US 84/West Oglethorpe Highway at Old Hines Road

Prepared for:



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

Title	
Traffic Signal Warrant Analysis	
US 84/West Oglethorpe Highway at Old Hines Road	1
Prepared for	Date
Fort Stewart Growth Management Partnership	September 27, 2011
Hinesville Area MPO	
Prepared by	Principal Investigator
Reynolds, Smith and Hills, Inc.	Whitney Shephard, PE
7 E Congress Street, Ste 402E	
Savannah, GA 31401	Additional Investigator
	Nick Arnio, PE, PTOE
912-236-5311	
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Summary

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. 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.

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.

Per the *Manual on Uniform Traffic Control Devices* (MUTCD) 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.





Contents

Introduction	1
Site Conditions	5
Traffic Data	5
Existing and Projected Traffic	6
Crash History	7
Traffic Signal Warrant Analysis	7
Warrant 1. Eight-Hour Vehicular Volume	8
Warrant 2. Four-Hour Vehicular Volume	8
Warrant 3. Peak Hour	8
Warrant 4. Pedestrian Volume	9
Warrant 5. School Crossing	9
Warrant 6. Coordinated Signal System	9
Warrant 7. Crash Experience	9
Warrant 8. Roadway Network	10
Warrant 9. Intersection Near a Grade Crossing	10
Conclusion and Recommendations	11
Appendix A Signal Warrant Detailed Assessment	12
Appendix B Data	18
Traffic Counts	18
GDOT Seasonal and Daily Factors	20
Appendix C Proposed Concepts for US 84 Flemington Curve	20
Appendix D Crash Reports	26





List of Figures

Figure 1 Location Map	2
Figure 2 Existing Intersection	3
Figure 3 Existing Lane Configuration	4
Figure 4 Warrant 2 100% Standard with Existing and Projected Traffic	14
Figure 5 Warrant 3 100% Standard with Existing and Projected Traffic	14
Figure 6 Crashes at US 84/Old Hines Road Intersection	16
Figure 7 Crashes at US 84/Old Sunbury Road Intersection	17
Figure 8 Fort Stewart Traffic Study Conceptual Alternative 1 (Completed February 2011)	21
Figure 9 Fort Stewart Traffic Study Conceptual Alternative 2 (Completed February 2011)	21
Figure 10 US 84 Corridor Study Preliminary Concept (Completed 2007)	22
Figure 11 US 84 Corridor Study Alternate Preliminary Concept (Completed 2007)	23
Figure 11 Conceptual Layout for HAMPO Committee Discussion (Completed 2010)	25
Figure 12 SDDCTEA Concept 1, Completed May 2011	24
Figure 13 SDCTEA Concept 2, Long Term Option, Completed May 2011	24
List of Tables	
Table 1 Existing Traffic Volumes (VPH)	7
Table 2 Crash History	10
Table 3 Traffic Signal Warrant Analysis	11
Table 4 Warrant 1 Evaluation	12
Table 5 Warrant 7 Analysis	15
Table 6 Traffic Counts at US 84/Old Hines Road Intersection	18
Table 7 Traffic Counts at Old Sunbury Road/US 84 Intersection	19
Table 8 Traffic Adjustment Factors	20



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 4th 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 4th 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 4th 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.



