

# Traffic Signal Warrant Analysis

US 84/West Oglethorpe Highway at Old Hines Road

Prepared for:

FORT STEWART / HAAF  
GROWTH MANAGEMENT PARTNERSHIP



In cooperation with Hinesville Area Metropolitan Planning Organization

Prepared by:



**September 27, 2011**

*This study was prepared with financial support from the Office of Economic Adjustment, Department of Defense. The content reflects the views of the participating local government entities and stakeholders of the Fort Stewart/HAA F region and does not necessarily reflect the views of the Office of Economic Adjustment.*

## Transmittal

<i>Title</i> Traffic Signal Warrant Analysis US 84/West Oglethorpe Highway at Old Hines Road	
<i>Prepared for</i> Fort Stewart Growth Management Partnership Hinesville Area MPO	<i>Date</i> September 27, 2011
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<i>Summary</i> <p>RS&amp;H has prepared a traffic signal warrant analysis for the intersection of US 84/West Oglethorpe Highway and Old Hines Road in Flemington, Georgia. The study area includes the so-called Flemington Curve on US 84 and a triangular configuration formed by Old Sunbury Road to the east, Old Hines Road to the west, and US 84 to the south. In consideration of the intersection geometry changes that are proposed in conjunction with the installation of a traffic signal at the US 84/Old Hines Road intersection, it is anticipated that existing left-turning traffic from Old Sunbury Road onto US 84 Eastbound would turn at Old Hines Road. Therefore, projected traffic is the sum of existing traffic and left-turns from Old Sunbury Road onto US 84.</p> <p>There has been some discussion during review of the draft report regarding Warrant 7, Crash Experience. While in most cases, rear end collisions are excluded from traffic signal warrant analysis, the study team included applicable rear end collisions in the analysis due to the unique geometric conditions at the intersection of the Southbound Old Hines Road right-turn slip ramp and US 84. The geometry of this intersection includes an eleven degree (11°) angle of intersection between the slip ramp and the tangent to the US 84 horizontal curve. The ramp currently operates under yield control. Because the installation of a traffic signal would include closing the ramp, creating an angle of intersection significantly closer to perpendicular, and applying stop-control to the right-turn movement, the study team feels that the rear end collisions are susceptible to correction by a traffic control signal. In order to further address concerns regarding the inclusion of rear end collisions, the study team assessed non-calendar year 12-month periods and found that the period from July 1, 2008 to June 30, 2009 includes six non-rear end crashes, thereby satisfying the warrant without rear end crashes. We hope that this addresses any concerns related to the assessment of crash experience to the satisfaction of all interested parties.</p> <p>Per the <i>Manual on Uniform Traffic Control Devices (MUTCD)</i> 2009 Edition, Warrants 1, 2, 3, and 7 are satisfied. Based on the existing and projected traffic as well as crash history, the study team recommends the installation of a traffic control signal at the intersection of US 84/West Oglethorpe Highway and Old Hines Road.</p>	

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## Introduction

RS&H has prepared a traffic signal warrant analysis for the intersection of US 84/West Oglethorpe Highway and Old Hines Road in Flemington, Georgia. Figure 1 shows the intersection location. The analysis was recommended by the *Fort Stewart 4<sup>th</sup> Infantry Brigade Combat Team (IBCT) Traffic Study* completed in February 2011, and has been prepared in coordination with the Fort Stewart Growth Management Partnership, Fort Stewart Master Planning Division, Hinesville Area Metropolitan Planning Organization, and the Georgia Department of Transportation, with funding assistance from the Department of Defense Office of Economic Adjustment (OEA). This study includes assessment of applicable traffic signal warrants detailed in the *Manual on Uniform Traffic Control Devices (MUTCD)*.

The completion and subsequent occupation of the new 4<sup>th</sup> IBCT complex north of SR 144, east of SR 119, and outside the existing cantonment area, has introduced up to 4,500 soldiers to an area that was previously unoccupied, with 1,440 soldiers living in the new complex and an additional 650 civilian employees working there. The soldiers, along with supporting civilian and contract employees, have created substantial shifts in circulation patterns and rely upon corridors that previously served lower volumes of military related traffic.

The *Fort Stewart 4<sup>th</sup> IBCT Traffic Study* assessed the impacts of changes in the circulation patterns on local corridors as a result of the opening of the new IBCT complex and recommended follow-up measures needed to provide safe and efficient movement to the new brigade area. A main area of concern is traffic congestion and safety at the “Flemington Curve” intersection of US 84 and Old Hines Road. Figure 2 shows the Flemington Curve and the intersections on the curve. Figure 3 shows the existing lane configuration of the curve and associated intersections.

It is worth noting that a May 2011 study by the Military Surface Deployment and Distribution Command concluded that “Signal [at the US 84/Old Hines Road intersection] is warranted by peak hour... Due to safety issues because of curve, high speed and volume on 84, and the superelevation, a signal is warranted. Ball-bank indicator on 84 curve indicates drivers are comfortable driving 60 mph on 84.”

Per the *Manual on Uniform Traffic Control Devices (MUTCD)* 2009 Edition, this report shows that existing and projected traffic volumes at US 84 and Old Hines Road warrant the placement of a traffic signal.

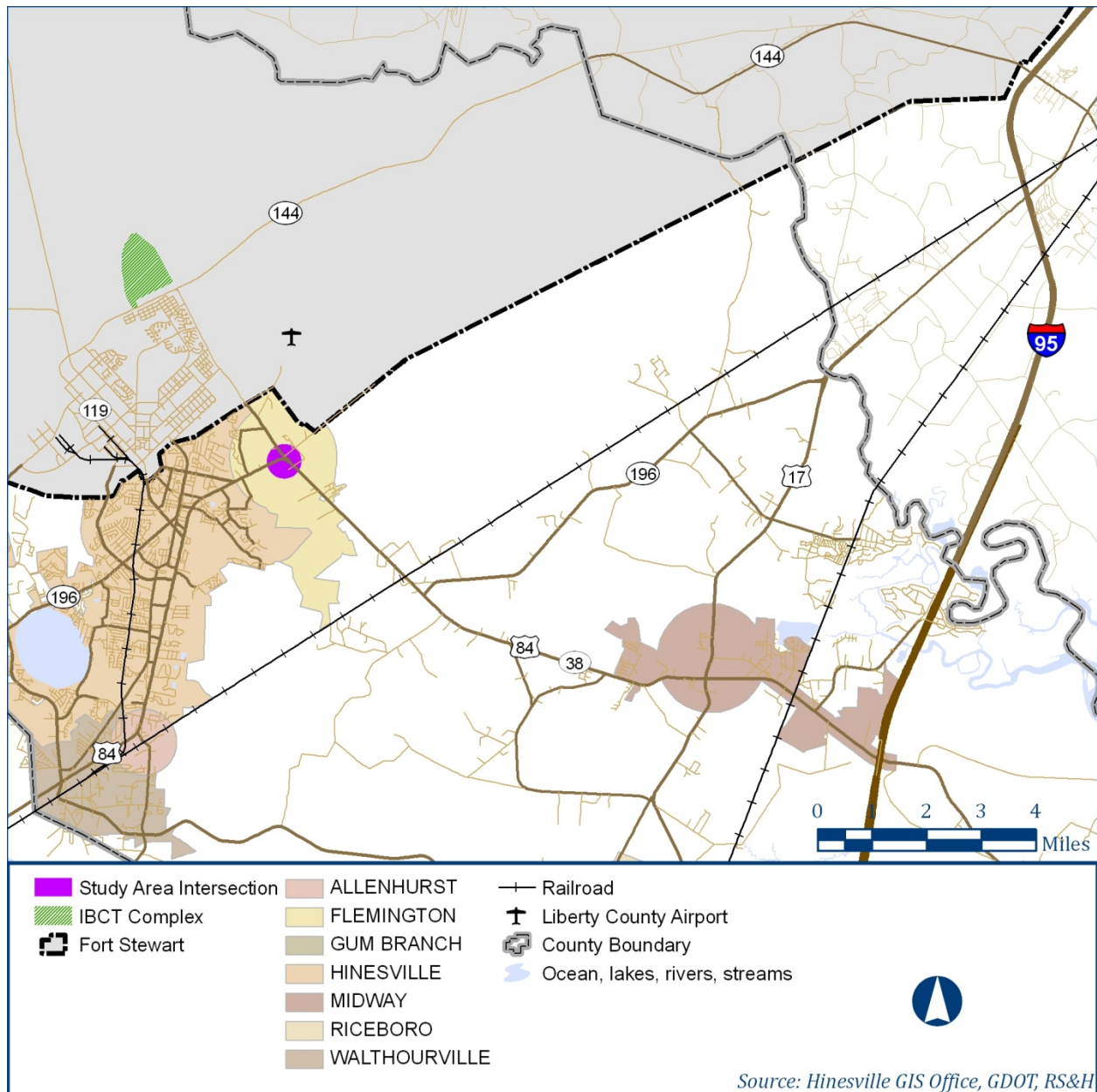


Figure 1 Location Map





Figure 2 Existing Intersection



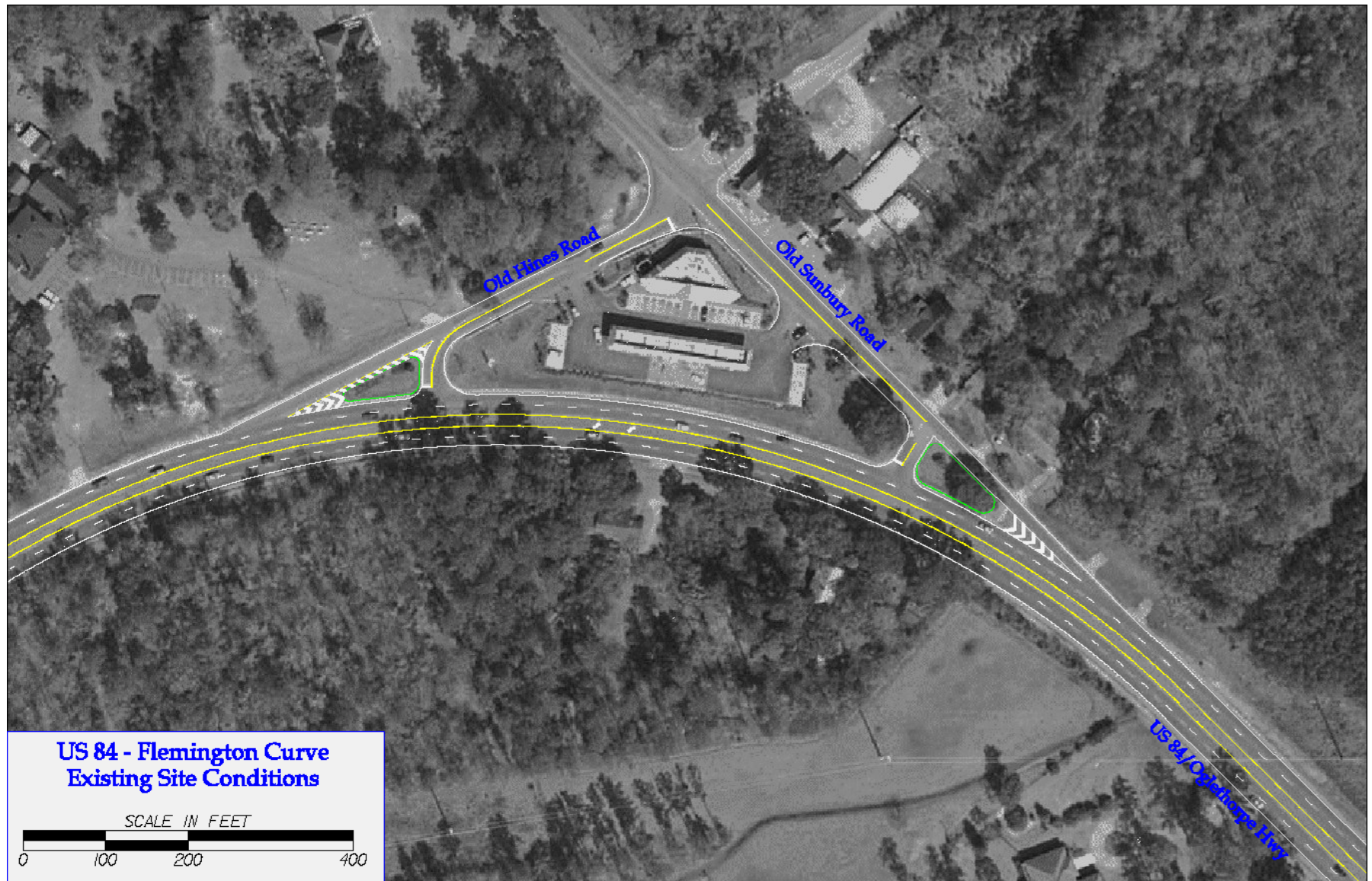


Figure 3 Existing Lane Configuration



## Site Conditions

The intersection of US 84 and Old Hines Road occurs on a horizontal curve on US 84 known as the Flemington Curve because of its location in central Flemington. There is a gas station on a triangular parcel in the northeast section of the intersection, as shown in Figure 3. South of US 84, the land is primarily undeveloped and wooded with the exception of one single family residence. Northwest of the intersection, there is a funeral home and Flemington City Hall, which is accessed from Old Sunbury Road.

Figure 3 shows the existing configuration of US 84 and the intersections with Old Hines Road and Old Sunbury Road. Old Hines Road is a two lane road with a Southbound right-turn slip ramp to US 84 Westbound. US 84 has a continuous two-way left turn lane through the intersection area, with two through lanes in each direction. Operations at the US 84/Old Hines Road intersection are related to the adjacent intersection to the east at US 84/Old Sunbury Road. Currently, Eastbound left turns from US 84 are permitted at both Old Hines Road and Old Sunbury Road. Old Sunbury Road has a ramp from US 84 Westbound to the Northbound through lane.

Previous efforts by the GMP and HAMPO recommended that design of a traffic signal at US 84/Old Hines Road include elimination of certain movements at these two intersections to eliminate conflicts. For example, left-turns to/from Eastbound US 84 from/to Old Sunbury Road may be restricted and the ramp from US 84 Westbound to Old Sunbury Road Northbound may be eliminated. This analysis therefore assumes that it is likely that existing left-turning traffic from Old Sunbury Road onto US 84 Eastbound would turn at Old Hines Road. This is discussed in the section below, and conceptual intersection layouts are shown in the appendix.

The posted speed limit on US 84/SR 38/W Oglethorpe Highway is 45 mph. The posted speed limit on Old Hines Road is 35 mph. The posted speed limit on Old Sunbury Road is 35 mph from the northwest and 25 mph from the southeast. There is no on-street parking in the intersection area. Sight distance triangles for all approaches at the intersection of US 84 and Old Hines Road indicate adequate sight distance is available. However, the significant vegetation on the western/southern side of US 84 should be maintained in order to ensure that it does not become an obstruction to sight distance; this is true of the historic trees at the Old Sunbury Road intersection as well.

## Traffic Data

Existing traffic volumes were recorded at the US 84/Old Hines Road intersection and the US 84/Old Sunbury Road intersection. Volumes were recorded for the twelve hour period from 7:00 am to 7:00 pm on Tuesday, August 9, 2011. Historic count data for US 84, Old Sunbury Road, and Fort Stewart Gate 3 Harmon Avenue traffic (which includes traffic destined for Gate 3 or the IBCT complex) indicate that peak traffic occurs during these twelve hours. Table 1 shows the counts summarized by hour and by direction. Table 6 and Table 7, in the appendix, include the raw count data.

### Existing and Projected Traffic

To estimate average daily existing traffic, the traffic counts were adjusted using the seasonal and daily Georgia Department of Transportation (GDOT) traffic adjustment factors shown in Table 8. It should be noted that per the Fort Stewart Master Planning Division, the IBCT Complex was occupied on the date of the traffic counts. Therefore, traffic generated by the IBCT is therefore already included in the existing traffic data.

In consideration of the intersection geometry changes that would accompany installation of a traffic signal at the US 84/Old Hines Road intersection, it is anticipated that existing left-turning traffic from Old Sunbury Road onto US 84 Eastbound would turn at Old Hines Road. This assumes that the US 84/Old Sunbury Road intersection will be converted to a right-in/right-out configuration, or to one-way Northbound. Therefore, projected traffic is the sum of existing traffic and left-turns from Old Sunbury Road onto US 84. See the appendix for more information on the proposed intersection geometry.

The right-turn reduction methodology from NCHRP 457 was applied to both existing and projected traffic per GDOT practice. This is a conservative methodology as it discounts nearly all of the right-turns onto US 84 regardless of intersection conditions.

In summary, four sets of average daily traffic data were estimated for the warrant analysis, as listed below.

1. Existing traffic at the US 84/Old Hines Road intersection, adjusted with seasonal and daily factors
2. Existing traffic at the US 84/Old Hines Road intersection, adjusted with seasonal and daily factors *with a right-turn reduction applied*
3. Projected traffic, which includes left-turns from Old Sunbury Road onto US 84 Eastbound in addition to the existing traffic
4. Projected traffic, which includes left-turns from Old Sunbury Road onto US 84 Eastbound in addition to the existing traffic, *with right-turn reductions applied*

The two rightmost columns in Table 1 show the total Southbound volume that would result from additional turning traffic at the US 84/Old Hines Road intersection, with and without right-turn reductions.

**Table 1 Existing Traffic Volumes (VPH)**

Time	Adjusted* Existing Traffic Volumes					Projected Traffic	
	Major Street Existing Traffic Eastbound US 84	Major Street Existing Traffic Westbound US 84	Major Street Total of Both Approaches Existing Traffic	Minor Street Existing Traffic Southbound Old Hines Road	Minor Street Existing Traffic SB Old Hines Rd with Right-turn Reduction per NCHRP 457**	Minor Street Projected Traffic Southbound Old Hines Road and Southbound Old Sunbury Road Left-turns	Minor Street Projected Traffic with Right-turn Reduction per NCHRP 457**
07:00 AM - 08:00 AM	910	914	1,824	268	1	377	111
08:00 AM - 09:00 AM	844	815	1,659	218	1	309	92
09:00 AM - 10:00 AM	682	580	1,262	146	3	205	62
10:00 AM - 11:00 AM	645	515	1,160	165	4	228	67
11:00 AM - 12:00 PM	709	528	1,237	322	2	410	90
12:00 PM - 01:00 PM	834	552	1,386	152	4	212	64
01:00 PM - 02:00 PM	789	590	1,379	144	2	241	98
02:00 PM - 03:00 PM	787	581	1,368	183	3	304	123
03:00 PM - 04:00 PM	939	723	1,662	245	8	431	194
04:00 PM - 05:00 PM	1176	865	2,041	381	41	632	292
05:00 PM - 06:00 PM	1258	879	2,137	270	46	513	289
06:00 PM - 07:00 PM	808	717	1,525	164	0	313	149

\* Traffic counts taken Tuesday, August 9, 2011 adjusted with GDOT published seasonal and daily factors

\*\* NCHRP 457 method was applied at the request of GDOT.

With the exception of 4pm-5pm, the right-turn reduction methodology discounted all right turns from the minor street.

## Crash History

Crashes reported by the Liberty County Sheriff's Office and Georgia State Patrol were assessed for the three year period starting January 1, 2008 and ending December 31, 2010. The discussion of Warrant 7, Crash History, includes a summary of the crashes that are likely to be affected by installation of a traffic signal. The appendix includes crash diagrams.

## Traffic Signal Warrant Analysis

A signal warrant analysis for the intersection of US 84/Old Hines Road was performed for the four traffic datasets described above, including both reduced and full warrant thresholds. The analysis therefore shows warrants that are satisfied under various cases. The first case used a major street with a 45 mph posted speed limit with four (i.e., two or more) lanes and a two-lane minor street without right-turn reductions. Evaluating Old Hines Road as a two-lane minor street (counting both the right-turn lane and the left-turn lane) is a conservative assumption as volumes specified for two-lane minor streets are higher than for one lane minor streets in Warrants 1, 2, and 3. The second case assumes that the allowed reduction for the speed limit on US 84 will not apply.

For traffic datasets with right-turn reductions, the volumes for a minor street approach with one lane were used. Both the reduced (e.g., the Warrant 1 70% column) and full warrants were assessed.

The evaluation shows that Warrants 1, 2, 3, and 7 are satisfied for the existing and projected traffic conditions, as well as the projected traffic with right-turn reductions, at the intersection of US 84/Old

Hines Road. Existing traffic with reduced right-turns does not satisfy any warrants. A description of each warrant follows. The appendix contains detailed warrant analysis data.

### **Warrant 1. Eight-Hour Vehicular Volume**

The Minimum Vehicular Volume, Condition A, is intended for application where a large volume of intersecting traffic is the principal reason to consider installing a traffic control signal.

The Interruption of Continuous Traffic, Condition B, is intended for application where the traffic volume on a major street is so heavy that traffic on a minor intersecting street suffers excessive delay or conflict in entering or crossing the major street.

Warrant 1 is met if the requirements for Condition A or Condition B are fulfilled for any eight hours of an average day or if a Combination of Warrants, 80% of Condition A and 80% of Condition B, is fulfilled for any eight hours of an average day.

Projected traffic with reduced right-turns satisfies Section 4C.02 Warrant 1 (Condition B). Projected traffic without right-turn reductions satisfies Warrant 1 (Condition A).

With adjusted existing traffic counts, Section 4C.02 Warrant 1 is satisfied. Condition A is satisfied for the twelve hours observed using the 70% column, and Condition B is satisfied using the 100% column.

### **Warrant 2. Four-Hour Vehicular Volume**

The Four-Hour Vehicular Volume signal warrant conditions are intended to be applied where the volume of intersecting traffic is the principal reason to consider installing a traffic control signal.

Using Figure 4C-1, projected traffic with reduced right-turns satisfies the warrant for eight hours of the twelve observed.

Warrant 2 is satisfied. Using Figure 4C-1, the existing traffic volumes satisfy the warrant for the full twelve hours that were observed. Consequently, if 4C-2 (70% Factor) is used, existing traffic satisfies the warrant. Of course, if the Old Sunbury left-turn traffic is included in the analysis, the warrant continues to be satisfied by projected traffic volumes.

### **Warrant 3. Peak Hour**

The Peak Hour signal warrant is intended for use at a location where traffic conditions are such that for a minimum of 1 hour of an average day, the minor-street traffic suffers undue delay when entering or crossing the major street. The MUTCD states that this warrant is intended for application where a land use attracts or discharges a large number of vehicles over a short time, such as Fort Stewart before physical training or formation, and at lunch hour.

Warrant 3 (Category B) is satisfied. Using Figure 4C-3, projected traffic with reduced right-turns satisfies the warrant for five hours of the twelve observed. Therefore, even though the 70% factor could be applied due to the speed limit on US 84, the volumes meet the 100% volumes represented in Figure 4C-3.

For six hours, existing traffic volumes exceed the thresholds shown in Figures 4C-3, and consequently 4C-4. Of course, projected traffic volumes also satisfy the warrant.

Category A was not evaluated.



## Warrant 4. Pedestrian Volume

The Pedestrian Volume signal warrant is intended for application where the traffic volume on a major street is so heavy that pedestrians experience excessive delay in crossing the major street.

Warrant 4 was not assessed because pedestrian delay is not a concern at the intersection.

## Warrant 5. School Crossing

Warrant 5 is intended for application where the fact that schoolchildren cross the major street is the principal reason to consider installing a traffic control signal.

Warrant 5 was not assessed because school children are not likely to cross US 84 at the intersection. There is no school crossing in the intersection area.

## Warrant 6. Coordinated Signal System

Progressive movement in a coordinated signal system sometimes necessitates installing traffic control signals at intersections where they would not otherwise be needed in order to maintain proper platooning of vehicles.

Warrant 6 was not assessed because the intersection is not part of a coordinated signal system.

## Warrant 7. Crash Experience

The Crash Experience signal warrant conditions are intended for application where the severity and frequency of crashes are the principal reasons to consider installing a traffic control signal.

Standard: The need for a traffic control signal shall be considered if an engineering study finds that all of the following criteria are met:

- A. Adequate trial of alternatives with satisfactory observance and enforcement has failed to reduce the crash frequency; and
- B. Five or more reported crashes, of types susceptible to correction by a traffic control signal, have occurred within a 12-month period, each crash involving personal injury or property damage apparently exceeding the applicable requirements for a reportable crash; and
- C. For each of any 8 hours of an average day, the vehicles per hour (vph) given in both of the **56 percent\*** columns of Condition A in Table 4C-1, or the vph in both of the **56 percent\*** columns of Condition B in Table 4C-1 exists on the major-street and the higher-volume minor-street approach, respectively, to the intersection, or the volume of pedestrian traffic is not less than 80 percent of the requirements specified in the Pedestrian Volume warrant. These major-street and minor-street volumes shall be for the same 8-hours. On the minor street, the higher volume shall not be required to be on the same approach during each of the 8 hours. *[\*Note that the 56 percent columns in Table 4C-1 may be used because the speed limit on US 84/SR 38/Oglethorpe Highway exceeds 40 mph. However, the existing traffic volumes also meet the 80% columns for nine hours of the average day.]*

With existing and projected traffic (including reduced right-turns), Warrant 7 is satisfied.

The study team reviewed crash data for a 36 month period, starting January 1, 2008 and ending December 31, 2010. (Note that the IBCT complex was not occupied during this time period, but there was construction activity.) Crashes that are not likely to be corrected by a traffic control signal were not included in the crash experience summary. The study team assumed that reconfiguration of both the US 84/Old Hines Road intersection and the US 84/Old Sunbury Road intersection would accompany signalization thereby reducing conflicts and the potential for the crashes included in the table below. Figure 6 and Figure 7 in the appendix show crash diagrams for the applicable crashes.

**Table 2 Crash History**

Year	Number of Applicable Crashes Reported	Manner of Collision		Warrant Satisfied
		Angle	Rear End at Slip Ramp	
2008	4	4	-	No
2009	6	4	2	Yes
2010	7	4	3	Yes
July 1, 2008 – June 30, 2009	6	6	-	Yes

Two of the three calendar years satisfy the warrant. Note that the study team also examined non-calendar year 12-month periods. The 12-month period from July 1, 2008 through June 30, 2009 also satisfies the warrant without including any rear end collisions.

### Warrant 8. Roadway Network

Section 4C.09 Warrant 8 applies to the intersection of two or more major routes where a traffic control signal might be justified to encourage concentration and organization of traffic flow on a roadway network.

Warrant 8 is not applicable to the intersection of US 84/Old Hines Road.

### Warrant 9. Intersection Near a Grade Crossing

Warrant 9 is intended for use at a location where none of the other eight warrants are satisfied, but the proximity to the intersection of a grade crossing on an intersection approach controlled by a STOP or YIELD sign is the principal reason to consider installing a traffic control signal.

Warrant 9 is not applicable.

## Conclusion and Recommendations

**Table 3 Traffic Signal Warrant Analysis**

Summary of MUTCD (2009) Warrants		US 84/Old Hines Road Intersection					
Warrant	Condition	Existing Traffic Reduced Threshold	Existing Traffic 100% Threshold	Projected Traffic Reduced Threshold	Projected Traffic 100% Threshold	Projected Traffic with Right-turn Reduction Reduced Threshold	Projected Traffic with Right-turn Reduction 100% Threshold
1	8-Hour Vehicular Volume	Satisfied Condition A	Satisfied Condition B	Satisfied Condition A	Satisfied Condition A	Satisfied Condition B	Satisfied Condition B
2	4-Hour Vehicular Volume	Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	Satisfied
3	Peak Hour (Category B)	Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	Satisfied
7	Crash Experience*	Satisfied Condition A	Satisfied Condition A	Satisfied Condition A	Satisfied Condition A	Satisfied Condition B	Satisfied Condition B
*Note that Warrant 7 uses the 56% column as a reduced threshold and the 80% column as the full threshold. Existing traffic with right-turn reductions does not satisfy any warrants.							

Based on the existing and projected traffic as well as crash history, the study team recommends the installation of a traffic control signal at the intersection of US 84/West Oglethorpe Highway and Old Hines Road.

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_  
 RS&H

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_  
 District Traffic Engineer

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_  
 State Traffic Operations Engineer

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director of Operations

## Appendix A Signal Warrant Detailed Assessment

Table 4 Warrant 1 Evaluation

Warrants with 2 or More Lanes and 2 or More Lanes						
	Warrant 1 Condition A				Warrant 1 Condition B	
Major Street Standard	420	600	420	600	630	900
Minor Street Standard	140	200	140	200	70	100
Hour of Day	Existing Traffic Condition A 70% Column	Existing Traffic Condition A 100% Column	Projected Traffic Condition A 70% Column	Projected Traffic Condition A 100% Column	Existing Traffic 70% Column	Existing Traffic 100% Column
07:00 AM	Yes	Yes	Yes	Yes	Yes	Yes
08:00 AM	Yes	Yes	Yes	Yes	Yes	Yes
09:00 AM	Yes	No	Yes	Yes	Yes	Yes
10:00 AM	Yes	No	Yes	Yes	Yes	Yes
11:00 AM	Yes	Yes	Yes	Yes	Yes	Yes
12:00 PM	Yes	No	Yes	Yes	Yes	Yes
01:00 PM	Yes	No	Yes	Yes	Yes	Yes
02:00 PM	Yes	No	Yes	Yes	Yes	Yes
03:00 PM	Yes	Yes	Yes	Yes	Yes	Yes
04:00 PM	Yes	Yes	Yes	Yes	Yes	Yes
05:00 PM	Yes	Yes	Yes	Yes	Yes	Yes
06:00 PM	Yes	No	Yes	Yes	Yes	Yes
No. of Hours Met	12	6	12	12	12	12
Satisfied (Hours >=8)	Yes	No	Yes	Yes	Yes	Yes



## Traffic Signal Warrant Analysis

Warrants with 2 or more major street lanes and 1 minor street lane				
	Warrant 1 Condition A		Warrant 1 Condition B	
Major Street Standard	420	600	630	900
Minor Street Standard	105	150	53	75
	Rt Turn Reduction Projected Traffic 70% Column	Rt Turn Reduction Projected Traffic 100% Column	Rt Turn Reduction Projected Traffic 70% Column	Rt Turn Reduction Projected Traffic 100% Column
Hour of Day				
07:00 AM	Yes	No	Yes	Yes
08:00 AM	No	No	Yes	Yes
09:00 AM	No	No	Yes	No
10:00 AM	No	No	Yes	No
11:00 AM	No	No	Yes	Yes
12:00 PM	No	No	Yes	No
01:00 PM	No	No	Yes	Yes
02:00 PM	Yes	No	Yes	Yes
03:00 PM	Yes	Yes	Yes	Yes
04:00 PM	Yes	Yes	Yes	Yes
05:00 PM	Yes	Yes	Yes	Yes
06:00 PM	Yes	No	Yes	Yes
No. of Hours Met	6	3	12	9
Satisfied (Hours >=8)	No	No	Yes	Yes

Warrant 1 is not satisfied with existing traffic with right-turn reductions.

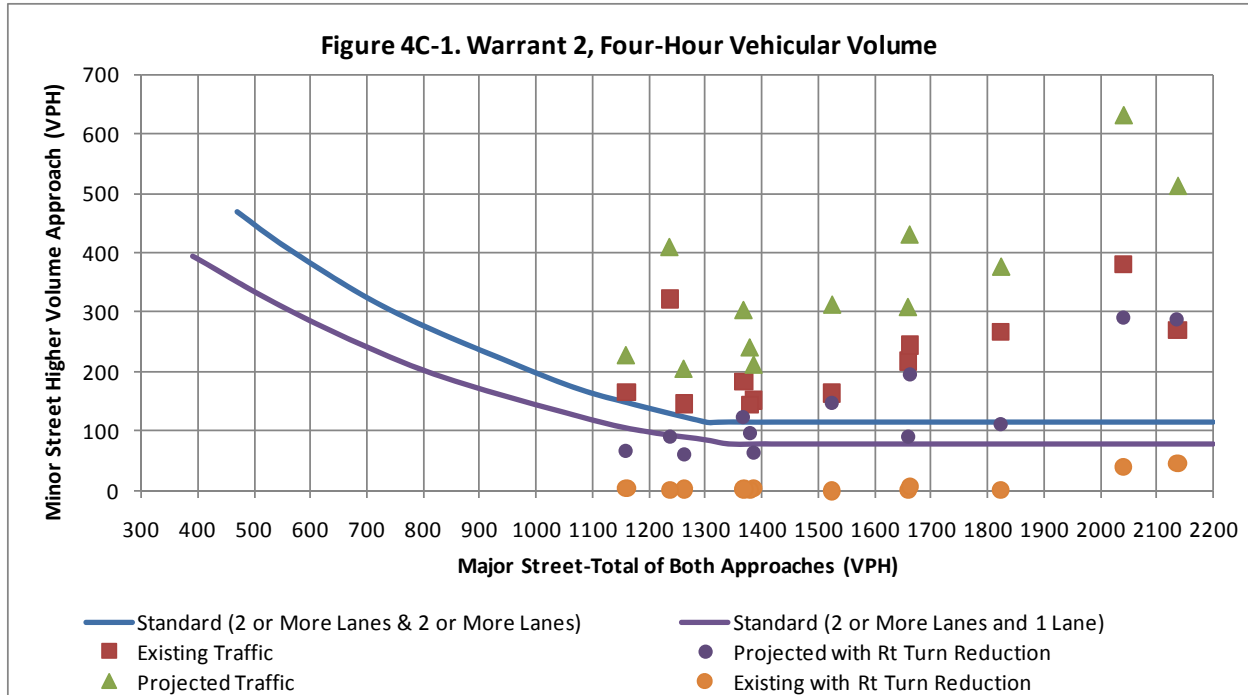


Figure 4 Warrant 2 100% Standard with Existing and Projected Traffic

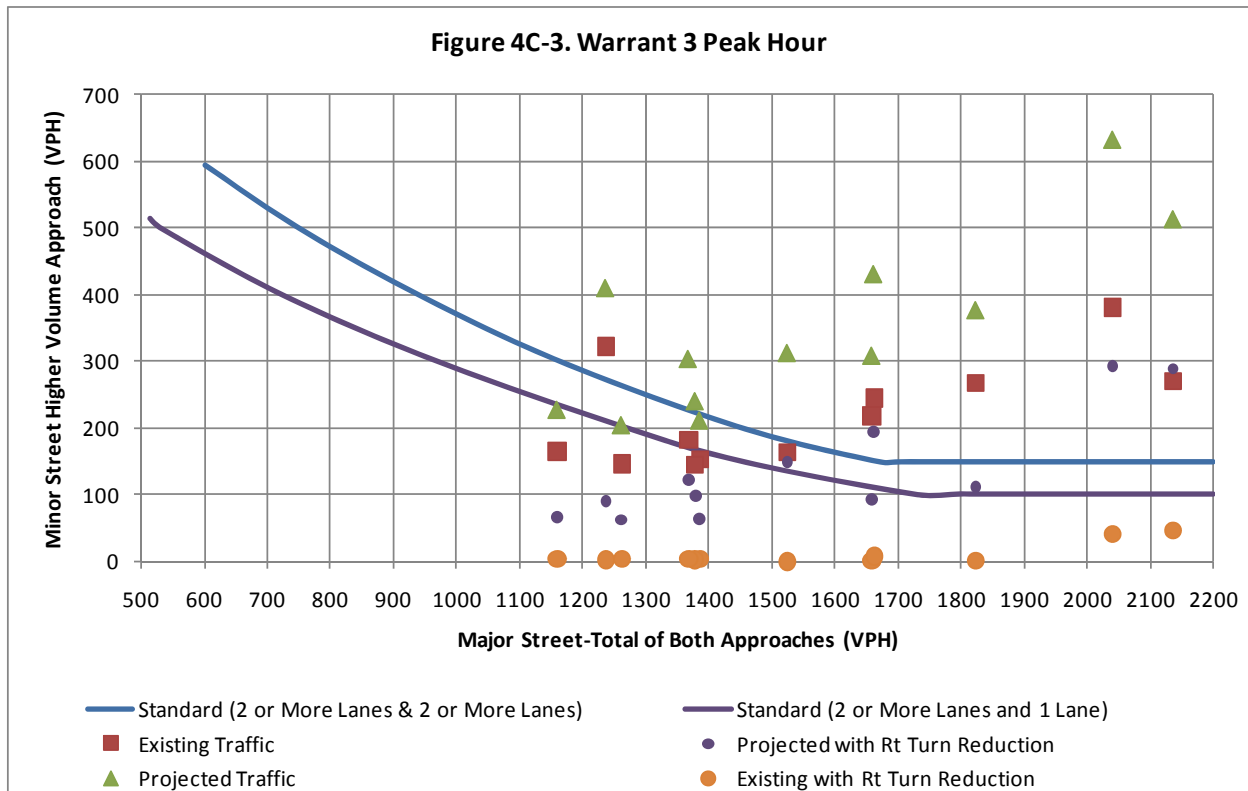


Figure 5 Warrant 3 100% Standard with Existing and Projected Traffic

# Traffic Signal Warrant Analysis

**Table 5 Warrant 7 Analysis**

Time	Adjusted* Existing Traffic Volumes				Projected Traffic
	Major Street Existing Traffic Eastbound US 84	Major Street Existing Traffic Westbound US 84	Major Street Total of Both Approaches Existing Traffic	Minor Street Existing Traffic Southbound Old Hines Road	Minor Street Projected Traffic Southbound Old Hines Road and Southbound Old Sunbury Road Left-turns
07:00 AM - 08:00 AM	910	914	1,824	268	377
08:00 AM - 09:00 AM	844	815	1,659	218	309
09:00 AM - 10:00 AM	682	580	1,262	146	205
10:00 AM - 11:00 AM	645	515	1,160	165	228
11:00 AM - 12:00 PM	709	528	1,237	322	410
12:00 PM - 01:00 PM	834	552	1,386	152	212
01:00 PM - 02:00 PM	789	590	1,379	144	241
02:00 PM - 03:00 PM	787	581	1,368	183	304
03:00 PM - 04:00 PM	939	723	1,662	245	431
04:00 PM - 05:00 PM	1176	865	2,041	381	632
05:00 PM - 06:00 PM	1258	879	2,137	270	513
06:00 PM - 07:00 PM	808	717	1,525	164	313

\* Traffic counts taken Tuesday, August 9, 2011 adjusted with GDOT published seasonal and daily factors

\*\* NCHRP 457 method was applied at the request of GDOT.

With the exception of 4pm-5pm, the right-turn reduction methodology discounted all right turns from the minor street.

Warrants with 2 or More Lanes and 2 or More Lanes				
Warrant 7				
Major Street Standard	336	480	336	480
Minor Street Standard	112	160	112	160
Hour of Day	Existing Traffic 56% Column	Existing Traffic 80% Column	Projected Traffic 56% Column	Projected Traffic 80% Column
07:00 AM	Yes	Yes	Yes	Yes
08:00 AM	Yes	Yes	Yes	Yes
09:00 AM	Yes	No	Yes	Yes
10:00 AM	Yes	Yes	Yes	Yes
11:00 AM	Yes	Yes	Yes	Yes
12:00 PM	Yes	No	Yes	Yes
01:00 PM	Yes	No	Yes	Yes
02:00 PM	Yes	Yes	Yes	Yes
03:00 PM	Yes	Yes	Yes	Yes
04:00 PM	Yes	Yes	Yes	Yes
05:00 PM	Yes	Yes	Yes	Yes
06:00 PM	Yes	Yes	Yes	Yes
No. of Hours Met	12	9	12	12
Satisfied (Hours >=8)	Yes	Yes	Yes	Yes

Time	Adjusted* Existing Traffic Volumes			Projected Traffic
	Major Street Existing Traffic Eastbound US 84	Major Street Existing Traffic Westbound US 84	Minor Street Existing Traffic SB Old Hines Rd with Right-turn Reduction per NCHRP 457**	Minor Street Projected Traffic with Right-turn Reduction per NCHRP 457**
07:00 AM - 08:00 AM	910	914	1,824	111
08:00 AM - 09:00 AM	844	815	1,659	92
09:00 AM - 10:00 AM	682	580	1,262	62
10:00 AM - 11:00 AM	645	515	1,160	67
11:00 AM - 12:00 PM	709	528	1,237	90
12:00 PM - 01:00 PM	834	552	1,386	64
01:00 PM - 02:00 PM	789	590	1,379	98
02:00 PM - 03:00 PM	787	581	1,368	123
03:00 PM - 04:00 PM	939	723	1,662	194
04:00 PM - 05:00 PM	1176	865	2,041	292
05:00 PM - 06:00 PM	1258	879	2,137	289
06:00 PM - 07:00 PM	808	717	1,525	149

\* Traffic counts taken Tuesday, August 9, 2011 adjusted with GDOT published seasonal and daily factors

\*\* NCHRP 457 method was applied at the request of GDOT.

