ Parked Facing — ☐ ☐ ☐ [X] N S E W — on SR 1131

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

UNIT 1, A PEDESTRIAN, WAS TRAVELING SOUTH ON THE PRIVATE DRIVEWAY OF 8608 BRYANT RD. VEHICLE 2 WAS TRAVELING WEST ON SR 1131. VEHICLE 3 WAS TRAVELING EAST ON SR 1131. VEHICLE 3, A SCHOOL BUS, HAD STOPPED WITH AMBER LIGHTS FLASHING. NO FLASHING RED LIGHTS OR STOP SIGN WAS EXTENDED. UNIT 1 ENTERED THE ROADWAY TO BOARD VEHICLE 3. VEHICLE 2 RAN OFF THE ROAD TO THE RIGHT IN AN ATTEMPT TO AVOID UNIT 1. VEHICLE 2 THEN STRUCK THE PEDESTRIAN IN THE ROADWAY. AFTER IMPACT, UNIT 1 CAME TO REST OFF THE ROADWAY NEAR THE AREA OF IMPACT. VEHICLE 2 WAS MOVED FROM THE AREA OF IMPACT. VEHICLE 3 CAME TO REST IN THE ROADWAY. NEXT OF KIN, LUIS ARELLANES GALLARDO. WAS NOTIFIED ON SCENE BY TRP. J.C. SERRANO AT 0811 HOURS.

ADDITIONAL PROPERTY DAMAGE

86 Type/ Owner ____ Owner Address Phone ____ State Property? ☐ Estimated Damage $ ____

WITNESSES

Name ____ Address ____ Phone No ____

Name ____ Address ____ Phone No. ____

TRAFFIC VIOLATION(S)

Name ____ Charge(s) (Citation # optional) ____

Name ____ Charge(s) (Citation # optional) ____

Officer Name	Officer Number	Department	ORI	Date of Report
TRP. J C SERRANO	5203	NC STATE HIGHWAY PATROL	NHP00	11/03/2026

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Do not write in these spaces

Date Received by DMV

8 4 | 9 6

3 No. of Units Involved | Form 2 of 2 | [X] Supplemental Report | [ ] Non-Reportable

1 1 Date	County	Time	Local Use/Patrol Area
11/03/2026	NASH	06:03	261103021CA - 04

LOCATION

2 1 | 33 Relation to Roadway Surface: 1 | Crash Occurred: [ ] In [X] Near | MIDDLESEX Municipality | or 04.00 Miles | [X] N [ ] S [ ] E [ ] W outside municipality | 10 14

3 1 | on SR 1131 Highway Number, or Highway, Street. (If ramp or service road, indicate on line) | [ ] Ramp or Service Road | (R.R. Crossing #) 00.20 Miles ft. | [ ] N [ ] S [ ] E [X] W

[ ] At [X] From SR 1135 Use Highway Number, Street Name or Adjacent County or State Line | [ ] N [ ] S [ ] E [X] W toward SR 1130 Use Highway Number, Street Name or Adjacent County or State Line | Latitude 35.835167 | Longitude -78.15791 | Altitude | 11 14

UNIT # 3 [X] VEHICLE [ ] PEDESTRIAN [ ] HIT & RUN [ ] COMMERCIAL VEHICLE

4 1 | Driver: JAMES (First) EDWARD (Middle) PITTS JR (Last)

5 | Address: 2429 SEXTON RD

City: ROCKY MOUNT State: NC Zip: 27804-6007

Same Address on Driver's License? [X] Yes [ ] No | Driver's Phone Numbers: H XXXXXXXXXX W XXXXXXXXXX

6 2 | D.L.#: 24XXXXXXXXXX CDL License [X] | D.L. Class: B State: XX

DOB: XX/XX/1985 | 34 Vision Obstruction: 0 | 35 Physical Condition: 1 | 36 D.L. Restrictions: 1E

7 5 | 37 Alcohol/Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (if known): 0 | 40 Vehicle Seizure (DWI): [ ]

Owner: NASH BOARD OF EDUCATION Same as Driver? [ ]

Address: 930 EASTERN AVE Same Address as Driver? [ ]

City: NASHVILLE State: NC Zip: 27856-1716

Plate #: 26839W Plate State: NC Plate Year: 2899

VIN: 4UZABRFCXLCLU5720

Vehicle Make: THOMAS | Vehicle Year: 2020 | 41 Vehicle Style (Type): 7 | 42 Vehicle Drivable: [X] Yes [ ] No

43 TAD: ND-0 | 44 Estimated Damage: $0.00

Insurance Company: STATE TORT CLAIMS

Policy #: STATE TORT CLAIMS

UNIT # [ ] VEHICLE [ ] PEDESTRIAN [ ] HIT & RUN [ ] OTHER

Driver: (First) (Middle) (Last)

Address:

City: State: Zip:

Same Address on Driver's License? [ ] Yes [ ] No | Driver's Phone Numbers: H W

D.L.#: D.L. Class: State: CDL License [ ]

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: Vehicle Year: 41 Vehicle Style (Type): 42 Vehicle Drivable: [ ] Yes [ ] No

43 TAD: 44 Estimated Damage:

Insurance Company:

Policy #:

12 0 | 13 | 14 0 | 15 | 16 | 17 | 18 | 19

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

Unit 45 Cargo Body Type [ ] Same Address as owner? Source: [ ] Truck [ ] Shipping [ ] Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# ICC# Axles on Vehicle Including Trailers