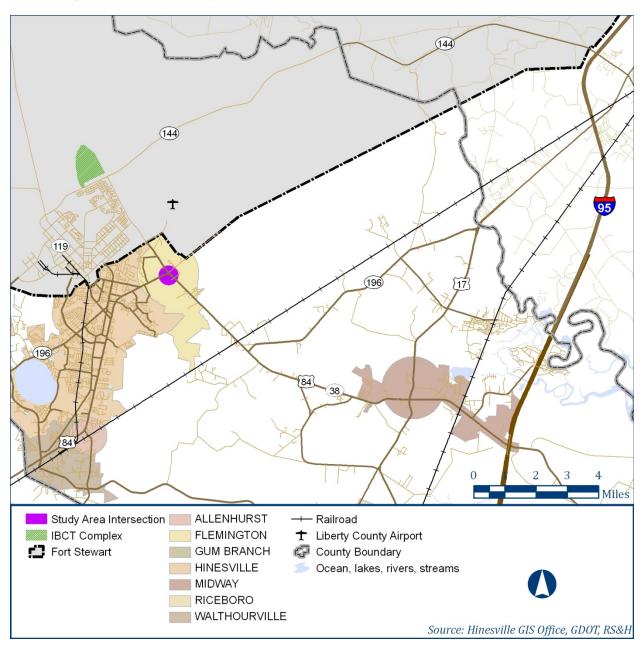


Figure 1 Location Map





Figure 2 Existing Intersection



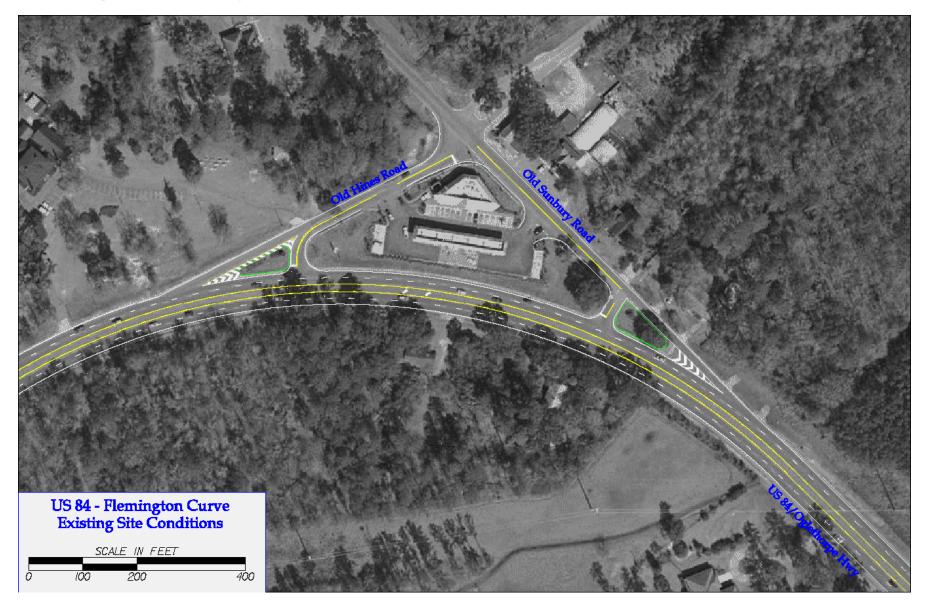


Figure 3 Existing Lane Configuration



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.

- 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)

	Α	djusted* Existin	g Traffic Volum	ies		Projecte	d Traffic
Time	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- tums	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

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

^{**} 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.



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;
- 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	Mai	nner of	Warrant
	Applicable	Co	llision	Satisfied
	Crashes	Angle Rear End at		
	Reported		Slip Ramp	
2008	4	4	-	No
2009	6	4	2	Yes
2010	7	4	3	Yes
July 1, 2008 –	6	6	-	Yes
	7 6	-	3	

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

	mmary of MUTCD (2009)	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:	
necommenaea 27.	State Traffic Operations Engineer		
Recommended by:	Director of Operations	Date:	



Appendix A Signal Warrant Detailed Assessment

Table 4 Warrant 1 Evaluation

Warrants with 2 or More Lanes and 2 or More Lanes							
	Warrant 1 Co	ondition A			Warrant 1 (Condition B	
Major Street Standard	420	600			630		
Minor Street Standard	140	200	140	200	70	100	
	Existing Traffic Condition A 70%	Existing Traffic Condition A 100%	Projected Traffic Condition A 70%	100%	Existing Traffic 70%	Existing Traffic 100%	
Hour of Day	Column	Column	Column	Column	Column	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	



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%	Rt Turn Reduction Projected Traffic 100%	Rt Turn Reduction Projected Traffic 70%	Rt Turn Reduction Projected Traffic 100%			
Hour of Day	Column	Column	Column	Column			
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.



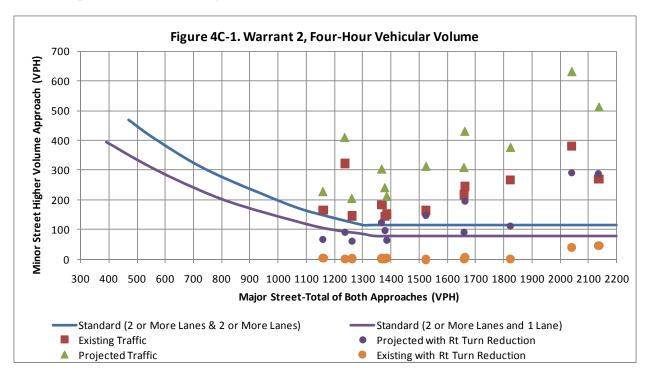


Figure 4 Warrant 2 100% Standard with Existing and Projected Traffic

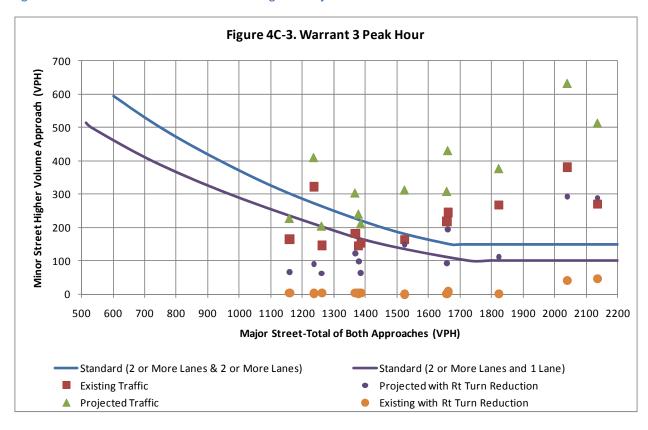


Figure 5 Warrant 3 100% Standard with Existing and Projected Traffic



Table 5 Warrant 7 Analysis

	A	Adjusted* Existing Traffic Volumes					
Time	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 SunburyRoad Lett- tums		
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

	Adjusted ^s	Existing Traffic	c Volumes		Projected Traffic
				Minor Street	
				E xisting Traffic	
	Major Street	Major Street	Major Street	SB Old Hines	Minor Street
	Existing	Existing	Total of Both	Rd	Projected Traffic
	Traffic	Traffic	Approaches	with Right-turn	with Right-turn
_	Eastbound	Westbound	Existing	Reduction per	Reduction per
Time	US 84	US 84	Traffic	NCHRP 457**	NCHRP 457**
07:00 AM - 08:00 AM	910	914	1,824	1	111
08:00 AM - 09:00 AM	844	815	1,659	1	92
09:00 AM - 10:00 AM	682	580	1,262	3	62
10:00 AM - 11:00 AM	645	515	1,160	4	67
11:00 AM - 12:00 PM	709	528	1,237	2	90
12:00 PM - 01:00 PM	834	552	1,386	4	64
01:00 PM - 02:00 PM	789	590	1,379	2	98
02:00 PM - 03:00 PM	787	581	1,368	3	123
03:00 PM - 04:00 PM	939	723	1,662	8	194
04:00 PM - 05:00 PM	1176	865	2,041	41	292
05:00 PM - 06:00 PM	1258	879	2,137	46	289
06:00 PM - 07:00 PM	808	717	1,525	0	149

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

	Warrant 7			
Major Street Standard	336	480		480
Minor Street Standard	112	160	112	160
	Existing	Existing		
	Traffic	Traffic	Projected	Projected
	56%	80%	Traffic 56%	Traffic 80%
Hour of Day	Column	Column	Column	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

Warrants with 2 or more			minor street	lane
	Warrant 7 0		Warrant 7 (Condition B
Major Street Standard	336	480	504	720
Minor Street Standard	84	120	42	60
Hour of Day	Rt Tum Reduction Projected Traffic 56% Column	Rt Tum 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.