With the exception of 4pm-5pm, the right-turn reduction methodology discounted all right turns from the minor street.

Warrants with 2 or more major street lanes and 1 minor street lane				
Warrant 7 Condition A				
Major Street Standard	336	480	504	720
Minor Street Standard	84	120	42	60
Hour of Day	Rt Turn Reduction Projected Traffic 56% Column	Rt Turn Reduction Projected Traffic 80% Column	Rt Turn Reduction Projected Traffic 56% Column	Rt Turn Reduction Projected Traffic 80% Column
07:00 AM	Yes	No	Yes	Yes
08:00 AM	Yes	No	Yes	Yes
09:00 AM	No	No	Yes	Yes
10:00 AM	No	No	Yes	Yes
11:00 AM	Yes	No	Yes	Yes
12:00 PM	No	No	Yes	Yes
01:00 PM	Yes	No	Yes	Yes
02:00 PM	Yes	Yes	Yes	Yes
03:00 PM	Yes	Yes	Yes	Yes
04:00 PM	Yes	Yes	Yes	Yes
05:00 PM	Yes	Yes	Yes	Yes
06:00 PM	Yes	Yes	Yes	Yes
No. of Hours Met	9	5	12	12
Satisfied (Hours >=8)	Yes	No	Yes	Yes

Warrant 7 is not satisfied with existing traffic with right-turn reductions.

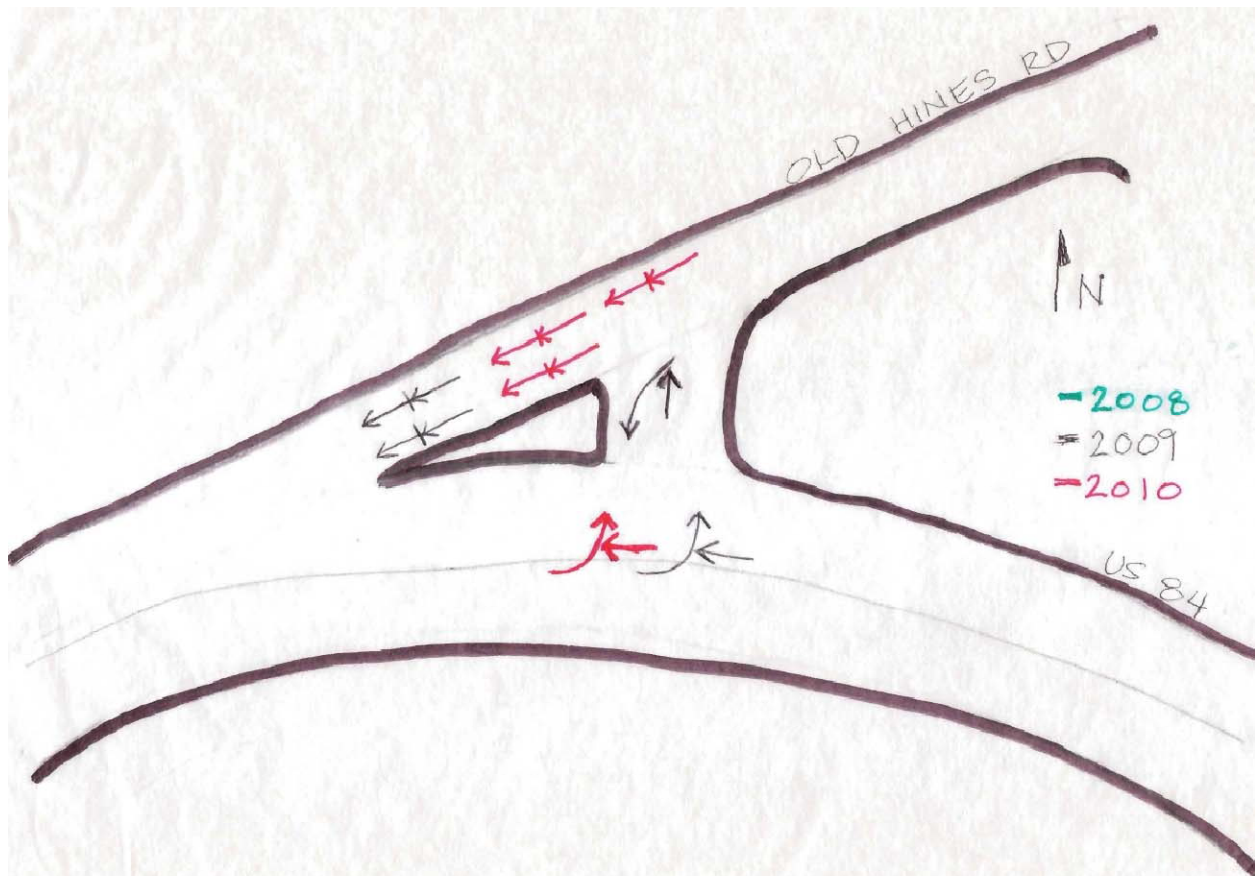


Figure 6 Crashes at US 84/Old Hines Road Intersection



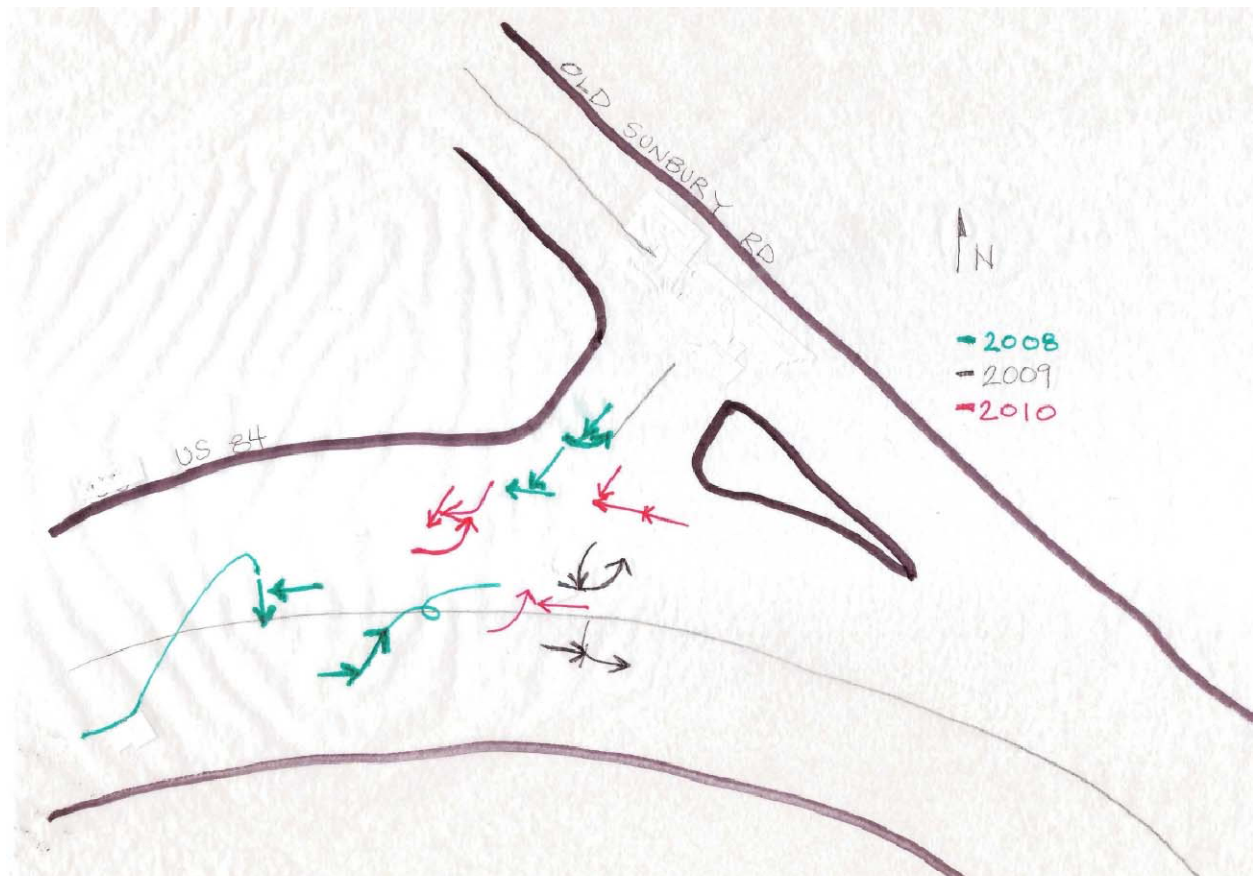


Figure 7 Crashes at US 84/Old Sunbury Road Intersection

## Appendix B Data

### Traffic Counts

Table 6 Traffic Counts at US 84/Old Hines Road Intersection

Unadjusted Traffic Counts (vehicles)											
	Old Hines Rd. Southbound			US 84 Westbound			US 84 Eastbound			Old Hines Road plus left-turning traffic at Old Sunbury Road	
Start Time	Right	Left	Peds	Right	Thru	Peds	Thru	Left	Peds	Right	Left
07:00 AM	34	0	0	2	217	0	217	49	0	34	16
07:15 AM	56	1	0	0	250	0	184	48	0	56	31
07:30 AM	85	0	0	1	239	0	218	23	0	85	30
07:45 AM	104	0	0	0	274	0	203	37	0	104	39
08:00 AM	96	0	0	1	221	0	224	32	0	96	42
08:15 AM	48	0	0	3	212	0	160	40	0	48	19
08:30 AM	44	0	0	0	233	0	156	63	0	44	19
08:45 AM	39	1	0	1	205	0	153	80	0	39	16
09:00 AM	24	1	0	0	150	0	164	65	0	24	18
09:15 AM	33	0	0	0	155	0	136	29	0	33	14
09:30 AM	40	0	0	0	143	0	148	20	0	40	15
09:45 AM	53	2	0	0	176	0	141	30	0	53	18
10:00 AM	47	1	0	0	139	0	146	32	0	47	15
10:15 AM	35	2	0	0	136	0	135	32	0	35	19
10:30 AM	49	1	0	1	132	0	153	40	0	49	19
10:45 AM	38	0	0	2	144	0	136	20	0	38	17
11:00 AM	75	1	0	4	150	0	157	21	0	75	19
11:15 AM	75	0	0	1	138	0	174	23	0	75	32
11:30 AM	104	1	0	0	124	0	160	42	0	104	28
11:45 AM	81	0	0	2	149	0	140	45	0	81	15
12:00 PM	51	1	0	0	140	0	141	69	0	51	21
12:15 PM	30	0	0	3	140	0	164	86	0	30	13
12:30 PM	41	0	0	2	164	0	140	91	0	41	11
12:45 PM	33	3	0	5	140	0	148	58	0	33	22
01:00 PM	38	0	0	2	150	0	181	57	0	38	23
01:15 PM	35	0	0	1	169	0	175	32	0	35	23
01:30 PM	37	1	0	1	154	0	177	34	0	37	24
01:45 PM	39	1	0	4	153	0	165	27	0	39	33
02:00 PM	39	1	0	0	152	0	168	37	0	39	26
02:15 PM	38	1	0	0	161	0	195	33	0	38	30
02:30 PM	54	1	0	0	148	0	158	33	0	54	36
02:45 PM	58	0	0	0	164	0	182	40	0	58	37
03:00 PM	56	1	0	0	157	0	207	27	0	56	41
03:15 PM	75	1	0	1	170	0	216	32	0	75	43
03:30 PM	43	0	0	1	241	0	231	36	0	43	57
03:45 PM	74	6	0	1	206	0	222	39	0	74	62
04:00 PM	103	0	0	0	199	0	287	49	0	103	55
04:15 PM	96	6	0	3	293	0	253	43	0	96	77
04:30 PM	76	20	0	3	241	0	257	36	0	76	80
04:45 PM	85	13	0	0	191	0	292	48	0	85	89
05:00 PM	71	11	0	0	210	0	336	58	0	71	79
05:15 PM	51	14	0	1	248	0	298	44	0	51	81
05:30 PM	58	14	0	2	238	0	282	45	0	58	72
05:45 PM	55	9	0	2	244	0	247	43	0	55	70
06:00 PM	42	0	0	0	225	0	223	38	0	42	45
06:15 PM	49	0	0	1	217	0	180	23	0	49	46
06:30 PM	41	0	0	0	167	0	174	32	0	41	34
06:45 PM	40	0	0	2	159	0	166	33	0	40	31

Table 7 Traffic Counts at Old Sunbury Road/US 84 Intersection

Start Time	Old Sunbury Southbound				US 84 Westbound				US 84 Eastbound			
	Right	Thru	Left	Peds	Right	Thru	Left	Peds	Right	Thru	Left	Peds
07:00 AM	0	0	16	0	0	218	0	0	0	204	12	0
07:15 AM	1	0	30	0	0	254	0	0	0	183	9	0
07:30 AM	1	0	30	0	0	239	0	0	0	227	2	0
07:45 AM	2	0	39	0	0	273	0	0	0	214	2	0
08:00 AM	0	0	42	0	0	225	0	0	0	221	3	0
08:15 AM	1	0	19	0	0	219	0	0	0	161	4	0
08:30 AM	4	0	19	0	0	231	0	0	0	146	8	0
08:45 AM	3	0	15	0	0	203	0	0	0	156	4	0
09:00 AM	1	0	17	0	0	153	0	0	0	158	6	0
09:15 AM	3	0	14	0	0	153	0	0	0	135	1	0
09:30 AM	1	0	15	0	0	142	0	0	0	147	5	0
09:45 AM	4	0	16	0	0	175	0	0	0	146	0	0
10:00 AM	3	0	14	0	0	136	0	0	0	145	2	0
10:15 AM	1	0	17	0	0	135	0	0	0	133	4	0
10:30 AM	2	0	18	0	0	131	0	0	0	151	3	0
10:45 AM	4	0	17	0	0	144	0	0	0	138	3	0
11:00 AM	1	0	18	0	0	154	0	0	0	162	5	0
11:15 AM	2	0	32	0	0	139	0	0	0	170	0	0
11:30 AM	1	0	27	0	0	120	0	0	0	154	2	0
11:45 AM	7	0	15	0	0	144	0	0	0	145	0	0
12:00 PM	1	0	20	0	0	136	0	0	0	138	4	0
12:15 PM	2	0	13	0	0	140	0	0	0	161	5	0
12:30 PM	0	0	11	0	0	166	0	0	0	149	3	0
12:45 PM	1	0	19	0	0	142	0	0	0	145	4	0
01:00 PM	3	0	23	0	0	147	0	0	0	178	5	0
01:15 PM	0	0	23	0	0	167	0	0	0	181	2	0
01:30 PM	0	0	23	0	0	149	0	0	0	176	2	0
01:45 PM	2	0	32	0	0	159	0	0	0	166	5	0
02:00 PM	3	0	25	0	0	146	0	0	0	171	3	0
02:15 PM	1	0	29	0	0	157	0	0	0	190	3	0
02:30 PM	4	0	35	0	0	144	0	0	0	156	3	0
02:45 PM	1	0	37	0	0	163	0	0	0	186	1	0
03:00 PM	1	0	40	0	0	158	0	0	0	209	2	0
03:15 PM	1	0	42	0	0	171	0	0	0	216	2	0
03:30 PM	2	0	57	0	0	240	0	0	0	229	3	0
03:45 PM	0	0	56	0	0	206	0	0	0	226	1	0
04:00 PM	0	0	55	0	0	199	0	0	0	288	2	0
04:15 PM	1	0	71	0	0	299	0	0	0	255	5	0
04:30 PM	0	0	60	0	0	242	0	0	0	275	3	0
04:45 PM	0	0	76	0	0	192	0	0	0	302	5	0
05:00 PM	1	0	68	0	0	210	0	0	0	336	4	0
05:15 PM	0	0	67	0	0	244	0	0	0	298	4	0
05:30 PM	0	0	58	0	0	237	0	0	0	297	3	0
05:45 PM	0	0	61	0	0	243	0	0	0	255	3	0
06:00 PM	0	0	45	0	0	225	0	0	0	224	2	0
06:15 PM	3	0	46	0	0	216	0	0	0	178	2	0
06:30 PM	1	0	34	0	0	165	0	0	0	178	2	0
06:45 PM	1	0	31	0	0	162	0	0	0	162	2	0

## GDOT Seasonal and Daily Factors

Table 8 Traffic Adjustment Factors

	GDOT Monthly Factors for August	Daily Factor for Tuesday	Overall Factor
Urban Major Arterial (not Atlanta)	1	0.93	0.93
Urban Local Collector	1.05	0.91	0.96

<http://www.dot.state.ga.us/statistics/trafficdata/pages/TrafficFactors.aspx>

## Appendix C Proposed Concepts for US 84 Flemington Curve

The figures that follow include a range of improvement concepts for the Flemington Curve proposed by various studies over the last few years.

Figure 8 and Figure 9 show near term alternatives developed for the *Fort Stewart 4<sup>th</sup> IBCT Traffic Study*. Figure 10 shows the locally preferred long range layout of the curve and intersections, as adopted by the City of Flemington and the latest HAMPO long range transportation plan, as well as the *US 84 Corridor Study*. Figure 11 is an alternate layout developed for the *US 84 Corridor Study*. Figure 12 and Figure 13 were developed by the Military Surface Deployment and Distribution Command during a short study in spring 2011. Finally, Figure 14 was developed by Paul Simonton, a member of the HAMPO Technical Coordinating Committee and Flemington City Engineer. The concepts shown in Figure 8 and Figure 9 are consistent with the adopted HAMPO long range transportation plan.





Figure 8 Fort Stewart Traffic Study Conceptual Alternative 1 (Completed February 2011)



Figure 9 Fort Stewart Traffic Study Conceptual Alternative 2 (Completed February 2011)



Figure 10 US 84 Corridor Study Preliminary Concept (Completed 2007)



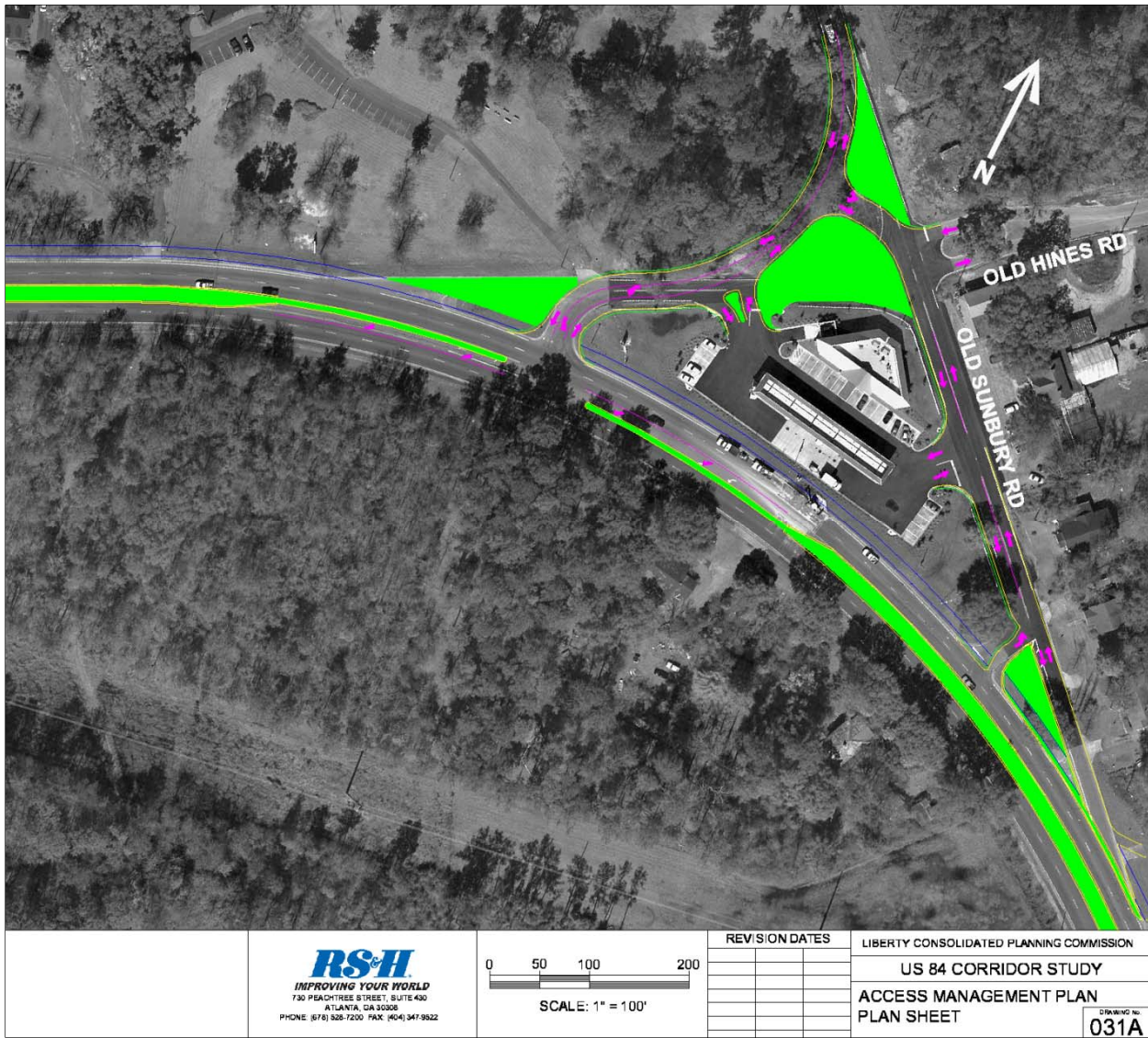


Figure 11 US 84 Corridor Study Alternate Preliminary Concept (Completed 2007)





Figure 12 SDDCTEA Concept 1, Completed May 2011



Figure 13 SDDCTEA Concept 2, Long Term Option, Completed May 2011

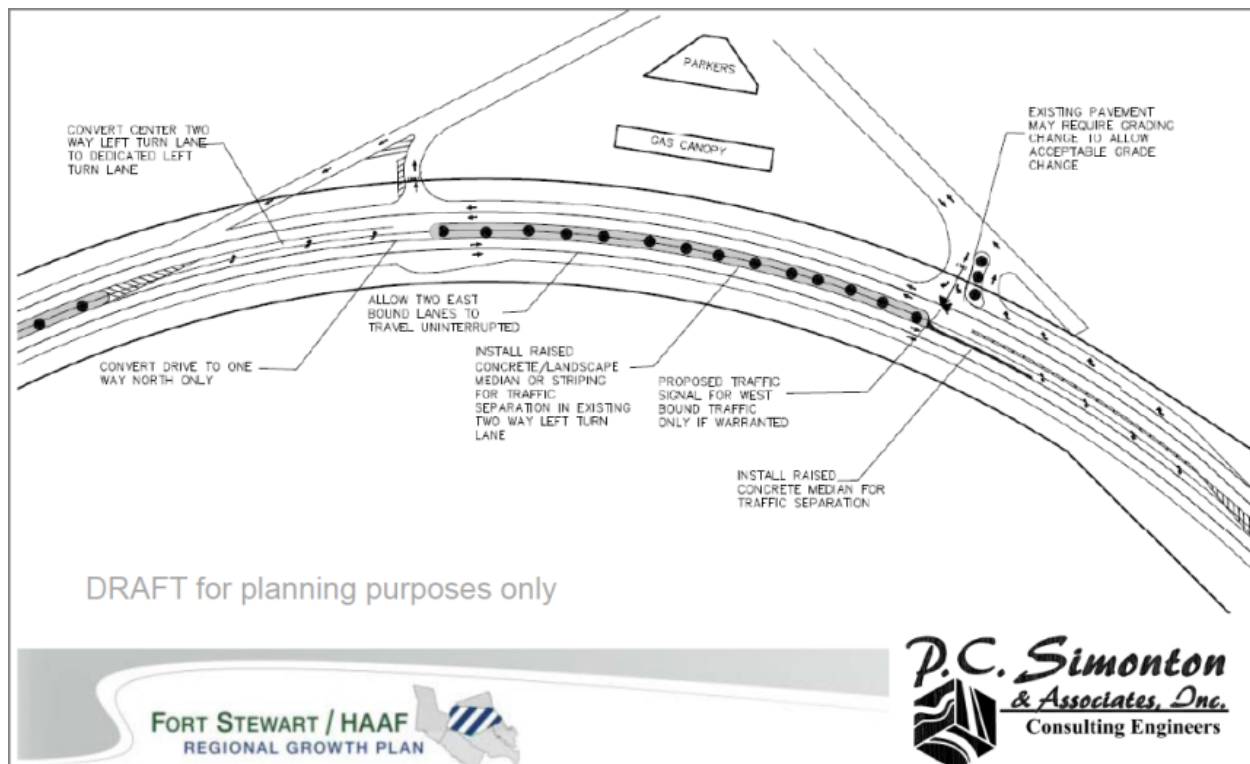


Figure 14 Conceptual Layout for HAMPO Committee Discussion (Completed 2010)

## Appendix D Crash Reports



ID	SOURCE	Accident Date	Time	WEEKDAY	YR	Severity	CONTRIBUTING code.s	Contributing	VEHICLE TYPE code.s	Vehicle Type	1ST HARMFUL code.s	1st Impact	MANNER code.s	Manner	COMMENTS	Note
1	GSP10	7/8/2008	8:20:00 AM	2. TUE	2008	PDO	4	FAILED TO YIELD	1 V 11	CAR V SUV	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 TURNING FROM OLD SUN TO WB GA38 HIT V2 WB GA38	
2	GSP11	8/18/2008	4:10:00 PM	1. MON	2008	INJ-1	10	DRIVER LOST CONTROL	2 V 1	PICKUP V CAR	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 EB AT CURVE LOST CONTROL HIT V2 EB GA38, RAIN	
3	GSP12	8/22/2008	7:55:00 AM	5. FRI	2008	PDO	8,4	FAILED TO YIELD, WEATHER	1 V 2	CAR V PICKUP	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 TURNING L ONTO EB GA38 FROM OLD SUN HIT V2 TURNING L ONTO OLD SUN FROM GA38	
4	GSP13	8/23/2008	6:13:00 PM	6. SAT	2008	INJ-1	22, 10, 7	TOO FAST, LOST CONTROL, WRONG SIDE	11 V 11	SUV V SUV	11	MOTOR VEHICLE IN MOTION	3	ANGLE	V1 EB AT CURVE LOST CONTROL HIT V2 EB GA38, RAIN	
7	GSP20	4/2/2009	10:38:00 AM	4. THU	2009	PDO	13, 17	IMPROPER TURN, MISJUDGED CLEARANCE	4 V 2	TRACTOR/TRAILER V PICKUP	11	MOTOR VEHICLE IN MOTION	5	ANGLE	V1 TURNING ONTO GA38 FROM OLD HINES HIT V2 TURNING L FROM GA38	reported as sideswipe - opposite direction. See diagram
8	GSP21	4/3/2009	7:15:00 AM	5. FRI	2009	PDO	4	FAILED TO YIELD	2 V 1	PICKUP V CAR	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 TURNING L FROM OLD SUN ONTO GA38 HIT V2 TURNING L ONTO OLD SUN FROM GA38	
10	GSP23	7/14/2009	5:49:00 PM	2. TUE	2009	PDO	4	FAILED TO YIELD	2 V 1	PICKUP V CAR	11	MOTOR VEHICLE IN MOTION	3	ANGLE	V1 TURNING EB ONTO GA38 FROM OLD SUN HIT V2 EB GA38	reported as rear end. See diagram.
12	GSP26	9/9/2009	9:04:00 AM	3. WED	2009	INJ-1	3	FOLLOWING TOO CLOSE	1 V 1	CAR V CAR	11	MOTOR VEHICLE IN MOTION	3	REAR END	V1 WB OLD HINES ONTO GA38 REAR ENDED V2	
13	GSP28	10/28/2009	11:04:00 AM	3. WED	2009	INJ-1	3	FOLLOWING TOO CLOSE	1 V 11	CAR V SUV	11	MOTOR VEHICLE IN MOTION	3	REAR END	V1 WB OLD HINES ONTO GA38 REAR ENDED V2	
14	GSP29	12/20/2009	5:48:00 AM	7. SUN	2009	PDO	4	FAILED TO YIELD	1 V 11	CAR V SUV	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V2 TURNING ONTO OLD HINES FROM EB GA38 HIT V2 WB GA38	
16	GSP30	2/2/2010	10:16:00 AM	2. TUE	2010	INJ-1	4	FAILED TO YIELD	1 V 11	CAR V SUV	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 TURNING L ONTO OLD SUN FROM EB GA38 HIT V2 WB GA38	
17	GSP31	2/12/2010	12:24:00 PM	5. FRI	2010	PDO	4	FAILED TO YIELD	11 V 1	SUV V CAR	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 TURNING L ONTO OLD SUN FROM EB GA38 HIT V2 WB GA38	
27	LCSO9	5/21/2010	10:00:00 AM	5. FRI	2010	PDO	3	FOLLOWING TOO CLOSE	1 V 1	CAR V CAR	11	MOTOR VEHICLE IN MOTION	3	REAR END	V1 WB OLD HINES ONTO GA38 REAR ENDED V2	
18	GSP33	6/11/2010	4:45:00 PM	5. FRI	2010	INJ-1	4	FAILED TO YIELD	1 V 17	CAR V MOTORCYCLE	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 EB GA38 TURNING ONTO OLD HINES HIT V2 WB GA38	
20	GSP37	11/17/2010	6:40:00 PM	3. WED	2010	INJ-1	6	DISREGARD STOP SIGN	11 V 11	SUV V SUV	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 FAILED TO STOP FROM SB OLD SUN AND HIT V2 WB GA38	
26	LCSO8	11/30/2010	5:20:00 PM	2. TUE	2010	PDO	4	FAILED TO YIELD	14 V 10	TRUCK W/ HOUSE TRAILER V VAN	11	MOTOR VEHICLE IN MOTION	3	REAR END	V1 WB OLD HINES ONTO GA38 REAR ENDED V2	
71	GSP38	12/27/2010	4:55:00 PM	1. MON	2010	INJ-5	3	FOLLOWING TOO CLOSE	11 V 11	SUV V SUV	11	MOTOR VEHICLE IN MOTION	3	REAR END	V1 WB OLD HINES ONTO GA38 REAR ENDED V2	
Excluded from Analysis																
21	GSP7	6/18/2008	7:24:00 AM	3. WED	2008	INJ-1	3	FOLLOWING TO CLOSE	1 V 1	CAR V CAR	11	MOTOR VEHICLE IN MOTION	3	REAR END	V1 TURNING ONTO NB OLD SUN FROM OLD HINES REAR ENDED V2 AT STOP	x
22	GSP9	6/26/2008	6:32:00 PM	4. THU	2008	PDO	4	FAILED TO YIELD	14 V 1	TRUCK W/ HOUSE TRAILER V CAR	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 TURNING NB OLD SUN FROM EB OLD HINES HIT V2 CROSSING OLD SUN	x
5	GSP17	11/26/2008	6:35:00 AM	3. WED	2008	PDO	4	FAILED TO YIELD	1 V 8 V 2	CAR V SINGLE U TRK V PICKUP	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 TURNING L ONTO OLD SUN FROM GA38 HIT V2 AND V3	x
23	LCSO11	5/14/2009	9:49:00 PM	4. THU	2009	PDO	4	FAILED TO YIELD	10 V 11	VAN V SUV	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 TURNING FROM PARKER'S ONTO OLD HINES HIT V2 WB OLD HINES	x
9	GSP22	7/6/2009	4:24:00 PM	1. MON	2009	INJ-1	4	FAILED TO YIELD	1 V 1	CAR V CAR	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 DRIVING ACROSS OLD SUN FROM OLD HINES HIT V2 ON OLD SUN	x
11	GSP24	8/4/2009	3:40:00 PM	2. TUE	2009	INJ-1	4	FAILED TO YIELD	2 V 1	PICKUP V CAR	11	MOTOR VEHICLE IN MOTION	1	ANGLE	V1 SB OLD SUN TURNING ONTO OLD HINES WAS HIT BY V2 NB OLD SUN	x
25	LCSO6	8/24/2010	12:24:00 PM	2. TUE	2010	PDO	4	FAILED TO YIELD	1 V 2	CAR V PICKUP	11	MOTOR VEHICLE IN MOTION	4	SIDESWIPE - SAME	V1 FROM EB GA38 SIDESWIPED V2 NB OLD SUN JUST FROM GA38	x
19	GSP34	9/1/2010	8:24:00 AM	3. WED	2010	PDO	4	FAILED TO YIELD	11 V 11	SUV V SUV	11	MOTOR VEHICLE IN MOTION	2	HEAD ON	V1 WB OLD HINES FAILED TO YIELD TO V2 TURNING NB OLD HINES	x

db #14



# STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol  
Georgia Department of Public Safety  
P.O. Box 1456  
Atlanta, Georgia 30371-1456

50

Crash Number C000015003-01	Reporting Agency GEORGIA STATE PATROL	Reporting Agency Case Number C000015003-01	Reporting Agency CAD Number GSP109CAD008894
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## CRASH IDENTIFIERS

County of Crash LIBERTY	City or Place of Crash FLEMINGTON	<input type="checkbox"/> City Limits	Crash Date/Time 12/20/2009 05:48 PM	Reported Date/Time 12/20/2009 05:55 PM	Dispatched Date/Time 12/20/2009 05:59 PM
On Scene Date/Time 12/20/2009 06:05 PM	Cleared Scene Date/Time 12/20/2009 07:24 PM	Complete Date/Time 12/20/2009 06:54 PM	Reason (if Investigation Not Complete)		Source of Information LAW ENFORCEMENT AGENCY

## ROADWAY INFORMATION

Roadway Description for Location of Occurrence SR-38		Distance to City or Place of Crash	Latitude N 31 51.5431	Longitude W 81 33.8729
Intersecting Roadway Description for Location of Occurrence OLD HINES RD.		Distance / Direction from Crash Location	<input checked="" type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time 12/20/2009 6:45:32 PM
Part of National Highway System NO	Roadway Functional Class Type URBAN	Roadway Functional Class Detail MINOR ARTERIAL		
Type of Shoulder CURB	Roadway Lighting CONTINUOUS LIGHTING ONE SIDE	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE	
Traffic Control Type at Intersection STOP SIGNS ON CROSS STREET ONLY		Mainline Number of Lanes at Intersection FOUR TO SIX LANES	Side Road Number of Lanes at Intersection TWO LANES	

## CRASH INFORMATION

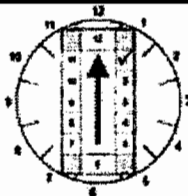
Light Condition DARK-LIGHTED	Weather Condition CLEAR	Roadway Surface Condition DRY	<input type="checkbox"/> Crash Pictures Taken
First Harmful Event Type COLLISION NON-FIXED OBJECT		First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	
Total Counts	Vehicles 2	CMV 0	Motorists 3
		Non-Motorists 0	Injured 0
		Fatalities 0	Witnesses 0
		Other Persons 0	Businesses 0
			Violations 0
First Harmful Event's Relation to Junction INTERSECTION		Is First Harmful Event within Interchange Area YES	
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE	
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE	
School Bus Related NO		Work Zone Related NO	
		Crash Location in Work Zone	

## VEHICLE V01

V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number BJH8572	Registration Expires 12/03/2010	<input type="checkbox"/> Permanent Registration	VIN 1G1BN51H7JR139396
Year 1988	Make CHEVROLET	Model CAPRICE CLASSI	Style 4S	Color RED	Body Type Category PASSENGER CAR	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name SHAUN	Owner Middle Name MICHAEL	Owner Last Name HAWKINS	Owner Suffix	Owner Business (if not Person)		
Address 70 MOODY RD		Address Other		City HINESVILLE	State GA	Zip Code 31313-7320
Owner Phone Number 912-610-8191	Owner Phone Number (other) 912-876-3105	Insurance Company		Insurance Policy Number		
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Vehicle Towed By BLOUNT'S WRECKER SERVICE		Wrecker Selection Method ROTATION		
Direction of Travel Before Crash WESTBOUND	Speed: Estimated 45	Posted 45	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 5	Roadway Horizontal Alignment CURVE LEFT	Roadway Grade LEVEL
Trafficway Description TWO-WAY DIVIDED UNPROTECTED (PAINTED >4 FEET) MEDIAN		Traffic Control Device Type NO CONTROLS		Working Properly		
Roadway Description for Vehicle Travel SR38 WB LEFT LANE						
Vehicle Maneuver Action (by this vehicle) NEGOTIATING A CURVE		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle)		
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT				
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT				
Contributing Circumstances 1 (this vehicle)		Contributing Circumstances 2 (this vehicle) NONE				

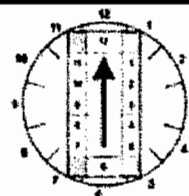
Area of Initial Impact

- ☐ Non Collision
- ☐ Top
- ☐ Undercarriage
- ☐ Unknown



Most Damaged Area

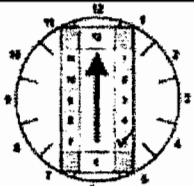
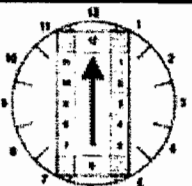
- ☐ Non Collision
- ☐ Top
- ☐ Undercarriage
- ☐ Unknown



Occupant Type DRIVER	Person Name (First Middle Last Suffix) SHAUN MICHAEL HAWKINS	Injury Status NO INJURY(O)
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## VEHICLE V02

V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number HU22U6	Registration Expires 11/30/2010	<input type="checkbox"/> Permanent Registration	VIN 1FMNU42S01EA78472
Year 2001	Make FORD	Model EXCURSION	Style MP	Color WHI	Body Type Category (SPORT) UTILITY VEHICLE	
Special Function of Motor Vehicle in Transport UNKNOWN		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name ELLIS	Owner Middle Name J	Owner Last Name MINNIE	Owner Suffix	Owner Business (if not Person)		
Address 671 WELLS RD		Address Other		City HINESVILLE	State GA	Zip Code 31313-8962
Owner Phone Number 912-271-8071	Owner Phone Number (other)	Insurance Company WALKER INS. CO.		Insurance Policy Number 70APS020735		

Crash Number <b>C000015003-01</b>		Reporting Agency <b>GEORGIA STATE PATROL</b>		Reporting Agency Case Number <b>C000015003-01</b>		Reporting Agency CAD Number <b>GSPI08CAD008894</b>	
Vehicle Removal <b>DRIVEN - NOT DISABLED</b>				Vehicle Towed By		Wrecker Selection Method	
Direction of Travel Before Crash <b>NORTHBOUND</b>		Speed: Estimated <b>45</b>	Posted <b>45</b>	Roadway Type <b>UNDIVIDED HIGHWAY</b>	Total Lanes <b>5</b>	Roadway Horizontal Alignment <b>CURVE RIGHT</b>	Roadway Grade <b>LEVEL</b>
Trafficway Description <b>TWO-WAY NOT DIVIDED WITH A CONTINUOUS LEFT TURN LANE</b>				Traffic Control Device Type <b>NO CONTROLS</b>		Working Properly	
Roadway Description for Vehicle Travel <b>SR36 &amp; HINES RD.</b>							
Vehicle Maneuver Action (by this vehicle) <b>TURNING LEFT</b>			Hit & Run (by this vehicle) <b>NO DID NOT LEAVE SCENE</b>		Damage Extent (for this vehicle) <b>MINOR DAMAGE</b>		
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				1st Sequence of Events Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>			
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				Most Harmful Event Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>			
Contributing Circumstances 1 (this vehicle) <b>NONE</b>				Contributing Circumstances 2 (this vehicle) <b>NONE</b>			
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 			
Occupant Type <b>PASSENGER</b>		Person Name (First Middle Last Suffix) <b>ELLIS JAMES MINESS</b>			Injury Status <b>NO INJURY(O)</b>		
Occupant Type <b>DRIVER</b>		Person Name (First Middle Last Suffix) <b>JASSEN JAMES GARRETT</b>			Injury Status <b>NO INJURY(O)</b>		
<b>PASSENGER V02</b>							
Person Type <b>PASSENGER</b>		NM#	Vehicle# <b>V02</b>	Person Type Detail			
First Name <b>ELLIS</b>	Middle Name <b>JAMES</b>	Last Name <b>MINESS</b>		Suffix	Date of Birth <b>11/30/1965</b>	Age <b>44</b>	Sex <b>M</b>
Address <b>671 WELLS RD.</b>		Address Other		City <b>HINESVILLE</b>	State <b>GA</b>	Zip Code <b>31313</b>	
Phone Number		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>			
Driver License Number <b>051102318</b>		Class <b>C</b>	Expires	State <b>GA</b>	Jurisdiction <b>02</b>	Type <b>NON-CDL DRIVER'S LICENSE</b>	Status <b>VALID LICENSE</b>
Drivers License Restrictions 1 <b>NONE</b>		Drivers License Restrictions 2 <b>NONE</b>		Drivers License Restrictions 3 <b>NONE</b>			
Driver Distracted By <b>NOT DISTRACTED</b>				Driver Vision Obstructions <b>VISION NOT OBSCURED</b>			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>FAILED TO YIELD RIGHT-OF-WAY</b>				Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>RIGHT</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested	Alcohol Test Result		BAC
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested	Drug Test Result		
<b>DRIVER V01</b>							
Person Type <b>DRIVER</b>		NM#	Vehicle# <b>V01</b>	Person Type Detail			
First Name <b>SHAUN</b>	Middle Name <b>MICHAEL</b>	Last Name <b>HAWKINS</b>		Suffix	Date of Birth <b>12/03/1990</b>	Age <b>19</b>	Sex <b>M</b>
Address <b>70 MOODY RD</b>		Address Other		City <b>HINESVILLE</b>	State <b>GA</b>	Zip Code <b>31313</b>	
Phone Number		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>			
Driver License Number <b>053531446</b>		Class <b>C</b>	Expires <b>12/03/2014</b>	State <b>GA</b>	Jurisdiction <b>02</b>	Type <b>NON-CDL DRIVER'S LICENSE</b>	Status <b>VALID LICENSE</b>
Drivers License Restrictions 1 <b>NONE</b>		Drivers License Restrictions 2 <b>NONE</b>		Drivers License Restrictions 3 <b>NONE</b>			
Driver Distracted By <b>NOT DISTRACTED</b>				Driver Vision Obstructions <b>VISION NOT OBSCURED</b>			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>LEFT</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT APPLICABLE</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested	Alcohol Test Result		BAC
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested	Drug Test Result		

Crash Number <b>C000015003-01</b>	Reporting Agency <b>GEORGIA STATE PATROL</b>	Reporting Agency Case Number <b>C000015003-01</b>	Reporting Agency CAD Number <b>GSP109CAD008694</b>
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# DRIVER V02

Person Type <b>DRIVER</b>		NM#	Vehicle# <b>V02</b>	Person Type Detail	
First Name <b>JASSEN</b>	Middle Name <b>JAMES</b>	Last Name <b>GARRETT</b>		Suffix	Date of Birth <b>12/29/1976</b>
Address <b>1254 CHINOOK WAY</b>		Address Other		City <b>HINESVILLE</b>	State <b>GA</b>
Phone Number <b>912-271-6071</b>	Phone Number (other)	Condition at Time of Crash <b>APPARENTLY NORMAL</b>		Age <b>32</b>	Sex <b>M</b>
Driver License Number <b>051102318</b>	Class <b>B</b>	Expires <b>12/29/2011</b>	State <b>GA</b>	Jurisdiction <b>02</b>	Type <b>NON-CDL DRIVER'S LICENSE</b>
Drivers License Restrictions 1 <b>NONE</b>		Drivers License Restrictions 2 <b>NONE</b>		Status <b>VALID LICENSE</b>	
Drivers License Restrictions 3 <b>NONE</b>		Driver Distracted By <b>NOT DISTRACTED</b>		Driver Vision Obstructions <b>VISION NOT OBSCURED</b>	
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>FAILED TO YIELD RIGHT-OF-WAY</b>		Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Motor Vehicle Seating Position: Row <b>FRONT</b>	Motor Vehicle Seating Position: Seat <b>LEFT</b>	Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>		Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>		Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>					
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash	
Law Enforcement Suspected Alcohol Use <b>NO</b>	Alcohol Test Type	Alcohol Tested		Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use <b>NO</b>	Drug Test Type	Drug Tested		Drug Test Result	

**NARRATIVE: C000015003**

Vehicle # 1 (a limousine) was traveling east on Ga. 38 and attempting to turn left on to Hines Rd. Vehicle #2 was traveling west on Ga. 38 in the left lane. Vehicle #2 skidded approximately 24' 6" prior to impact and struck the right rear of vehicle #1 with its right front. Vehicle #1 drove to a controlled rest on Hines Rd. Vehicle #2 skidded after impact approximately 7' 9" to its final uncontrolled rest in the center turning lane of Ga. 38. Area of impact was in the left lane of Ga. 38 west. Driver of vehicle #1 stated there were not any vehicles in sight when he started making his left turn. Driver of vehicle #2 stated his insurance company is not the same as what is on the GCIC response. He stated he would call his insurance information in to the Ga. State Patrol Post. As of 12/24/2009 I have not received that information.

