

DRIVER EXCHANGE FORM

compliments of the STATE HIGHWAY PATROL

Driver JEROME RUSSELL TUCKER
Address 706 MARILYN DR, APT 12B
City KINSTON State NC Zip 28501-3218
Same Address on Driver's License? [X] Yes [] No
Driver's Phone Numbers H (973) 336-9453 W
D.L. # 39xxxxxx State NC
DOB xx/xx/1969 Unit Number
Owner CAROLINA ICE CO.
Address 2466 OLD POOLE RD.
City KINSTON State NC Zip 28504
Plate # HB8429 State NC Plate Year 2019
VIN 1FVACWDT4ADAP6552
Vehicle FRTLINER Vehicle Year 2010
Insurance Company EMCASCO INSURANCE COMPANY
Policy # 5E51208
Towed By
Towed To
05/30/2018 HARNETT []
Date of Crash County Non-Reportable
TRP, J B HARVEY 910-893-5704 180530
Officer Name Local Report Number

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North Carolina Division of Motor Vehicles Request for Motor Vehicle Information

I hereby request a copy of a crash report for:

[] Driver [] Owner

Name First Middle Last

DLN If Driver, indicate the Driver License Number (DLN)

Date of Crash County

I am requesting: [] Certified Copy (\$5.00)

I am qualified to obtain this information for my own personal record

Requested by Date

Signature

Address

City State Zip

Make checks for certified copies payable to NCDMV. Mail requests to Traffic Records Section, Crash Reports Unit, 3106 Mail Service Center, 1100 New Bern Avenue, Raleigh NC 27697-0001

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