^{**} 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.

^{**} 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.



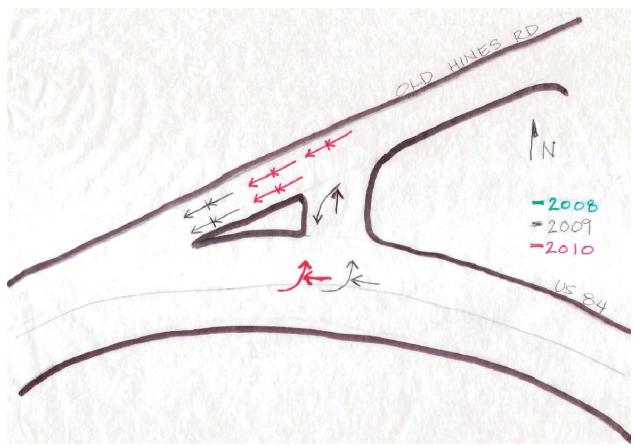


Figure 6 Crashes at US 84/Old Hines Road Intersection



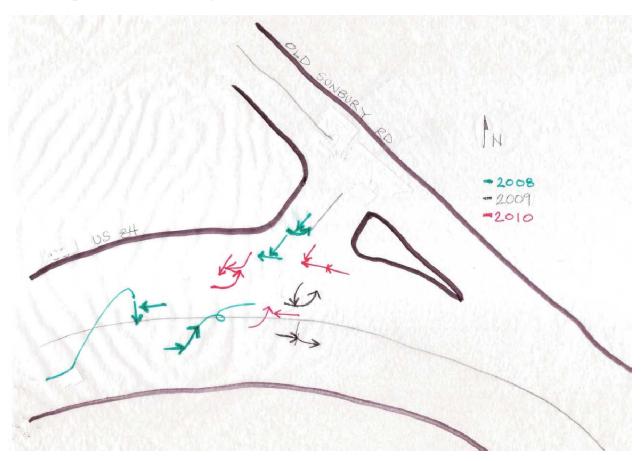


Figure 7 Crashes at US 84/Old Sunbury Road Intersection



Appendix B Data

Traffic Counts

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

										Old Hines F	•
	Old	Hines Rd.		l	JS 84		ι	JS 84		left-turning	traffic at
	Sou	uthbound		Westbound			Ea	stbound	Old Sunbury Road		
Start	5			D	_					5	
Time	Right	Left	Peds	Right	Thru	Peds	Thru	Left	Peds	Right	Left
07:00 AM	34	0	-	2	217	0	217	49	0	34	16
07:15 AM	56	1	0	0	250	-	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
03:00 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
03.43 PM	103	0	-	0	199		287	49		103	55
04:00 PM	96	6		3	293		253	49		96	77
04.15 PM	76	20		3	293	0	253	36		76	80
04:30 PM 04:45 PM					191			48		85	
	85	13		0		0	292		0		89
05:00 PM	71	11	0	0	210		336	58	0	71	79
05:15 PM	51	14		1	248		298	44		51	81
05:30 PM	58	14		2	238		282	45		58	72
05:45 PM	55	9		2	244		247	43		55	70
06:00 PM	42	0		0	225		223	38		42	45
06:15 PM	49	0		1	217		180	23		49	46
06:30 PM	41	0	0	0	167	0	174	32	0	41	34





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

		Old Sunb Southboo	•			US 84 Westbou			US 84 Eastbound			
Start Time	Right	Thru	Left	Peds	Right	Thru	Left	Peds	Right	Thru	Left	Peds
07:00 AM	1 Night 0	0	16	0	1 Night 0	218	0	0	1 Algill	204	12	
07:00 AM	1	0	30	0	0	254	0	0	0	183	9	-
07:30 AM	1	0	30	0	0	239	0	0	0	227	2	-
07:45 AM	2	0	39	0	0	273	0	0	0	214	2	
08:00 AM	0	0	42	0	0	225	0	0	0	221	3	
08:15 AM	1	0	19	0	0	219	0	0	0	161	4	
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	
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	-
01:00 PM	3	0	23	0	0	147	0	0	0	178	5	
01:15 PM	0	0	23	0	0	167	0	0	0	181	2	
01:30 PM	0	0	23	0	0	149	0	0	0	176	2	
01:45 PM	2	0	32	0	0	159	0	0	0	166	5	-
02:00 PM	3	0	25	0	0	146	0	0	0	171	3	
02:15 PM	1	0	29	0	0	157	0	0	0	190	3	
02:30 PM	4	0	35	0	0	144	0	0	0	156	3	
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	
03:15 PM	1	0	42	0	0	171	0	0	0	216	2	
03:30 PM	2	0	57	0	0	240	0	0	0	229	3	
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	
04:15 PM	1	0	71	0	0	299	0		0	255	5	
04:30 PM	0	0	60	0	0	242	0	0	0	275	3	
04:45 PM	0	0	76		0	192	0		0	302	5	
05:00 PM	1	0	68	0	0	210	0	0	0	336	4	-
05:15 PM	0	0	67 58	0	0	244 237	0	0	0	298	4	
05:30 PM 05:45 PM	0	0	61	0	0	243	0	0	0	297 255	3	
05:45 PM 06:00 PM						243				255		
	0	0	45	0	0		0		0	178	2	
06:15 PM 06:30 PM	3	0	46 34		0	216 165	0		0	178	2	
		0	34	0		162	0			162	2	
06:45 PM	1	U	31	U	0	162	0	U	0	162	2	U