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name <b>MIDDLETON, H.</b>	Signature	Approving Officer Name <b>KING, T.L.</b>	Signature <i>SFC J.L. King</i>
ID Number <b>319</b>	Rank <b>SR/TPR</b>	ID Number <b>566</b>	Rank <b>SFC</b>
Org / Unit <b>I-11</b>		Org / Unit <b>GSP I-11</b>	

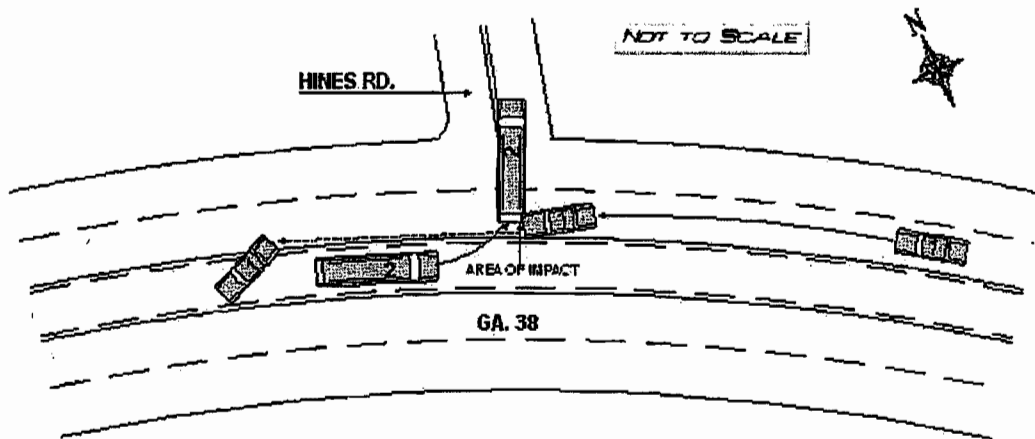
Crash Number  
C000015003-01

Reporting Agency  
GEORGIA STATE PATROL

Reporting Agency Case Number  
C000015003-01

Reporting Agency CAD Number  
GSP109CAD008694

DIAGRAM OF ACCIDENT





# STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol  
Georgia Department of Public Safety  
P.O. Box 1456  
Atlanta, Georgia 30371-1456

TU

db#16

Crash Number C000014172-01	Reporting Agency GEORGIA STATE PATROL	Reporting Agency Case Number C000014172	Reporting Agency CAD Number GSP10CAD004755
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## CRASH IDENTIFIERS

County of Crash LIBERTY	City or Place of Crash HINESVILLE	<input type="checkbox"/> City Limits	Crash Date/Time 02/02/2010 10:16 AM	Reported Date/Time 02/02/2010 10:16 AM	Dispatched Date/Time 02/02/2010 10:19 AM
On Scene Date/Time 02/02/2010 10:25 AM	Cleared Scene Date/Time 02/02/2010 11:14 AM	Complete Date/Time 02/02/2010 11:14 AM	Reason (if Investigation Not Complete)		Source of Information LAW ENFORCEMENT AGENCY

## ROADWAY INFORMATION

Roadway Description for Location of Occurrence US-84	Distance to City or Place of Crash	Latitude N 31 51.5310	Longitude W 81 33.7819
Intersecting Roadway Description for Location of Occurrence OLD SUNBERRY ROAD	Distance / Direction from Crash Location	<input checked="" type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time 02/02/2010 11:14:49 AM
Part of National Highway System YES	Roadway Functional Class Type RURAL	Roadway Functional Class Detail MINOR ARTERIAL	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection STOP SIGNS ON CROSS STREET ONLY	Mainline Number of Lanes at Intersection FOUR TO SIX LANES	Side Road Number of Lanes at Intersection ONE LANE	

## CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition RAIN	Roadway Surface Condition WET	<input type="checkbox"/> Crash Pictures Taken
First Harmful Event Type COLLISION NON-FIXED OBJECT		First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	

Total Counts	Vehicles 2	CMV 0	Motorists 2	Non-Motorists 0	Injured 2	Fatalities 0	Witnesses 1	Other Persons 0	Businesses 0	Violations 1
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First Harmful Event's Relation to Junction INTERSECTION	Is First Harmful Event within Interchange Area YES	Type of Intersection T-INTERSECTION
Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE
Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE
School Bus Related NO	Work Zone Related NO	Crash Location in Work Zone

## VEHICLE V01

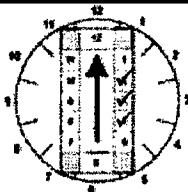
Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number BEV5656	Registration Expires 10/09/2010	<input type="checkbox"/> Permanent Registration	VIN YV1RS59V042351038
Year 2004	Make VOLVO	Model S60 2.5T FWD	Style 4S	Color SIL	Body Type Category PASSENGER CAR
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO	Type of Bus Use NOT A BUS			
Owner First Name KAMALL	Owner Middle Name A	Owner Last Name ABEL	Owner Suffix	Owner Business (if not Person)	
Address 1351 GULICK AVENUE #100		Address Other		City FORT STEWART	State GA
Owner Phone Number 516-710-2147	Owner Phone Number (other)	Insurance Company USAA	Insurance Policy Number 024587617G71018		

Vehicle Removal TOWED DUE TO DISABLING DAMAGE	Vehicle Towed By J T JONES	Wrecker Selection Method ROTATION
Direction of Travel Before Crash EASTBOUND	Speed: Estimated 45	Posted 45
Trafficway Description TWO-WAY NOT DIVIDED WITH A CONTINUOUS LEFT TURN LANE	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 5
Roadway Description for Vehicle Travel SR-38	Roadway Horizontal Alignment CURVE RIGHT	Roadway Grade LEVEL
Traffic Control Device Type NO CONTROLS		Working Properly

Vehicle Maneuver Action (by this vehicle) TURNING LEFT	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) DISABLING DAMAGE
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT	
2nd Sequence of Events Type (this vehicle) UNKNOWN	2nd Sequence of Events Detail (this vehicle)	
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events Detail (this vehicle)	
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT	
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE	

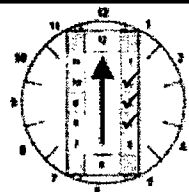
Area of Initial Impact

- ☐ Non Collision  
☐ Top  
☐ Undercarriage  
☐ Unknown



Most Damaged Area

- ☐ Non Collision  
☐ Top  
☐ Undercarriage  
☐ Unknown



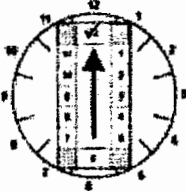
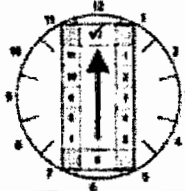
Occupant Type DRIVER	Person Name (First Middle Last Suffix) KAMALL A ABEL	Injury Status NON FATAL INJURY
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## VEHICLE V02

Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number AZW5996	Registration Expires 01/21/2011	<input type="checkbox"/> Permanent Registration	VIN JTEGH20V410004127
Year 2001	Make TOYOTA	Model RAV4	Style MP	Color SIL	Body Type Category (SPORT) UTILITY VEHICLE
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO	Type of Bus Use NOT A BUS			

95P 30 (4)



Crash Number <b>C000014172-01</b>		Reporting Agency <b>GEORGIA STATE PATROL</b>		Reporting Agency Case Number <b>C000014172</b>		Reporting Agency CAD Number <b>GSP10CAD004755</b>	
Owner First Name <b>MARY</b>		Owner Middle Name <b>BETH</b>		Owner Last Name <b>EVANS</b>		Owner Suffix	
Owner Business (if not Person)		Address <b>252 RIVER DRIVE</b>		City <b>MIDWAY</b>		State <b>GA</b>	
Owner Phone Number <b>912-658-4691</b>		Owner Phone Number (other)		Insurance Company <b>PROGRESSIVE</b>		Insurance Policy Number <b>41077759</b>	
Vehicle Removal <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Towed By <b>HODGES TOWING</b>		Wrecker Selection Method <b>ROTATION</b>			
Direction of Travel Before Crash <b>WESTBOUND</b>		Speed: Estimated <b>45</b>		Roadway Type <b>UNDIVIDED HIGHWAY</b>		Total Lanes <b>5</b>	
Roadway Horizontal Alignment <b>CURVE LEFT</b>		Roadway Grade <b>LEVEL</b>		Traffic Control Device Type <b>NO CONTROLS</b>		Working Properly	
Trafficway Description <b>TWO-WAY NOT DIVIDED WITH A CONTINUOUS LEFT TURN LANE</b>		Roadway Description for Vehicle Travel <b>SR-38</b>					
Vehicle Maneuver Action (by this vehicle) <b>MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</b>		Hit & Run (by this vehicle) <b>NO DID NOT LEAVE SCENE</b>		Damage Extent (for this vehicle) <b>DISABLING DAMAGE</b>			
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>		1st Sequence of Events Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>					
2nd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>		2nd Sequence of Events Detail (this vehicle)					
3rd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>		3rd Sequence of Events Detail (this vehicle)					
4th Sequence of Events Type (this vehicle) <b>UNKNOWN</b>		4th Sequence of Events Detail (this vehicle)					
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>		Most Harmful Event Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>					
Contributing Circumstances 1 (this vehicle) <b>NONE</b>		Contributing Circumstances 2 (this vehicle) <b>NONE</b>					
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			
Occupant Type <b>DRIVER</b>		Person Name (First Middle Last Suffix) <b>MARY BETH EVANS</b>		Injury Status <b>NON FATAL INJURY</b>			
<b>DRIVER V01</b>							
Person Type <b>DRIVER</b>		NM#		Vehicle# <b>V01</b>		Person Type Detail	
First Name <b>KAMALL</b>		Middle Name <b>A</b>		Last Name <b>ABEL</b>		Suffix	
Date of Birth <b>10/08/1987</b>		Age <b>22</b>		Sex <b>M</b>			
Address <b>1351 GULICK AVENUE #100</b>		Address Other		City <b>FORT STEWART</b>		State <b>GA</b>	
Phone Number <b>516-710-2147</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>			
Driver License Number <b>386155580</b>		Class <b>D</b>		Expires <b>10/09/2112</b>		State <b>NY</b>	
Jurisdiction <b>02</b>		Type <b>NON-CDL DRIVER'S LICENSE</b>		Status <b>VALID LICENSE</b>			
Drivers License Restrictions 1 <b>NONE</b>		Drivers License Restrictions 2 <b>NONE</b>		Drivers License Restrictions 3 <b>NONE</b>			
Driver Distracted By <b>NOT DISTRACTED</b>		Driver Vision Obstructions <b>VISION NOT OBSCURED</b>					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>FAILED TO YIELD RIGHT-OF-WAY</b>		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>					
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>LEFT</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>		Helmet Use <b>NO HELMET</b>					
Air Bag Deployed <b>DEPLOYED-CURTAIN</b>		Ejection <b>NOT EJECTED</b>					
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NON FATAL INJURY</b>		Injury Severity Level Detail <b>NON-INCAPACITATING (B)</b>		Primary or Most Obvious of Body Area Injured During Crash <b>ABDOMEN AND PELVIS</b>			
Source of Transport to Medical Facility <b>EMS GROUND</b>		EMS Agency Name or ID <b>LIBERTY COUNY EMS</b>		EMS Run Number		Medical Facility Transported To <b>WYNN ARMY HOSPITAL</b>	
Injury Description (Type of injury inflicted to Primary or Most Obvious Body Area Injured during Crash. Can come from EMS / Hospital records). <b>Driver complained of pain to his right side.</b>							
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested		Drug Test Result	
Violation Type Issued <b>UNIFORM TRAFFIC CITATION</b>		Number <b>E00104096</b>		Violation Description <b>40-6-71 FAILURE TO YIELD WHILE TURNING LEFT</b>			
<b>DRIVER V02</b>							
Person Type <b>DRIVER</b>		NM#		Vehicle# <b>V02</b>		Person Type Detail	
First Name <b>MARY</b>		Middle Name <b>BETH</b>		Last Name <b>EVANS</b>		Suffix	
Date of Birth <b>01/21/1952</b>		Age <b>58</b>		Sex <b>F</b>			
Address <b>252 RIVER DR</b>		Address Other		City <b>MIDWAY</b>		State <b>GA</b>	
Phone Number <b>912-658-4691</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>			
Driver License Number <b>051093166</b>		Class <b>C</b>		Expires <b>01/21/2017</b>		State <b>GA</b>	
Jurisdiction <b>02</b>		Type <b>NON-CDL DRIVER'S LICENSE</b>		Status <b>VALID LICENSE</b>			
Drivers License Restrictions 1 <b>NONE</b>		Drivers License Restrictions 2 <b>NONE</b>		Drivers License Restrictions 3 <b>NONE</b>			

Crash Number <b>C000014172-01</b>		Reporting Agency <b>GEORGIA STATE PATROL</b>		Reporting Agency Case Number <b>C000014172</b>		Reporting Agency CAD Number <b>GSP110CAD004755</b>	
Driver Distracted By <b>NOT DISTRACTED</b>				Driver Vision Obstructions <b>VISION NOT OBSCURED</b>			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>LEFT</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use <b>NO HELMET</b>			
Air Bag Deployed <b>DEPLOYED-FRONT</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NON FATAL INJURY</b>		Injury Severity Level Detail <b>NON-INCAPACITATING (B)</b>		Primary or Most Obvious of Body Area Injured During Crash <b>UNSPECIFIED</b>			
Source of Transport to Medical Facility <b>EMS GROUND</b>		EMS Agency Name or ID <b>LIBERTY COUNTY EMS</b>		EMS Run Number		Medical Facility Transported To <b>ST. JOSEPHS HOSPITAL</b>	
Injury Description (Type of injury inflicted to Primary or Most Obvious Body Area Injured during Crash. Can come from EMS / Hospital records). <b>Driver complained of pain.</b>							
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested		Drug Test Result	
<b>WITNESS</b>							
<input checked="" type="checkbox"/> Person Type <b>WITNESS</b>		NM#		Vehicle#		Person Type Detail	
First Name <b>JAY</b>		Middle Name		Last Name <b>OWENS</b>		Suffix	
Date of Birth		Age <b>31</b>		Sex <b>M</b>			
Address <b>HIGHWAY 84</b>		Address Other		City <b>HINESVILLE</b>		State <b>GA</b>	
Phone Number <b>912-293-3847</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>		Zip Code <b>31313</b>	
Drivers License Restrictions 1 <b>NONE</b>		Drivers License Restrictions 2 <b>NONE</b>		Drivers License Restrictions 3 <b>NONE</b>			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			
Motor Vehicle Seating Position: Row		Motor Vehicle Seating Position: Seat		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested		Drug Test Result	
<b>NARRATIVE: C000014172</b>							

Vehicle #1 was traveling east on SR-38 in the central turn lane and was attempting to turn left onto Old Sunberry Road. Vehicle #2 was traveling west on SR-38 in the right travel lane and was approaching Vehicle #1. Vehicle #1 failed to yield while turning left and turned into the path of Vehicle #2. Vehicle #2 struck the passenger side of Vehicle #1. Area of impact was in the intersection of SR-38 and Old Sunberry Road and was determined by roadway evidence. Vehicle #1 and Vehicle #2 came to an uncontrolled final rest at the area of impact.

This crash investigation was audio and video recorded on VHS tape #881-004-2010.

REPORTING OFFICER				APPROVING OFFICER (SUPERVISOR)			
Reporting Officer Name <b>TFC WILKES, E.</b>		Signature <i>TFC Eric Wilkes</i>		Approving Officer Name <b>BREWTON, B.</b>		Signature <i>CPL Brewton #330</i>	
ID Number <b>981</b>		Rank <b>TFC</b>		ID Number <b>330</b>		Rank <b>CPL</b>	
Org / Unit <b>I-11</b>				Org / Unit <b>I-11</b>			

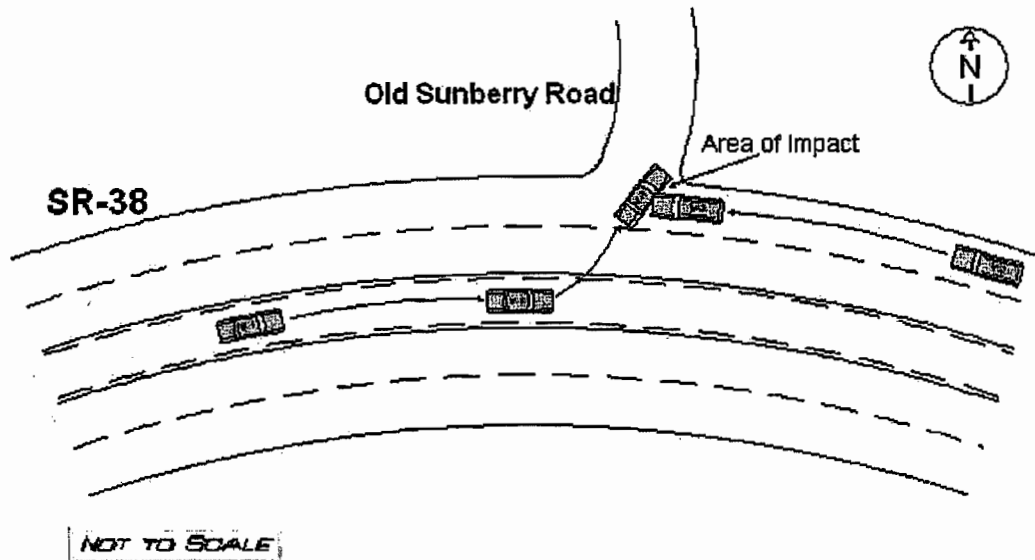
Crash Number  
C000014172-01

Reporting Agency  
GEORGIA STATE PATROL

Reporting Agency Case Number  
C000014172

Reporting Agency CAD Number  
GSP110CAD004755

DIAGRAM OF ACCIDENT



ANGAE  
FAILED TO YIELD  
VEHICLE IN MOTION



# STATE OF GEORGIA TRAFFIC CRASH REPORT

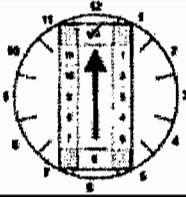
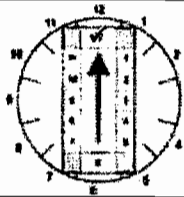
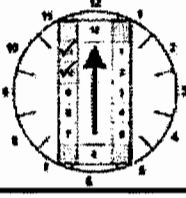
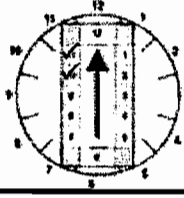
Georgia State Patrol  
Georgia Department of Public Safety  
P.O. Box 1456  
Atlanta, Georgia 30371-1456

FR

db #17

Crash Number C000015189-01		Reporting Agency GEORGIA STATE PATROL		Reporting Agency Case Number C000015189		Reporting Agency CAD Number GSP10CAD006418	
<b>CRASH IDENTIFIERS</b>							
County of Crash LIBERTY		City or Place of Crash <input type="checkbox"/> City Limits		Crash Date/Time 02/12/2010 12:19 PM		Reported Date/Time 02/12/2010 12:19 PM	
On Scene Date/Time 02/12/2010 12:24 PM		Cleared Scene Date/Time 02/12/2010 01:55 PM		Complete Date/Time 02/12/2010 01:56 PM		Source of Information LAW ENFORCEMENT AGENCY	
<b>ROADWAY INFORMATION</b>							
Roadway Description for Location of Occurrence US-84				Distance to City or Place of Crash		Latitude N 31 51.5394	
Intersecting Roadway Description for Location of Occurrence				Distance / Direction from Crash Location		Longitude W 81 33.8286	
Part of National Highway System NO		Roadway Functional Class Type RURAL		Roadway Functional Class Detail PRINCIPAL ARTERIAL-OTHER			
Type of Shoulder UNPAVED		Roadway Lighting NO LIGHTING		Roadway Bikeway Facility NONE		Signed Bicycle Route NOT APPLICABLE	
Traffic Control Type at Intersection STOP SIGNS ON CROSS STREET ONLY		Mainline Number of Lanes at Intersection		Side Road Number of Lanes at Intersection TWO LANES			
<b>CRASH INFORMATION</b>							
Light Condition DAYLIGHT		Weather Condition RAIN		Roadway Surface Condition WET		<input type="checkbox"/> Crash Pictures Taken	
First Harmful Event Type COLLISION NON-FIXED OBJECT				First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT			
Total Counts		Vehicles	CMV	Motorists	Non-Motorists	Injured	Fatalities
		3	0	4	0	3	0
Witnesses		Other Persons	Businesses	Violations			
0		0	0	0			
First Harmful Event's Relation to Junction NON-JUNCTION				Is First Harmful Event within Interchange Area NO		Type of Intersection T-INTERSECTION	
Contributing Circumstances: Environment NONE				Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE	
Contributing Circumstances: Road NONE				Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE	
School Bus Related NO				Work Zone Related NO		Crash Location in Work Zone	
<b>VEHICLE V01</b>							
V01		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT		State GA		License Number WF1Z79	
Year 2007		Make TOYOTA		Model 4 RUNNER		Style MP	
Color RED		Body Type Category (SPORT) UTILITY VEHICLE		Registration Expires 11/22/2010		<input type="checkbox"/> Permanent Registration	
VIN JTEBU14R278095647		Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS	
Owner First Name CARLY		Owner Middle Name COLLINS		Owner Last Name DEAL		Owner Suffix	
Address 1545 EMIT DEAL RD		Address Other		City STATESBORO		State GA	
Owner Phone Number 912-531-3495		Owner Phone Number (other)		Insurance Company PROGRESSIVE		Insurance Policy Number 71440419-3	
Vehicle Removal TOWED DUE TO DISABLING DAMAGE				Vehicle Towed By TOWRFIFIC		Wrecker Selection Method ROTATION	
Direction of Travel Before Crash EASTBOUND		Speed: Estimated 45		Roadway Type UNDIVIDED HIGHWAY		Total Lanes 4	
Roadway Horizontal Alignment CURVE LEFT		Roadway Grade LEVEL		Traffic Control Device Type NO CONTROLS		Working Properly	
Trafficway Description TWO-WAY NOT DIVIDED							
Roadway Description for Vehicle Travel US-84							
Vehicle Maneuver Action (by this vehicle) TURNING LEFT				Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle)	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT				1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT			
3rd Sequence of Events Type (this vehicle) UNKNOWN				3rd Sequence of Events Detail (this vehicle)			
4th Sequence of Events Type (this vehicle) UNKNOWN				4th Sequence of Events Detail (this vehicle)			
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT				Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT			
Contributing Circumstances 1 (this vehicle) NONE				Contributing Circumstances 2 (this vehicle) NONE			
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			
Occupant Type DRIVER		Person Name (First Middle Last Suffix) CARLY DEIDRE COLLINS DEAL				Injury Status NO INJURY(O)	
<b>VEHICLE V02</b>							
V02		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT		State GA		License Number AWW1189	
Year 1992		Make BMW		Model 525I AUTOMATIC		Style SW	
Color BLU		Body Type Category		Registration Expires 08/01/2010		<input type="checkbox"/> Permanent Registration	
VIN WBAHJ6317NGD20678		Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS	

GSP 31 (4)

Crash Number <b>C000015189-01</b>		Reporting Agency <b>GEORGIA STATE PATROL</b>		Reporting Agency Case Number <b>C000015189</b>		Reporting Agency CAD Number <b>GSP110CAD006418</b>	
Owner First Name <b>DAVID</b>		Owner Middle Name <b>LAVONE</b>		Owner Last Name <b>SPEIGHT</b>		Owner Suffix	
Owner Business (if not Person)		Address <b>1346 RUBEN WELLS RD</b>		City <b>HINESVILLE</b>		State <b>GA</b>	
Zip Code <b>31313-7133</b>		Owner Phone Number <b>912-463-0124</b>		Owner Phone Number (other)		Insurance Company <b>SOUTHERN GENERAL</b>	
Insurance Policy Number <b>1850362</b>		Vehicle Removal <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Towed By <b>HODGES TOWING</b>		Wrecker Selection Method <b>ROTATION</b>	
Direction of Travel Before Crash <b>WESTBOUND</b>		Speed: Estimated <b>45</b>		Roadway Type <b>UNDIVIDED HIGHWAY</b>		Total Lanes <b>4</b>	
Roadway Horizontal Alignment <b>CURVE RIGHT</b>		Roadway Grade <b>LEVEL</b>		Traffic Control Device Type <b>NO CONTROLS</b>		Working Properly	
Trafficway Description <b>TWO-WAY NOT DIVIDED</b>							
Roadway Description for Vehicle Travel <b>US-84</b>							
Vehicle Maneuver Action (by this vehicle) <b>NEGOTIATING A CURVE</b>				Hit & Run (by this vehicle) <b>NO DID NOT LEAVE SCENE</b>		Damage Extent (for this vehicle)	
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				1st Sequence of Events Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>			
2nd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>				2nd Sequence of Events Detail (this vehicle)			
3rd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>				3rd Sequence of Events Detail (this vehicle)			
4th Sequence of Events Type (this vehicle) <b>UNKNOWN</b>				4th Sequence of Events Detail (this vehicle)			
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				Most Harmful Event Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>			
Contributing Circumstances 1 (this vehicle) <b>NONE</b>				Contributing Circumstances 2 (this vehicle) <b>NONE</b>			
Area of Initial Impact				Most Damaged Area			
<input type="checkbox"/> Non Collision		<input type="checkbox"/> Top		<input type="checkbox"/> Non Collision		<input type="checkbox"/> Top	
<input type="checkbox"/> Undercarriage		<input type="checkbox"/> Unknown		<input type="checkbox"/> Undercarriage		<input type="checkbox"/> Unknown	
Occupant Type <b>DRIVER</b>							
Person Name (First Middle Last Suffix) <b>DENISE M LITWINKOWICH</b>				Injury Status <b>NON FATAL INJURY</b>			
<b>VEHICLE V03</b>							
Motor Vehicle Type <b>MOTOR VEHICLE IN TRANSPORT</b>		State <b>GA</b>		License Number <b>W528HF</b>		Registration Expires <b>10/03/2010</b>	
Year <b>2004</b>		Make <b>GMC</b>		Model <b>YUKON</b>		Body Type Category <b>(SPORT) UTILITY VEHICLE</b>	
Special Function of Motor Vehicle in Transport <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NO</b>		Type of Bus Use <b>NOT A BUS</b>		VIN <b>1GKEC13V44R144389</b>	
Owner First Name <b>CHRISTOPHER</b>		Owner Middle Name <b>A</b>		Owner Last Name <b>BEASLEY</b>		Owner Suffix	
Owner Business (if not Person)		Address <b>708 MARLBOROUGH COURT</b>		City <b>HINESVILLE</b>		State <b>GA</b>	
Zip Code <b>31313</b>		Owner Phone Number <b>912-368-5028</b>		Owner Phone Number (other)		Insurance Company <b>AMERICAN MERCURY INSURANCE</b>	
Insurance Policy Number <b>100103001094677</b>		Vehicle Removal <b>DRIVEN - NOT DISABLED</b>		Vehicle Towed By		Wrecker Selection Method	
Direction of Travel Before Crash <b>SOUTHBOUND</b>		Speed: Estimated <b>45</b>		Roadway Type <b>UNDIVIDED HIGHWAY</b>		Total Lanes <b>2</b>	
Roadway Horizontal Alignment <b>STRAIGHT</b>		Roadway Grade <b>LEVEL</b>		Traffic Control Device Type <b>NO CONTROLS</b>		Working Properly	
Trafficway Description <b>TWO-WAY NOT DIVIDED</b>							
Roadway Description for Vehicle Travel <b>US-84</b>							
Vehicle Maneuver Action (by this vehicle) <b>STOPPED IN TRAFFIC</b>				Hit & Run (by this vehicle) <b>NO DID NOT LEAVE SCENE</b>		Damage Extent (for this vehicle)	
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				1st Sequence of Events Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>			
2nd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>				2nd Sequence of Events Detail (this vehicle)			
3rd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>				3rd Sequence of Events Detail (this vehicle)			
4th Sequence of Events Type (this vehicle) <b>UNKNOWN</b>				4th Sequence of Events Detail (this vehicle)			
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				Most Harmful Event Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>			
Contributing Circumstances 1 (this vehicle) <b>NONE</b>				Contributing Circumstances 2 (this vehicle) <b>NONE</b>			
Area of Initial Impact				Most Damaged Area			
<input type="checkbox"/> Non Collision		<input type="checkbox"/> Top		<input type="checkbox"/> Non Collision		<input type="checkbox"/> Top	
<input type="checkbox"/> Undercarriage		<input type="checkbox"/> Unknown		<input type="checkbox"/> Undercarriage		<input type="checkbox"/> Unknown	
Occupant Type <b>DRIVER</b>							
Person Name (First Middle Last Suffix) <b>LAVONIA SHANITA PLUNKETT</b>				Injury Status <b>NON FATAL INJURY</b>			
<b>DRIVER V01</b>							
Person Type <b>DRIVER</b>		NM#		Vehicle# <b>V01</b>		Person Type Detail	
First Name <b>CARLY</b>		Middle Name <b>DEIDRE COLLINS</b>		Last Name <b>DEAL</b>		Suffix	
Date of Birth <b>11/22/1986</b>		Age <b>23</b>		Sex <b>F</b>			

Crash Number C000015189-01		Reporting Agency GEORGIA STATE PATROL		Reporting Agency Case Number C000015189		Reporting Agency CAD Number GSP110CAD006418	
Address PO BOX 1413		Address Other		City STATESBORO		State GA	
Phone Number 912-531-3495		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Driver License Number 054789920		Class C		Expires 11/22/2013		State GA	
		Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use					
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested		Drug Test Result	

<b>DRIVER V02</b>							
Person Type DRIVER		NM#		Vehicle# V02		Person Type Detail	
First Name DENISE		Middle Name M		Last Name LITWINKOWICH		Suffix	
Date of Birth 01/27/1957		Age 53		Sex F			
Address 629 EAGAN RD		Address Other		City HINESVILLE		State GA	
Phone Number 912-463-0124		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Driver License Number 051477881		Class C		Expires 01/27/2019		State GA	
		Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use					
Air Bag Deployed		Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To LIBERTYREGIONAL HOSPITAL	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested		Drug Test Result	

<b>DRIVER V03</b>							
Person Type DRIVER		NM#		Vehicle# V03		Person Type Detail	
First Name LAVONIA		Middle Name SHANITA		Last Name PLUNKETT		Suffix	
Date of Birth 05/10/1971		Age 38		Sex F			
Address 708 MARLBOROUGH CT		Address Other		City HINESVILLE		State GA	
Phone Number 912-368-5028		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Driver License Number 032551948		Class C		Expires 05/10/2010		State GA	
		Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use					
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			



Crash Number C000015189-01		Reporting Agency GEORGIA STATE PATROL		Reporting Agency Case Number C000015189		Reporting Agency CAD Number GSP10CAD008418	
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested		Drug Test Result	
<b>PASSENGER V03</b>							
Person Type PASSENGER		NM#		Vehicle# V03		Person Type Detail	
First Name EVONNE		Middle Name		Last Name BEASLEY		Suffix	
Address 708 MARLBORO CT.		Address Other		City HINESVILLE		State GA	
Phone Number 912-368-5028		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 31313	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To WINN ARMY	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested		Drug Test Result	

NARRATIVE: C000015189

Vehicle 2 was travelling west on Ga38 in the right travel lane. Vehicle 1 was in the turn lane of Ga38 and Old Sunbury Road, in the process of making a left turn onto Old Sunbury Road. Vehicle 3 was on Old Sunbury Road at the stop sign, in the process of getting onto Ga38. As vehicle 2 approached Old Sunbury Road, vehicle 1 made a left turn into the path of vehicle 2, causing vehicle 2 to strike vehicle 1 on the right rear panel with vehicle 2 front end. After impact, vehicle 1 rotated clockwise, and traveled into the south travel lane striking vehicle 3 on the front left corner panel with the left rear panel of vehicle 1. After impact, vehicle 1 came to rest in the northbound travel lane of Old Sunbury Road. Vehicle 2 came to rest in the westbound travel lane of Ga38 in the right travel lane. Vehicle 3 came to rest in the area of impact, of vehicle 1 and vehicle 3.