State State # IFTA#

FEI# Fleet # Gross Vehicular Weight Rating

	21	22	23	24	25	26	27	28	29	30	31	32		
A	3	1	1	Unit 1-Drv 1, Ped 1, etc. see above	B	M	2	0	0	2	1	5	see above	Veh# 3 Towed To/By:
B				Unit 2-Drv 2, Ped 2, etc. see above									see above	Veh# Towed To/By:
C	3	2	11	XX/XX/2011	H	F	0	0	0	2	1	5		JUXXXXXXXXXXXXXXXXXX 7A
D	3	2	11	XX/XX/2011	H	M	0	0	0	2	1	5		BRXXXXXXXXXXXXXXXXXX 5D
E	3	2	11	XX/XX/2010	H	M	0	0	0	2	1	5		ALDAIR MARTINEZ CORTES 7D 9812 STONEY HILL CHURCH RD, MIDDLESEX, NC 27557
F	3	2	11	XX/XX/2009	H	M	0	0	0	2	1	5		CHRIS ORTIZ MARIANO 10D 8896 BRYANT RD, MIDDLESEX, NC 27557
G														
H														

46 Name of EMS

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

46 Name of EMS

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

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

Form 2 of 2

Local Use/Patrol Area: 261103021CA - 04

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

COMMERCIAL VEHICLE: Hazardous Material Involvement — Unit ___ From Placard indicate:

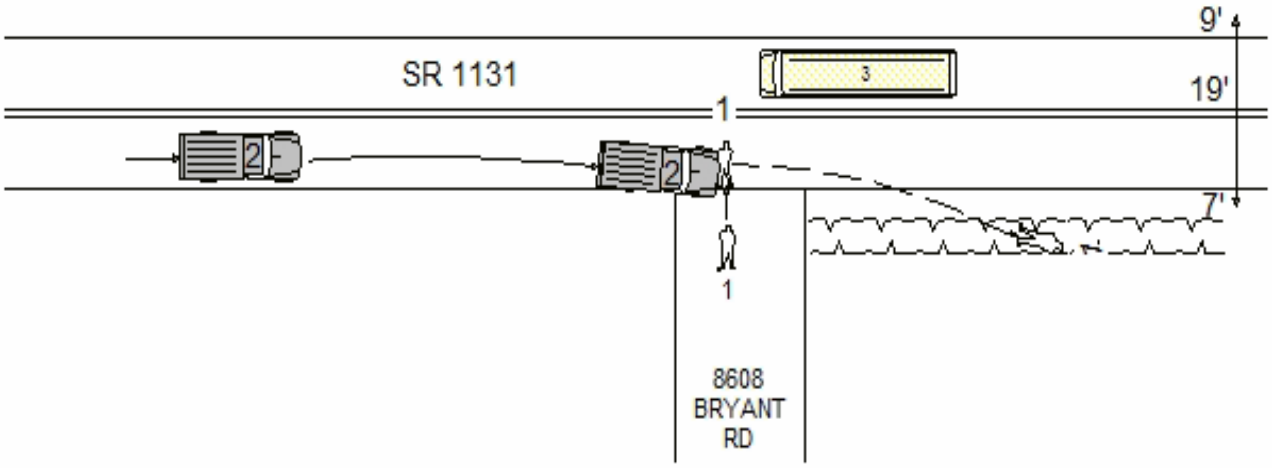
Haz Mat Placard ☐ Yes ☐ No — 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

Hazardous Cargo Released ☐ Yes ☐ No (Does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

84 DIAGRAM

Indicate North



Unit # 3 was ☒ Traveling ☐ Parked Facing — ☐ N ☐ S ☒ E ☐ W — on SR 1131

Unit # was ☐ Traveling ☐ Parked Facing — ☐ N ☐ S ☐ E ☐ W — on

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UNIT 1, A PEDESTRIAN, WAS TRAVELING SOUTH ON THE PRIVATE DRIVEWAY OF 8608 BRYANT RD. VEHICLE 2 WAS TRAVELING WEST ON SR 1131. VEHICLE 3 WAS TRAVELING EAST ON SR 1131. VEHICLE 3, A SCHOOL BUS, HAD STOPPED WITH AMBER LIGHTS FLASHING. NO FLASHING RED LIGHTS OR STOP SIGN WAS EXTENDED. UNIT 1 ENTERED THE ROADWAY TO BOARD VEHICLE 3. VEHICLE 2 RAN OFF THE ROAD TO THE RIGHT IN AN ATTEMPT TO AVOID UNIT 1. VEHICLE 2 THEN STRUCK THE PEDESTRIAN IN THE ROADWAY. AFTER IMPACT, UNIT 1 CAME TO REST OFF THE ROADWAY NEAR THE AREA OF IMPACT. VEHICLE 2 WAS MOVED FROM THE AREA OF IMPACT. VEHICLE 3 CAME TO REST IN THE ROADWAY. NEXT OF KIN, LUIS ARELLANES GALLARDO. WAS NOTIFIED ON SCENE BY TRP. J.C. SERRANO AT 0811 HOURS.

ADDITIONAL PROPERTY DAMAGE

86 Type/ Owner ___ Owner Address Phone ___ State Property? ☐ Estimated Damage $ ___

WITNESSES

Name ___ Address ___ Phone No ___

Name ___ Address ___ Phone No. ___

TRAFFIC VIOLATION(S)

Name ___ Charge(s) (Citation # optional) ___

Name ___ Charge(s) (Citation # optional) ___

Officer Name	Officer Number	Department	ORI	Date of Report
TRP. J C SERRANO	5203	NC STATE HIGHWAY PATROL	NHP00	11/03/2026