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 4th 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)



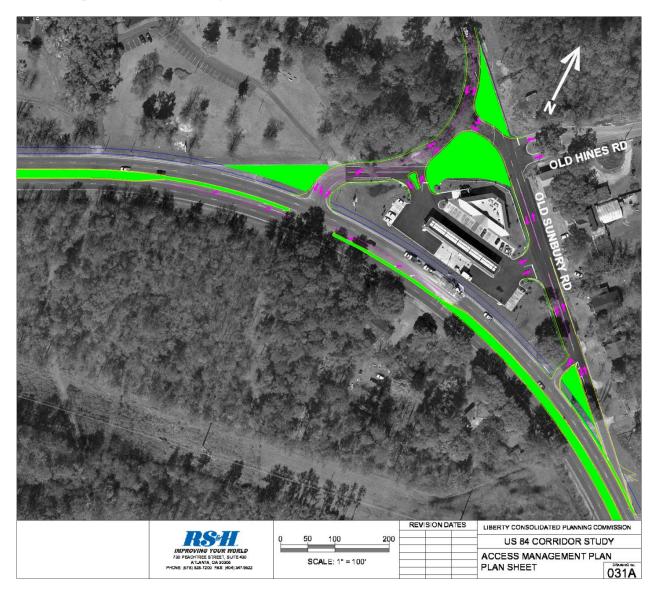


Figure 11 US 84 Corridor Study Alternate Preliminary Concept (Completed 2007)





Figure 12 SDDCTEA Concept 1, Completed May 2011



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



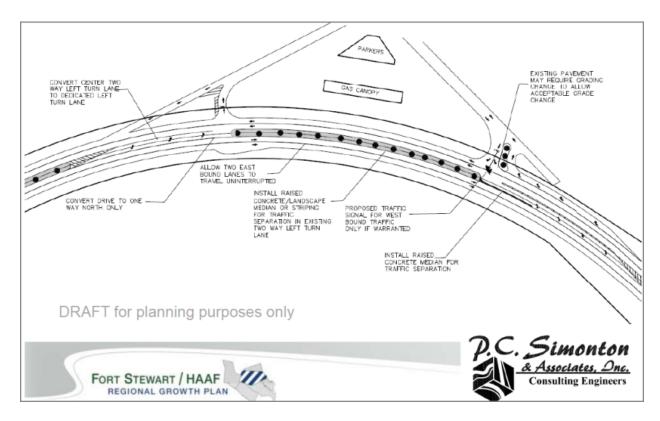


Figure 14 Conceptual Layout for HAMPO Committee Discussion (Completed 2010)