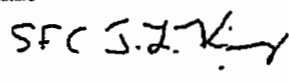
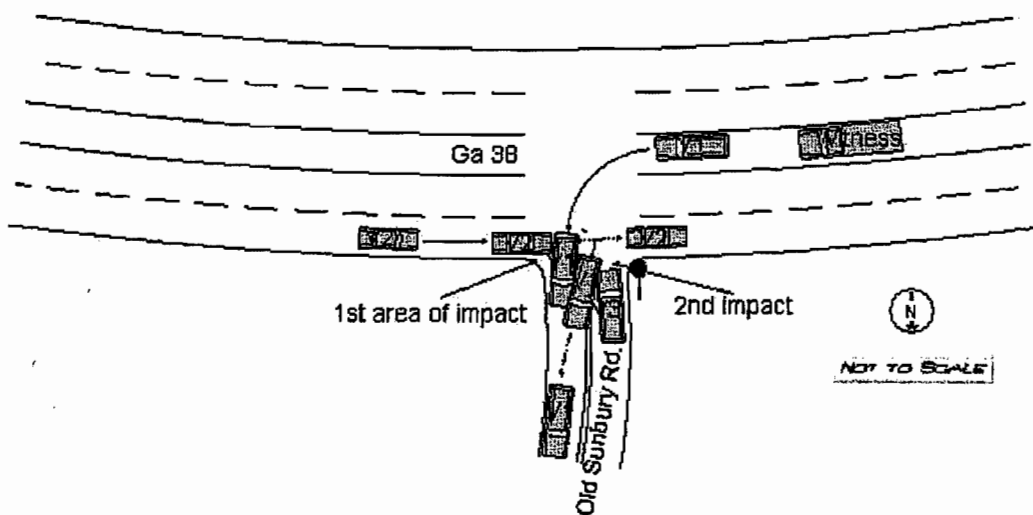
REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name MELVIN, Q.	Signature 	Approving Officer Name KING, T.L.	Signature 
ID Number 231	Rank TFC	ID Number 666	Rank SFC
Org / Unit I-11		Org / Unit I-11	

DIAGRAM OF ACCIDENT



Accident Number		Agency NCIC No.		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County		Date Rec. by DOT			
10050976		GA0890000						LIBERTY					
Date 05/21/2010		Days of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input checked="" type="checkbox"/> F <input type="checkbox"/> S		Time 10:00		Off. Arrived 10:00		Vehicles 2		Total Number of: Injuries 0 Fatalities 0		Inside City Of: FLEMINGTON	
Road of occurrence OLD HINES ROAD				At Its Intersection With GA. 38				Corrected Report? Yes <input type="checkbox"/>					
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.				1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.				Suppl. To Original? Yes <input type="checkbox"/>					
Not At Its Intersection But Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Feet 1 <input type="checkbox"/> South 3 <input type="checkbox"/> West				Of: 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line				Hit and Run? Yes <input type="checkbox"/>					
And continuing in the direction checked above, the Next Reference Point is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line													
Driver # 1 LAST NAME FIRST MIDDLE GROVER DERRICK RUSSELL Ped 0 Address 525 CRESTPOINT LANE City State Zip DOB PLAINFIELD IN 46168 Driver's License No. Class State <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female A IN Posted Speed 35 Insurance Co. Policy No. USAA 021513219U71022 Year Make Model Telephone No. 2009 FORD FOCUS 317-938-5089 VIN Vehicle color 1FAHP36N79W212350 SILVER Tag # State County Year BGX1927 GA CHATHAM 2010 Trailer Tag # State County Year						Driver # 2 LAST NAME FIRST MIDDLE SALEWSKE AMBER N. Ped 0 Address 927 SHADY LANE City State Zip DOB HINESVILLE GA 31313 Driver's License No. Class State <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Posted Speed 35 Insurance Co. Policy No. NATIONWIDE INS. 7710P504654 Year Make Model Telephone No. 1995 FORD ESCORT 912-237-2039 VIN Vehicle color 1FASP14J5SW278511 WHITE Tag # State County Year BIT4976 GA LONG 2010 Trailer Tag # State County Year							
Same as Driver Owner's Last Name First Middle GROVER DERRICK RUSSELL Address 525 CRESTPOINT LANE City State Zip PLAINFIELD IN 46168 Removed By <input type="checkbox"/> Request <input type="checkbox"/> List						Same as Driver Owner's Last Name First Middle GAUDET ROBERT MICHAEL Address 419 ROGERS RD City State Zip HINESVILLE GA 31313 Removed By <input checked="" type="checkbox"/> Request <input type="checkbox"/> List							
Alcohol Test Type Results Drug Test Type Results						Alcohol Test Type Results Drug Test Type Results							
Driver Cond 01 Direction of Travel 04 Vision Obscured 01 Contributing Factors 03						Driver Cond 01 Direction of Travel 04 Vision Obscured 01 Contributing Factors							
Veh Cond 01 Veh Maneuver 05 Ped. Maneuver						Veh Cond 01 Veh Maneuver 04 Ped. Maneuver							
Most Harmful Event 11 Veh Class: 01 Veh Type: 01						Most Harmful Event 11 Veh Class: 01 Veh Type: 01							
Traffic Ctrl 05 Device Inoperative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Ctrl 05 Device Inoperative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Injured Taken To: NO INJURIES By:													
EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No By:													
Report By: CHAPMAN, JIM Department: AGENCY CO SO Report Date: Checked By: Date Checked:													
Witness(es): Name Address City State Zip Code Telephone No.													
DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)													
COMMERCIAL VEHICLES ONLY													
Carrier Name Vehicle # Address City State Zip						Carrier Name Vehicle # Address City State Zip							
No. of Axles G.V.W.R. Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Cargo Body Type						No. of Axles G.V.W.R. Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Cargo Body Type							
Vehicle Config. I.C.C.M.C.# U.S.D.O.T.# Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>						Vehicle Config. I.C.C.M.C.# U.S.D.O.T.# Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>							
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
Vehicle Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						Vehicle Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
If YES, Name of 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:						If YES, Name of 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:							
Ran Off Road Down Hill Runaway Cargo Loss or Shift Separation of Units						Ran Off Road Down Hill Runaway Cargo Loss or Shift Separation of Units							

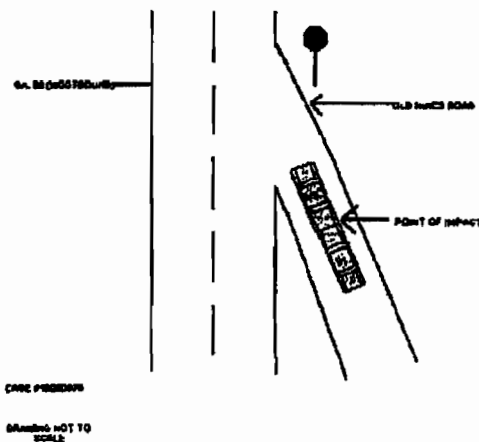
## REMARKS

VEHICLE 1 STRUCK VEHICLE 2 IN THE REAR AS VEHICLE 2 WAS STOPPED WAITING TO ENTER WESTBOUND TRAFFIC AT THE INTERSECTION OF OLD HINES ROAD AND GA. 38. DRIVER 1 STATED THAT HE WAS NOT PAYING ATTENTION AND STRUCK VEHICLE 2 IN THE REAR. VEHICLE 2 PASSENGER (GAUDET) AND OWNER OF VEHICLE 2 STATED THAT HE WAS DRIVING. AFTER CONDUCTING INTERVIEWS OF ALL PARTIES PRESENT DRIVER 2 (SALEWSKE) STATED THAT SHE WAS DRIVING AND THAT SHE WAS NOT LICENSED. PASSENGER OF VEHICLE 2 STATED THAT HE WAS AWARE THAT DRIVER 2 WAS UNLICENSED BUT THAT HE WAS TEACHING HER HOW TO DRIVE. DRIVER 2 AND VEHICLE 2 PASSENGER STATED THAT THEY WERE STOPPED AT THE INTERSECTION OF OLD HINES ROAD AND GA. 38 WHEN VEHICLE 1 STRUCK VEHICLE 2 IN THE REAR. VEHICLE 1 SUSTAINED MINOR VISIBLE DAMAGE. VEHICLE 2 SUSTAINED MODERATE VISIBLE DAMAGE. DRIVER 1 WAS ISSUED A CITATION FOR FOLLOWING TOO CLOSELY. DRIVER 2 WAS ISSUED A CITATION FOR DRIVING WITHOUT A LICENSE. PASSENGER OF VEHICLE 2 WAS ISSUED A CITATION FOR ALLOWING AN UNLICENSED TO DRIVE AND WAS CHARGED WITH OBSTRUCTION OF AN OFFICER (MISDEMEANOR).

OFFICER NAME CHAPMAN, JIM

OFFICER NUMBER 955

## INDICATE ON THIS DIAGRAM WHAT HAPPENED



Accident Investigation Site?		CITATIONS - VEHICLE # 1				CITATIONS - VEHICLE # 2					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40-6-49				40-5-20 / 40-5-208					
Site Number:											
First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area of Impact	Road Comp.	Road Def.	Road Character	Construction / Maint Zone	
11	4	1	1	1	3	1	2	1	2		
VEH. 1		VEH. 2		SKID DISTANCE		0 AFTER 0		Width of Road			
Number of Occupants		1 2		BEFORE IMPACT		0 0		12'			
Point of Initial Contact		12 6									
Damage to Vehicles		2 3									
Damage Other Than Vehicle:		Owner		AGE		SEX		VEH		POB	
NA											
Driver # 1 Or Pedestrian # 0		GROVER, DERRICK		0		2		1		3	
Driver # 2 Or Pedestrian # 0		SALEWSKE, AMBER		0		2		1		3	
LAST NAME, FIRST NAME		ADDRESS		CITY		STATE		ZIP		XX XX XX XX XXXXX XXXXX XXXXX XXXX XXXXX XXXX	
GAUDET, ROBERT		410 ROGERS RD		MINESVILLE		GA		31313		27 M 2 3 0 2 1 3 2 0	

9.1

45#18



# STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol  
Georgia Department of Public Safety  
P.O. Box 1456  
Atlanta, Georgia 30371-1456

16:45

FR

Crash Number <b>C000014678-01</b>	Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>	Reporting Agency Case Number	Reporting Agency CAD Number <b>GSP10CAD026376</b>
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<b>CRASH IDENTIFIERS</b>			
County of Crash <b>LIBERTY</b>	City or Place of Crash <input type="checkbox"/> City Limits	Crash Date/Time <b>06/11/2010 04:34 PM</b>	Reported Date/Time <b>06/11/2010 04:34 PM</b>
On Scene Date/Time <b>06/11/2010 04:45 PM</b>	Cleared Scene Date/Time <b>06/11/2010 05:30 PM</b>	Complete Date/Time <b>06/11/2010 05:30 PM</b>	Source of Information <b>LAW ENFORCEMENT AGENCY</b>

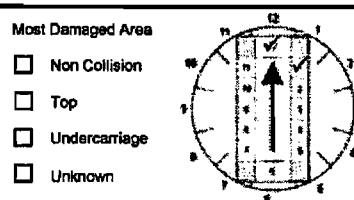
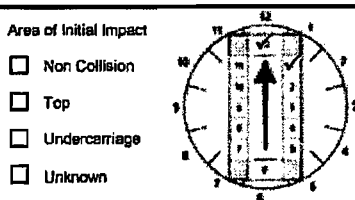
<b>ROADWAY INFORMATION</b>			
Roadway Description for Location of Occurrence <b>SR 38</b>		Distance to City or Place of Crash	Latitude <b>N 31 51.5605</b>
Intersecting Roadway Description for Location of Occurrence <b>OLD HINES ROAD</b>		Distance / Direction from Crash Location	Longitude <b>W 81 33.8762</b>
Part of National Highway System <b>NO</b>	Roadway Functional Class Type <b>RURAL</b>	Roadway Functional Class Detail <b>PRINCIPAL ARTERIAL-OTHER</b>	Roadway Cleared Date/Time <b>06/11/2010 4:55:00 PM</b>
Type of Shoulder <b>UNPAVED</b>	Roadway Lighting <b>NO LIGHTING</b>	Roadway Bikeway Facility <b>NONE</b>	Signed Bicycle Route <b>NOT APPLICABLE</b>
Traffic Control Type at Intersection <b>NO CONTROL</b>	Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection	

<b>CRASH INFORMATION</b>			
Light Condition <b>DAYLIGHT</b>	Weather Condition <b>CLOUDY</b>	Roadway Surface Condition <b>DRY</b>	<input type="checkbox"/> Crash Pictures Taken
First Harmful Event Type <b>COLLISION NON-FIXED OBJECT</b>		First Harmful Event Detail <b>MOTOR VEHICLE IN TRANSPORT</b>	

Total Counts	Vehicles <b>2</b>	CMV <b>0</b>	Motorists <b>2</b>	Non-Motorists <b>0</b>	Injured <b>1</b>	Fatalities <b>0</b>	Witnesses <b>0</b>	Other Persons <b>0</b>	Businesses <b>0</b>	Violations <b>1</b>
First Harmful Event's Relation to Junction <b>NON-JUNCTION</b>		Is First Harmful Event within Interchange Area <b>NO</b>		Type of Intersection <b>NOT AT INTERSECTION</b>						
Contributing Circumstances: Environment <b>NONE</b>		Contributing Circumstances: Environment <b>NONE</b>		Contributing Circumstances: Environment <b>NONE</b>						
Contributing Circumstances: Road <b>NONE</b>		Contributing Circumstances: Road <b>NONE</b>		Contributing Circumstances: Road <b>NONE</b>						
School Bus Related <b>NO</b>		Work Zone Related <b>NO</b>		Crash Location in Work Zone						

<b>VEHICLE V01</b>			
Motor Vehicle Type <b>MOTOR VEHICLE IN TRANSPORT</b>	State <b>GA</b>	License Number <b>230YBS</b>	Registration Expires <b>08/18/2010</b>
Year <b>2007</b>	Make <b>CHEVROLET</b>	Model <b>IMPALA LT</b>	Style <b>4S</b>
Color <b>UNK</b>	Body Type Category <b>PASSENGER CAR</b>	Type of Bus Use <b>NOT A BUS</b>	
Special Function of Motor Vehicle in Transport <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NO</b>	
Owner First Name <b>ANGELA</b>	Owner Middle Name <b>ELOISE</b>	Owner Last Name <b>OWENS</b>	Owner Suffix
Address <b>320 JOSHUA CIR</b>		City <b>ELLABELL</b>	
Owner Phone Number	Owner Phone Number (other)	Insurance Company <b>ALLSTATE</b>	Insurance Policy Number <b>93136223312/09</b>
Vehicle Removal <b>DRIVEN - NOT DISABLED</b>		Vehicle Towed By	
Direction of Travel Before Crash <b>EASTBOUND</b>	Speed: Estimated <b>45</b>	Roadway Type <b>UNDIVIDED HIGHWAY</b>	Total Lanes <b>5</b>
Trafficway Description <b>TWO-WAY NOT DIVIDED</b>	Traffic Control Device Type <b>OTHER</b>	Roadway Horizontal Alignment <b>CURVE RIGHT</b>	Roadway Grade <b>LEVEL</b>

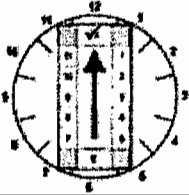
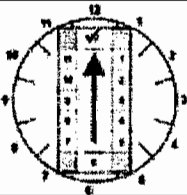
Vehicle Maneuver Action (by this vehicle) <b>TURNING LEFT</b>	Hit & Run (by this vehicle) <b>NO DID NOT LEAVE SCENE</b>	Damage Extent (for this vehicle) <b>FUNCTIONAL DAMAGE</b>
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>	1st Sequence of Events Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>	
2nd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>	2nd Sequence of Events Detail (this vehicle)	
3rd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>	3rd Sequence of Events Detail (this vehicle)	
4th Sequence of Events Type (this vehicle) <b>UNKNOWN</b>	4th Sequence of Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>	Most Harmful Event Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>	
Contributing Circumstances 1 (this vehicle) <b>NONE</b>	Contributing Circumstances 2 (this vehicle) <b>NONE</b>	



Occupant Type <b>DRIVER</b>	Person Name (First Middle Last Suffix) <b>TERRY RUTH OWENS</b>	Injury Status <b>NO INJURY(O)</b>
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<b>VEHICLE V02</b>			
Motor Vehicle Type <b>MOTOR VEHICLE IN TRANSPORT</b>	State <b>GA</b>	License Number <b>CY5ZG4</b>	Registration Expires <b>08/31/2010</b>
Year <b>2007</b>	Make <b>HONDA</b>	Model <b>REBEL CMX250C</b>	Style <b>MC</b>
Color <b>RED</b>	Body Type Category <b>MOTORCYCLE</b>	Type of Bus Use <b>NOT A BUS</b>	
Special Function of Motor Vehicle in Transport <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NO</b>	

45P 33 (2)

Crash Number C00014678-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY			Reporting Agency Case Number		Reporting Agency CAD Number GSP10CAD026376			
Owner First Name MICHAEL		Owner Middle Name ALLEN		Owner Last Name BUSH		Owner Suffix		Owner Business (if not Person)		
Address 181 GEMINI LN				Address Other		City MIDWAY		State GA	Zip Code 31320	
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE INS			Insurance Policy Number 35874910-1			
Vehicle Removal TOWED DUE TO DISABLING DAMAGE				Vehicle Towed By ATS TOWING			Wrecker Selection Method ROTATION			
Direction of Travel Before Crash WESTBOUND		Speed: Estimated	Posted 45	Roadway Type UNDIVIDED HIGHWAY		Total Lanes 5	Roadway Horizontal Alignment CURVE RIGHT		Roadway Grade LEVEL	
Trafficway Description TWO-WAY NOT DIVIDED				Traffic Control Device Type OTHER			Working Properly YES			
Roadway Description for Vehicle Travel SR 38										
Vehicle Maneuver Action (by this vehicle) NEGOTIATING A CURVE				Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE			Damage Extent (for this vehicle) DISABLING DAMAGE			
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT				1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT						
2nd Sequence of Events Type (this vehicle) UNKNOWN				2nd Sequence of Events Detail (this vehicle)						
3rd Sequence of Events Type (this vehicle) UNKNOWN				3rd Sequence of Events Detail (this vehicle)						
4th Sequence of Events Type (this vehicle) UNKNOWN				4th Sequence of Events Detail (this vehicle)						
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT				Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT						
Contributing Circumstances 1 (this vehicle) NONE				Contributing Circumstances 2 (this vehicle) NONE						
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown						
										
Occupant Type DRIVER		Person Name (First Middle Last Suffix) MICHAEL ALLEN BUSH				Injury Status NON FATAL INJURY				
<b>DRIVER V01</b>										
Person Type DRIVER		NM#	Vehicle#	Person Type Detail						
First Name TERRY		Middle Name RUTH		Last Name OWENS		Suffix		Date of Birth 07/03/1972	Age 37	Sex F
Address 1008 MACK ENGLISH RD				Address Other		City ELLABELL		State GA	Zip Code 31308	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL						
Driver License Number 040009180		Class C	Expires 07/03/2013	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE		
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE						
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED						
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION						
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION						
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE				<input type="checkbox"/> Seating Position Unknown		
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use						
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED						
Trapped Extrication NOT TRAPPED										
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail				Primary or Most Obvious of Body Area Injured During Crash				
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To				
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC		
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result				
Violation Type Issued UNIFORM TRAFFIC CITATION		Number E00193058		Violation Description 40-6-71 FAILURE TO YIELD WHILE TURNING LEFT						
<b>DRIVER V02</b>										
Person Type DRIVER		NM#	Vehicle#	Person Type Detail						
First Name MICHAEL		Middle Name ALLEN		Last Name BUSH		Suffix		Date of Birth 08/31/1990	Age 18	Sex M
Address 181 GEMINI LN				Address Other		City MIDWAY		State GA	Zip Code 31320	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL						
Driver License Number 053171272		Class M	Expires 08/31/2019	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE		
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE						
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED						
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION						



Crash Number <b>C000014678-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>		Reporting Agency Case Number		Reporting Agency CAD Number <b>GSP110CAD026376</b>	
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>MIDDLE</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>NOT APPLICABLE (NON-MOTORIST)</b>				Helmet Use <b>DOT-COMPLIANT MOTORCYCLE HELMET</b>			
Air Bag Deployed <b>NOT APPLICABLE</b>				Ejection <b>EJECTED TOTALLY</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NON FATAL INJURY</b>		Injury Severity Level Detail <b>NON-INCAPACITATING (B)</b>		Primary or Most Obvious of Body Area Injured During Crash <b>HEAD</b>			
Source of Transport to Medical Facility <b>EMS GROUND</b>		EMS Agency Name or ID <b>LIBERTY COUNTY EMS</b>		EMS Run Number <b>2750</b>		Medical Facility Transported To <b>SAINT JOESPH HOSPITAL</b>	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>NARRATIVE: C000014678</b>							

Vehicle # 1 was traveling eastbound on Georgia 38 in the left lane. Vehicle # 2 was travelling westbound on Georgia 38 in the right lane. Vehicle # 1 was attempting to make a left turn onto Old Hines Road. The driver of Vehicle # 1 stated she did not see Vehicle # 2. Vehicle # 1 turned into the path of Vehicle # 2. Vehicle # 2's front struck the right front of Vehicle # 1. The driver of Vehicle # 2 was totally ejected from his vehicle and struck the windshield of Vehicle # 1. Vehicles # 1 and # 2 were both moved off the roadway prior to investigating Troopers arrival.

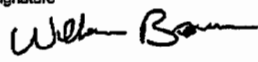
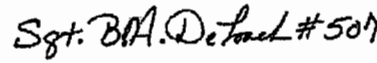
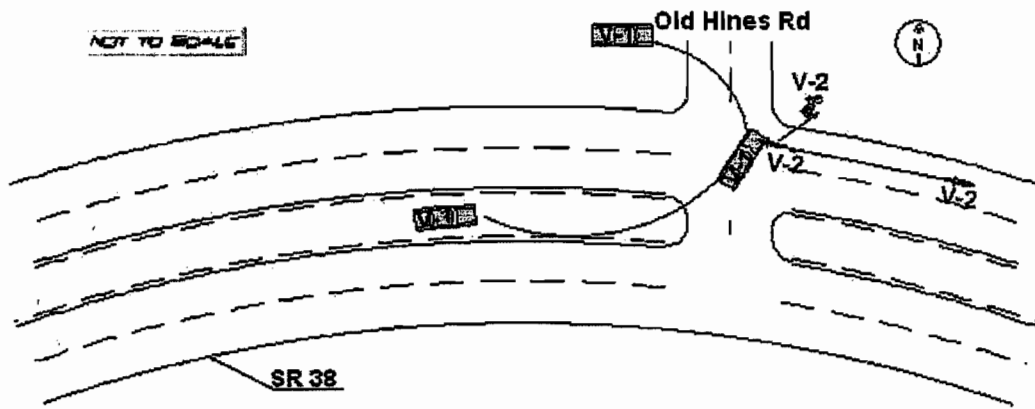
REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name <b>BOWMAN, W.</b>	Signature 	Approving Officer Name <b>B.H. DELOACH</b>	Signature 
ID Number <b>881</b>	Rank <b>TFC</b>	ID Number <b>507</b>	Rank <b>SERGEANT</b>
Org / Unit <b>I-11</b>		Org / Unit <b>I-11</b>	

DIAGRAM OF ACCIDENT

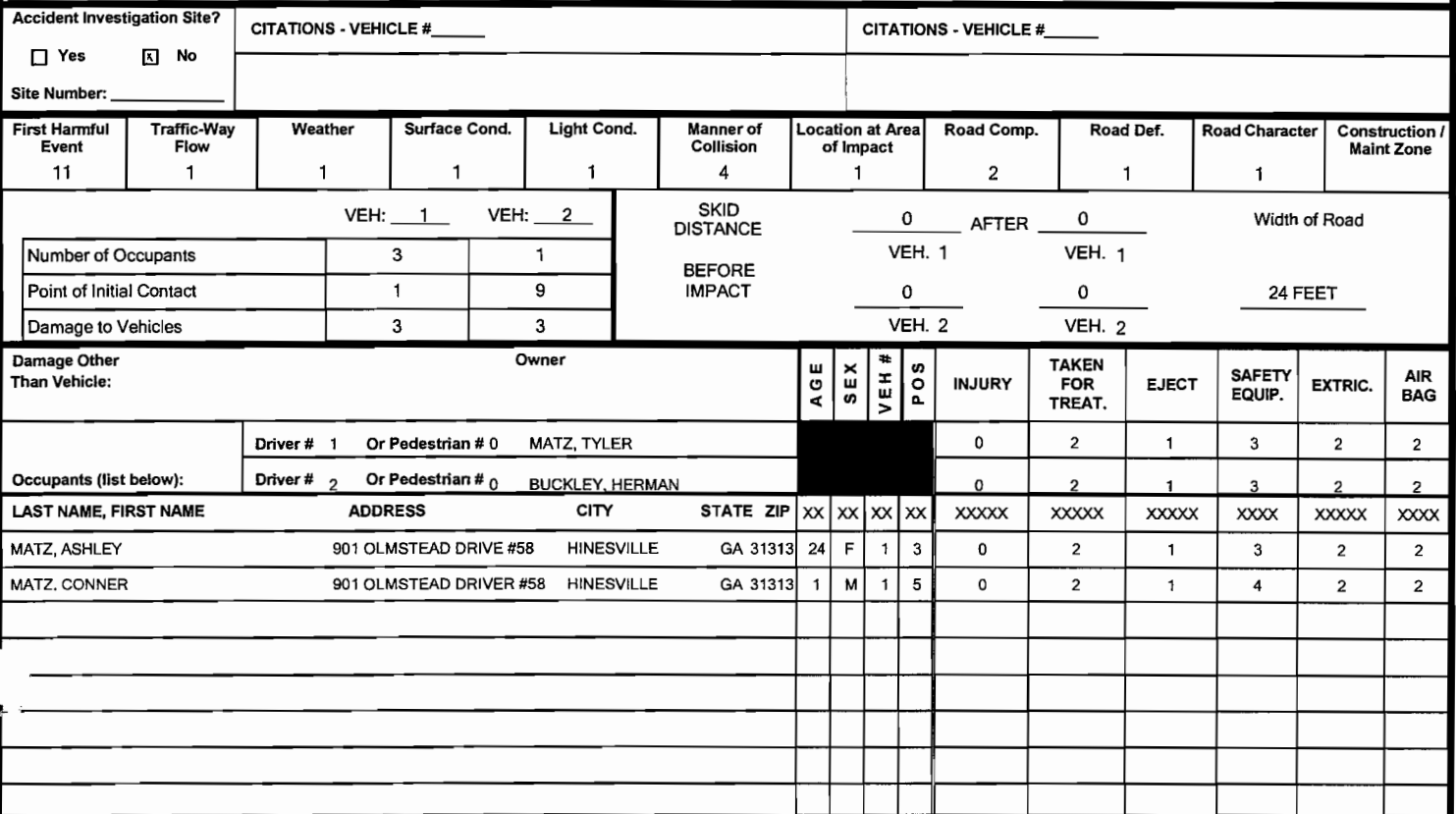


Accident Number 10081344		Agency NCIC No. GA0890000		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County LIBERTY		Date Rec. by DOT					
Date 08/24/2010		Days of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 12:47		Off. Arrived 12:51		Vehicles 2		Total Number of: Injuries 0 Fatalities 0		Inside City Of: FLEMINGTON			
Road of Occurrence OLD SUNBURY ROAD		At Its Intersection With GA 38		Corrected Report? Yes <input type="checkbox"/>		Suppl. To Original? Yes <input type="checkbox"/>		Hit and Run? Yes <input type="checkbox"/>							
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.													
Not At Its Intersection But		Of:		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line											
And continuing in the direction checked above, the Next Reference Point is		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line													
Driver # 1		LAST NAME FIRST MIDDLE MATZ TYLER M		Driver # 2		LAST NAME FIRST MIDDLE BUCKLEY HERMAN LEE									
Ped 0		Address 18477 LAKE WORTH BLVD		Ped 0		Address 129 DEANN DRIVE									
City State Zip DOB PORT CHARLOTTE FL 33948		City State Zip DOB HINESVILLE GA 31313													
Driver's License No. Class State <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female E FL		Driver's License No. Class State <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female C GA													
Posted Speed 35 Insurance Co. Policy No. USAA 023263193G71017		Posted Speed 35 Insurance Co. Policy No. UNITED STATE GOVERNMENT													
Year Make Model Telephone No. 2004 BUICK CENTURY, BUICK 800-681-8222		Year Make Model Telephone No. 2010 DODGE 2500 HD 912-435-3003													
VIN Vehicle color 2G4WS52J441228564 GOLD		VIN Vehicle color 3DTT2CT2AG175620 GREY													
Tag # State County Year BJC4977 GA LIBERTY 2010		Tag # State County Year G632079K													
Trailer Tag # State County Year		Trailer Tag # State County Year													
<input checked="" type="checkbox"/> Same as Driver Owner's Last Name First Middle MATZ TYLER M		<input type="checkbox"/> Same as Driver Owner's Last Name First Middle UNITED STATES													
Address 18477 LAKE WORTH BLVD		Address 15 ASOS / SUPP FLT													
City State Zip PORT CHARLOTTE FL 33948		City State Zip FT STEWART GA 31314													
Removed By <input checked="" type="checkbox"/> Request <input type="checkbox"/> List		Removed By <input checked="" type="checkbox"/> Request <input type="checkbox"/> List													
Alcohol Test Type Results Drug Test Type Results 02		Alcohol Test Type Results Drug Test Type Results 02													
Driver Cond Direction of Travel Vision Obscured 01 Contributing Factors 01 01 01 04		Driver Cond Direction of Travel Vision Obscured 01 Contributing Factors 01 01 01 01													
Veh Cond Veh Maneuver Ped. Maneuver 01 01 01		Veh Cond Veh Maneuver Ped. Maneuver 01 01 01													
Most Harmful Event Veh Class: Veh Type: 11 01 01		Most Harmful Event Veh Class: Veh Type: 11 05 02													
Traffic Ctrl Device Inoperative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 05		Traffic Ctrl Device Inoperative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 05													
Injured Taken To: NO REPORTED INJURIES		By:													
EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:															
Report By: Department CAINES, JAMES AGENCY CO SO		Report Date 08/24/2010		Checked By: NESTOR, ORRIN		Date Checked 08/24/2010									
Witness(es): Name Address City State Zip Code Telephone No.															
DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)												4			
COMMERCIAL VEHICLES ONLY															
Carrier Name Vehicle #				Carrier Name Vehicle #											
Address City State Zip				Address City State Zip											
No. of Axles G.V.W.R. Fed. Reportable Cargo Body Type 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				No. of Axles G.V.W.R. Fed. Reportable Cargo Body Type 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No											
Vehicle Config. I.C.C.M.C.# U.S.D.O.T.# Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>				Vehicle Config. I.C.C.M.C.# U.S.D.O.T.# Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>											
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No											
Vehicle Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Vehicle Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No											
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No											
If YES, Name of 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond: Run Off Road Down Hill Runaway Cargo Loss or Shift Separation of Units				If YES, Name of 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond: Run Off Road Down Hill Runaway Cargo Loss or Shift Separation of Units											

On 08-24-2010 at 12:47 hours I was dispatched to the area of Old Sunbury Road and GA 38 in reference to a vehicle accident. Upon my arrival, I spoke with driver#1, Mr. Matz. He stated he was merging onto Old Sunbury Road from GA 38 turning left when he felt impact to the right front of his vehicle. He stated he did not see vehicle #2 and sideswiped him.

**Investigation shows the contributing factor in the accident is that driver#1, failed to yield the right of way. All parties involved were advised on how to obtain a copy of this report.**

**INDICATE ON THIS DIAGRAM WHAT HAPPENED**



6.1



# STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol  
Georgia Department of Public Safety  
P.O. Box 1456  
Atlanta, Georgia 30371-1456

db# 19

Crash Number C000033516-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000033516	Reporting Agency CAD Number GSP110CAD048215
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## CRASH IDENTIFIERS

County of Crash LIBERTY	City or Place of Crash FLEMINGTON	<input type="checkbox"/> City Limits	Crash Date/Time 09/01/2010 07:40 AM	Reported Date/Time 09/01/2010 08:08 AM	Dispatched Date/Time 09/01/2010 08:10 AM
On Scene Date/Time 09/01/2010 08:24 AM	Cleared Scene Date/Time 09/01/2010 09:02 AM	Complete Date/Time 09/05/2010 09:29 AM	Reason (if Investigation Not Complete)		Source of Information LAW ENFORCEMENT AGENCY

## ROADWAY INFORMATION

Roadway Description for Location of Occurrence OLD SUNBURY ROAD		Distance to City or Place of Crash	Latitude N 31 51.5833	Longitude W 81 33.8056
Intersecting Roadway Description for Location of Occurrence OLD HINES ROAD		Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System NO	Roadway Functional Class Type URBAN	Roadway Functional Class Detail COLLECTOR		
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE	
Traffic Control Type at Intersection STOP SIGNS ON CROSS STREET ONLY	Mainline Number of Lanes at Intersection TWO LANES	Side Road Number of Lanes at Intersection TWO LANES		

## CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type NON-COLLISION		First Harmful Event Detail OTHER NON-COLLISION								
Total Counts	Vehicles 2	CMV 0	Motorists 2	Non-Motorists 0	Injured 0	Fatalities 0	Witnesses 0	Other Persons 0	Businesses 0	Violations 1
First Harmful Event's Relation to Junction INTERSECTION		Is First Harmful Event within Interchange Area YES		Type of Intersection FOUR-WAY INTERSECTION						
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE						
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE						
School Bus Related NO		Work Zone Related NO		Crash Location in Work Zone						

## VEHICLE V01

V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number BNM1625	Registration Expires 05/11/2011	<input type="checkbox"/> Permanent Registration	VIN 1GKKRRED9B131069
Year 2011	Make GMC	Model ACADIA	Style MP	Color WHI	Body Type Category (SPORT) UTILITY VEHICLE	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name BARRY	Owner Middle Name JAMES	Owner Last Name TUNSTALL	Owner Suffix	Owner Business (if not Person)		
Address 17 COBBLE STONE LN		Address Other		City HINESVILLE	State GA	Zip Code 31313-1073
Owner Phone Number	Owner Phone Number (other)	Insurance Company GEICO	Insurance Policy Number 4177428386			
Vehicle Removal DRIVEN - NOT DISABLED		Vehicle Towed By		Wrecker Selection Method		
Direction of Travel Before Crash WESTBOUND	Speed: Estimated 35	Posted 35	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY NOT DIVIDED		Traffic Control Device Type STOP SIGN		Working Properly YES		
Roadway Description for Vehicle Travel OLD SUNBURY						

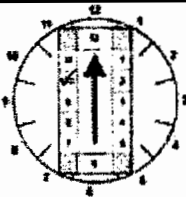
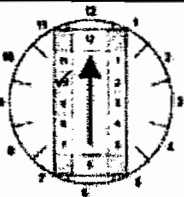
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) NO DAMAGE
1st Sequence of Events Type (this vehicle) NON-COLLISION	1st Sequence of Events Detail (this vehicle) OTHER NON-COLLISION	
2nd Sequence of Events Type (this vehicle) UNKNOWN	2nd Sequence of Events Detail (this vehicle)	
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events Detail (this vehicle)	
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle) NON-COLLISION	Most Harmful Event Detail (this vehicle) OTHER NON-COLLISION	
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE	
Area of Initial Impact <input checked="" type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown	Most Damaged Area <input checked="" type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown	

Occupant Type DRIVER	Person Name (First Middle Last Suffix) PATRICIA ANN TUNSTALL	Injury Status NO INJURY(O)
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## VEHICLE V02

V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number CY51CG	Registration Expires 02/20/2011	<input type="checkbox"/> Permanent Registration	VIN JKBVNKA1X5A013565
Year 2005	Make KAWASAKI	Model VN1600	Style MC	Color BGE	Body Type Category (SPORT) UTILITY VEHICLE	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		

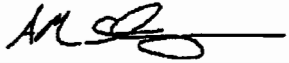
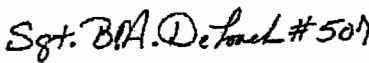
ASD 34 (3)

Crash Number <b>C000033516-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>			Reporting Agency Case Number <b>C000033516</b>		Reporting Agency CAD Number <b>GSP110CAD048215</b>		
Owner First Name <b>RICHARD</b>		Owner Middle Name <b>JOSEPH</b>		Owner Last Name <b>VUKOVICH</b>		Owner Suffix		Owner Business (if not Person)	
Address <b>1050 BACON RD</b>		Address Other				City <b>HINESVILLE</b>		State <b>GA</b>	Zip Code <b>31313</b>
Owner Phone Number		Owner Phone Number (other)		Insurance Company <b>GIECO</b>		Insurance Policy Number <b>4102-57-05-06</b>			
Vehicle Removal <b>DRIVEN - NOT DISABLED</b>				Vehicle Towed By			Wrecker Selection Method		
Direction of Travel Before Crash <b>NORTHBOUND</b>		Estimated Speed: <b>35</b>	Posted <b>35</b>	Roadway Type <b>UNDIVIDED HIGHWAY</b>	Total Lanes <b>2</b>	Roadway Horizontal Alignment <b>STRAIGHT</b>		Roadway Grade <b>LEVEL</b>	
Trafficway Description <b>TWO-WAY NOT DIVIDED</b>				Traffic Control Device Type <b>STOP SIGN</b>			Working Properly <b>YES</b>		
Roadway Description for Vehicle Travel <b>OLD SUNBURY</b>									
Vehicle Maneuver Action (by this vehicle) <b>TURNING LEFT</b>				Hit & Run (by this vehicle) <b>NO DID NOT LEAVE SCENE</b>			Damage Extent (for this vehicle) <b>MINOR DAMAGE</b>		
1st Sequence of Events Type (this vehicle) <b>NON-COLLISION</b>					1st Sequence of Events Detail (this vehicle) <b>OVERTURN/ROLLOVER</b>				
2nd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>					2nd Sequence of Events Detail (this vehicle)				
3rd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>					3rd Sequence of Events Detail (this vehicle)				
4th Sequence of Events Type (this vehicle) <b>UNKNOWN</b>					4th Sequence of Events Detail (this vehicle)				
Most Harmful Event Type (this vehicle) <b>NON-COLLISION</b>					Most Harmful Event Detail (this vehicle) <b>OVERTURN/ROLLOVER</b>				
Contributing Circumstances 1 (this vehicle) <b>NONE</b>					Contributing Circumstances 2 (this vehicle) <b>NONE</b>				
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 					Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 				
Occupant Type <b>DRIVER</b>		Person Name (First Middle Last Suffix) <b>RICHARD JOSEPH VUKOVICH</b>				Injury Status <b>NO INJURY(O)</b>			
<b>DRIVER V01</b>									
Person Type <b>DRIVER</b>		NM#	Vehicle# <b>V01</b>	Person Type Detail					
First Name <b>PATRICIA</b>		Middle Name <b>ANN</b>		Last Name <b>TUNSTALL</b>		Suffix		Date of Birth <b>01/17/1958</b>	Age <b>52</b> Sex <b>F</b>
Address <b>17 COBBLE STONE LN</b>		Address Other				City <b>HINESVILLE</b>		State <b>GA</b>	Zip Code <b>31313</b>
Phone Number <b>912-977-5074</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>					
Driver License Number <b>052508577</b>		Class <b>C</b>	Expires <b>01/17/2013</b>	State <b>GA</b>	Jurisdiction <b>02</b>	Type <b>NON-CDL DRIVER'S LICENSE</b>		Status <b>VALID LICENSE</b>	
Drivers License Restrictions 1 <b>NONE</b>			Drivers License Restrictions 2 <b>NONE</b>			Drivers License Restrictions 3 <b>NONE</b>			
Driver Distracted By <b>NOT DISTRACTED</b>					Driver Vision Obstructions <b>VISION NOT OBSCURED</b>				
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>FAILED TO YIELD RIGHT-OF-WAY</b>					Driver Actions at Time of Crash 2 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>					Driver Actions at Time of Crash 4 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>LEFT</b>			Motor Vehicle Seating Position: Other			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>					Helmet Use				
Air Bag Deployed <b>NOT DEPLOYED</b>					Ejection <b>NOT EJECTED</b>				
Trapped Extrication <b>NOT TRAPPED</b>									
Injury Severity Level Type <b>NO INJURY(O)</b>			Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result		<b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result			
Violation Type Issued <b>UNIFORM TRAFFIC CITATION</b>		Number <b>E00241971</b>		Violation Description <b>40-6-72 (B) FAILURE TO STOP AT STOP SIGN</b>					
<b>DRIVER V02</b>									
Person Type <b>DRIVER</b>		NM#	Vehicle# <b>V02</b>	Person Type Detail					
First Name <b>RICHARD</b>		Middle Name <b>JOSEPH</b>		Last Name <b>VUKOVICH</b>		Suffix		Date of Birth <b>02/20/1957</b>	Age <b>53</b> Sex <b>M</b>
Address <b>1050 BACON RD</b>		Address Other				City <b>HINESVILLE</b>		State <b>GA</b>	Zip Code <b>31313</b>
Phone Number <b>912-980-6075</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>					
Driver License Number <b>045924085</b>		Class <b>C</b>	Expires <b>02/20/2017</b>	State <b>GA</b>	Jurisdiction <b>02</b>	Type <b>NON-CDL DRIVER'S LICENSE</b>		Status <b>VALID LICENSE</b>	
Drivers License Restrictions 1 <b>CORRECTIVE LENSES</b>			Drivers License Restrictions 2 <b>NONE</b>			Drivers License Restrictions 3 <b>NONE</b>			
Driver Distracted By <b>NOT DISTRACTED</b>					Driver Vision Obstructions <b>VISION NOT OBSCURED</b>				
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>					Driver Actions at Time of Crash 2 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				

Crash Number <b>C000033516-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>		Reporting Agency Case Number <b>C000033516</b>		Reporting Agency CAD Number <b>GSP110CAD046215</b>	
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>MIDDLE</b>		Motor Vehicle Seating Position: Other		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>NONE USED - MOTOR VEHICLE OCCUPANT</b>				Helmet Use <b>DOT-COMPLIANT MOTORCYCLE HELMET</b>			
Air Bag Deployed <b>NOT APPLICABLE</b>				Ejection <b>NOT APPLICABLE</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>NARRATIVE: C000033516</b>							

Vehicle # 1 was on Old Hines Road traveling westbound. Vehicle # 2 was on Old Hines Road attempting to turn left onto Old Sunbury Road. Vehicle # 1 failed to yield after stopping and driver # 2 laid his vehicle down to avoid striking vehicle # 1. Vehicle # 1 then backed up behind the stop sign on Old Hines Road. A nearby surveillance camera recorded this incident.