Appendix D Crash Reports

				1	CONTRIB		VEHICLE		1ST					
	Accident				UTING		TYPE		HARMFUL		MANNER			
ID SOURCE	Date	Time WEEKDA	Y YR	Severity	code.s	Contributing	code.s	Vehicle Type	code.s	1st Impact	code.s	Manner	COMMENTS	Note
	7 (0 (2000	0.20.00.444								MOTOR VEHICLE			V1 TURNING FROM OLD SUN TO WB GA38 HIT	
1 GSP10	7/8/2008	8:20:00 AM 2. TUE	200	8 PDO	4	FAILED TO YIELD	1 V 11	CAR V SUV	11	IN MOTION	1	ANGLE	V2 WB GA38	
	0/40/0000									MOTOR VEHICLE			V1 EB AT CURVE LOST CONTROL HIT V2 EB GA38,	
2 GSP11	8/18/2008	4:10:00 PM 1. MON	200	8 INJ-1	10	DRIVER LOST CONTROL	2 V 1	PICKUP V CAR	11	IN MOTION	1	ANGLE	RAIN	
										MOTOR VEHICLE			V1 TURNING L ONTO EB GA38 FROM OLD SUN	
3 GSP12	8/22/2008	7:55:00 AM 5. FRI	200	8 PDO	8,4	FAILED TO YIELD, WEATHER	1 V 2	CAR V PICKUP	11	IN MOTION	1	ANGLE	HIT V2 TURNING L ONTO OLD SUN FROM GA38	
	0 /00 /0000					TOO FAST, LOST CONTROL,				MOTOR VEHICLE			V1 EB AT CURVE LOST CONTROL HIT V2 EB GA38,	
4 GSP13	8/23/2008	6:13:00 PM 6. SAT	200	8 INJ-1	22, 10, 7	WRONG SIDE	11 V 11	SUV V SUV	11	IN MOTION	3	ANGLE	RAIN	
						IMPROPER TURN,		TRACTOR/TRAILER V		MOTOR VEHICLE			V1 TURNING ONTO GA38 FROM OLD HINES HIT	reported as sideswipe - opposite
7 GSP20	4/2/2009	10:38:00 AM 4. THU	200	9 PDO	13, 17	MISJUDGED CLEARANCE	4 V 2	PICKUP	11	IN MOTION	5	ANGLE	V2 TURNING L FROM GA38	direction. See diagram
	. /2 /2222	7.5.00.11.								MOTOR VEHICLE			V1 TURNING L FROM OLD SUN ONTO GA38 HIT	_
8 GSP21	4/3/2009	7:15:00 AM 5. FRI	200	9 PDO	4	FAILED TO YIELD	2 V 1	PICKUP V CAR	11	IN MOTION	1	ANGLE	V2 TURNING L ONTO OLD SUN FROM GA38	
										MOTOR VEHICLE			V1 TURNING EB ONTO GA38 FROM OLD SUN HIT	
10 GSP23	7/14/2009	5:49:00 PM 2. TUE	200	9 PDO	4	FAILED TO YIELD	2 V 1	PICKUP V CAR	11	IN MOTION	3	ANGLE	V2 EB GA38	reported as rear end. See diagram.
										MOTOR VEHICLE				
12 GSP26	9/9/2009	9:04:00 AM 3. WED	200	9 INJ-1	3	FOLLOWING TOO CLOSE	1 V 1	CAR V CAR	11	IN MOTION	3	REAR END	V1 WB OLD HINES ONTO GA38 REAR ENDED V2	
										MOTOR VEHICLE				
13 GSP28	10/28/2009	11:04:00 AM 3. WED	200	9 INJ-1	3	FOLLOWING TOO CLOSE	1 V 11	CAR V SUV	11	IN MOTION	3	REAR END	V1 WB OLD HINES ONTO GA38 REAR ENDED V2	
										MOTOR VEHICLE			V2 TURNING ONTO OLD HINES FROM EB GA38	
14 GSP29	12/20/2009	5:48:00 AM 7. SUN	200	9 PDO	4	FAILED TO YIELD	1 V 11	CAR V SUV	11	IN MOTION	1	ANGLE	HIT V2 WB GA38	
										MOTOR VEHICLE			V1 TURNING L ONTO OLD SUN FROM EB GA38	
16 GSP30	2/2/2010	10:16:00 AM 2. TUE	201	0 INJ-1	4	FAILED TO YIELD	1 V 11	CAR V SUV	11	IN MOTION	1	ANGLE	HIT V2 WB GA38	
										MOTOR VEHICLE			V1 TURNING L ONTO OLD SUN FROM EB GA38	
17 GSP31	2/12/2010	12:24:00 PM 5. FRI	201	0 PDO	4	FAILED TO YIELD	11 V 1	SUV V CAR	11	IN MOTION	1	ANGLE	HIT V2 WB GA38	
						-				MOTOR VEHICLE				
27 LCSO9	5/21/2010	10:00:00 AM 5. FRI	201	0 PDO	3	FOLLOWING TOO CLOSE	1 V 1	CAR V CAR	11	IN MOTION	3	REAR END	V1 WB OLD HINES ONTO GA38 REAR ENDED V2	
								CAR V		MOTOR VEHICLE			V1 EB GA38 TURNING ONTO OLD HINES HIT V2	
18 GSP33	6/11/2010	4:45:00 PM 5. FRI	201	0 INJ-1	4	FAILED TO YIELD	1 V 17	MOTORCYCLE	11	IN MOTION	1	ANGLE	WB GA38	
						-				MOTOR VEHICLE			V1 FAILED TO STOP FROM SB OLD SUN AND HIT	
20 GSP37	11/17/2010	6:40:00 PM 3. WED	201	0 INJ-1	6	DISREGARD STOP SIGN	11 V 11	SUV V SUV	11	IN MOTION	1	ANGLE	V2 WB GA38	
								TRUCK W/ HOUSE		MOTOR VEHICLE				
26 LCSO8	11/30/2010	5:20:00 PM 2. TUE	201	0 PDO	4	FAILED TO YIELD	14 V 10	TRAILER V VAN	11	IN MOTION	3	REAR END	V1 WB OLD HINES ONTO GA38 REAR ENDED V2	
					-					MOTOR VEHICLE				
71 GSP38	12/27/2010	4:55:00 PM 1. MON	201	0 INJ-5	3	FOLLOWING TOO CLOSE	11 V 11	SUV V SUV	11	IN MOTION	3	REAR END	V1 WB OLD HINES ONTO GA38 REAR ENDED V2	
	1													
Excluded from	Analysis													
										MOTOR VEHICLE			V1 TURNING ONTO NB OLD SUN FROM OLD	
21 GSP7	6/18/2008	7:24:00 AM 3. WED	200	8 INJ-1	3	FOLLOWING TO CLOSE	1 V 1	CAR V CAR	11	IN MOTION	3	REAR END	HINES REAR ENDED V2 AT STOP	×
22 05.17			200	0		1 0220 11110 10 02002		TRUCK W/ HOUSE		MOTOR VEHICLE	-	THE THE CITE	V1 TURNING NB OLD SUN FROM EB OLD HINES	^
22 GSP9	6/26/2008	6:32:00 PM 4. THU	200	8 PDO	4	FAILED TO YIELD	14 V 1	TRAILER V CAR	11	IN MOTION	1	ANGLE	HIT V2 CROSSING OLD SUN	
22 03/3			200	0.50	i .	7711223 10 11223		CAR V SINGLE U TRK		MOTOR VEHICLE	-	,	V1 TURNING L ONTO OLD SUN FROM GA38 HIT	^
5 GSP17	11/26/2008	6:35:00 AM 3. WED	200	8 PDO	4	FAILED TO YIELD	1 V 8 V 2	V PICKUP	11	IN MOTION	1	ANGLE	V2 AND V3	
J ((3) 17			200	01.00	-	TAILED TO TIELD	1 1 0 1 2	VIICKOI	11	MOTOR VEHICLE	_	ANGLE	V1 TURNING FROM PARKER'S ONTO OLD HINES	^
23 LCSO11	5/14/2009	9:49:00 PM 4. THU	200	9 PDO	4	FAILED TO YIELD	10 V 11	VAN V SUV	11	IN MOTION	1	ANGLE	HIT V2 WB OLD HINES	
23 [03011		4.1110	200	3100	-	TAILED TO TIELD	10 V 11	VAIV V 30 V	11	MOTOR VEHICLE	1	ANGLE	V1 DRIVING ACROSS OLD SUN FROM OLD HINES	^
9 GSP22	7/6/2009	4:24:00 PM 1. MON	200	9 INJ-1	4	FAILED TO YIELD	1 V 1	CAR V CAR	11	IN MOTION	1	ANGLE	HIT V2 ON OLD SUN	l,
9 USF 22			200	7 14 1 -T	-	TAILED TO TIELD	- V 1	CAIL V CAIL	11	MOTOR VEHICLE	1	AITOLL	V1 SB OLD SUN TURNING ONTO OLD HINES WAS	^
11 GSP24	8/4/2009	3:40:00 PM 2. TUE	200	9 INJ-1	4	FAILED TO YIELD	2 V 1	PICKUP V CAR	11	IN MOTION	1	ANGLE	HIT BY V2 NB OLD SUN	
11 G3F24			200	7 14 1 -T	-	TAILED TO TIELD	- V 1	TICKUF V CAN	11	MOTOR VEHICLE	1	SIDESWIP	V1 FROM EB GA38 SIDESWIPED V2 NB OLD SUN	^
25 LCSO6	8/24/2010	12:24:00 PM 2. TUE	201	0 PDO	4	FAILED TO YIELD	1 V 2	CAR V PICKUP	11	IN MOTION	4	E - SAME	JUST FROM GA38	
23 10300	1		201	O P DO	**	I AILLO TO TIELD	1 V Z	CAR V FICKUP	11	MOTOR VEHICLE	-	L - SAIVIE	V1 WB OLD HINES FAILED TO YIELD TO V2	^
19 GSP34	9/1/2010	8:24:00 AM 3. WED	201	0 PDO	4	FAILED TO YIELD	11 V 11	SUV V SUV	11	IN MOTION	2	HEAD ON	TURNING NB OLD HINES	
15 03734	1	S. WED	201	סוריטט	*	I AILLO TO TIELD	11 A 11	30 V V 30 V	111	IIN IVIOTION		HEAD ON	TOWNING IND OLD HINES	<u>^</u>