Liberty County Deputy on scene: Pagliolo # 956  
Video Tape # 954-016-2010

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name <b>CHENEY, A.</b>	Signature 	Approving Officer Name <b>SGT. B.H. DELOACH</b>	Signature 
ID Number <b>954</b>	Rank <b>TPR</b>	ID Number <b>507</b>	Rank <b>SERGEANT</b>
Org / Unit <b>I-11</b>		Org / Unit <b>I-11</b>	



Crash Number C000033516-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000033516	Reporting Agency CAD Number GSP10CAD048215
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DIAGRAM OF ACCIDENT

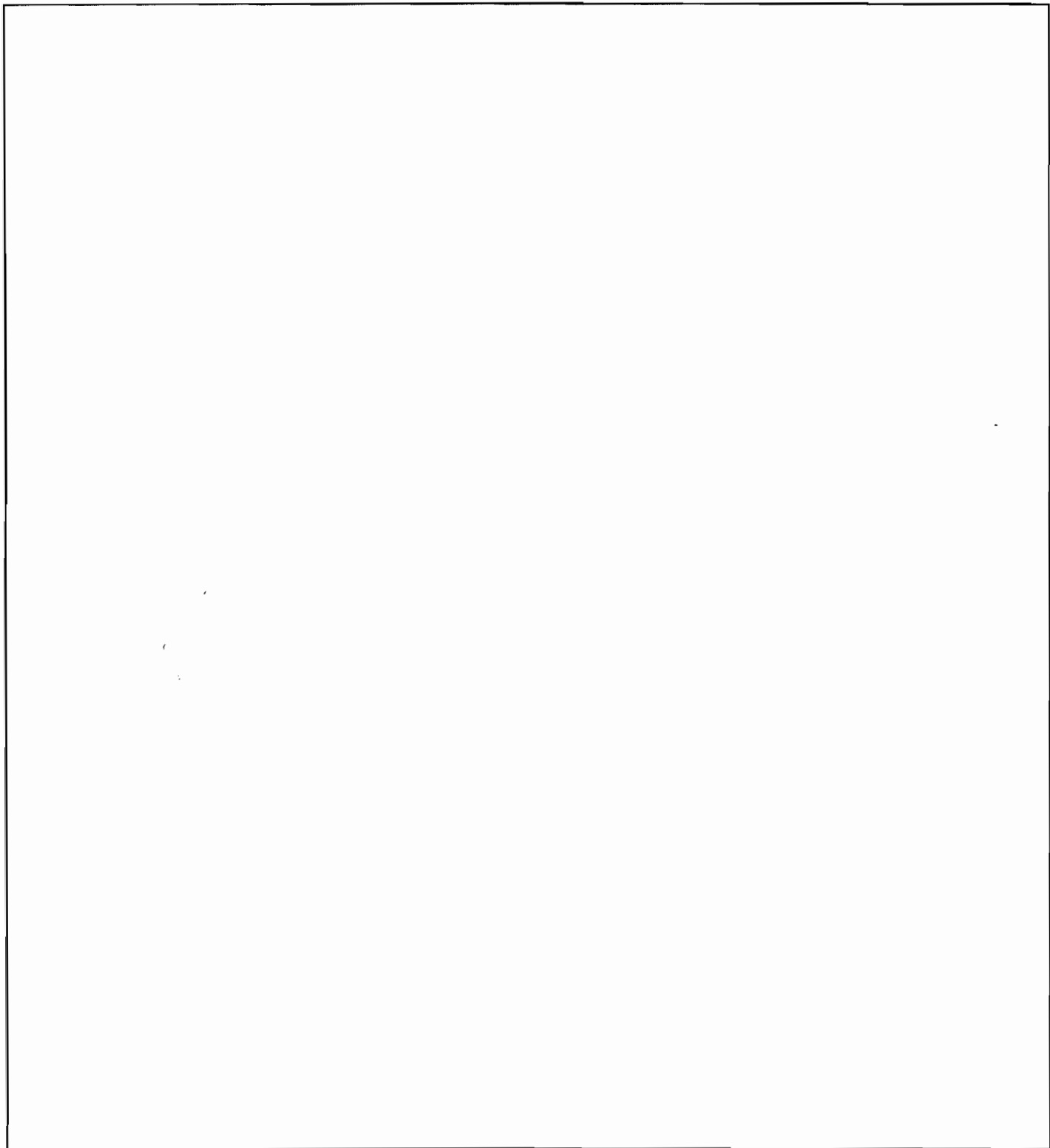
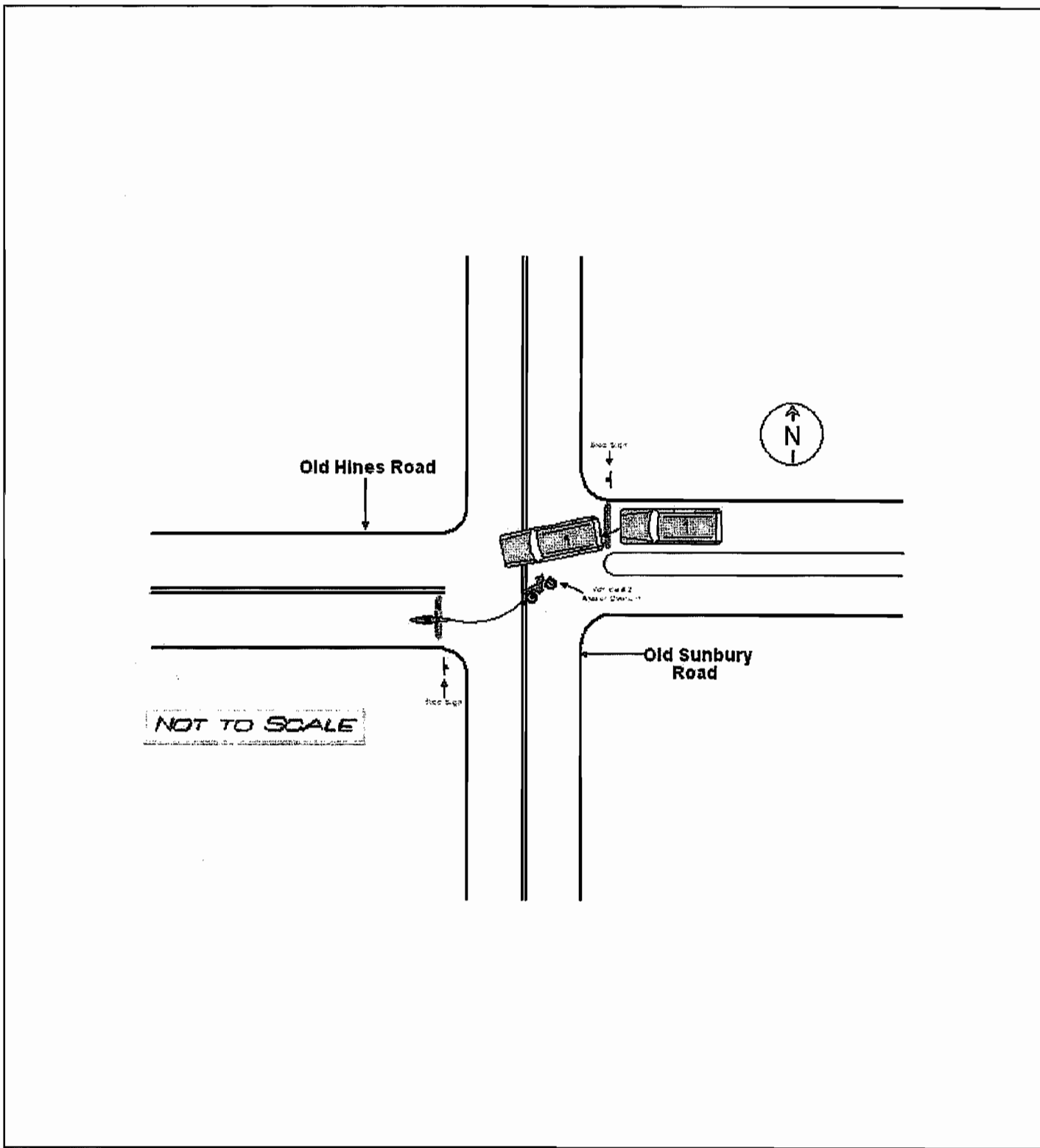


DIAGRAM OF ACCIDENT





# STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol  
Georgia Department of Public Safety  
P.O. Box 1456  
Atlanta, Georgia 30371-1456

db # 20

Crash Number C000037291-01 Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY Reporting Agency Case Number Reporting Agency CAD Number GSP10CAD063006

## CRASH IDENTIFIERS

County of Crash LIBERTY City or Place of Crash HINESVILLE City Limits ☐ Crash Date/Time 11/17/2010 03:58 PM Reported Date/Time 11/17/2010 03:59 PM Dispatched Date/Time 11/17/2010 04:06 PM  
On Scene Date/Time 11/17/2010 04:19 PM Cleared Scene Date/Time 11/17/2010 06:40 PM Complete Date/Time 11/17/2010 06:40 PM Reason (if Investigation Not Complete) Source of Information LAW ENFORCEMENT AGENCY

## ROADWAY INFORMATION

Roadway Description for Location of Occurrence GA 38 Distance to City or Place of Crash Latitude N 31 51.5466 Longitude W 81 33.8417  
Intersecting Roadway Description for Location of Occurrence Distance / Direction from Crash Location ☐ Roadway Blocked Roadway Cleared Date/Time  
Part of National Highway System NO Roadway Functional Class Type RURAL Roadway Functional Class Detail MAJOR COLLECTOR  
Type of Shoulder UNPAVED Roadway Lighting NO LIGHTING Roadway Bikeway Facility NONE Signed Bicycle Route NOT APPLICABLE  
Traffic Control Type at Intersection NO CONTROL Mainline Number of Lanes at Intersection Side Road Number of Lanes at Intersection

## CRASH INFORMATION

Light Condition DAYLIGHT Weather Condition CLEAR Roadway Surface Condition DRY ☐ Crash Pictures Taken

First Harmful Event Type COLLISION NON-FIXED OBJECT First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT

Total Counts Vehicles 3 CMV 0 Motorists 6 Non-Motorists 0 Injured 2 Fatalities 0 Witnesses 0 Other Persons 2 Businesses 0 Violations 2

First Harmful Event's Relation to Junction NON-JUNCTION Is First Harmful Event within Interchange Area NO Type of Intersection NOT AT INTERSECTION

Contributing Circumstances: Environment NONE Contributing Circumstances: Environment NONE Contributing Circumstances: Environment NONE  
Contributing Circumstances: Road NONE Contributing Circumstances: Road NONE Contributing Circumstances: Road NONE

School Bus Related NO Work Zone Related NO Crash Location in Work Zone

## VEHICLE V01

V01 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT State FL License Number W813UA Registration Expires 07/01/2011 Permanent Registration ☐ VIN 1FMDU73EX4ZA93421  
Year 2004 Make FORD Model EXPLORER Style UT Color BLK Body Type Category (SPORT) UTILITY VEHICLE  
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION Emergency Motor Vehicle Use NO Type of Bus Use NOT A BUS

Owner First Name CHANDRA Owner Middle Name DENISE Owner Last Name NEWSOME-SIMMONS Owner Suffix Owner Business (if not Person)  
Address 131 GLENN BRYANT Address Other City HINESVILLE State GA Zip Code 31313  
Owner Phone Number 912-332-6444 Owner Phone Number (other) Insurance Company GEICO Insurance Policy Number 4170508032

Vehicle Removal DRIVEN - NOT DISABLED Vehicle Towed By Wrecker Selection Method

Direction of Travel Before Crash SOUTHBOUND Speed: Estimated 35 Posted 35 Roadway Type UNDIVIDED HIGHWAY Total Lanes 2 Roadway Horizontal Alignment STRAIGHT Roadway Grade HILLCREST

Trafficway Description TWO-WAY NOT DIVIDED Traffic Control Device Type STOP SIGN Working Properly

Roadway Description for Vehicle Travel OLD SUNBURY ROAD

Vehicle Maneuver Action (by this vehicle) STOPPED IN TRAFFIC Hit & Run (by this vehicle) YES DRIVER OR CAR AND DRIVER LEFT SCENE Damage Extent (for this vehicle) MINOR DAMAGE

1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT 1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT

2nd Sequence of Events Type (this vehicle) UNKNOWN 2nd Sequence of Events Detail (this vehicle)

3rd Sequence of Events Type (this vehicle) UNKNOWN 3rd Sequence of Events Detail (this vehicle)

4th Sequence of Events Type (this vehicle) UNKNOWN 4th Sequence of Events Detail (this vehicle)

Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT

Contributing Circumstances 1 (this vehicle) NONE Contributing Circumstances 2 (this vehicle) NONE

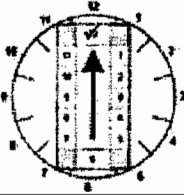
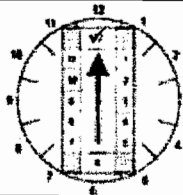
Area of Initial Impact  
☐ Non Collision  
☐ Top  
☐ Undercarriage  
☐ Unknown  
Most Damaged Area  
☐ Non Collision  
☐ Top  
☐ Undercarriage  
☐ Unknown

Occupant Type DRIVER Person Name (First Middle Last Suffix) JAMES CODEY GAMBREL Injury Status NO INJURY(O)

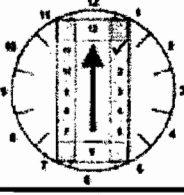
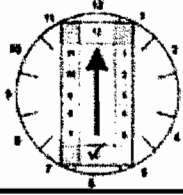
## VEHICLE V02

V02 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT State GA License Number 21328QE Registration Expires 01/23/2011 Permanent Registration ☐ VIN JA4LX31F44U000430  
Year 2004 Make MITSUBISHI Model OUTLANDER Style MP Color SIL Body Type Category (SPORT) UTILITY VEHICLE  
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION Emergency Motor Vehicle Use NO Type of Bus Use NOT A BUS

GSP 37

Crash Number <b>C000037291-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>		Reporting Agency Case Number		Reporting Agency CAD Number <b>GSP10CAD083006</b>	
Owner First Name <b>DAVID</b>		Owner Middle Name <b>ANDREW</b>		Owner Last Name <b>HOLNESS</b>		Owner Suffix	
Owner Business (if not Person)		Address <b>231 MAIN TRL</b>		Address Other		City <b>MIDWAY</b>	
State <b>GA</b>		Zip Code <b>31320-3097</b>		Owner Phone Number <b>812-388-6519</b>		Owner Phone Number (other)	
Insurance Company <b>GEICO</b>		Insurance Policy Number <b>0120853809</b>		Vehicle Removal <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Towed By <b>HODGES TOWING</b>	
Wrecker Selection Method <b>ROTATION</b>		Direction of Travel Before Crash <b>WESTBOUND</b>		Speed: Estimated <b>45</b>		Posted <b>45</b>	
Roadway Type <b>UNDIVIDED HIGHWAY</b>		Total Lanes <b>2</b>		Roadway Horizontal Alignment <b>CURVE LEFT</b>		Roadway Grade <b>HILLCREST</b>	
Trafficway Description <b>TWO-WAY NOT DIVIDED</b>		Traffic Control Device Type <b>NO CONTROLS</b>		Working Properly			
Roadway Description for Vehicle Travel <b>SR-38</b>		Vehicle Maneuver Action (by this vehicle) <b>MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</b>		Hit & Run (by this vehicle) <b>NO DID NOT LEAVE SCENE</b>		Damage Extent (for this vehicle) <b>DISABLING DAMAGE</b>	
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>		1st Sequence of Events Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>		2nd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>		2nd Sequence of Events Detail (this vehicle)	
3rd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>		3rd Sequence of Events Detail (this vehicle)		4th Sequence of Events Type (this vehicle) <b>UNKNOWN</b>		4th Sequence of Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>		Most Harmful Event Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>		Contributing Circumstances 1 (this vehicle) <b>NONE</b>		Contributing Circumstances 2 (this vehicle) <b>NONE</b>	
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			
Occupant Type <b>DRIVER</b>		Person Name (First Middle Last Suffix) <b>DOROTHY GRAY HOLNESS</b>		Injury Status <b>NON FATAL INJURY</b>			
<b>PASSENGER</b>		<b>DANIEL HOLNESS</b>		<b>NO INJURY(O)</b>			
<b>PASSENGER</b>		<b>CHRISTINA HOLNESS</b>		<b>NO INJURY(O)</b>			
<b>PASSENGER</b>		<b>VICTORIA HOLNESS</b>		<b>NO INJURY(O)</b>			

<b>VEHICLE V03</b>							
Motor Vehicle Type <b>MOTOR VEHICLE IN TRANSPORT</b>		State <b>SC</b>		License Number <b>BEJ955</b>		Registration Expires <input type="checkbox"/> Permanent Registration	
VIN <b>5TDZK23C19S244673</b>		Year <b>2009</b>		Make <b>TOYOTA</b>		Model <b>SIENNA</b>	
Style <b>VAN</b>		Color <b>GRN</b>		Body Type Category <b>PASSENGER VAN</b>		Type of Bus Use <b>NOT A BUS</b>	
Special Function of Motor Vehicle in Transport <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NO</b>		Owner First Name		Owner Middle Name	
Owner Last Name		Owner Suffix		Owner Business (if not Person) <b>EURPAC SERVICES</b>			
Address <b>P.O. BOX 1787</b>		Address Other		City <b>GREENWICH</b>		State <b>CT</b>	
Zip Code <b>06836</b>		Owner Phone Number		Owner Phone Number (other)		Insurance Company <b>FEDERAL INSURANCE COMPANY</b>	
Insurance Policy Number <b>73203466</b>		Vehicle Removal <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Towed By <b>TOWRIFIC TOWING</b>		Wrecker Selection Method <b>ROTATION</b>	
Direction of Travel Before Crash <b>WESTBOUND</b>		Speed: Estimated <b>45</b>		Posted <b>45</b>		Roadway Type <b>UNDIVIDED HIGHWAY</b>	
Total Lanes <b>2</b>		Roadway Horizontal Alignment <b>CURVE LEFT</b>		Roadway Grade <b>HILLCREST</b>			
Trafficway Description <b>TWO-WAY NOT DIVIDED</b>		Traffic Control Device Type <b>NO CONTROLS</b>		Working Properly			
Roadway Description for Vehicle Travel <b>SR-38</b>		Vehicle Maneuver Action (by this vehicle) <b>MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</b>		Hit & Run (by this vehicle) <b>NO DID NOT LEAVE SCENE</b>		Damage Extent (for this vehicle) <b>DISABLING DAMAGE</b>	
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>		1st Sequence of Events Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>		2nd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>		2nd Sequence of Events Detail (this vehicle)	
3rd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>		3rd Sequence of Events Detail (this vehicle)		4th Sequence of Events Type (this vehicle) <b>UNKNOWN</b>		4th Sequence of Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>		Most Harmful Event Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>		Contributing Circumstances 1 (this vehicle) <b>NONE</b>		Contributing Circumstances 2 (this vehicle) <b>NONE</b>	
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			
Occupant Type <b>DRIVER</b>		Person Name (First Middle Last Suffix) <b>JEANNIE COBB</b>		Injury Status <b>NON FATAL INJURY</b>			

Crash Number C00037291-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPH0CAD063006
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#### DRIVER V01

Person Type DRIVER		NM#	Vehicle# V01	Person Type Detail					
First Name JAMES		Middle Name CODEY		Last Name GAMBREL		Suffix	Date of Birth 01/22/1994	Age 15	Sex M
Address 21 SOUTHERN DR.			Address Other			City FT. STEWART	State GA	Zip Code 31315	
Phone Number 912-877-1419		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Driver License Number 056339840		Class CP	Expires 05/05/2011	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE	Status VALID LICENSE		
Drivers License Restrictions 1 INTERMEDIATE LICENSE RESTRICTIONS			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) RAN STOP SIGN				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other				<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use					
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail				Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result			
Violation Type Issued UNIFORM TRAFFIC CITATION UNIFORM TRAFFIC CITATION		Number E00311151 E00311150		Violation Description 40-5-84 DRIVING IN VIOLATION OF CONDITIONS OF LIMITED PERMIT 40-6-270 HIT AND RUN / LEAVING SCENE OF AN ACCIDENT					

#### DRIVER V02

Person Type DRIVER		NM#	Vehicle# V02	Person Type Detail					
First Name DOROTHY		Middle Name CRAY		Last Name HOLNESS		Suffix	Date of Birth 10/07/1971	Age 39	Sex F
Address 231 MAIN TRL			Address Other			City MIDWAY	State GA	Zip Code 31320	
Phone Number 912-368-6519		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Driver License Number 054488262		Class C	Expires 10/07/2013	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE	Status VALID LICENSE		
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE				<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use					
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)				Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result			

#### DRIVER V03

Person Type DRIVER		NM#	Vehicle# V03	Person Type Detail					
First Name JEANNIE		Middle Name		Last Name COBB		Suffix	Date of Birth 09/26/1953	Age 57	Sex F
Address 55 TEABERRY LN			Address Other			City ELGIN	State SC	Zip Code 29045	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Driver License Number 002084463		Class D	Expires 09/26/2013	State SC	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE	Status VALID LICENSE		
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE				<input type="checkbox"/> Seating Position Unknown	

Crash Number <b>C000037291-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>		Reporting Agency Case Number		Reporting Agency CAD Number <b>GSP110CAD063006</b>	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NON FATAL INJURY</b>		Injury Severity Level Detail <b>NON-INCAPACITATING (B)</b>		Primary or Most Obvious of Body Area Injured During Crash <b>UPPER EXTREMITY</b>			
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>PASSENGER V02</b>							
Person Type <b>PASSENGER</b>		NM#	Vehicle# <b>V02</b>	Person Type Detail			
First Name <b>DANIEL</b>		Middle Name		Last Name <b>HOLNESS</b>		Suffix	Date of Birth <b>02/04/1998</b>
Address <b>231 MAIN TRL</b>		Address Other		City <b>MIDWAY</b>		State <b>GA</b>	Age <b>12</b>
Phone Number <b>912-368-6519</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>			
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>RIGHT</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>PASSENGER V02</b>							
Person Type <b>PASSENGER</b>		NM#	Vehicle# <b>V02</b>	Person Type Detail			
First Name <b>CHRISTINA</b>		Middle Name		Last Name <b>HOLNESS</b>		Suffix	Date of Birth <b>04/30/2006</b>
Address <b>231 MAIN TRL</b>		Address Other		City <b>MIDWAY</b>		State <b>GA</b>	Age <b>4</b>
Phone Number <b>912-368-6519</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>			
Motor Vehicle Seating Position: Row <b>SECOND</b>		Motor Vehicle Seating Position: Seat <b>LEFT</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>				Helmet Use			
Air Bag Deployed <b>NOT APPLICABLE</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>PASSENGER V02</b>							
Person Type <b>PASSENGER</b>		NM#	Vehicle# <b>V02</b>	Person Type Detail			
First Name <b>VICTORIA</b>		Middle Name		Last Name <b>HOLNESS</b>		Suffix	Date of Birth <b>01/07/2010</b>
Address <b>231 MAIN TRL</b>		Address Other		City <b>MIDWAY</b>		State <b>GA</b>	Age <b>0</b>
Phone Number <b>912-368-6519</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>			
Motor Vehicle Seating Position: Row <b>SECOND</b>		Motor Vehicle Seating Position: Seat <b>RIGHT</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>CHILD RESTRAINT SYSTEM REAR FACING</b>				Helmet Use			
Air Bag Deployed <b>NOT APPLICABLE</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>TRAPPED &amp; EXTRICATED</b>							
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>WITNESS</b>							
Person Type <b>WITNESS</b>		NM#	Vehicle#	Person Type Detail			
First Name <b>TIMOTHY</b>		Middle Name		Last Name <b>SMITH</b>		Suffix	Date of Birth
						Age	Sex <b>M</b>



Crash Number <b>C000037291-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>		Reporting Agency Case Number		Reporting Agency CAD Number <b>GSP110CAD063006</b>	
Address <b>3228 FT. MORRIS RD</b>			Address Other		City <b>MIDWAY</b>		State <b>GA</b>
Phone Number <b>912-977-5281</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>			
<b>WITNESS</b>							
Person Type <b>WITNESS</b>		NM#		Vehicle#		Person Type Detail	
First Name <b>JODIE</b>		Middle Name		Last Name <b>TROMBLEY</b>		Suffix	Date of Birth
Address <b>500 HERITAGE DR.</b>		Address Other		City <b>HINESVILLE</b>		State <b>GA</b>	Zip Code <b>31313</b>
Phone Number <b>912-271-0928</b>		Phone Number (other) <b>912-320-4243</b>		Condition at Time of Crash <b>APPARENTLY NORMAL</b>			
<b>NARRATIVE: C000037291</b>							

Vehicle 1 was approaching the stop sign on Old Sunbury Road at the intersection of GA 38. The driver of vehicle 1 failed to stop at the stop bar and traveled onto GA 38. Vehicle #s 2 and 3 were traveling west in the right travel lane on GA 38. As vehicle 1 traveled onto GA 38, vehicle 3 was unable to avoid contact with vehicle 1, causing vehicle 3 front right panel to sideswipe the front bumper of vehicle 1. After vehicle 3 struck vehicle 1, vehicle 2 was behind vehicle 3 and attempted to swerve to the left travel lane but was unable to, due to other traffic in the left travel lane. Vehicle 2 then struck vehicle 3 in the rear, causing vehicle 3 to come to rest in the right travel lane facing west. Vehicle 2 came to rest in the left travel lane facing west. After the crash occurred, the driver of vehicle 1 fled the scene. The driver and vehicle was later apprehended on Ft. Stewart Military Base.

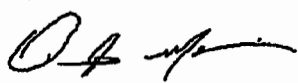
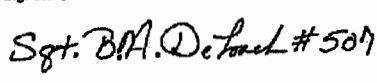
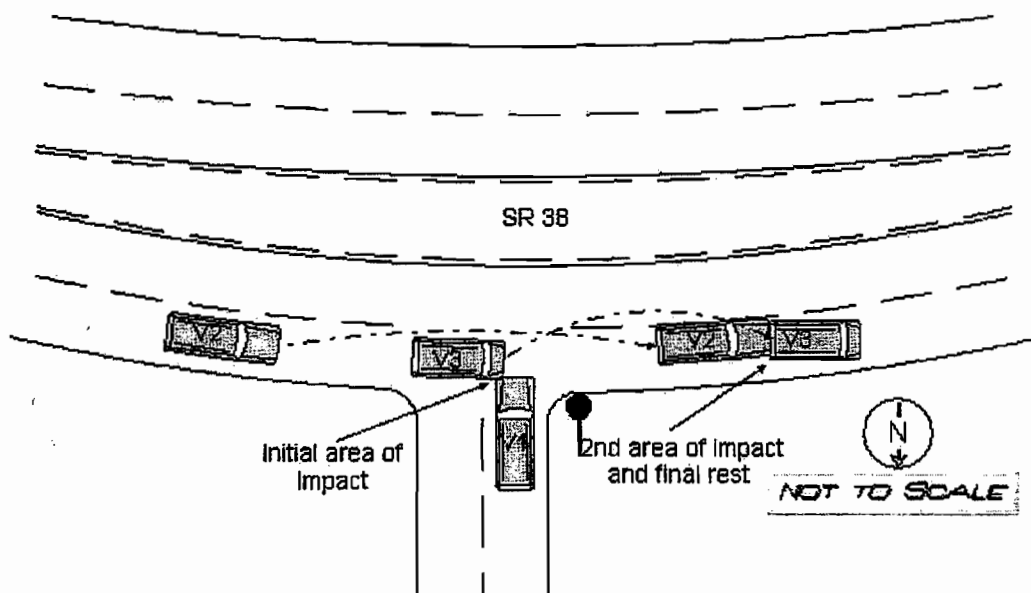
REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name <b>MELVIN, Q.</b>	Signature 	Approving Officer Name <b>SGT. B.H. DELOACH</b>	Signature 
ID Number <b>231</b>	Rank <b>TFC</b>	ID Number <b>507</b>	Rank <b>SERGEANT</b>
Org / Unit <b>I-11</b>		Org / Unit <b>I-11</b>	

DIAGRAM OF ACCIDENT



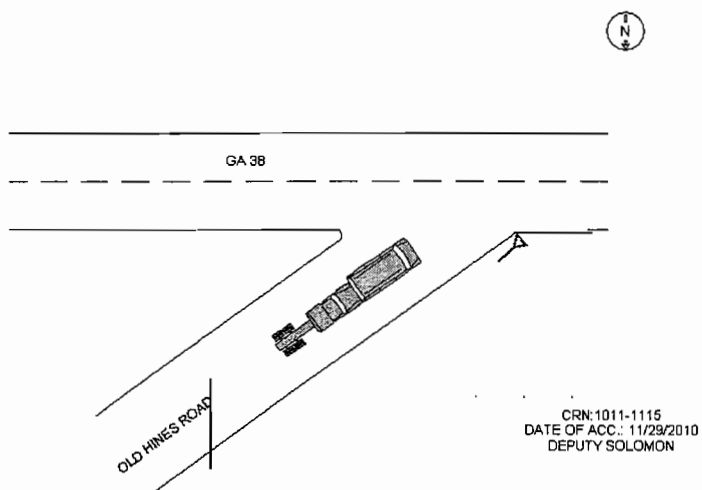
db #26

Accident Number 10111115		Agency NCIC No. GA0890000		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County LIBERTY		Date Rec. by DOT			
Date 11/30/2010		Days of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 17:20		Off. Arrived 17:26		Vehicles 2		Total Number of: Injuries 0 Fatalities 0		Inside City Of: HINESVILLE	
Location of Occurrence OLD HINES ROAD										At Its Intersection With GA 38		Corrected Report? Yes <input type="checkbox"/>	
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.										1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.		Suppl. To Original? Yes <input type="checkbox"/>	
Not At Its Intersection But Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Feet 1 <input type="checkbox"/> South 3 <input type="checkbox"/> West										Of: 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line		Hit and Run? Yes <input type="checkbox"/>	
And continuing in the direction checked above, the Next Reference Point is										1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line			
Driver # 1 LAST NAME FIRST MIDDLE LANDON JOHN EDWARD Ped 0 Address 85 POST OAK ROAD NE LOT 14 City State Zip DOB GLENNVILLE GA 30427 Driver's License No. Class State <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female C GA Posted Speed Insurance Co. Policy No. ACE AMERICAN INSURANCE CO. ISAH08290576 Year Make Model Telephone No. 2009 FORD (SEE TRUCKS 912-654-2223 VIN Vehicle color 3FRNF65C99V143966 WHITE Tag # State County Year YYR7475 PA 2010 Trailer Tag # State County Year						Driver # 2 LAST NAME FIRST MIDDLE BROOKS ADAM WAYNE Ped 0 Address 147 SOUTH PAGE STREET City State Zip DOB LAGRANGE GA 30241 Driver's License No. Class State <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female C GA Posted Speed Insurance Co. Policy No. GEICO 70APG032049-01 Year Make Model Telephone No. 1999 DODGE RAM VAN B2500 706-957-0920 VIN Vehicle color 2B7JB21Z5XK579714 BLUE Tag # State County Year BPM3050 GA 2011 Trailer Tag # State County Year							
Owner's Last Name First Middle TOWNSEND Address 185 JUDYS WAY City State Zip HOMER CITY PA 15748 Removed By <input type="checkbox"/> Request <input type="checkbox"/> List						Owner's Last Name First Middle WILLIAMSON SAMUEL MICHAEL Address 1137 MOUNTVILLE ROAD City State Zip HOGANSVILLE GA 30230 Removed By <input type="checkbox"/> Request <input type="checkbox"/> List							
Alcohol Test 02 Type Results Drug Test 02 Type Results						Alcohol Test 02 Type Results Drug Test 02 Type Results							
Driver Cond 01 Direction of Travel 04 Vision Obscured 01 Contributing Factors 04						Driver Cond 01 Direction of Travel 04 Vision Obscured 01 Contributing Factors 01							
Veh Cond 01 Veh Maneuver 02 Ped. Maneuver						Veh Cond 01 Veh Maneuver 02 Ped. Maneuver							
Most Harmful Event 11 Veh Class: 01 Veh Type: 14						Most Harmful Event 11 Veh Class: 01 Veh Type: 10							
Traffic Ctrl 05 Device Inoperative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Ctrl 05 Device Inoperative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Injured Taken To: By:													
EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:													
Report By: SOLOMON, WILLIAM Department: LIBERTY CO SO Report Date: 11/30/2010 Checked By: PIKE, GREG Date Checked: 11/30/2010													
Witness(es) Name: TAYLOR, ANDY Address: 147 SOUTH PAGE STREET City: LAGRANGE State: GA Zip Code: 30241 Telephone No.: 706-957-0920													
DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)													
COMMERCIAL VEHICLES ONLY													
Carrier Name Vehicle # Address City State Zip						Carrier Name Vehicle # Address City State Zip							
No. of Axles G.V.W.R. Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Cargo Body Type						No. of Axles G.V.W.R. Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Cargo Body Type							
Vehicle Config. I.C.C.M.C.# U.S.D.O.T.# Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>						Vehicle Config. I.C.C.M.C.# U.S.D.O.T.# Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>							
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
Vehicle Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						Vehicle Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
If YES, Name of 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____ ____ Ran Off Road ____ Down Hill Runaway ____ Cargo Loss or Shift ____ Separation of Units						If YES, Name of 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____ ____ Ran Off Road ____ Down Hill Runaway ____ Cargo Loss or Shift ____ Separation of Units							

LSco 8.0

**Vehicle #2 was stopped at the yield sign located at Old Hines Road and GA 38 attempting to make a right hand turn onto GA 38 when it was rear ended by Vehicle #1 which was directly behind Vehicle #2.**

**INDICATE ON THIS DIAGRAM WHAT HAPPENED**

[illegible]



# STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol  
Georgia Department of Public Safety  
P.O. Box 1456  
Atlanta, Georgia 30371-1456

OSP#38

12/27/10 @ 5:16 PM

4:55

[clb#71]

(See OSP#26)

Crash Number C000033530-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000033530-01	Reporting Agency CAD Number GSP10CAD072438
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## CRASH IDENTIFIERS

County of Crash LIBERTY	City or Place of Crash FLEMINGTON	<input checked="" type="checkbox"/> City Limits	Crash Date/Time 12/27/2010 04:55 PM	Reported Date/Time 12/27/2010 05:00 PM	Dispatched Date/Time 12/27/2010 05:02 PM
On Scene Date/Time 12/27/2010 05:16 PM	Cleared Scene Date/Time 12/27/2010 06:23 PM	Complete Date/Time 12/27/2010 08:21 PM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY	

## ROADWAY INFORMATION

Roadway Description for Location of Occurrence OLD HINES ROAD	Distance to City or Place of Crash	Latitude N 31 51.5675	Longitude W 81 33.9147
Intersecting Roadway Description for Location of Occurrence GA 38	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System NO	Roadway Functional Class Type URBAN	Roadway Functional Class Detail COLLECTOR	
Type of Shoulder CURB	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection NO CONTROL	Mainline Number of Lanes at Intersection ONE LANE	Side Road Number of Lanes at Intersection FOUR TO SIX LANES	

## CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input type="checkbox"/> Crash Pictures Taken
First Harmful Event Type COLLISION NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT		

Total Counts	Vehicles 2	CMV 0	Motorists 6	Non-Motorists 0	Injured 5	Fatalities 0	Witnesses 0	Other Persons 0	Businesses 0	Violations 1
First Harmful Event's Relation to Junction INTERSECTION	Is First Harmful Event within Interchange Area NO	Type of Intersection T-INTERSECTION								
Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE								
Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE								
School Bus Related NO	Work Zone Related NO	Crash Location in Work Zone								

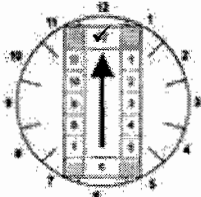
## VEHICLE V01

V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number AWW1418	Registration Expires 11/21/2011	<input type="checkbox"/> Permanent Registration	VIN 1B3HB48B67D529046
Year 2007	Make DODGE	Model CALIBER SXT	Style 4S	Color RED	Body Type Category (SPORT) UTILITY VEHICLE	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO	Type of Bus Use NOT A BUS				
Owner First Name JIMMY	Owner Middle Name KIM	Owner Last Name HILLIARD	Owner Suffix	Owner Business (if not Person)		
Address 75 FACTORY ST SW	Address Other	City LUDOWICI	State GA	Zip Code 31316-3747		
Owner Phone Number	Owner Phone Number (other)	Insurance Company USAA	Insurance Policy Number 023429315G			
Vehicle Removal DRIVEN - NOT DISABLED	Vehicle Towed By	Wrecker Selection Method				
Direction of Travel Before Crash SOUTHBOUND	Speed: Estimated 45	Posted 45	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment CURVE RIGHT	Roadway Grade LEVEL
Trafficway Description ONE-WAY TRAFFICWAY	Traffic Control Device Type YIELD SIGN	Working Properly YES				
Roadway Description for Vehicle Travel OLD HINES ROAD						

Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) MINOR DAMAGE
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT	
2nd Sequence of Events Type (this vehicle) UNKNOWN	2nd Sequence of Events Detail (this vehicle)	
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events Detail (this vehicle)	
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT	
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE	

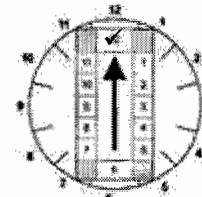
Area of Initial Impact

- ☐ Non Collision  
☐ Top  
☐ Undercarriage  
☐ Unknown



Most Damaged Area

- ☐ Non Collision  
☐ Top  
☐ Undercarriage  
☐ Unknown



Occupant Type DRIVER PASSENGER	Person Name (First Middle Last Suffix) PATRICIA J HILLIARD CHARLES I. JOHNSON	Injury Status NON FATAL INJURY NO INJURY(O)
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## VEHICLE V02

V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State AL	License Number AM51512	Registration Expires 09/30/2011	<input type="checkbox"/> Permanent Registration	VIN 2HJYK16567H514975
Year 2007	Make HONDA	Model RIDGELINE	Style SPORT UTILITY	Color BUR	Body Type Category (SPORT) UTILITY VEHICLE	

Crash Number <b>C000033530-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>			Reporting Agency Case Number <b>C000033530-01</b>		Reporting Agency CAD Number <b>GSP10CAD072438</b>	
Special Function of Motor Vehicle in Transport <b>NO SPECIAL FUNCTION</b>				Emergency Motor Vehicle Use <b>NO</b>		Type of Bus Use <b>NOT A BUS</b>		
Owner First Name <b>STEPHANIE</b>		Owner Middle Name <b>LEE</b>		Owner Last Name <b>SCHWARTZBERG</b>		Owner Suffix		Owner Business (if not Person)
Address <b>97 LEE ROAD</b>				Address Other		City <b>PHENIX CITY</b>		State <b>AL</b>
Owner Phone Number <b>706-332-2164</b>		Owner Phone Number (other)		Insurance Company <b>STATE FARM</b>		Insurance Policy Number <b>1463638-E14-01B</b>		
Vehicle Removal <b>DRIVEN - NOT DISABLED</b>				Vehicle Towed By		Wrecker Selection Method		
Direction of Travel Before Crash <b>SOUTHBOUND</b>		Speed: Estimated <b>45</b>		Roadway Type <b>UNDIVIDED HIGHWAY</b>		Total Lanes <b>2</b>		Roadway Horizontal Alignment <b>CURVE RIGHT</b>
Trafficway Description <b>ONE-WAY TRAFFICWAY</b>				Traffic Control Device Type <b>YIELD SIGN</b>		Roadway Grade <b>LEVEL</b>		
Roadway Description for Vehicle Travel <b>OLD HINES ROAD</b>						Working Properly <b>YES</b>		
Vehicle Maneuver Action (by this vehicle) <b>STOPPED IN TRAFFIC</b>				Hit & Run (by this vehicle) <b>NO DID NOT LEAVE SCENE</b>		Damage Extent (for this vehicle) <b>MINOR DAMAGE</b>		
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				1st Sequence of Events Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>				
2nd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>				2nd Sequence of Events Detail (this vehicle)				
3rd Sequence of Events Type (this vehicle) <b>UNKNOWN</b>				3rd Sequence of Events Detail (this vehicle)				
4th Sequence of Events Type (this vehicle) <b>UNKNOWN</b>				4th Sequence of Events Detail (this vehicle)				
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				Most Harmful Event Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>				
Contributing Circumstances 1 (this vehicle) <b>NONE</b>				Contributing Circumstances 2 (this vehicle) <b>NONE</b>				
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				
Occupant Type <b>DRIVER</b> <b>PASSENGER</b> <b>PASSENGER</b> <b>PASSENGER</b>		Person Name (First Middle Last Suffix) <b>STEPHANIE LEE SCHWARTZBERG</b> <b>FREDERICK LEON II DAYE</b> <b>MEAGAN E DAY</b> <b>FREDERICK L. DAYE 3</b>				Injury Status <b>NON FATAL INJURY</b> <b>NON FATAL INJURY</b> <b>NON FATAL INJURY</b> <b>NON FATAL INJURY</b>		
<b>DRIVER V01</b>								
Person Type <b>DRIVER</b>		NM#		Vehicle# <b>V01</b>		Person Type Detail		
First Name <b>PATRICIA</b>		Middle Name <b>J</b>		Last Name <b>HILLIARD</b>		Suffix		Date of Birth <b>01/02/1984</b>
Address <b>302 W GENERAL STEWART #10B</b>		Address Other		City <b>HINESVILLE</b>		State <b>GA</b>		Zip Code <b>31313</b>
Phone Number <b>912-271-5169</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>				
Driver License Number <b>049906689</b>		Class <b>C</b>		Expires <b>01/02/2013</b>		State <b>GA</b>		Jurisdiction <b>02</b>
Type <b>NON-CDL DRIVER'S LICENSE</b>		Status <b>VALID LICENSE</b>						
Drivers License Restrictions 1 <b>CORRECTIVE LENSES</b>				Drivers License Restrictions 2 <b>NONE</b>			Drivers License Restrictions 3 <b>NONE</b>	
Driver Distracted By <b>NOT DISTRACTED</b>				Driver Vision Obstructions <b>ALL OTHER (EXPLAINED IN NARRATIVE)</b>				
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>FOLLOWED TOO CLOSELY</b>				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>LEFT</b>		Motor Vehicle Seating Position: Other			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use				
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection <b>NOT EJECTED</b>				
Trapped Extrication <b>NOT TRAPPED</b>								
Injury Severity Level Type <b>NON FATAL INJURY</b>		Injury Severity Level Detail <b>POSSIBLE (C)</b>				Primary or Most Obvious of Body Area Injured During Crash <b>ABDOMEN AND PELVIS</b>		
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result		BAC
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result		
Violation Type Issued <b>UNIFORM TRAFFIC CITATION</b>		Number <b>E00345637</b>		Violation Description <b>40-6-49 FOLLOWING TOO CLOSELY</b>				
<b>DRIVER V02</b>								
Person Type <b>DRIVER</b>		NM#		Vehicle# <b>V02</b>		Person Type Detail		
First Name <b>STEPHANIE</b>		Middle Name <b>LEE</b>		Last Name <b>SCHWARTZBERG</b>		Suffix		Date of Birth <b>07/31/1971</b>
Address <b>97 LEE ROAD</b>		Address Other		City <b>PHENIX CITY</b>		State <b>AL</b>		Zip Code <b>36870</b>
Phone Number <b>706-332-2164</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>				
Driver License Number <b>7905113</b>		Class <b>D</b>		Expires <b>07/27/2014</b>		State <b>AL</b>		Jurisdiction <b>02</b>
Type <b>NON-CDL DRIVER'S LICENSE</b>		Status <b>VALID LICENSE</b>						