STATE OF GEORGIA TRAFFIC CRASH REPORT Georgia State Patrol Georgia Department of Public Safety P.O. Box 1456 Atlanta, Georgia 30371-1456



Crash Number	Reporting Agency GEORGIA STATE PATE			Reporting Agency Case	Number Re	porting Agency CAD Number SPI09CAD008694
C000015003-01	GEORGIA STATE PATE	ROL		C000015003-01	G	SP109CAD008694
CRASH IDENTIFIERS	City on Diagraph Conn		ita Break Beta Cine	Deceded		Burelle
County of Crash LIBERTY	City or Place of Cras		its Crash Date/Time 12/20/2009 05:48		09 05:55 PM	Dispatched Date/Time 12/20/2009 05:59 PM
On Scene Date/Time C 12/20/2009 06:08 PM 1	leared Scene Date/Time 2/20/2009 07:24 PM	Complete Date/Time 12/20/2009 06:54 PM	Reason (if Inves	Higation Not Complete)	Source LAW I	of Information ENFORCEMENT AGENCY
ROADWAY INFORMATION			10:			
Roadway Description for Location of SR-38				e to City or Place of Crash	N 31 5	
OLD HINES RD.				e / Direction from Crash Lo	Roadway Blocked	Roadway Cleared Date/Time 12/20/2009 6:45:32 PM
INO U	padway Functional Class Type RBAN	<u></u>	Roadway Functional C MINOR ARTERIAL			
Type of Shoulder Ro	padway Lighting ONTINUOUS LIGHTING ONE	Roadway Bike	way Facility	Signed NOT A	Bicycle Route PPLICABLE	
Traffic Control Type at Intersection STOP SIGNS ON CROSS STR	Mainline	Number of Lanes at Intersec	Side Road	Number of Lanes at Inter		
CRASH INFORMATION	10101		1			
Light Condition DARK-LIGHTED	Weather Condition CLEAR		Roadway Surfac	ce Condition		Crash Pictures Taken
First Harmful Event Type COLLISION NON-FIXED OBJECT			First Harmful Even	nt Detail CLE IN TRANSPORT		
Total Counts Vehicles	CMV Motoris		Injured Fate	alities Witnesses	Other Persons	
First Harmful Event's Relation to June	2 0 Is First Harmfo	3 0 0	0	0 0 Type of Intersection	0	0 0
INTERSECTION	YES		'	T-INTERSECTION		
Contributing Circumstances: Environ NONE	N	ontributing Circumstances: E IONE		NONE	ng Circumstances: E	:nvironment
Contributing Circumstances: Road NONE		ontributing Circumstances: F IONE	Road	Contributi NONE	ing Circumstances: R	Road
School Bus Related NO	"	Work Zone Related NO		Crash Location in Wor	k Zone	
VEHICLE V01		, NO				
V01 Motor Vehicle Type MOTOR VEHICLE IN	TRANSPORT	State GA	License Number BJH8572	Registration Expires 12/03/2010	Permanent Registration	VIN 1G1BN51H7JR139396
Year Make 1988 CHEVROLET	Model CAPRICE CLASSI	Style 4S	Color	Body Type C	ategory	TO TEXASTITUTE OF THE STATE OF
Special Function of Motor Vehicle in		Emergency Motor Vehicle		Typ	e of Bus Use	
NO SPECIAL FUNCTION Owner First Name	Owner Middle Name	Owner Last Name	Owner Suf		OT A BUS	
SHAUN Address	MICHAEL	HAWKINS dress Other		City	•	State Zip Code
70 MOODY RD Owner Phone Number	Owner Phone Number (other)		any	HINESVILI		GA 31313-7320 rolicy Number
912-610-8191	912-876-3105					<u> </u>
Vehicle Removal TOWED DUE TO DISABLING D			RECKER SERVICE		ROTA	er Selection Method ATION
Direction of Travel Before Crash WESTBOUND	Estimated Posted Ro Speed: 45 Ut	adway Type NDIVIDED HIGHWAY	Total Lanes Ros	adway Horizontal Alignmar JRVE LEFT	nt Ros	ktway Grade VEL
Trafficway Description TWO-WAY DIVIDED UNPROTE	ECTED (PAINTED >4 FEET)	MEDIAN NO	ffic Control Device Type CONTROLS	-		Working Properly
Roadway Description for Vehicle Tra- SR38 WB LEFT LANE	vel					
Vehicle Maneuver Action (by this vehicle Maneuver Action (by this vehicle NEGOTIATING A CURVE	icle) Hit	& Run (by this vehicle) DID NOT LEAVE SCEN		Damage	Extent (for this vehic	ie)
1et Seguence of Events Type (this we	hicle\	1st Sequer	nce of Events Detail (thi	is vahicle)		
COLLISION NON-FIXED OBJECT Most Harmful Event Type (this vehicle COLLISION NON-FIXED OBJECT)		Most Herm	VEHICLE IN TRANS ful Event Detail (this ve	thicle)		· · · · · · · · · · · · · · · · · · ·
COLLISION NON-FIXED OBJECT		MOTOR	VEHICLE IN TRANS	SPORT Imstances 2 (this vehicle)		
	12	•	NONE			Q
Area of Init	ial Impact			Most Damaged A	rea "	
☐ Non 0	Collision **	\nearrow		Non Callisia	n •/	
□ тор	1 11 11	7,		□ Тор		1, 1,
☐ Under	rcarriage	7.		Undercarria	96	1 7
☐ Unknx	· '\	λ,		Unknown	•	
					, 4	3
Occupant Type DRIVER	Person Name (First Middle SHAUN MICHAEL HAWK			Injury Statu NO INJURY		
VEHICLE V02		3.3.1.1				
V02 Motor Vehicle Type MOTOR VEHICLE IN	TRANSPORT	State GA	HU22U6	Registration Expires 11/30/2010	Permanent Registration	VIN 1FMNU42S01EA78472
Year Make 2001 FORD	Model EXCURSION	Style MP	Color	Body Type C (SPORT) (JTILITY VEHICLE	
Special Function of Motor Vehicle in UNKNOWN		Emergency Motor Vehicle NO		Тур	e of Bus Use OT A BUS	
Owner First Name	Owner Middle Name	Owner Last Name	Owner Suf			
Address	Ad	MINESS dress Other		City HINESVILI		State Zip Code GA 31313-6962
671 WELLS RD Owner Phone Number 912-271-6071	Owner Phone Number (other)	Insurance Comp	any CO	ININESVILI	Insurance P	GA 31313-6962 Olicy Number 0735