Crash Number <b>C000033530-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>		Reporting Agency Case Number <b>C000033530-01</b>		Reporting Agency CAD Number <b>GSP10CAD072438</b>	
Drivers License Restrictions 1 <b>CORRECTIVE LENSES</b>		Drivers License Restrictions 2 <b>NONE</b>		Drivers License Restrictions 3 <b>NONE</b>			
Driver Distracted By <b>NOT DISTRACTED</b>		Driver Vision Obstructions <b>VISION NOT OBSCURED</b>					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>					
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>LEFT</b>		Motor Vehicle Seating Position: Other		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NON FATAL INJURY</b>		Injury Severity Level Detail <b>POSSIBLE (C)</b>		Primary or Most Obvious of Body Area Injured During Crash <b>UPPER EXTREMITY</b>			
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>PASSENGER V02</b>							
Person Type <b>PASSENGER</b>		NM#		Vehicle# <b>V02</b>		Person Type Detail	
First Name <b>FREDERICK</b>		Middle Name <b>LEON II</b>		Last Name <b>DAYE</b>		Suffix	
Date of Birth <b>03/25/1974</b>		Age <b>36</b>		Sex <b>M</b>			
Address <b>162 LIBERTY WOODS DR</b>		Address Other		City <b>FORT STEWART</b>		State <b>GA</b>	
Phone Number		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>		Zip Code <b>31315</b>	
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>RIGHT</b>		Motor Vehicle Seating Position: Other		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NON FATAL INJURY</b>		Injury Severity Level Detail <b>POSSIBLE (C)</b>		Primary or Most Obvious of Body Area Injured During Crash <b>UPPER EXTREMITY</b>			
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>PASSENGER V02</b>							
Person Type <b>PASSENGER</b>		NM#		Vehicle# <b>V02</b>		Person Type Detail	
First Name <b>MEAGAN</b>		Middle Name <b>E</b>		Last Name <b>DAY</b>		Suffix	
Date of Birth <b>05/23/1996</b>		Age <b>14</b>		Sex <b>F</b>			
Address <b>162 LIBERTYWOOD DRIVE</b>		Address Other		City <b>FT. STEWART</b>		State <b>GA</b>	
Phone Number		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>		Zip Code <b>31315</b>	
Motor Vehicle Seating Position: Row <b>SECOND</b>		Motor Vehicle Seating Position: Seat <b>LEFT</b>		Motor Vehicle Seating Position: Other		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NON FATAL INJURY</b>		Injury Severity Level Detail <b>POSSIBLE (C)</b>		Primary or Most Obvious of Body Area Injured During Crash <b>UNSPECIFIED</b>			
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>PASSENGER V02</b>							
Person Type <b>PASSENGER</b>		NM#		Vehicle# <b>V02</b>		Person Type Detail	
First Name <b>FREDERICK</b>		Middle Name <b>L.</b>		Last Name <b>DAYE</b>		Suffix <b>3</b>	
Date of Birth <b>04/04/2000</b>		Age <b>10</b>		Sex <b>M</b>			
Address <b>162 LIBERTYWOOD DRIVE</b>		Address Other		City <b>FT. STEWART</b>		State <b>GA</b>	
Phone Number		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>		Zip Code <b>31315</b>	
Motor Vehicle Seating Position: Row <b>SECOND</b>		Motor Vehicle Seating Position: Seat <b>RIGHT</b>		Motor Vehicle Seating Position: Other		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NON FATAL INJURY</b>		Injury Severity Level Detail <b>POSSIBLE (C)</b>		Primary or Most Obvious of Body Area Injured During Crash <b>UNSPECIFIED</b>			
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	

Crash Number <b>C000033530-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>		Reporting Agency Case Number <b>C000033530-01</b>		Reporting Agency CAD Number <b>GSP110CAD072438</b>	
Law Enforcement Suspected Alcohol Use <b>NO</b>	Alcohol Test Type	Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use <b>NO</b>	Drug Test Type	Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result			
<b>PASSENGER V01</b>							
Person Type <b>PASSENGER</b>		NM#	Vehicle# <b>V01</b>	Person Type Detail			
First Name <b>CHARLES</b>	Middle Name <b>I.</b>	Last Name <b>JOHNSON</b>		Suffix	Date of Birth <b>07/08/1975</b>	Age <b>35</b>	Sex <b>M</b>
Address <b>335 MORTAR PLACE</b>		Address Other		City <b>HINESVILLE</b>	State <b>GA</b>	Zip Code <b>31313</b>	
Phone Number <b>912-877-5933</b>	Phone Number (other)	Condition at Time of Crash <b>APPARENTLY NORMAL</b>					
Motor Vehicle Seating Position: Row <b>FRONT</b>	Motor Vehicle Seating Position: Seat <b>RIGHT</b>	Motor Vehicle Seating Position: Other				<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>		Helmet Use					
Air Bag Deployed <b>NOT DEPLOYED</b>		Ejection <b>NOT EJECTED</b>					
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail				Primary or Most Obvious of Body Area Injured During Crash	
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		
Law Enforcement Suspected Alcohol Use <b>NO</b>	Alcohol Test Type	Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use <b>NO</b>	Drug Test Type	Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result			

**NARRATIVE: C000033530**

Vehicle # 2 was traveling south on Old Hines Road. Vehicle # 1 was traveling south on Old Hines Road. Vehicle # 2 stopped for traffic at the yield sign on Old Hines Road. Vehicle # 1 struck the rear of vehicle # 2 with it's front. Vehicle's # 1 and # 2 were moved to a parking lot on the north shoulder of GA 38 prior to this Officer's arrival.

Driver # 1 stated that she was having problems seeing due to the sun glare and was in the process of putting the sun visor down.

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name <b>CHENEY, A. M.</b>	Signature	Approving Officer Name <b>DELOACH, B.H. SGT.</b>	Signature
ID Number <b>954</b>	Rank <b>TFC</b>	ID Number <b>507</b>	Rank <b>SERGEANT</b>
Org / Unit <b>I-11</b>		Org / Unit <b>I-11</b>	

4b#21

Accident Number 11 - 0198 - 08		Agency NCIC No. GAGSP1100		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County LIBERTY		Date Received		Page 1 or 2	
Date 06/18/2008		Day Of Week Sun M T W Th F S		Time 0724		Off. Arrived 0739		Total Number Of Vehicles Injuries		Inside City Of	
Road Of Occurrence Old Hines Rd.		At Its Intersection Sunbury Rd.		Corrected Report Yes <input type="checkbox"/>							
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.		With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.									
Not At Its Intersection But		Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West		Of 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line						Suppl. To Original Yes <input type="checkbox"/>	
And Continuing In the Direction Checked Above		The Next Reference Point Is		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line						Hit and Run? Yes <input type="checkbox"/>	

Driver # 1				Last Name First Middle Knox, Robiin Pearl				Driver # 2				Last Name First Middle Blankenship, Maria Teresa			
Ped. <input type="checkbox"/>				Address 6291 Knox DR				Ped. <input type="checkbox"/>				Address 303 Liberty Oak Ln.			
City Appling, Ga. 30802				State Zip DOB Ga 30802 05/29/1979				City Hinesville, Ga. 31313				State Zip DOB Ga 31313 08/03/1958			
Driver's License No. 058513010				Class State C GA				Driver's License No. 052000617				Class State C Ga			
Posted Speed 25				Insurance Co. Policy No. Progressive 197353422				Posted Speed 25				Insurance Co. Policy No. State Farm 3482791A0211A			
Year Make Model 2004 Dodge Stratus				Telephone No. 706-899-1713				Year Make Model 2007 Ford Focus				Telephone No. 368-5351			
VIN 1B3EL36X54N257197				Vehicle Color Gold				VIN 1FAFP34N77W306462				Vehicle Color Maroon			
Tag # AQH5484				State County Year Ga COLUMBIA 2009				Tag # BBR4824				State County Year Ga LIBERTY 2008			
Trailer Tag #				State County Year				Trailer Tag #				State County Year			
<input checked="" type="checkbox"/> Same as Driver				Owner's Last Name First Middle Knox, Robin Pearl				<input checked="" type="checkbox"/> Same as Driver				Owner's Last Name First Middle Blankenship, Maria Teresa			
Address 6291 Knox DR				City State Zip Appling, Ga. 30802				Address 303 Liberty Oak Ln.				City State Zip Hinesville, Ga. 31313			
Removed By Driver				<input type="checkbox"/> Request <input type="checkbox"/> List				Removed By Driver				<input type="checkbox"/> Request <input type="checkbox"/> List			

Alcohol Test 2		Type		Results		Drug Test 2		Type		Results	
Driver Condition 1		Direction of Travel 1		Vision Obscured 1		Contributing Factors 3		Driver Condition 1		Direction of Travel 1	
Vehicle Condition 1		Vehicle Maneuver 5		Pedestrian Maneuver				Vehicle Condition 1		Vehicle Maneuver 4	
Most Harmful Event 11		Vehicle Class 1		Vehicle Type 1		Most Harmful Event 11		Vehicle Class 1		Vehicle Type 1	
Traffic Control 6		Device Inoperative ?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control 5		Device Inoperative ?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Injured Taken To By			
EMS Notified Time		EMS Arrival Time	
Hospital Arrival Time		Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:	
Report By : CPL B.A. BREWTON #330		Department GSP Hinesville	
Report Date 06/18/2008		Checked By : SGT R. K. White #822	
Date Checked 06/23/2008			
Witness(es) Name		Address	
City		Zip Code	
Telephone No.			

DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )

COMMERCIAL VEHICLES ONLY

Carrier Name Vehicle #				Carrier Name Vehicle #			
Address				Address			
City State Zip				City State Zip			
Number Of Axles		G.V.W.R.		Number Of Axles		G.V.W.R.	
Fed. Reportable 1 Yes 2 No		Cargo Body Type		Fed. Reportable 1 Yes 2 No		Cargo Body Type	
Vehicle Config.		I.C.C.M.C. #		Vehicle Config.		I.C.C.M.C. #	
U.S. D.O.T. #		Interstate Intrastate		U.S. D.O.T. #		Interstate Intrastate	
C.D.L.? 1 Yes 2 No		C.D.L. Suspended ? 1 Yes 2 No		C.D.L.? 1 Yes 2 No		C.D.L. Suspended ? 1 Yes 2 No	
Vehicle Placarded ? 1 Yes 2 No		Hazardous Materials ? 1 Yes 2 No		Vehicle Placarded ? 1 Yes 2 No		Hazardous Materials ? 1 Yes 2 No	
Released ? 1 Yes 2 No				Released ? 1 Yes 2 No			
If Yes, Name or 4 Digit Number From Diamond or Box				If Yes, Name or 4 Digit Number From Diamond or Box			
1 Digit Number From Bottom of Diamond				1 Digit Number From Bottom of Diamond			
Ran Off Road		Down Hill		Ran Off Road		Down Hill	
Cargo Loss Or Shift		Separation Of Units		Cargo Loss Or Shift		Separation Of Units	

GSP 7 (3)



db # 22

Accident Number <b>11 - 0207 - 08</b>		Agency NCIC No. <b>GAGSP1100</b>		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County <b>LIBERTY</b>		Date Received		Page 1 Of 2	
Date <b>06/26/2008</b>		Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time <b>1832</b>		Off. Arrived <b>1845</b>		Total Number Of Vehicles Injuries Fatalities <b>2 0 0</b>		Inside City Of	
Road Of Occurrence <b>Old Sunbury Road</b>				At Its Intersection <b>Old Hines Road</b>				Corrected Report Yes <input type="checkbox"/>			
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co Road 4 <input type="checkbox"/> City St. Not At Its Intersection But _____ Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Of _____ Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line				Suppl. To Original Yes <input type="checkbox"/> Hit and Run? Yes <input type="checkbox"/>							
And Continuing in the Direction Checked Above											
The Next Reference Point Is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line											
Driver # 1 Last Name <b>Driggers, Dennis W.</b> First Middle Address <b>1001 Tony Nevil</b> Ped. <input type="checkbox"/> City <b>Register, Ga.</b> State <b>Ga.</b> Zip <b>30452</b> DOB <b>08/29/1962</b>						Driver # 2 Last Name <b>Hawes, Malette Y.</b> First Middle Address <b>10 Barton Ct.</b> Ped. <input type="checkbox"/> City <b>Hinesville, Ga.</b> State <b>Ga.</b> Zip <b>31313</b> DOB <b>02/28/1967</b>					
Driver's License No. <b>0492928893</b> Class <b>A</b> State <b>Ga</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed <b>25</b> Insurance Co. <b>Progressive</b> Policy No. <b>03877176</b>						Driver's License No. <b>11862786</b> Class <b>C</b> State <b>Ga</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed <b>25</b> Insurance Co. <b>USAA</b> Policy No. <b>014100806U</b>					
Year <b>1997</b> Make <b>Volvo</b> Model <b>Tractor</b> Telephone No. <b>9126813384</b> VIN <b>4VA7BBJF5WN759912</b> Vehicle Color <b>White</b>						Year <b>2002</b> Make <b>Volvo</b> Model <b>S60</b> Telephone No. <b>9124482387</b> VIN <b>YV1RS58D022169491</b> Vehicle Color <b>Red</b>					
Tag # <b>IC 0520</b> State <b>Ga</b> County Year <b>2008</b> Trailer Tag # <b>PO4062A</b> State <b>Ga</b> County Year <b>2008</b>						Tag # <b>AEB 2789</b> State <b>Ga</b> County <b>LIBERTY</b> Year <b>2008</b> Trailer Tag # _____ State _____ County _____ Year _____					
<input type="checkbox"/> Same as Driver Owner's Last Name <b>Delta Transport LLC</b> First Middle Address <b>9197 Highway 301 S.</b> City <b>Statesboro, Ga.</b> State <b>Ga.</b> Zip <b>30458</b>						<input type="checkbox"/> Same as Driver Owner's Last Name <b>Hawes, Bobby</b> First Middle Address <b>10 Barton Ct.</b> City <b>Hinesville, Ga.</b> State <b>Ga.</b> Zip <b>31313</b>					
Removed By <b>Driver</b> <input type="checkbox"/> Request <input type="checkbox"/> List						Removed By <b>Driver</b> <input type="checkbox"/> Request <input type="checkbox"/> List					
Alcohol Test <b>2</b> Type Results Drug Test <b>2</b> Type Results Driver Condition <b>1</b> Direction of Travel <b>1</b> Vision Obscured <b>1</b> Contributing Factors <b>4</b> Vehicle Condition <b>1</b> Vehicle Maneuver <b>1</b> Pedestrian Maneuver _____ Most Harmful Event <b>11</b> Vehicle Class <b>7</b> Vehicle Type <b>14</b>						Alcohol Test <b>2</b> Type Results Drug Test <b>2</b> Type Results Driver Condition <b>1</b> Direction of Travel <b>2</b> Vision Obscured <b>1</b> Contributing Factors <b>1</b> Vehicle Condition <b>1</b> Vehicle Maneuver <b>5</b> Pedestrian Maneuver _____ Most Harmful Event <b>11</b> Vehicle Class <b>1</b> Vehicle Type <b>1</b>					
Traffic Control <b>5</b> Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Control <b>5</b> Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Injured Taken To _____ By _____											
EMS Notified Time _____ EMS Arrival Time _____ Hospital Arrival Time _____ Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By: _____											
Report By: <b>SGT R. K. White #822</b> Department <b>GSP Hinesville</b> Report Date <b>06/26/2008</b> Checked By: <b>SEC T.L. King #566</b> Date Checked <b>07/01/2008</b>											
Witness(es) Name _____ Address _____ City _____ Zip Code _____ Telephone No. _____											
DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )											
COMMERCIAL VEHICLES ONLY											
Carrier Name <b>1 Delta Transport LLC</b> Vehicle # _____ Address <b>9197 Highway 301 S.</b> City <b>Statesboro, Ga.</b> State <b>Ga.</b> Zip <b>30458</b>						Carrier Name _____ Vehicle # _____ Address _____ City _____ State _____ Zip _____					
Number Of Axles <b>6</b> G.V.W.R. <b>46515</b> Fed. Reportable <b>1</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Cargo Body Type <b>9</b> Vehicle Config. <b>8</b> I.C.C.M.C. # <b>528024</b> U.S. D.O.T. # <b>1386323</b> Interstate <input type="checkbox"/> Intrastate <input checked="" type="checkbox"/> C.D.L.? <b>1</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> C.D.L. Suspended ? <b>1</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hazardous Materials ? <b>1</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Released ? <b>1</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Vehicle Placarded ? <b>1</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Name or 4 Digit Number From Diamond or Box _____ 1 Digit Number From Bottom of Diamond _____ <b>0</b> Ran Off Road <b>0</b> Down Hill <b>0</b> Cargo Loss <b>0</b> Separation Or Shift Of Units						Number Of Axles _____ G.V.W.R. _____ Fed. Reportable <b>1</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Cargo Body Type _____ Vehicle Config. _____ I.C.C.M.C. # _____ U.S. D.O.T. # _____ Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> C.D.L.? <b>1</b> Yes <input type="checkbox"/> No <input type="checkbox"/> C.D.L. Suspended ? <b>1</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Hazardous Materials ? <b>1</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Released ? <b>1</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle Placarded ? <b>1</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name or 4 Digit Number From Diamond or Box _____ 1 Digit Number From Bottom of Diamond _____ _____ Ran Off Road _____ Down Hill _____ Cargo Loss _____ Separation Or Shift Of Units					

GSP 9

X





45#1

Accident Number <b>11 - 0228 - 08</b>		Agency NCIC No. <b>GAGSP1100</b>		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County <b>LIBERTY</b>		Date Received		Page 1 Of 2																																																	
Date <b>07/08/2008</b>		Day Of Week <input checked="" type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time <b>0820</b>		Off. Arrived <b>0829</b>		Total Number Of Vehicles <b>2</b> Injuries <b>0</b> Fatalities <b>0</b>		Inside City Of																																																	
Road Of Occurrence <b>Ga 38</b>								At Its Intersection <b>Old Sunbury Rd.</b>		Corrected Report Yes <input type="checkbox"/>																																																	
Not At Its Intersection But 1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.								With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.		Suppl. To Original Yes <input type="checkbox"/>																																																	
And Continuing in the Direction Checked Above The Next Reference Point is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line								Hlt and Run? Yes <input type="checkbox"/>																																																			
Driver # <b>1</b>				Last Name <b>Cleveland, Lakeisha Renee</b>				Driver # <b>2</b>				Last Name <b>Jackson, Alfreda Renee</b>																																															
Ped. <input type="checkbox"/>				Address <b>183 Screven Fork Rd.</b>				Ped. <input type="checkbox"/>				Address <b>177 Gloucester Dr.</b>																																															
City <b>Midway, Ga. 31320</b>				State Zip DOB <b>07/13/1990</b>				City <b>Midway, Ga. 31320</b>				State Zip DOB <b>09/14/1963</b>																																															
Driver's License No. <b>052847052</b>				Class State <b>C Ga</b>				Driver's License No. <b>052226879</b>				Class State <b>C Ga</b>																																															
Posted Speed <b>45</b>				Insurance Co. Policy No. <b>Geico 0700052509</b>				Posted Speed <b>45</b>				Insurance Co. Policy No. <b>Grange Insurance CPP229254200</b>																																															
Year Make Model <b>2002 Toyota Echo</b>				Telephone No. <b>912-884-3617</b>				Year Make Model <b>2004 Landrover Discovery</b>				Telephone No. <b>912-876-1075</b>																																															
VIN <b>JTDBT123X20210962</b>				Vehicle Color <b>Red</b>				VIN <b>SALTY19464A847924</b>				Vehicle Color <b>Silver</b>																																															
Tag # <b>5810AFZ</b>				State County Year <b>Ga LIBERTY 2009</b>				Tag # <b>AUH5952</b>				State County Year <b>Ga LIBERTY 2009</b>																																															
Trailer Tag #				State County Year				Trailer Tag #				State County Year																																															
<input type="checkbox"/> Same as Driver				Owner's Last Name First Middle <b>Davis, Terry</b>				<input checked="" type="checkbox"/> Same as Driver				Owner's Last Name First Middle <b>Jackson, Alfreda Renee</b>																																															
Address <b>183 Screven Fork Rd.</b>				City State Zip <b>Midway, Ga. 31320</b>				Address <b>177 Gloucester Dr.</b>				City State Zip <b>Midway, Ga. 31320</b>																																															
Removed By <b>Simmons Wrecker 912-876-8399</b>				<input type="checkbox"/> Request <input checked="" type="checkbox"/> List				Removed By <b>Blount's Wrecker 912-884-9320</b>				<input type="checkbox"/> Request <input checked="" type="checkbox"/> List																																															
Alcohol Test <b>2</b>		Type		Results		Drug Test <b>2</b>		Type		Results		Alcohol Test <b>2</b>		Type		Results																																											
Driver Condition <b>1</b>		Direction of Travel <b>2</b>		Vision Obscured <b>1</b>		Contributing Factors <b>4</b>		Driver Condition <b>1</b>		Direction of Travel <b>4</b>		Vision Obscured <b>1</b>		Contributing Factors <b>1</b>																																													
Vehicle Condition <b>1</b>		Vehicle Maneuver <b>5</b>		Pedestrian Maneuver				Vehicle Condition <b>1</b>		Vehicle Maneuver <b>10</b>		Pedestrian Maneuver																																															
Most Harmful Event <b>11</b>				Vehicle Class <b>1</b>				Vehicle Type <b>1</b>				Most Harmful Event <b>11</b>				Vehicle Class <b>1</b>				Vehicle Type <b>11</b>																																							
Traffic Control <b>5</b>				Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control <b>7</b>				Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																															
Injured Taken To												By																																															
EMS Notified Time												EMS Arrival Time												Hospital Arrival Time																																			
Report By: <b>TFC Q.T. Melvin #231</b>												Department <b>GSP Hinesville</b>												Report Date <b>07/08/2008</b>												Checked By: <b>SGT R. K. White #822</b>												Date Checked <b>07/08/2008</b>											
Witness(es) Name												Address												City												Zip Code												Telephone No.											
DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )																																																											
COMMERCIAL VEHICLES ONLY																																																											
Carrier Name Vehicle # Address City State Zip												Carrier Name Vehicle # Address City State Zip																																															
Number Of Axles				G.V.W.R.				Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No				Cargo Body Type				Number Of Axles				G.V.W.R.				Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No				Cargo Body Type																															
Vehicle Config.				I.C.C.M.C. #				U.S. D.O.T. #				Interstate Intrastate				Vehicle Config.				I.C.C.M.C. #				U.S. D.O.T. #				Interstate Intrastate																															
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																															
If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond												If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond																																															
Ran Off Road Down Hill Cargo Loss Separation Or Shift Of Units												Ran Off Road Down Hill Cargo Loss Separation Or Shift Of Units																																															

GSP 10 4 X



db#2

Accident Number 11 - 0278 - 08		Agency NCIC No. GAGSP1100		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County LIBERTY		Date Received		Page 1 Of 2	
Date 08/18/2008		Day Of Week <input type="checkbox"/> Sun <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 1610		Off. Arrived 1622		Total Number Of Vehicles 2 Injuries 2 Fatalities 0		Inside City Of	
Road Of Occurrence Georgia 38				At Its Intersection With				Corrected Report Yes <input type="checkbox"/>			
1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.				Suppl. To Original Yes <input type="checkbox"/>			
Not At Its Intersection But 40				Of Old Sunbury Rd.				Hit and Run? Yes <input type="checkbox"/>			
And Continuing in the Direction Checked Above Old Hinesville Rd.				The Next Reference Point Is							
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line											
Driver # 1		Last Name Carter, Tiffany L		First Middle		Driver # 2		Last Name Walthour, Rosa J		First Middle	
Ped. <input type="checkbox"/>		Address 325 Bay Acres Rd. Apt. 2 C				Ped. <input type="checkbox"/>		Address 191 Sequoia Cir.			
City Jesup, Ga. 31545		State Ga		Zip 31545		DOB 03/24/1989		City Hinesville, Ga 31313		State Ga	
Driver's License No. 051724092		Class C		State Ga		<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Driver's License No. 052414793		Class C	
Posted Speed 45		Insurance Co. Geico		Policy No. 0563782408		Posted Speed 45		Insurance Co. State Farm		Policy No. 8767449	
Year 1994		Make Mazda		Model B3000		Telephone No. 912-610-7558		Year 2000		Make Chevrolet	
VIN 4F4CR12U2RTN13066		Vehicle Color Green				VIN 1G1JC5246Y7112712		Vehicle Color Silver			
Tag # 2006AWH		State Ga		County Liberty		Year 2009		Tag # DP9IR2		State Ga	
Trailer Tag #		State Ga		County Liberty		Year 2009		Trailer Tag #		State Ga	
<input type="checkbox"/> Same as Driver		Owner's Last Name Williams, Robert		First Middle		<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name Walthour, Rosa J		First Middle	
Address 325 Bay Acres Rd. Apt. 2 C						Address 191 Sequoia Cir.					
City Jesup, Ga. 31545		State Ga		Zip 31545		City Hinesville, Ga 31313		State Ga		Zip 31313	
Removed By Hinesville Towing 912-408-870		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List				Removed By		<input type="checkbox"/> Request <input type="checkbox"/> List			
Alcohol Test 2		Type		Results		Alcohol Test 2		Type		Results	
Driver Condition 1		Direction of Travel 3		Vision Obscured 1		Contributing Factors 10		Driver Condition 1		Direction of Travel 4	
Vehicle Condition 1		Vehicle Maneuver 10		Pedestrian Maneuver				Vehicle Condition 1		Vehicle Maneuver 10	
Most Harmful Event 11		Vehicle Class 1		Vehicle Type 2		Most Harmful Event 11		Vehicle Class 1		Vehicle Type 1	
Traffic Control 6		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control 6		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Injured Taken To Liberty Regional Medical Ctr.				By Liberty Regional EMS							
EMS Notified Time				EMS Arrival Time				Hospital Arrival Time			
Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				By:							
Report By : TPR Trey Miller #620				Department GSP Hinesville				Report Date 08/18/2008			
Checked By : SFC T.L. King #566				Date Checked 08/19/2008							
Witness(es) Name				Address				City			
Zip Code				Telephone No.							
DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # Address						Carrier Name Vehicle # Address					
City						City					
State						State					
Zip						Zip					
Number Of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type		Number Of Axles		G.V.W.R.	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate Intrastate		Vehicle Config.		I.C.C.M.C. #	
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Vehicle Placarded ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		If Yes, Name or 4 Digit Number From Diamond or Box		1 Digit Number From Bottom of Diamond				Vehicle Placarded ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		If Yes, Name or 4 Digit Number From Diamond or Box	
Ran Off Road		Down Hill		Cargo Loss		Separation Of Units		Ran Off Road		Down Hill	

GSP 11

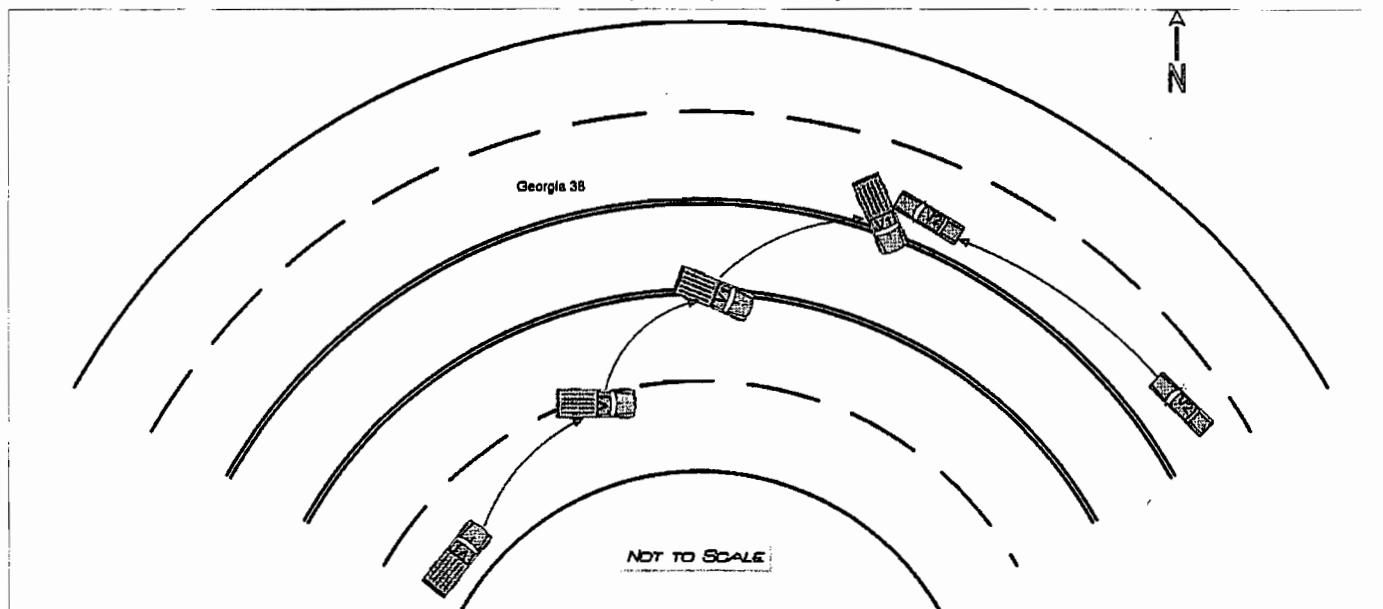
8

X

Vehicle 1 was traveling east on Georgia 38. Vehicle 2 was traveling west on Georgia 38. The driver of vehicle 1 lost control of her vehicle while negotiating the curve, causing a spin. Vehicle 1 traveled across one lane of travel and a turning lane. Vehicle 2 struck vehicle 1 in the driver's side as she was coming to a stop. Vehicle 1 came to a final rest in the turning lane of Georgia 38 and vehicle 2 came to a final rest in the left lane facing west.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Reported By: TPR Trey Miller #620



Accident Investigation Site ?

☐ Yes ☒ No

Site Number

Citations - Vehicle # 1

Too Fast For Conditions, 40-6-180

Citations - Vehicle # 2

None

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character	Construction Maint. Zone
11	1	3	2	1	1	1	2	1	5	0

VEH # 1 VEH # 2

Number of Occupants 1 2

Point Of Initial Contact 8 12

Damage To Vehicles 2 2

SKID DISTANCE 0' AFTER 0' Width Of Road 55'

BEFORE IMPACT 0' VEH # 1

0' VEH # 2

Damage Other Than Vehicle

Owner

AGE	SEX	VEH NO	POS.	INJURY	TAKEN FOR TREAT.	EJEC	SAFETY EQUIP	EXTRIC	AIR BAG
19				4	1	1	3	2	2
53				4	2	1	3	2	2
54	F	2	3	0	2	1	3	2	2

Occupants

Driver # 1 Or Pedestrian #

Driver # 2 Or Pedestrian #

Last Name First Address City State Zip

Dozier, Louise 191 Sequoia Cir. Hinesville, Ga. 31313

46#3

Accident Number <b>11 - 0285 - 08</b>		Agency NCIC No. <b>GAGSP1100</b>		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County <b>LIBERTY</b>		Date Received		Page 1 Of 2	
Date <b>08/22/2008</b>		Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time <b>0730</b>		Off. Arrived <b>0755</b>		Total Number Of Vehicles Injuries Fatalities <b>2 0 0</b>		Inside City Of	
Road Of Occurrence <b>Ga 38</b>				At Its Intersection <b>Old Sunbury road</b>				Corrected Report Yes <input type="checkbox"/>			
1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.				Suppl. To Original Yes <input type="checkbox"/>			
Not At Its Intersection But _____ Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West				Of _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line				Hit and Run? Yes <input type="checkbox"/>			
And Continuing In the Direction Checked Above				The Next Reference Point is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line							
Driver # 1 Last Name <b>Harris, Brenda J</b> First Address <b>5460 Hwy 144</b> City <b>Glennville, Ga</b> State <b>Ga</b> Zip <b>30427</b> DOB <b>11/01/1963</b> Driver's License No. <b>053953421</b> Class <b>C</b> State <b>Ga</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed <b>45</b> Insurance Co. <b>Horace Mann</b> Policy No. <b>1070003970</b> Year <b>2004</b> Make <b>Ford</b> Model <b>Taurus</b> Telephone No. <b>912-614-4211</b> VIN <b>1FAFP53U74A137055</b> Vehicle Color <b>Gray</b> Tag # <b>AMV3189</b> State <b>Ga</b> County <b>TATTNALL</b> Year <b>2008</b> Trailer Tag # _____ State _____ County _____ Year _____				Driver # 2 Last Name <b>Scott, Frank James</b> First Address <b>636 Eagan road</b> City <b>Hinesville, Ga</b> State <b>Ga</b> Zip <b>31313</b> DOB <b>01/03/1936</b> Driver's License No. <b>056193248</b> Class <b>A</b> State <b>Ga</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed <b>45</b> Insurance Co. <b>Safe auto</b> Policy No. <b>GA00123421A</b> Year <b>1995</b> Make <b>Mazda</b> Model <b>B2300</b> Telephone No. <b>912-364-6315</b> VIN <b>4F4CR12A1STM08403</b> Vehicle Color <b>Gray</b> Tag # <b>W12V89</b> State <b>Ga</b> County <b>LIBERTY</b> Year <b>2009</b> Trailer Tag # _____ State _____ County _____ Year _____							
<input checked="" type="checkbox"/> Same as Driver Owner's Last Name <b>Harris, Brenda J</b> First Middle Address <b>5460 Hwy 144</b> City <b>Glennville, Ga</b> State Zip Removed By <b>Driver</b> <input type="checkbox"/> Request <input type="checkbox"/> List				<input checked="" type="checkbox"/> Same as Driver Owner's Last Name <b>Scott, Frank James</b> First Middle Address <b>636 Eagan road</b> City <b>Hinesville, Ga</b> State Zip Removed By <b>Driver</b> <input type="checkbox"/> Request <input type="checkbox"/> List							
Alcohol Test <b>2</b> Type Results Drug Test <b>2</b> Type Results Driver Condition <b>1</b> Direction of Travel <b>2</b> Vision Obscured <b>6</b> Contributing Factors <b>8</b> Vehicle Condition <b>1</b> Vehicle Maneuver <b>1</b> Pedestrian Maneuver <b>4</b> Most Harmful Event <b>11</b> Vehicle Class <b>1</b> Vehicle Type <b>1</b> Traffic Control <b>5</b> Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Alcohol Test <b>2</b> Type Results Drug Test <b>2</b> Type Results Driver Condition <b>1</b> Direction of Travel <b>1</b> Vision Obscured <b>1</b> Contributing Factors <b>1</b> Vehicle Condition <b>1</b> Vehicle Maneuver <b>1</b> Pedestrian Maneuver Most Harmful Event <b>11</b> Vehicle Class <b>1</b> Vehicle Type <b>2</b> Traffic Control <b>5</b> Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Injured Taken To _____ By _____				Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By: _____							
EMS Notified Time _____ EMS Arrival Time _____ Hospital Arrival Time _____				Report By: <b>S/TPR M.L. Reddish #737</b> Department <b>GSP Hinesville</b> Report Date <b>08/22/2008</b> Checked By: <b>SEC T.L. King #566</b> Date Checked <b>08/24/2008</b>							
Witness(es) Name _____ Address _____ City _____ Zip Code _____ Telephone No. _____											
DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # Address City State Zip				Carrier Name Vehicle # Address City State Zip							
Number Of Axles _____ G.V.W.R. _____ Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No Cargo Body Type _____ Vehicle Config. _____ I.C.C.M.C. # _____ U.S. D.O.T. # _____ Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If Yes, Name or 4 Digit Number From Diamond or Box _____ 1 Digit Number From Bottom of Diamond _____ _____ Ran Off Road _____ Down Hill _____ Cargo Loss _____ Separation _____ _____ Or Shift _____ Of Units				Number Of Axles _____ G.V.W.R. _____ Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No Cargo Body Type _____ Vehicle Config. _____ I.C.C.M.C. # _____ U.S. D.O.T. # _____ Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If Yes, Name or 4 Digit Number From Diamond or Box _____ 1 Digit Number From Bottom of Diamond _____ _____ Ran Off Road _____ Down Hill _____ Cargo Loss _____ Separation _____ _____ Or Shift _____ Of Units							

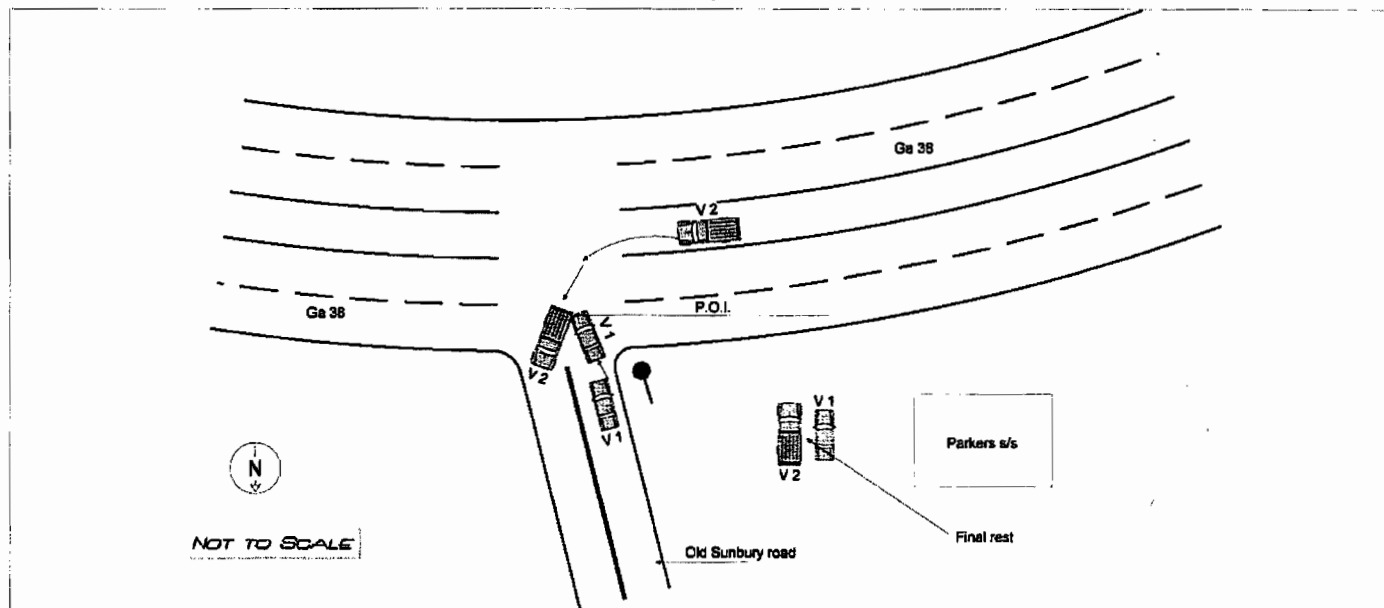
GA 12 (4)

X

Vehicle 1 was attempting to make a left turn onto Ga 38 from Old Sunbury road. Vehicle 2 was attempting to make a left turn onto Old Sunbury road from Ga 38. Vehicle 1 failed to yield and struck vehicle 2 in the left rear quarter panel with its left front bumper. After impact both vehicles came to a controlled rest into the Parkers service station parking lot.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Reported By: S/TPR M.L. Reddish #737



Accident Investigation Site ?

☐ Yes ☒ No

Site Number

Citations - Vehicle # 1

None

Citations - Vehicle # 2

None

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character	Construction Maint. Zone
11	1	3	2	1	1	1	2	1	2	0

VEH # 1 VEH # 2

Number of Occupants 1 1

Point Of Initial Contact 12 7

Damage To Vehicles 2 2

SKID DISTANCE

BEFORE IMPACT

0

0

VEH # 2

AFTER

0

0

VEH # 2

Width Of Road

60 ft

Damage Other Than Vehicle

Owner

AGE	SEX	VEH NO	POS.	INJURY	TAKEN FOR TREAT.	EJEC	SAFETY EQUIP	EXTRIC	AIR BAG
-----	-----	--------	------	--------	------------------	------	--------------	--------	---------

Occupants

Driver # 1 Or Pedestrian #

44

0

2

1

3

2

2

Driver # 2 Or Pedestrian #

72

0

2

1

3

2

2

Last Name	First	Address	City	State	Zip
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db #4\*

Accident Number <b>11 - 0286 - 08</b>		Agency NCIC No. <b>GAGSP1100</b>		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County <b>LIBERTY</b>		Date Received		Page 1 Of 2	
Date <b>08/23/2008</b>		Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input checked="" type="checkbox"/> F <input type="checkbox"/> S		Time <b>1813</b>		Off. Arrived <b>1820</b>		Total Number Of Vehicles Injuries <b>2 2 0</b>		Inside City Of	
Road Of Occurrence <b>S.R. 196</b>						At Its Intersection <b>Old Sunbury Road</b>					
<input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co Road <input type="checkbox"/> City St. Not At Its Intersection But <input type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West And Continuing in the Direction Checked Above The Next Reference Point Is <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line						Corrected Report Yes <input type="checkbox"/> Suppl. To Original Yes <input type="checkbox"/> Hit and Run? Yes <input type="checkbox"/>					
Driver # <b>1</b> Last Name <b>McCullough</b> First <b>Quixote</b> Address <b>1409 Brittney Lane</b> City <b>Hinesville</b> State <b>GA</b> Zip <b>31313</b> DOB <b>06/26/1981</b> Driver's License No. <b>051080974</b> Class <b>C</b> State <b>GA</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed <b>45</b> Insurance Co. <b>Permanent General</b> Policy No. <b>GA8912401</b> Year <b>04</b> Make <b>Suzuki</b> Model <b>Vitara</b> Telephone No. <b>980-4274</b> VIN <b>JS3TE62VX44101847</b> Vehicle Color <b>Black</b> Tag # <b>4316ARE</b> State <b>GA</b> County <b>LIBERTY</b> Year <b>09</b> Trailer Tag # State County Year						Driver # <b>2</b> Last Name <b>Buono</b> First <b>Bernard J.</b> Address <b>750 Bacon Road</b> City <b>Hinesville</b> State <b>GA</b> Zip <b>31313</b> DOB <b>09/27/1939</b> Driver's License No. <b>053830470</b> Class <b>C</b> State <b>GA</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed <b>45</b> Insurance Co. <b>USAA</b> Policy No. <b>003360368U</b> Year <b>04</b> Make <b>Chrysler</b> Model <b>4D</b> Telephone No. <b>876-4021</b> VIN <b>3C4FY48B74T261554</b> Vehicle Color <b>Silver</b> Tag # <b>AST5009</b> State <b>GA</b> County <b>LIBERTY</b> Year <b>2008</b> Trailer Tag # State County Year					
<input type="checkbox"/> Same as Driver Owner's Last Name <b>Shamberger</b> First <b>Sigrid</b> Address <b>933 Ruben Wells Rd</b> City <b>Hinesville</b> State <b>GA</b> Zip <b>31313</b> Removed By <b>Driver</b> <input type="checkbox"/> Request <input type="checkbox"/> List						<input checked="" type="checkbox"/> Same as Driver Owner's Last Name <b>Buono</b> First <b>Bernard J.</b> Address <b>750 Bacon Road</b> City <b>Hinesville</b> State <b>GA</b> Zip <b>31313</b> Removed By <b>Craftsman Wrecker 912-368-0413</b> <input type="checkbox"/> Request <input checked="" type="checkbox"/> List					
Alcohol Test <b>2</b> Type Results Drug Test <b>2</b> Type Results Driver Condition <b>1</b> Direction of Travel <b>4</b> Vision Obscured <b>1</b> Contributing Factors <b>22 10</b> Vehicle Condition <b>1</b> Vehicle Maneuver <b>10</b> Pedestrian Maneuver <b>7</b> Most Harmful Event <b>11</b> Vehicle Class <b>1</b> Vehicle Type <b>11</b> Traffic Control <b>7</b> Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Alcohol Test <b>2</b> Type Results Drug Test <b>2</b> Type Results Driver Condition <b>1</b> Direction of Travel <b>3</b> Vision Obscured <b>1</b> Contributing Factors <b>1</b> Vehicle Condition <b>1</b> Vehicle Maneuver <b>10</b> Pedestrian Maneuver <b>1</b> Most Harmful Event <b>11</b> Vehicle Class <b>1</b> Vehicle Type <b>11</b> Traffic Control <b>7</b> Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Injured Taken To By											
EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:											
Report By: <b>TFC R.F. Barry #730</b>				Department <b>GSP Hinesville</b>		Report Date <b>08/23/2008</b>		Checked By: <b>SFC T.L. King #566</b>		Date Checked <b>08/25/2008</b>	
Witness(es) Name				Address		City		Zip Code		Telephone No.	
DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # Address City State Zip						Carrier Name Vehicle # Address City State Zip					
Number Of Axles		G.V.W.R.		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type		Number Of Axles		G.V.W.R.	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #	
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name or 4 Digit Number From Diamond or Box		1 Digit Number From Bottom of Diamond		Ran Off Road		Down Hill		Cargo Loss Or Shift	
Separation Of Units						Separation Of Units					

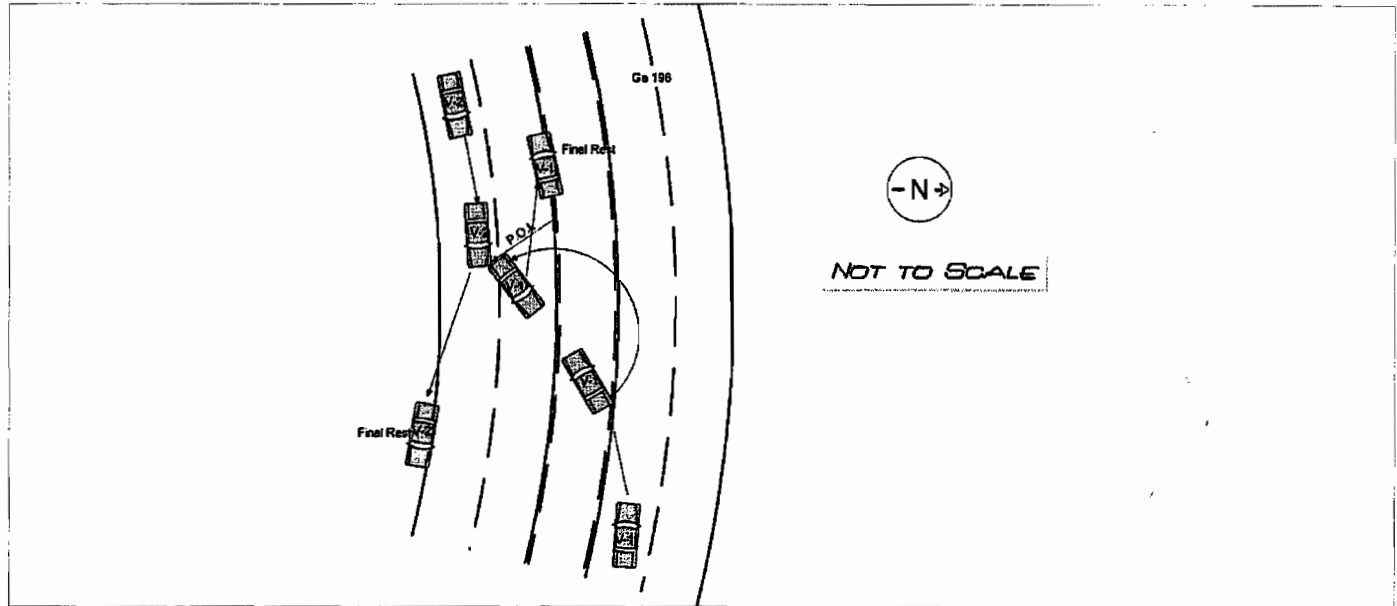
GSP 13

(8)

Vehicle #2 was traveling east on S.R. 196. Vehicle #1 was traveling west on S.R. 196. Vehicle #1 hydroplaned in the rain and wind and spun out into the eastbound lane of 196. Vehicle #2 struck Vehicle #1 in the rear as Vehicle #1 traveled into Vehicle #2's path. Vehicle #1 came to rest facing west in the eastbound lanes of S.R. 196. Vehicle #2 came to a controlled rest.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Reported By: TFC R.F. Barry #730



Accident Investigation Site ?

☐ Yes ☒ No

Site Number

Citations - Vehicle # 1

Too Fast for Conditions 40-6-180

Citations - Vehicle # 2

None

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character	Construction Maint. Zone
11	1	3	2	1	3	1	2	1	4	

VEH # 1 VEH # 2

Number of Occupants 4 2

Point Of Initial Contact 5 11

Damage To Vehicles 3 3

SKID DISTANCE 0 AFTER 0 Width Of Road  
BEFORE IMPACT 0 VEH # 1 60  
0 VEH # 2 0 VEH # 2

Damage Other Than Vehicle  
None

Owner

Occupants	Driver # 1 Or Pedestrian #	AGE	SEX	VEH NO	POS.	INJURY	TAKEN FOR TREAT.	EJEC	SAFETY EQUIP	EXTRIC	AIR BAG
	27					0	2	1	3	2	2
	68					4	1	1	3	2	2
Last Name First Address City State Zip											
McCullough, Shanette, 822 Debbie Drive, Hinesville, Ga. 31313		22	F	1	3	0	2	1	3	2	2
McCullough, Tashara, Same as above		2	F	1	4	0	2	1	4	2	2
McCullough, Tamya, Same as above		0	F	1	6	0	2	1	4	2	2
Buono, Rosa 750 Bacon Rd, Hinesville, Ga. 31313		67	F	2	3	4	1	1	3	2	2

db# 5

Accident Number <b>11 - 0419 - 08</b>		Agency NCIC No. <b>GAGSP1100</b>		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) <b>ACCIDENT REPORT</b>		County <b>LIBERTY</b>		Date Received		Page 3 Of 4			
Date <b>11/26/2008</b>		Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time <b>1620</b>		Off. Arrived <b>1635</b>		Total Number Of Vehicles <b>3</b> Injuries <b>0</b> Fatalities <b>0</b>		Inside City Of			
Road Of Occurrence <b>Old Sunbury Rd.</b>										At Its Intersection <b>Ga. 38 Conn.</b>			
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co Road 4 <input type="checkbox"/> City St. With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.										Corrected Report Yes <input type="checkbox"/>			
Not At Its Intersection But _____ Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Of _____ Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West										Suppl. To Original Yes <input type="checkbox"/>			
And Continuing In the Direction Checked Above _____ The Next Reference Point Is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line										Hit and Run? Yes <input type="checkbox"/>			
Driver # <b>3</b> Last Name <b>Young, Blen</b> First Middle Ped. <input type="checkbox"/> Address <b>8123 Firetower Rd.</b>						Driver # Last Name First Middle Ped. <input type="checkbox"/> Address							
City <b>Jacksonville, FL</b> State <b>FL</b> Zip <b>32210</b> DOB <b>12/05/1983</b>						City State Zip DOB							
Driver's License No. <b>Y520065834450</b> Class <b>E</b> State <b>FL</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female						Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female							
Posted Speed <b>25</b> Insurance Co. <b>USAA</b> Policy No. <b>018965601U</b>						Posted Speed Insurance Co. Policy No.							
Year <b>2005</b> Make <b>GMC</b> Model <b>1500</b> Telephone No. <b>9046166627</b>						Year Make Model Telephone No.							
VIN <b>1GTEK19B25Z322507</b> Vehicle Color <b>White</b>						VIN Vehicle Color							
Tag # <b>860LEU</b> State <b>FL</b> County Year <b>2009</b>						Tag # State County Year							
Trailer Tag # State County Year						Trailer Tag # State County Year							
<input checked="" type="checkbox"/> Same as Driver Owner's Last Name <b>Young, Blen</b> First Middle						<input type="checkbox"/> Same as Driver Owner's Last Name First Middle							
Address <b>8123 Firetower Rd.</b>						Address							
City <b>Jacksonville, FL</b> State Zip						City State Zip							
Removed By <b>Driver</b> <input type="checkbox"/> Request <input type="checkbox"/> List						Removed By <input type="checkbox"/> Request <input type="checkbox"/> List							
Alcohol Test <b>2</b>		Type	Results	Drug Test <b>2</b>	Type	Results	Alcohol Test		Type	Results	Drug Test	Type	Results
Driver Condition <b>1</b>		Direction of Travel <b>3</b>	Vision Obscured <b>1</b>	Contributing Factors <b>1</b>		Driver Condition		Direction of Travel	Vision Obscured	Contributing Factors			
Vehicle Condition <b>1</b>		Vehicle Maneuver <b>5</b>	Pedestrian Maneuver			Vehicle Condition		Vehicle Maneuver	Pedestrian Maneuver				
Most Harmful Event <b>11</b>		Vehicle Class <b>1</b>		Vehicle Type <b>2</b>		Most Harmful Event		Vehicle Class		Vehicle Type			
Traffic Control <b>6</b>		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control		Device Inoperative ? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Injured Taken To _____ By _____													
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		By:					
Report By: <b>SGT R. K. White #822</b>				Department <b>GSP Hinesville</b>		Report Date <b>11/26/2008</b>		Checked By: <b>CPL B.A. BREWTON #3</b>		Date Checked <b>12/05/2008</b>			
Witness(es) Name		Address		City		Zip Code		Telephone No.					
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)													
COMMERCIAL VEHICLES ONLY													
Carrier Name Vehicle # Address City State Zip						Carrier Name Vehicle # Address City State Zip							
Number Of Axles		G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Body Type		Number Of Axles		G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Body Type			
Vehicle Config.		I.C.C.M.C. #	U.S. D.O.T. #	Interstate Intrastate		Vehicle Config.		I.C.C.M.C. #	U.S. D.O.T. #	Interstate Intrastate			
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond ____ Ran Off Road ____ Down Hill ____ Cargo Loss ____ Separation Or Shift Of Units						If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond ____ Ran Off Road ____ Down Hill ____ Cargo Loss ____ Separation Or Shift Of Units							

GSP #17

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Reported By: SGT R. K. White #822

Accident Investigation Site ?

☐ Yes ☒ No

Site Number

Citations - Vehicle # 3

None

Citations - Vehicle #

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character	Construction Maint. Zone
11	1	1	1	1	1	1	2	1	2	0

VEH # 3 VEH #

SKID DISTANCE 0 AFTER 0 Width Of Road  
BEFORE IMPACT VEH # 3 VEH # 3 28 Feet  
VEH # VEH #

Number of Occupants

1

Point Of Initial Contact

11

Damage To Vehicles

2

Damage Other Than Vehicle None

Owner

AGE SEX VEH NO POS. INJURY TAKEN FOR TREAT. EJEC SAFETY EQUIP EXTRIC AIR BAG

Occupants

Driver # 3 Or Pedestrian #

24

0

2

1

3

2

2

Driver # Or Pedestrian #

Last Name First Address City State Zip

45# 7

Accident Number 11 - 0103 - 09		Agency NCIC No. GAGSP1100		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County Liberty		Date Received		Page 1 or 2	
Date 04/02/2009		Day Of Week Sun M T W Th F S		Time 1038		Off. Arrived 1038		Total Number Of Injuries 2		Fatalities 0	
Road Of Occurrence Old Savannah Hwy. N 105		At Its Intersection Georgia 38		Corrected Report Yes <input type="checkbox"/>		Suppl. To Original Yes <input type="checkbox"/>		Hit and Run? Yes <input type="checkbox"/>			
Not At Its Intersection But		Miles 1 North 3 East 4 West 2 South		1 Interstate 2 Lowest St. Rt. 3 Co Road 4 City St. 5 Co. Line							
And Continuing in the Direction Checked Above		The Next Reference Point Is		1 Interstate 2 Lowest St. Rt. 3 Co Road 4 City St. 5 Co. Line							

Driver # 1 Last Name Walker, John Owen First Middle Address 30 Holmes Pond Rd. City Johnston, SC 29832 State Zip DOB 07/08/1968 Driver's License No. 008418754 Class A State SC Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Posted Speed 45 Insurance Co. Wachovia Insurance Policy No. BAP903262102 Year 2005 Make Freightliner Model Truck Telephone No. 803-480-4405 VIN 1FUJA6CK05LU77902 Vehicle Color White Tag # PV775073 State SC County Lexington Year 2010 Trailer Tag # PV50949 State SC County Lexington Year 2010 Same as Driver <input type="checkbox"/> Owner's Last Name First Middle Ryder Truck Rentals Address PO Box 2787 City Columbia, SC 29202 Removed By Driver <input type="checkbox"/> Request <input type="checkbox"/> List				Driver # 2 Last Name Gonzalez, Richard First Middle Address 3142 Flynn Rd. Lot J 168 City Dothan, AL 36303 State Zip DOB 10/01/1986 Driver's License No. 7420570 Class D State AL Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Posted Speed 45 Insurance Co. USAA Policy No. 0240454606 Year 2001 Make Ford Model F150 Telephone No. VIN 2FTZF07311CA55802 Vehicle Color Black Tag # 38H54S State AL County HOUSTON Year 2009 Trailer Tag # State County Year Same as Driver <input checked="" type="checkbox"/> Owner's Last Name First Middle Gonzalez, Richard Address 3142 Flynn Rd. Lot J 168 City Dothan, AL 36303 Removed By Driver <input type="checkbox"/> Request <input type="checkbox"/> List			
---	--	--	--	---	--	--	--

Alcohol Test 2		Type		Results		Drug Test 2		Type		Results	
Driver Condition 1		Direction of Travel 4		Vision Obscured 1		Contributing Factors 13 17		Driver Condition 1		Direction of Travel 3	
Vehicle Condition 1		Vehicle Maneuver 1		Pedestrian Maneuver				Vehicle Condition 1		Vehicle Maneuver 4	
Most Harmful Event 11		Vehicle Class 1		Vehicle Type 4		Most Harmful Event 11		Vehicle Class 1		Vehicle Type 2	
Traffic Control 5		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control 6		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Injured Taken To None Transported By

EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken ☐ Yes ☒ No By:

Report By: TFC Trey Miller #620 Department GSP Hinesville Report Date 04/02/2009 Checked By: CPL B.A. BREWTON #3 Date Checked 04/05/2009

Witness(es) Name Address City Zip Code Telephone No.

DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )

COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # A&D Enviornmental Address 1741 Caulks Ferry Rd. City Lexington, SC 29703 State Zip						Carrier Name Vehicle # Address City State Zip					
Number Of Axles 5		G.V.W.R. 80000		Fed. Reportable 1 Yes <input checked="" type="checkbox"/> No		Cargo Body Type 7		Number Of Axles		G.V.W.R.	
Vehicle Config. 4		I.C.C.M.C. # 301983		U.S. D.O.T. # 559735		Interstate <input checked="" type="checkbox"/> Intrastate		Vehicle Config.		I.C.C.M.C. #	
C.D.L.? 1 Yes <input checked="" type="checkbox"/> 2 No		C.D.L. Suspended ? 1 Yes <input type="checkbox"/> 2 No		Hazardous Materials ? 1 Yes <input type="checkbox"/> 2 No		Released ? 1 Yes <input checked="" type="checkbox"/> 2 No		C.D.L.? 1 Yes <input type="checkbox"/> 2 No		C.D.L. Suspended ? 1 Yes <input type="checkbox"/> 2 No	
Vehicle Placarded ? 1 Yes <input type="checkbox"/> 2 No				Hazardous Materials ? 1 Yes <input type="checkbox"/> 2 No		Released ? 1 Yes <input type="checkbox"/> 2 No		Vehicle Placarded ? 1 Yes <input type="checkbox"/> 2 No		Hazardous Materials ? 1 Yes <input type="checkbox"/> 2 No	
If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond Ran Off Road Down Hill Cargo Loss Separation Of Units						If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond Ran Off Road Down Hill Cargo Loss Separation Of Units					

GA GSP 20 (2)

## REMARKS

Accident Number

11- 0103 - 09

Date

04/02/2009

Time

1038

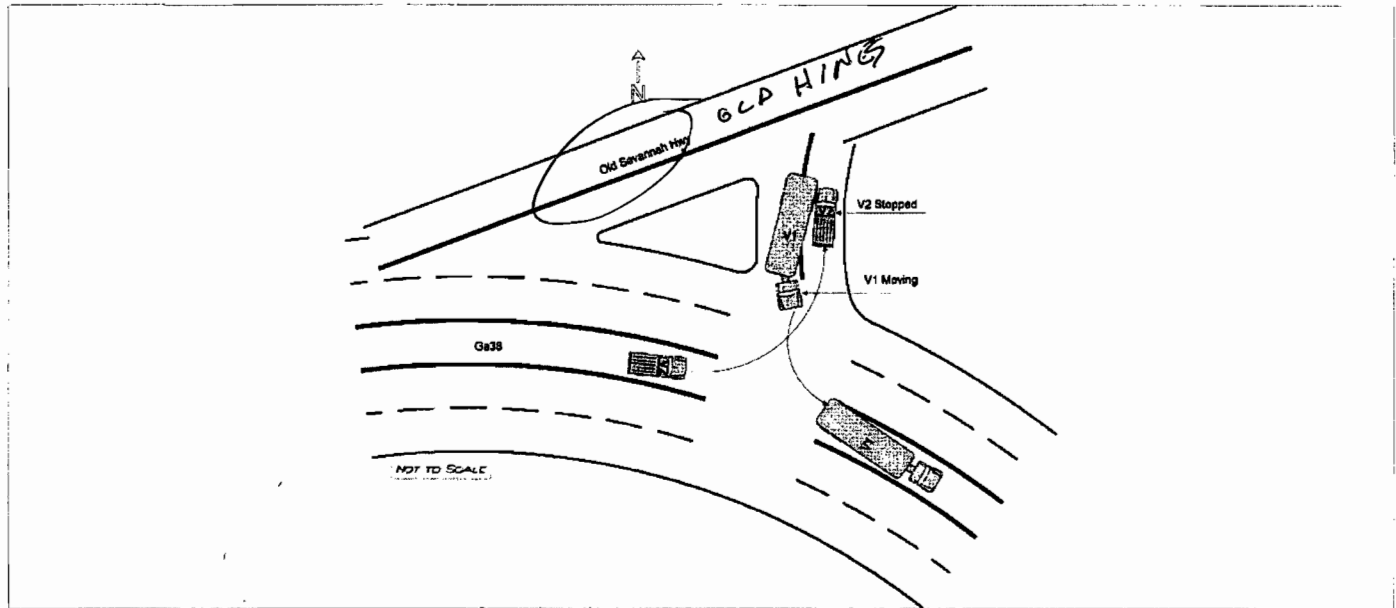
PAGE 2

OF 2

Vehicle 1 was attempting to make a left turn onto Georgia 38 from Old Savannah Hwy. Vehicle 2 was turning left onto Old Savannah Hwy. from Georgia 38. Vehicle 1 turned into vehicle 2 while vehicle 2 was stopped waiting on vehicle 1. The trailer of vehicle 1 sideswiped vehicle 2. Both vehicles came to a controlled rest.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Reported By: TFC Trey Miller #620



Accident Investigation Site ?

☐ Yes ☒ No

Site Number

Citations - Vehicle # 1

None

Citations - Vehicle # 2

Using Plate to Misrepresent Vehicle 40-2-5

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character	Construction Maint. Zone
11	1	3	2	1	5	1	2	1	2	0

VEH # 1		VEH # 2		SKID DISTANCE	0	AFTER	0	Width Of Road	
Number of Occupants	2	1		BEFORE IMPACT	VEH # 1		VEH # 1	24'	
Point Of Initial Contact	15	11			0		0		
Damage To Vehicles	2	2			VEH # 2		VEH # 2		

Damage Other Than Vehicle	Owner	AGE	SEX	VEH NO	POS.	INJURY	TAKEN FOR TREAT.	EJEC	SAFETY EQUIP	EXTRIC	AIR BAG
Occupants	Driver # 1 Or Pedestrian #	40				0	2	1	3	2	2
	Driver # 2 Or Pedestrian #	22				0	2	1	3	2	2
Last Name	First	Address	City	State	Zip						
Rogers, Curtis		136 Jones Cir.	Bishopville, SC	29010							

Accident Number 11 - 0107 - 09		Agency NCIC No. GAGSP1100		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County Liberty		Date Received		Page 1 Of 2	
Date 04/03/2009		Day Of Week Sun M T W Th F S		Time 0715		Off. Arrived 0724		Total Number Of Vehicles Injuries Fatalities		Inside City Of	
Road Of Occurrence Georgia 38		At Its Intersection Old Sunbury Rd.		Corrected Report Yes <input type="checkbox"/>							
1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.		With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co Road 4 <input type="checkbox"/> City St.									
Not At Its Intersection But		Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West		Of 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line						Suppl. To Original Yes <input type="checkbox"/>	
And Continuing In the Direction Checked Above										Hit and Run? Yes <input type="checkbox"/>	
The Next Reference Point Is		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line									

Driver # 1				Driver # 2			
Last Name First Middle Dukes, Octarius				Last Name First Middle Edwards, Stanley E.			
Address PO Box 1171				Address 542 Parish Loop			
City Pembroke, GA, 31321		State Zip GA 31321		City Hinesville, GA, 31313		State Zip GA 31313	
Driver's License No. 049679787		Class C		Driver's License No. 051732196		Class C	
Posted Speed 45		Insurance Co. Policy No. State Farm 327951E1111D		Posted Speed 45		Insurance Co. Policy No. Allstate 9108684021101	
Year Make Model 1999 Chevrolet S10		Telephone No. 912-313-9669		Year Make Model 2000 Honda Civic		Telephone No. 912-370-2647	
VIN 1GCCS1449XK180362		Vehicle Color Tan		VIN 1HGEJ7228Y1084607		Vehicle Color Black	
Tag # APN2373		State County Year GA BRYAN 2009		Tag # AST6663		State County Year GA LIBERTY 2010	
Trailer Tag #		State County Year		Trailer Tag #		State County Year	
<input checked="" type="checkbox"/> Same as Driver Owner's Last Name First Middle Dukes, Octarius				<input checked="" type="checkbox"/> Same as Driver Owner's Last Name First Middle Edwards, Stanley E.			
Address PO Box 1171				Address 542 Parish Loop			
City Pembroke, GA, 31321		State Zip GA 31321		City Hinesville, GA, 31313		State Zip GA 31313	
Removed By Driver <input type="checkbox"/> Request <input type="checkbox"/> List				Removed By Driver <input type="checkbox"/> Request <input type="checkbox"/> List			
Alcohol Test 2		Type Results		Alcohol Test 2		Type Results	
Driver Condition 1		Direction of Travel 2		Driver Condition 1		Direction of Travel 3	
Vehicle Condition 1		Vehicle Maneuver 1		Vehicle Condition 1		Vehicle Maneuver 1	
Most Harmful Event 11		Vehicle Class 1		Most Harmful Event 11		Vehicle Class 1	
Traffic Control 5		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Injured Taken To None Transported				By			
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:	
Report By: TFC Trey Miller #620		Department GSP Hinesville		Report Date 04/03/2009		Checked By: CPL B.A. BREWTON #3	
Witness(es) Name		Address		City		Zip Code	
						Telephone No.	
DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )							

COMMERCIAL VEHICLES ONLY							
Carrier Name Vehicle # Address City State Zip				Carrier Name Vehicle # Address City State Zip			
Number Of Axles		G.V.W.R.		Fed. Reportable		Cargo Body	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Type	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate Intrastate	
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
If Yes, Name or 4 Digit Number From Diamond or Box				If Yes, Name or 4 Digit Number From Diamond or Box			
1 Digit Number From Bottom of Diamond				1 Digit Number From Bottom of Diamond			
Ran Off Road		Down Hill		Cargo Loss		Separation Of Units	

GSP 21

X





db#23

Accident Number 09050714		Agency NCIC No. LIBERTY COUN		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County LIBERTY		Date Rec. by DOT	
Date 05/14/2009	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 21:49	Off. Arrived 21:52	Vehicles 2	Total Number of Injuries 0	Fatalities 0	Inside City Of: FLEMINGTON			
Road of Occurrence OLD HINES ROAD								At Its Intersection With			
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.								1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.			
Not At Its Intersection But 100								Of: GA 38			
2 <input checked="" type="checkbox"/> Miles 1 <input checked="" type="checkbox"/> North 3 <input type="checkbox"/> East								1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line			
And continuing in the direction checked above, the Next Reference Point is								1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line			
Driver # 1 LAST NAME FIRST MIDDLE HUTTO JENNIFER JILL Address 10 HUFF DRIVE APT 307 City State Zip DOB ELLIJAY GA 30540 Driver's License No. Class State <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female C GA Posted Speed 25 Insurance Co. Policy No. CORNERSTONE NATIONAL CN512866-0 Year Make Model Telephone No. 2003 DODGE CARAVAN 912-570-7390 VIN 1D4GP24393B191648 Vehicle color BLUE Tag # State County Year BGE9165 GA LIBERTY 2010 Trailer Tag # State County Year				Driver # 2 LAST NAME FIRST MIDDLE PIPKIN WILLIAM JOSHUA Address 72 LUFFBUROW DRIVE City State Zip DOB HINESVILLE GA 31313 Driver's License No. Class State <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female C GA Posted Speed 25 Insurance Co. Policy No. SAFE AUTO INSURANCE CO. GA00338125A-00 Year Make Model Telephone No. 1996 JEEP (FOR GRAND 9122716164 VIN 1J4EX58S4TC140313 Vehicle color BLACK Tag # State County Year ADQ6671 GA LONG 2010 Trailer Tag # State County Year							
<input checked="" type="checkbox"/> Same as Driver Owner's Last Name First Middle HUTTO JENNIFER JILL Address 10 HUFF DRIVE APT 307 City State Zip ELLIJAY GA 30540 Removed By <input type="checkbox"/> Request <input type="checkbox"/> List RIVER				<input type="checkbox"/> Same as Driver Owner's Last Name First Middle PIPKIN DENISE L Address P.O. BOX 1068 City State Zip LUDOWICI GA 31316 Removed By <input type="checkbox"/> Request <input type="checkbox"/> List DRIVER							
Alcohol Test 02 Type Results Drug Test 02 Type Results				Alcohol Test 02 Type Results Drug Test 02 Type Results							
Driver Cond 01 Direction of Travel 04 Vision Obscured 01 Contributing Factors 04				Driver Cond 01 Direction of Travel 02 Vision Obscured 01 Contributing Factors 01							
Veh Cond 01 Veh Maneuver 01 Ped. Maneuver				Veh Cond 01 Veh Maneuver 01 Ped. Maneuver							
Most Harmful Event 11 Veh Class: 01 Veh Type: 10				Most Harmful Event 11 Veh Class: 01 Veh Type: 11							
Traffic Ctrl 05 Device Inoperative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Ctrl 07 Device Inoperative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Injured Taken To:				By:							
EMS Notified Time EMS Arrival Time Hospital Arrival Time				Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:							
Report By: SOLOMON, WILLIAM Department: LIBERTY COUNTY S.O.				Report Date: 05/14/2009 Checked By: PIKE, GREG Date Checked: 05/14/2009							
Witness(es): Name Address City State Zip Code Telephone No.											
DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # Address City State Zip				Carrier Name Vehicle # Address City State Zip							
No. of Axles G.V.W.R. Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Cargo Body Type				No. of Axles G.V.W.R. Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Cargo Body Type							
Vehicle Config. I.C.C.M.C.# U.S.D.O.T.# Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>				Vehicle Config. I.C.C.M.C.# U.S.D.O.T.# Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>							
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
Vehicle Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Vehicle Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
If YES, Name of 4 Digit Number from Diamond or Box: _____				If YES, Name of 4 Digit Number from Diamond or Box: _____							
1 Digit Number from Bottom of Diamond: _____				1 Digit Number from Bottom of Diamond: _____							
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units				___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units							

6

Isomate

LCSO 21 11.0

## REMARKS

VEHICLE #2 WAS TRAVELLING SOUTHBOUND ON OLD HINES ROAD ATTEMPTING TO MAKE A LEFT HAND TURN INTO THE PARKER'S CONVENIENCE STORE PARKING LOT WHEN IT WAS STRUCK BY VEHICLE #1 WHILE IT WAS ATTEMPTING A LEFT HAND TURN ONTO OLD HINES ROAD FROM THE PARKER'S CONVENIENCE STORE PARKING LOT.

DRIVER #1 STATED SHE STRUCK VEHICLE #2 ON THE DRIVER DOOR. DRIVER #2 STATED HE WAS STRUCK BY VEHICLE #1 ON THE DRIVER SIDE REAR BUMPER AND TIRE AREA.

OFFICER OBSERVATION REVEALED NO DAMAGE TO VEHICLE #2 DRIVER SIDE DOOR; HOWEVER, THERE WAS SLIGHT DAMAGE TO THE REAR DRIVER SIDE BUMPER AREA AND A SCUFF MARK ON THE LEFT REAR TIRE. OFFICER OBSERVATION REVEALED SLIGHT DAMAGE DIRECTLY TO THE FRONT BUMPER AREA OF VEHICLE #1 (THE VANITY PLATE FRAME WAS BROKEN AND LAYING ON THE PAVEMENT).

OFFICER NAME SOLOMON, WILLIAM OFFICER NUMBER 952

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Accident Investigation Site?		CITATIONS - VEHICLE # _____				CITATIONS - VEHICLE # _____								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Site Number: _____														
First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area of Impact	Road Consp.	Road Def.	Road Character	Construction / Maint Zone				
11	02	01	01	04	01	01	02	01	01	NONE				
VEH: 1 VEH: 2		SKD DISTANCE		0 AFTER 0		Width of Road								
Number of Occupants		1 4		BEFORE IMPACT		VEH. 1 VEH. 1								
Point of Initial Contact		12 7				0 0		24"						
Damage to Vehicles		02 02				VEH. 2 VEH. 2								
Damage Other Than Vehicle:		Owner		AGE SEX VEH # DOB		INJURY		TAKEN FOR TREAT.		EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG	
		Driver # 1 Or Pedestrian # 0 HUTTO, JENNIFER				00		02		01	08	02	02	
Occupants (list below):		Driver # 2 Or Pedestrian # 0 PIPKIN, WILLIAM				00		02		01	08	02	02	
LAST NAME, FIRST NAME	ADDRESS	CITY	STATE	ZIP	XX	XX	XX	XX	XXXXX	XXXXX	XXXXX	XXXX	XXXXX	XXXX
DRIGGERS, KERRI	72 LUFFBURROW	HINESVILLE	GA	31313	20	F	2	3	00	02	01	08	02	02
PIPKIN, SAVANNAH	72 LUFFBURROW	HINESVILLE	GA	31313	1	F	2	4	00	02	01	04	02	02
PIPKIN, TONILYN	72 LUFFBURROW	HINESVILLE	GA	31313	2	F	2	6	00	02	01	04	02	02

LCSO 11.1

45#9

Accident Number <b>11 - 0244 - 09</b>		Agency NCIC No. <b>GAGSP1100</b>		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County <b>LIBERTY</b>		Date Received		Page 1 Of 2													
Date <b>07/06/2009</b>		Day Of Week <input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat		Time <b>1624</b>		Off. Arrived <b>1648</b>		Total Number Of Vehicles Injuries Fatalities <b>2 2 0</b>		Inside City Of <b>Flemington</b>													
Road Of Occurrence <b>Old Sunbury Rd.</b>								At Its Intersection <b>Old Hines Rd.</b>		Corrected Report Yes <input type="checkbox"/>													
Not At Its Intersection But 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input checked="" type="checkbox"/> City St.								1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input checked="" type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line		Suppl. To Original Yes <input type="checkbox"/>													
And Continuing in the Direction Checked Above The Next Reference Point is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line										Hit and Run? Yes <input type="checkbox"/>													
Driver # <b>1</b>				Last Name <b>Pipkin, William Joshua</b>				Driver # <b>2</b>				Last Name <b>Abbott, Timothy Joseph</b>											
Ped. <input type="checkbox"/>				Address <b>72 Lufburrow Rd.</b>				Ped. <input type="checkbox"/>				Address <b>P.O. Box 13043</b>											
City <b>Hinesville, Ga. 31313</b>				State Zip DOB <b>GA 05/09/1986</b>				City <b>Tampa, FL 53681</b>				State Zip DOB <b>FL 11/04/1984</b>											
Driver's License No. <b>049066361</b>				Class State <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <b>C GA</b>				Driver's License No. <b>A130810844040</b>				Class State <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <b>E FL</b>											
Posted Speed <b>35</b>				Insurance Co. Policy No. <b>Babb's Ins. Co. PGA0709892</b>				Posted Speed <b>35</b>				Insurance Co. Policy No. <b>USAA 023735680G71013</b>											
Year Make Model <b>1992 Lincoln Town Car</b>				Telephone No. <b>912-271-0778</b>				Year Make Model <b>2006 Honda Civic</b>				Telephone No. <b>813-210-6947</b>											
VIN <b>1LNLM82W9NY607357</b>				Vehicle Color <b>Grey</b>				VIN <b>1HGFA15516L145316</b>				Vehicle Color <b>Grey</b>											
Tag # <b>No Tag</b>				State County Year <b>GA</b>				Tag # <b>BEJ 9691</b>				State County Year <b>GA CHATHAM 2010</b>											
Trailer Tag #				State County Year				Trailer Tag #				State County Year											
<input type="checkbox"/> Same as Driver				Owner's Last Name First Middle <b>Moody, Shane</b>				<input type="checkbox"/> Same as Driver				Owner's Last Name First Middle <b>Marshall, Allan Bruce</b>											
Address <b>Rt. 1 Box 93 A</b>				City State Zip <b>Ludowici, Ga. 31316</b>				Address <b>8000 Waters Ave. Apt. 138</b>				City State Zip <b>Savannah, Ga. 31406</b>											
Removed By <b>Driver</b>				<input type="checkbox"/> Request <input type="checkbox"/> List				Removed By <b>Driver</b>				<input type="checkbox"/> Request <input type="checkbox"/> List											
Alcohol Test <b>2</b>		Type		Results		Drug Test <b>2</b>		Type		Results		Alcohol Test <b>2</b>		Type		Results							
Driver Condition <b>1</b>		Direction of Travel <b>1</b>		Vision Obscured <b>1</b>		Contributing Factors <b>4</b>		Driver Condition <b>1</b>		Direction of Travel <b>4</b>		Vision Obscured <b>1</b>		Contributing Factors <b>1</b>									
Vehicle Condition <b>1</b>		Vehicle Maneuver <b>5</b>		Pedestrian Maneuver				Vehicle Condition <b>1</b>		Vehicle Maneuver <b>5</b>		Pedestrian Maneuver											
Most Harmful Event <b>11</b>				Vehicle Class <b>1</b>				Vehicle Type <b>1</b>				Most Harmful Event <b>11</b>				Vehicle Class <b>1</b>				Vehicle Type <b>1</b>			
Traffic Control <b>5</b>				Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control <b>6</b>				Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Injured Taken To <b>Not Transported</b>												By											
EMS Notified Time				EMS Arrival Time				Hospital Arrival Time				Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:											
Report By : <b>S/TPR H.E. Middleton #319</b>				Department <b>GSP Hinesville</b>				Report Date <b>07/06/2009</b>				Checked By : <b>CPL B.A. BREWTON #3</b>				Date Checked <b>07/09/2009</b>							
Witness(es) Name				Address				City				Zip Code				Telephone No.							
DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )																							
COMMERCIAL VEHICLES ONLY																							
Carrier Name Vehicle # Address City State Zip								Carrier Name Vehicle # Address City State Zip															
Number Of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type		Number Of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type									
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate Intrastate		Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate Intrastate									
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No									
If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond ____ Ran Off Road ____ Down Hill ____ Cargo Loss ____ Separation ____ Or Shift ____ Of Units								If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond ____ Ran Off Road ____ Down Hill ____ Cargo Loss ____ Separation ____ Or Shift ____ Of Units															

GSP 12

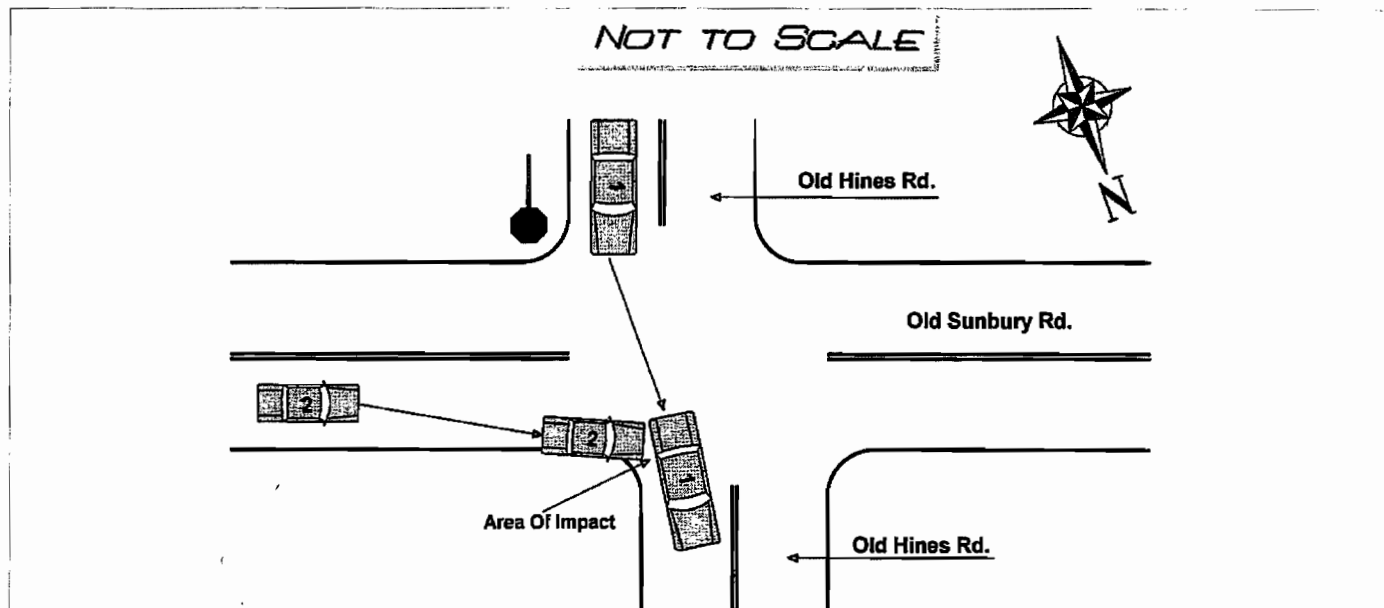
(3)

X

Vehicle # 1 was traveling north on Old Hines Rd. Vehicle #2 was traveling west on Old Sunbury Rd. Vehicle #1 was driving across Old Sunbury Rd. and stated he thought he had enough time to make it across the roadway. Vehicle #2 struck the right rear of vehicle #1 with its front end. Both vehicles remained on Old Hines Rd., after impact.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Reported By: S/TPR H.E. Middleton #319



Accident Investigation Site ?

☐ Yes ☒ No

Site Number

Citations - Vehicle # 1

Failure To Yield 40-6-72

Citations - Vehicle # 2

None

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character	Construction Maint. Zone
11	1	3	2	1	1	1	2	1	1	0

VEH # 1 VEH # 2

Number of Occupants 1 3

Point Of Initial Contact 5 12

Damage To Vehicles 3 3

SKID DISTANCE

-0-

AFTER

-0-

Width Of Road

BEFORE IMPACT VEH # 1

VEH # 1

12 ft.

-0-

-0-

VEH # 2

VEH # 2

Damage Other Than Vehicle

None

Owner

AGE	SEX	VEH NO	POS.	INJURY	TAKEN FOR TREAT.	EJEC	SAFETY EQUIP	EXTRIC	AIR BAG
23				4	2	1	3	2	2
24				0	2	1	3	2	2

Occupants

Driver # 1 Or Pedestrian #

23

Driver # 2 Or Pedestrian #

24

Last Name First Address City State Zip

Thompson, Bryan M. 4729 W. Anita Blvd., Tampa, Fl. 33611

20

M

2

6

0

2

1

3

2

0

Bruce, Marshall 57 Middleground Rd., Savannah, Ga. 31404

23

M

2

3

4

2

1

3

2

2

Accident Number <b>11 - 0253 - 09</b>		Agency NCIC No. <b>GAGSP1100</b>		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County <b>LIBERTY</b>		Date Received		Page 1 Of 2	
Date <b>07/14/2009</b>		Day Of Week <input checked="" type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat		Time <b>1749</b>		Off. Arrived <b>1750</b>		Total Number Of Injuries <b>2</b> Fatalities <b>0</b>		Inside City Of	
Road Of Occurrence <b>Ga. 38</b>						At Its Intersection <b>Old Sunbury Road</b>					
<input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co Road <input type="checkbox"/> City St.						<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co Road <input type="checkbox"/> City St.					
Not At Its Intersection But						Of					
<input type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West						<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line					
And Continuing in the Direction Checked Above						Hit and Run?					
The Next Reference Point Is						Yes <input type="checkbox"/>					
Driver # <b>1</b> Last Name <b>Martin, James D.</b> First Middle Address <b>P.O. Box 439</b> City <b>Hinesville, Ga.</b> State <b>31313</b> Zip <b>08/14/1939</b>						Driver # <b>2</b> Last Name <b>Ani, Stella I.</b> First Middle Address <b>P.O. Box 2152</b> City <b>Hinesville, Ga.</b> State <b>31313</b> Zip <b>06/02/1967</b>					
Driver's License No. <b>054811640</b> Class <b>C</b> State <b>Ga</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female						Driver's License No. <b>047094302</b> Class <b>C</b> State <b>Ga</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
Posted Speed <b>45</b> Insurance Co. <b>GMAC Ins./Nat'l General</b> Policy No. <b>0208542A091</b>						Posted Speed <b>45</b> Insurance Co. <b>Victoria Select</b> Policy No. <b>5562627</b>					
Year <b>2008</b> Make <b>Ford</b> Model <b>F150</b> Telephone No. <b>912-876-2131</b>						Year <b>2000</b> Make <b>Toyota</b> Model <b>Camry</b> Telephone No. <b>912-876-3141</b>					
VIN <b>1FTPW14V58KD88903</b> Vehicle Color <b>White</b>						VIN <b>JT28G22X7Y0492206</b> Vehicle Color <b>Grey</b>					
Tag # <b>AZN9758</b> State <b>Ga</b> County <b>LIBERTY</b> Year <b>2010</b>						Tag # <b>9123AMF</b> State <b>Ga</b> County <b>MUSCOGEE</b> Year <b>2010</b>					
Trailer Tag # State County Year						Trailer Tag # State County Year					
<input type="checkbox"/> Same as Driver Owner's Last Name <b>Martin, James D.</b> First Middle Address <b>P.O. Box 439</b> City <b>Hinesville, Ga.</b> State <b>31313</b> Zip						<input type="checkbox"/> Same as Driver Owner's Last Name <b>Ani, Stella I.</b> First Middle Address <b>P.O. Box 2152</b> City <b>Hinesville, Ga.</b> State <b>31313</b> Zip					
Removed By <b>Driver</b> <input type="checkbox"/> Request <input type="checkbox"/> List						Removed By <b>Craftsman Wrecker 912-368-0413</b> <input type="checkbox"/> Request <input checked="" type="checkbox"/> List					
Alcohol Test <b>2</b> Type Results Drug Test <b>2</b> Type Results						Alcohol Test <b>2</b> Type Results Drug Test <b>2</b> Type Results					
Driver Condition <b>1</b> Direction of Travel <b>2</b> Vision Obscured <b>1</b> Contributing Factors <b>4</b>						Driver Condition <b>1</b> Direction of Travel <b>3</b> Vision Obscured <b>1</b> Contributing Factors <b>1</b>					
Vehicle Condition <b>1</b> Vehicle Maneuver <b>1</b> Pedestrian Maneuver						Vehicle Condition <b>1</b> Vehicle Maneuver <b>10</b> Pedestrian Maneuver					
Most Harmful Event <b>11</b> Vehicle Class <b>1</b> Vehicle Type <b>2</b>						Most Harmful Event <b>11</b> Vehicle Class <b>1</b> Vehicle Type <b>1</b>					
Traffic Control <b>5</b> Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Control <b>7</b> Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Injured Taken To By											
EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:											
Report By: <b>CPL B.A. BREWTON #330</b> Department <b>GSP Hinesville</b> Report Date <b>07/14/2009</b> Checked By: <b>SFC T.L. King #566</b> Date Checked <b>07/16/2009</b>											
Witness(es) Name Address City Zip Code Telephone No.											
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # Address City State Zip						Carrier Name Vehicle # Address City State Zip					
Number Of Axles G.V.W.R. Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No Cargo Body Type						Number Of Axles G.V.W.R. Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No Cargo Body Type					
Vehicle Config. I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate						Vehicle Config. I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate					
C.D.L.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						C.D.L.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond Ran Off Road Down Hill Cargo Loss Separation Or Shift Of Units						If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond Ran Off Road Down Hill Cargo Loss Separation Or Shift Of Units					

GSP 23 (4) X

## REMARKS

Accident Number

11 - 0253 - 09

Date 07/14/2009

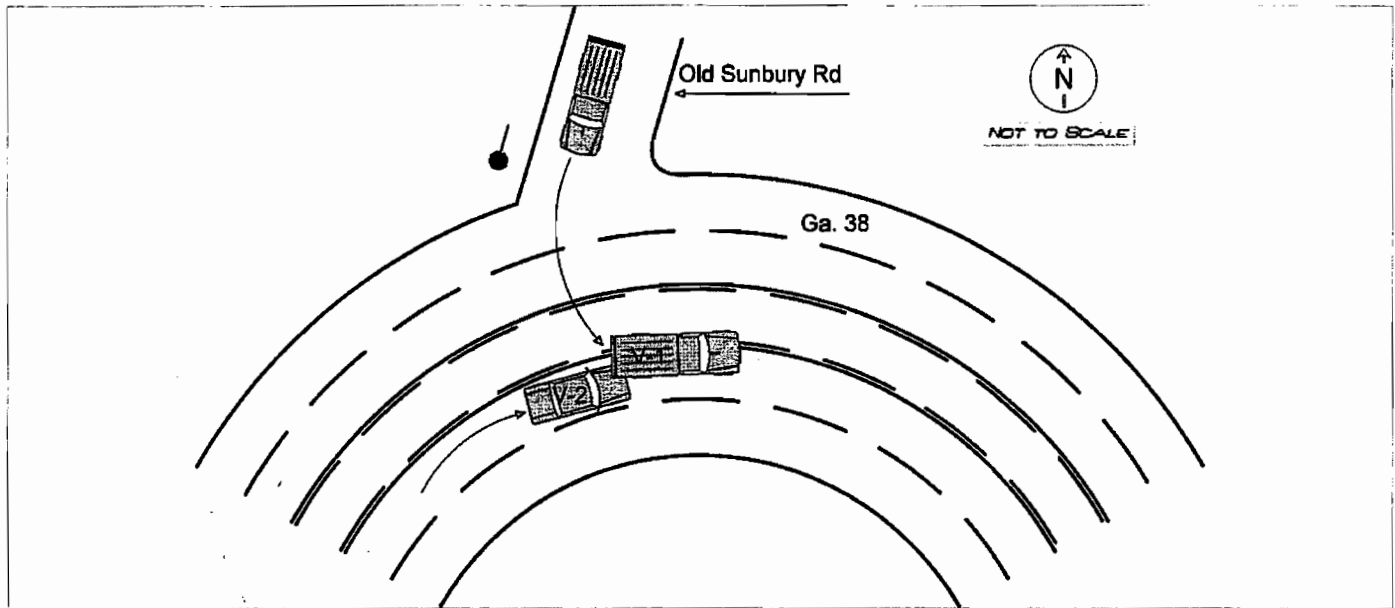
Time 1749

PAGE 2 OF 2

Vehicle #2 was traveling in the left eastbound lane of Ga. 38. Vehicle #1 was traveling south on Old Sunbury Road and turned left onto Ga. 38 and attempted to merge into the left eastbound lane. Vehicle #1 pulled into the path of vehicle #2. The left front of vehicle #2 struck the right rear bumper of vehicle #1. The area of impact was in the left eastbound lane of Ga. 38. After impact, both vehicles were driven to a controlled rest on the south side of Ga. 38.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Reported By: CPL B.A. BREWTON #330



Accident Investigation Site ?

☐ Yes ☒ No

Site Number

Citations - Vehicle # 1

None

Citations - Vehicle # 2

None

First Harmful Event 11	Traffic-Way Flow 2	Weather 1	Surface Cond. 1	Light Condition 1	Manner Of Collision 3	Location At Area Of Impact 1	Road Comp. 2	Road Defects 1	Road Character 5	Construction Maint. Zone 0	
VEH # 1		VEH # 2		SKID DISTANCE		0		AFTER		0	
Number of Occupants		1		BEFORE IMPACT		0		VEH # 1		Width Of Road	
Point Of Initial Contact		6		VEH # 2		0		VEH # 2		60 Ft	
Damage To Vehicles		2		VEH # 2		0		VEH # 2			
Damage Other Than Vehicle		None		Owner		AGE		SEX		VEH NO	
Occupants		Driver # 1		Or Pedestrian #		69		SEX		VEH NO	
Last Name		First		Address		City		State		Zip	
Driver # 2		Or Pedestrian #		42		SEX		VEH NO		INJURY	
TAKEN FOR TREAT.		EJEC		SAFETY EQUIP		EXTRIC		AIR BAG			
0		2		1		3		2		2	
0		2		1		3		2		2	



Accident Number <b>11 - 0273 - 09</b>		Agency NCIC No. <b>GAGSP1100</b>		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County <b>LIBERTY</b>		Date Received		Page 1 Of 2					
Date <b>08/04/2009</b>		Day Of Week <input checked="" type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat		Time <b>1540</b>		Off. Arrived <b>1608</b>		Total Number Of Vehicles <b>2</b> Injuries <b>1</b> Fatalities <b>0</b>		Inside City Of <b>Flemington</b>					
Road Of Occurrence <b>Old Sunbury Rd.</b>				At Its Intersection <b>Old Hines Rd.</b>				Corrected Report Yes <input type="checkbox"/>							
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input checked="" type="checkbox"/> City St.				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input checked="" type="checkbox"/> City St.				Suppl. To Original Yes <input type="checkbox"/>							
Not At Its Intersection But Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West				Of 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line				Hit and Run? Yes <input type="checkbox"/>							
And Continuing In the Direction Checked Above The Next Reference Point Is				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line											
Driver # <b>1</b>		Last Name <b>Patti, John M.</b>		First <b></b>		Middle <b></b>		Driver # <b>2</b>		Last Name <b>Dobbs, Sarah M.</b>		First <b></b>		Middle <b></b>	
Ped. <input type="checkbox"/>		Address <b>1084 Ricade Dr.</b>						Ped. <input type="checkbox"/>		Address <b>P.O. Box 1822</b>					
City <b>Hinesville, Ga.</b>		State <b>GA</b>		Zip <b>31313</b>		DOB <b>05/05/1945</b>		City <b>Hinesville, Ga.</b>		State <b>GA</b>		Zip <b>31313</b>		DOB <b>08/30/1988</b>	
Driver's License No. <b>049340058</b>		Class <b>BM</b>		State <b>GA</b>		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Driver's License No. <b>052256236</b>		Class <b>C</b>		State <b>GA</b>		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Posted Speed <b>35</b>		Insurance Co. <b>Auto Owners Ins.</b>		Policy No. <b>4382564100</b>				Posted Speed <b>35</b>		Insurance Co. <b>Aveco Ins. Co.</b>		Policy No. <b>25536963-6</b>			
Year <b>1999</b>		Make <b>Ford</b>		Model <b>F-250</b>		Telephone No. <b>912-369-8654</b>		Year <b>1997</b>		Make <b>Toyota</b>		Model <b>Corolla</b>		Telephone No. <b>912-492-6800</b>	
VIN <b>1FTNW20L7YEB04963</b>		Vehicle Color <b>White</b>						VIN <b>2T1BB02E0VC188981</b>		Vehicle Color <b>Green</b>					
Tag # <b>128216</b>		State <b>GA</b>		County <b>LIBERTY</b>		Year <b>2010</b>		Tag # <b>AEB4254</b>		State <b>GA</b>		County <b>LIBERTY</b>		Year <b>2010</b>	
Trailer Tag # <b></b>		State <b></b>		County <b></b>		Year <b></b>		Trailer Tag # <b></b>		State <b></b>		County <b></b>		Year <b></b>	
<input type="checkbox"/> Same as Driver		Owner's Last Name <b>Liberty County Board Of Education</b>		First <b></b>		Middle <b></b>		<input type="checkbox"/> Same as Driver		Owner's Last Name <b>Duvall, Suerena</b>		First <b></b>		Middle <b></b>	
Address <b>110 S. Gause St.</b>								Address <b>1035 Whitetail Circle</b>							
City <b>Hinesville, Ga.</b>		State <b>GA</b>		Zip <b>31313</b>				City <b>Hinesville, Ga.</b>		State <b>GA</b>		Zip <b>31313</b>			
Removed By <b>Driver</b>		<input type="checkbox"/> Request <input type="checkbox"/> List						Removed By <b>Craftsman Wrecker 912-368-0413</b>		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List					
Alcohol Test <b>2</b>		Type <b></b>		Results <b></b>		Drug Test <b>2</b>		Type <b></b>		Results <b></b>		Alcohol Test <b>2</b>		Type <b></b>	
Driver Condition <b>1</b>		Direction of Travel <b>1</b>		Vision Obscured <b>1</b>		Contributing Factors <b>4</b>		Driver Condition <b>1</b>		Direction of Travel <b>4</b>		Vision Obscured <b>1</b>		Contributing Factors <b>1</b>	
Vehicle Condition <b>1</b>		Vehicle Maneuver <b>11</b>		Pedestrian Maneuver <b></b>				Vehicle Condition <b>1</b>		Vehicle Maneuver <b>5</b>		Pedestrian Maneuver <b></b>			
Most Harmful Event <b>11</b>		Vehicle Class <b>1</b>		Vehicle Type <b>2</b>				Most Harmful Event <b>11</b>		Vehicle Class <b>1</b>		Vehicle Type <b>1</b>			
Traffic Control <b>7</b>		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Control <b>7</b>		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Injured Taken To <b>Not Transported</b>												By <b></b>			
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		By: <b></b>							
Report By : <b>S/TPR H.E. Middleton #319</b>		Department <b>GSP Hinesville</b>		Report Date <b>08/04/2009</b>		Checked By : <b>CPL B.A. BREWTON #3</b>		Date Checked <b>08/06/2009</b>							
Witness(es) Name		Address		City		Zip Code		Telephone No. <b></b>							
DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )															
COMMERCIAL VEHICLES ONLY															
Carrier Name <b></b>		Vehicle # <b></b>		Address <b></b>		City <b></b>		State <b></b>		Zip <b></b>		Carrier Name <b></b>		Vehicle # <b></b>	
Number Of Axes		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type		Number Of Axes		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate Intrastate		Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate Intrastate	
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Vehicle Placarded ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond		Ran Off Road		Down Hill		Cargo Loss		Separation Of Units		Vehicle Placarded ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond	
Ran Off Road		Down Hill		Cargo Loss		Separation Of Units		Ran Off Road		Down Hill		Cargo Loss		Separation Of Units	

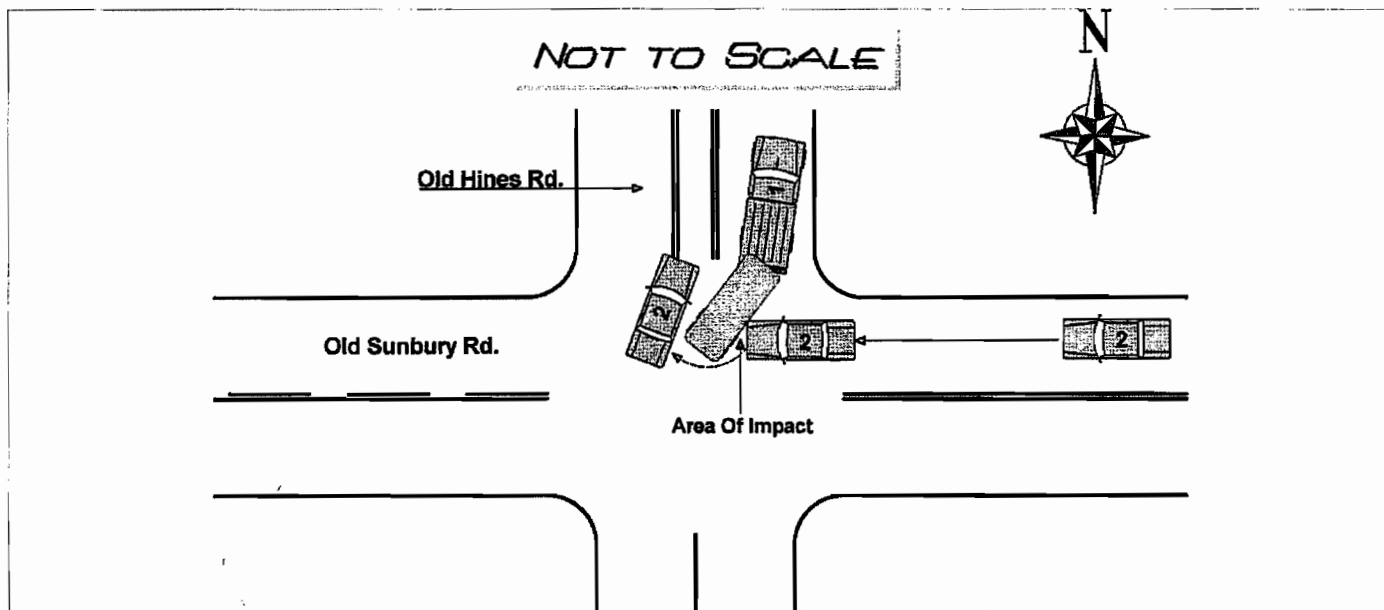
GSP 74 (3)

X

Vehicle #1 was traveling east on Old Sunbury Rd. and attempting to complete a left turn onto Old Hines Rd. Vehicle #2 was traveling west on Old Sunbury Rd. Vehicle #2 skidded approximately 27' 6" and struck the right side of vehicle #1's utility trailer with its front end. Vehicle #1 came to a controlled rest on Old Hines Rd. Vehicle #2 came to its final uncontrolled rest on Old Sunbury Rd. Area of impact was in the west lane of Old Sunbury Rd.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Reported By: S/TPR H.E. Middleton #319



Accident Investigation Site ?

☐ Yes ☒ No

Site Number

Citations - Vehicle # 1

Failure To Yield While Turning Left 40-6-71

Citations - Vehicle # 2

None

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character	Construction Maint. Zone
11	1	1	1	1	1	1	2	1	1	0

VEH # 1 VEH # 2

Number of Occupants 2 2

Point Of Initial Contact 5 12

Damage To Vehicles 3 4

SKID DISTANCE

-0-

AFTER

-0-

Width Of Road

BEFORE IMPACT VEH # 1

27' 6"

VEH # 1

VEH # 2

VEH # 2

24 ft.

Damage Other Than Vehicle

None

Owner

AGE	SEX	VEH NO	POS.	INJURY	TAKEN FOR TREAT.	EJEC	SAFETY EQUIP	EXTRIC	AIR BAG
64				0	2	1	3	2	2
20				4	2	1	3	2	1

Occupants

Driver # 1 Or Pedestrian #

Driver # 2 Or Pedestrian #

Last Name First Address City State Zip

Spencer, Neannacye 295 Shadows Dr. Midway, Ga. 31320

Bunn, William 131 Smiley Lane Riceboro, Ga. 31320

0 F 2 4 0 2 1 4 2 0

76 M 1 3 0 2 1 0 2 2

db # 12

Accident Number <b>11 - 0308 - 09</b>		Agency NCIC No. <b>GAGSP1100</b>		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County <b>Liberty</b>		Date Received		Page 1 or 2	
Date <b>09/09/2009</b>		Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time <b>0904</b>		Off. Arrived <b>1000</b>		Total Number Of Vehicles <b>2</b> Injuries <b>1</b> Fatalities <b>0</b>		Inside City Of <b>Flemington</b>	
Road Of Occurrence <b>Old Hines Road</b>				At Its Intersection <b>GA 38</b>				Corrected Report Yes <input type="checkbox"/>			
<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co Road <input type="checkbox"/> City St.				<input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co Road <input type="checkbox"/> City St.				Suppl. To Original Yes <input type="checkbox"/>			
Not At Its Intersection But				Of				Hit and Run? Yes <input type="checkbox"/>			
<input type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Feet <input type="checkbox"/> South <input type="checkbox"/> West				<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line							
And Continuing In the Direction Checked Above											
The Next Reference Point Is <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line											

Driver # <b>1</b> Last Name <b>Brown, Natasya</b> First <b>Jacklyn</b> Middle Address <b>631 Eagan Road</b> City <b>Hinesville, Ga.</b> State <b>31313</b> Zip <b>11/05/1981</b>				Driver # <b>2</b> Last Name <b>Mallory, Alicia</b> First <b>Michelle</b> Middle Address <b>437 Tibet Avenue Apt. B</b> City <b>Savannah, Ga.</b> State <b>31406</b> Zip <b>11/14/1982</b>			
Driver's License No. <b>051097421</b> Class <b>C</b> State <b>GA</b> <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female				Driver's License No. <b>A62-61-8505</b> Class <b>--</b> State <b>VA</b> <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
Posted Speed <b>35</b> Insurance Co. <b>Progressive</b> Policy No. <b>19570248-6</b>				Posted Speed <b>35</b> Insurance Co. <b>USAA</b> Policy No. <b>24704099</b>			
Year <b>2009</b> Make <b>Dodge</b> Model <b>Charger</b> Telephone No.				Year <b>2007</b> Make <b>Kia</b> Model <b>Spectra EX</b> Telephone No. <b>757-822-0166</b>			
VIN <b>2B3KA33V59H622425</b> Vehicle Color <b>Black</b>				VIN <b>KNAFE122275429991</b> Vehicle Color <b>Maroon</b>			
Tag # <b>BVG8625</b> State <b>GA</b> County <b>BULLOCH</b> Year <b>2010</b>				Tag # <b>BIR6625</b> State <b>GA</b> County <b>CHATHAM</b> Year <b>2009</b>			
Trailer Tag # State County Year				Trailer Tag # State County Year			
<input type="checkbox"/> Same as Driver Owner's Last Name <b>Enterprise Leasing Company</b> First Middle Address <b>633 East Oglethorpe Hwy.</b> City <b>Hinesville, Ga.</b> State <b>31313</b> Zip				<input checked="" type="checkbox"/> Same as Driver Owner's Last Name <b>Mallory, Alicia</b> First Middle Address <b>437 Tibet Avenue Apt. B</b> City <b>Savannah, Ga.</b> State <b>31406</b> Zip			
Removed By <b>Driver</b> <input type="checkbox"/> Request <input type="checkbox"/> List				Removed By <b>Co-Worker</b> <input type="checkbox"/> Request <input type="checkbox"/> List			

Alcohol Test <b>2</b>		Type		Results		Drug Test <b>2</b>		Type		Results	
Driver Condition <b>1</b>		Direction of Travel <b>4</b>		Vision Obscured <b>1</b>		Contributing Factors <b>3</b>		Driver Condition <b>1</b>		Direction of Travel <b>4</b>	
Vehicle Condition <b>1</b>		Vehicle Maneuver <b>5</b>		Pedestrian Maneuver				Vehicle Condition <b>1</b>		Vehicle Maneuver <b>4</b>	
Most Harmful Event <b>11</b>		Vehicle Class <b>1</b>		Vehicle Type <b>1</b>		Most Harmful Event <b>11</b>		Vehicle Class <b>1</b>		Vehicle Type <b>1</b>	
Traffic Control <b>5</b>		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control <b>5</b>		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Injured Taken To <b>Winn Army Community Hosp.</b>				By <b>Liberty Regional EMS</b>			
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No By: <b>Sgt. DeLoach #507</b>	
Report By: <b>Sgt. B.H. DeLoach #507</b>		Department <b>GSP Hinesville</b>		Report Date <b>09/09/2009</b>		Checked By: <b>SFC T.L. King #566</b> Date Checked <b>09/11/2009</b>	
Witness(es) Name		Address		City		Zip Code Telephone No.	

DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )

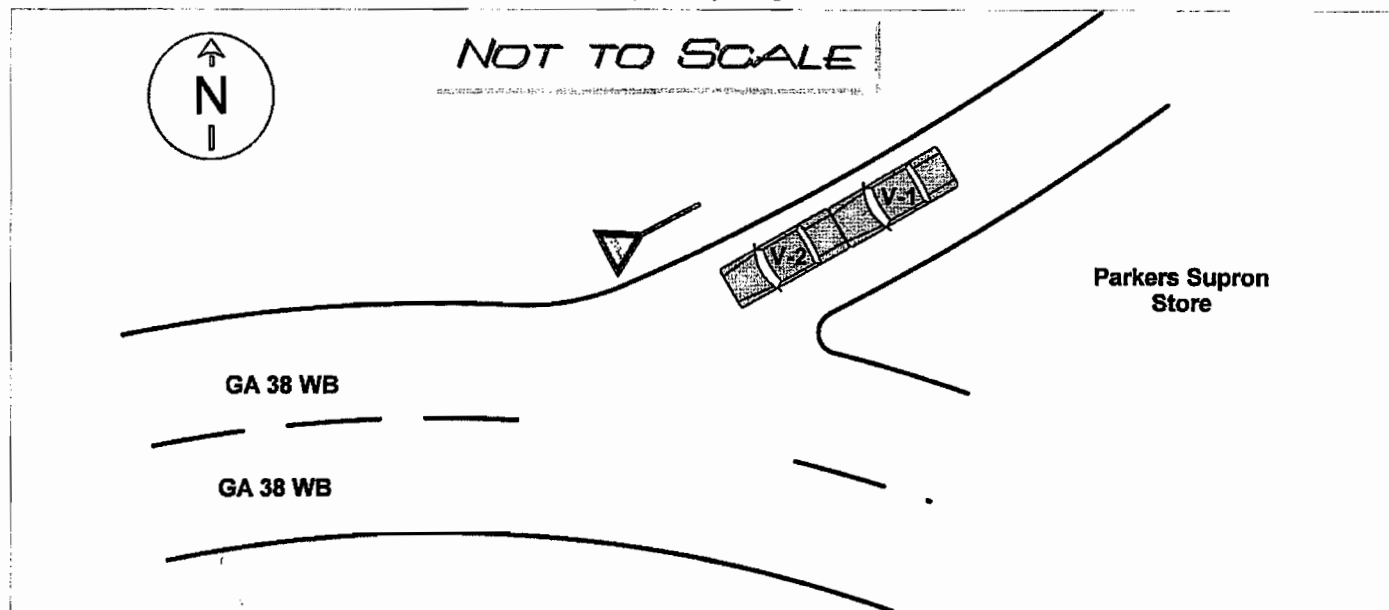
COMMERCIAL VEHICLES ONLY

Carrier Name				Carrier Name			
Vehicle #				Vehicle #			
Address				Address			
City		State		City		State	
Zip				Zip			
Number Of Axles		G.V.W.R.		Fed. Reportable		Cargo Body Type	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate Intrastate	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
C.D.L. Suspended ?		Hazardous Materials ?		Released ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Name or 4 Digit Number From Diamond or Box				If Yes, Name or 4 Digit Number From Diamond or Box			
1 Digit Number From Bottom of Diamond				1 Digit Number From Bottom of Diamond			
Ran Off Road		Down Hill		Cargo Loss Or Shift		Separation Of Units	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

GSP 26 (1)

**Note: The crash scene was not located by the responding deputy when it was first dispatched due to the vehicles moving locations. Driver #1 had to call 911 back before they were located.**

Reported By: Sgt. B.H. DeLoach #507

[illegible]

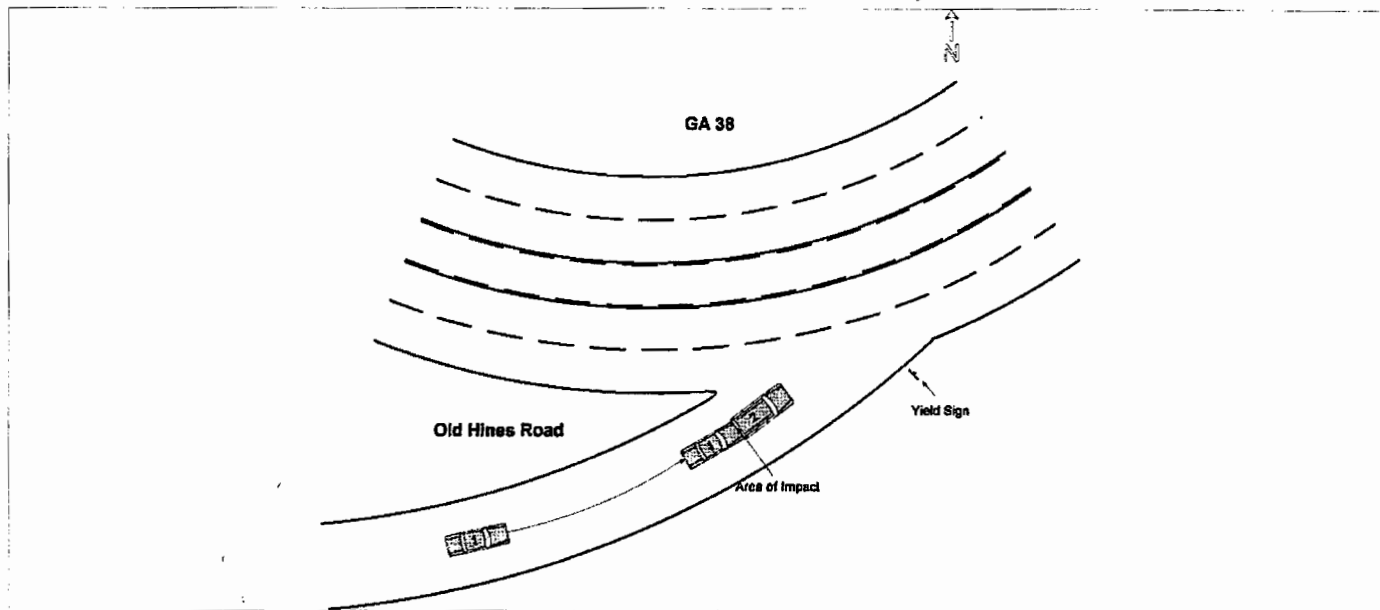
dbt 13

Accident Number 11 - 0367 - 09		Agency NCIC No. GAGSP1100		DPS 523E GEORGIA MOTOR VEHICLE (1/2004) ACCIDENT REPORT		County LIBERTY		Date Received		Page 1 Of 2	
Date 10/28/2009		Day Of Week Sun M T W Th F S		Time 1104		Off. Arrived 1120		Total Number Of Vehicles Injuries Fatalities		Inside City Of	
Road Of Occurrence Old Hines Road		At Its Intersection GA 38		Corrected Report Yes		Suppl. To Original Yes		Hit and Run? Yes			
Not At Its Intersection But		Miles 1 North 3 East Feet 2 South 4 West		Of		1 Interstate 2 Lowest St. Rt. 3 Co Road 4 City St 5 Co. Line					
And Continuing in the Direction Checked Above		The Next Reference Point is		1 Interstate 2 Lowest St. Rt. 3 Co Road 4 City St 5 Co. Line							
Driver # 1		Last Name Smith, Sarah N.		First Middle		Driver # 2		Last Name Terry, Juanita C.		First Middle	
Ped. <input type="checkbox"/>		Address 1200 Old Sunbury Road				Ped. <input type="checkbox"/>		Address 17 Barton Court			
City Hinesville, Ga. 31313		State Zip		DOB 06/27/1983		City Hinesville, Ga. 31313		State Zip		DOB 11/22/1945	
Driver's License No. 011167615		Class D		State SC		Driver's License No. 041600603		Class C		State GA	
Posted Speed 35		Insurance Co. Geico		Policy No. 4165011604		Posted Speed 35		Insurance Co. Owners Insurance		Policy No. 47-165-211-00	
Year 1997		Make Nissan		Model Altima		Year 2004		Make Volvo		Model XC90	
VIN 1N4BU31D1VC150498		Vehicle Color Red				VIN YV1CY59H741122084		Vehicle Color Gray			
Tag # CJM922		State SC		County Year 2010		Tag # BDQ3440		State GA		County LIBERTY Year 2010	
Trailer Tag #		State County		Year		Trailer Tag #		State County		Year	
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name Smith, Sarah N.		First Middle		<input type="checkbox"/> Same as Driver		Owner's Last Name Terry, David		First Middle	
Address 1200 Old Sunbury Road						Address 17 Barton Court					
City Hinesville, Ga. 31313		State Zip				City Hinesville, Ga. 31313		State Zip			
Removed By Blount's Wrecker 912-884-9320		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List				Removed By Driver		<input type="checkbox"/> Request <input type="checkbox"/> List			
Alcohol Test 2		Type Results		Drug Test 2		Type Results		Alcohol Test 2		Type Results	
Driver Condition 1		Direction of Travel 3		Vision Obscured 1		Contributing Factors 3		Driver Condition 1		Direction of Travel 3	
Vehicle Condition 1		Vehicle Maneuver 10		Pedestrian Maneuver				Vehicle Condition 1		Vehicle Maneuver 4	
Most Harmful Event 11		Vehicle Class 1		Vehicle Type 1		Most Harmful Event 11		Vehicle Class 1		Vehicle Type 11	
Traffic Control 7		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control 5		Device Inoperative ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Injured Taken To Not Transported		By									
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		By:			
Report By : TPR A.M. Cheney #954		Department GSP Hinesville		Report Date 10/28/2009		Checked By : SFC T.L. King #566		Date Checked 10/31/2009			
Witness(es) Name None		Address		City		Zip Code		Telephone No.			
DMVS MICROFILM NUMBER ( DO NOT WRITE IN THIS SPACE )											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # Address City State Zip						Carrier Name Vehicle # Address City State Zip					
Number Of Axles		G.V.W.R.		Fed. Reportable 1 Yes 2 No		Cargo Body Type		Number Of Axles		G.V.W.R.	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate Intrastate		Vehicle Config.		I.C.C.M.C. #	
C.D.L.? 1 Yes 2 No		C.D.L. Suspended ? 1 Yes 2 No		Hazardous Materials ? 1 Yes 2 No		Released ? 1 Yes 2 No		C.D.L.? 1 Yes 2 No		C.D.L. Suspended ? 1 Yes 2 No	
Vehicle Placarded ? 1 Yes 2 No		If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond		Ran Off Road Down Hill Cargo Loss Or Shift		Separation Of Units		Vehicle Placarded ? 1 Yes 2 No		If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond	

GSP 28 ①

X


**Reported By:** TPR A.M. Cheney #954



First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character	Construction Maint. Zone
11	4	1	1	1	3	1	2	1	5	0

VEH # 1    VEH # 2			SKID DISTANCE    0'    AFTER    0'    Width Of Road		
Number of Occupants	1	1	BEFORE IMPACT    VEH # 1	0'    VEH # 1	18'
Point Of Initial Contact	12	6	0'    VEH # 2	0'    VEH # 2	
Damage To Vehicles	4	3			

[illegible]

Occupants	Driver # 1 Or Pedestrian #	26		3	2	1	3	2	1
	Driver # 2 Or Pedestrian #	63		0	2	1	3	2	2

[illegible]