Crash Number Re C000015003-01 G	sporting Agency EORGIA STATE PATROL	Reporting Ac C0000150	gency Case Number 03-01	Reporting Agency CAD Number GSP109CAD008694
Vehicle Removal DRIVEN - NOT DISABLED	Vehicle To	owed By		Wrecker Selection Method
Direction of Travel Before Cresh NORTHBOUND Speed	Estimated Posted Roadway Type UNDIVIDED HIGHWA	Total Lanes Roadway Horizon AY 5 CURVE RIGHT	tal Alignment	Roadway Grade
Trafficway Description TWO-WAY NOT DIVIDED WITH A CO	•	Traffic Control Device Type NO CONTROLS		Working Properly
Roadway Description for Vehicle Travel SR38 & HINES RD.	7,0,100	1110 0011111000		
Vehicle Maneuver Action (by this vehicle) TURNING LEFT	Hit & Run (by this vehicle NO DID NOT LEAVE	SCENE	Damage Extent (for this MINOR DAMAGE	s vehicle)
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st S	Sequence of Events Detail (this vehicle) TOR VEHICLE IN TRANSPORT	THE TOTAL PROPERTY.	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Mos	It Harmful Event Detail (this vehicle)		
Contributing Circumstances 1 (this vehicle) NONE	IMO	Contributing Circumstances 2 (the NONE	ils vehicle)	
Area of Initial Impa	d n		Damaged Area 1	a l
Non Collision		_	Non Collision	TEIN.
☐ Top	<i>f</i> 1 1		Тор	
Undercarriage			Undercarriage (""	
☐ Unknown			Unknown	(中)
			•	
PASSENGER ELL	rson Name (First Middle Last Suffix) LIS JAMES MINESS		njury Status IO INJURY(O)	
DRIVER JAS PASSENGER V02	SSEN JAMES GARRETT		IO INJURY(O)	
Person Type PASSENGER	NM# Vehicle# Person Type De V02	ntali		
First Name ELLIS	Middle Name JAMES	Last Name MINESS	Suffix	Date of Birth Age Sex 11/30/1965 44 M
Address 671 WELLS RD.	Address Other		ity HINESVILLE	State Zip Code GA 31313
	APPARE	at Time of Crash ENTLY NORMAL	7112007722	
Oriver License Number C 051102318 C	lass Expires State Jurisdicti	ion Type NON-CDL DRIVER'S LICENSE	Status VALID LICE	NSF
Drivers License Restrictions 1 NONE	Drivers License Restric	tions 2	Drivers License Restric NONE	
Driver Distracted By NOT DISTRACTED	Hortz	Driver Vision Obstructions VISION NOT OBSCURED	THOME	
Driver Actions at Time of Crash 1 (based on FAILED TO YIELD RIGHT-OF-WAY	judgement of investigation officer)	Driver Actions at Time of Crash	2 (based on judgement of	investigation officer)
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat M RIGHT	lotor Vehicle Seating Position: Other		Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED	, K	Holmet Use		
Air Bag Deployed NOT DEPLOYED	a come on code Marif Self 1 of 1 on 1 on 1 on 1 on 1 on 1 on 1 o	Ejection	T-00 11 1	
Trapped Extrication NOT TRAPPED		THE PERSON NAMED IN COLUMN 14		
Injury Severity Level Type	Injury Severity Level Detail		Primary or Most C	Obvious of Body Area Injured During Crash
NO INJURY(O) Source of Transport to Medical Facility	EMS Agency Name or ID	MS Run Number Medical Fac	ility Transported To	
NOT TRANSPORTED Law Enforcement Suspected Aicohol Use	Alcohol Test Type	Alcohol Tested	Alcohol Test Result	BAC
NO Law Enforcement Suspected Drug Use	Drug Test Type	Drug Tested	Drug Test Result	
DRIVER V01				
Person Type DRIVER	NM# Vehicle# Person Type De	tail		
First Name SHAUN	Middle Name MICHAEL	Last Name HAWKINS	Suffix	Date of Birth Age Sex 12/03/1990 19 M
Address 70 MOODY RD	Address Other		City HINESVILLE	State Zip Code GA 31313
Phone Number Pho	one Number (other) Condition APPARE	at Time of Crash ENTLY NORMAL		
Driver License Number CI 053531446 C		NON-CDL DRIVER'S LICENSE	Status VALID LICE	NSE
Drivers License Restrictions 1 NONE	Drivers Licerise Restric NONE	tions 2	Drivers License Restrict NONE	tions 3
Driver Distracted By NOT DISTRACTED	· ·	Driver Vision Obstructions VISION NOT OBSCURED		
Driver Actions at Time of Crash 1 (based on NO CONTRIBUTING ACTION	judgement of investigation officer)	Driver Actions at Time of Crash	2 (based on judgement of	investigation officer)
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat M LEFT N	lotor Vehicle Seating Position: Other		Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED	,	Helmet Use		
Air Bag Deployed NOT APPLICABLE		Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED				
Injury Sevenity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most O	Obvious of Body Area Injured During Crash
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested	Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use	Drug Test Type	Drug Tested	Drug Test Result	

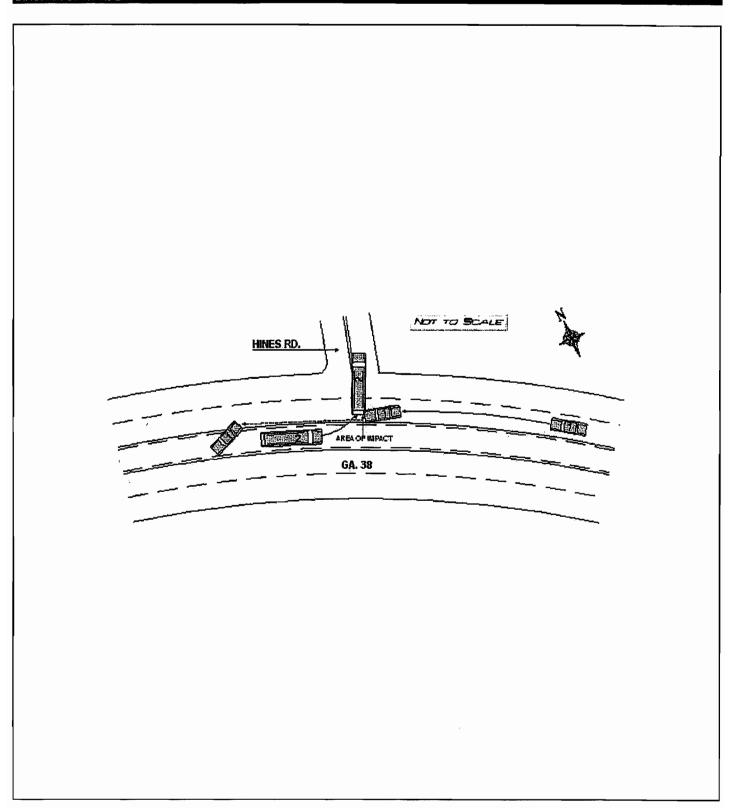
Crash Number C000015003-01	Reporting Agency GEORGIA STATE	PATROL		Reporting A C0000150	gency Case Number 103-01	Reporting Agency CAD Number GSP109CAD008694
DRIVER V02 Person Type DRIVER	NM#	Vehicle# Perso	on Type Detail			
First Name JASSEN	Middle Name JAMES		Last Nan GARRE	TT	Suffix	Date of Birth Age Sex 12/29/1976 32 M
Address 1254 CHINOOK WAY Phone Number	Phone Number (other	Address Other	Condition at Time of	Crash	City HINESVILLE	State Zip Code GA 31313
912-271-6071 Driver License Number	Class Expires	State	APPARENTLY N	ORMAL	10-1-	
051102318	B 12/29	2011 GA	02 NON	-CDL DRIVER'S LICENSE	Status VALID LICENSE	
Drivers License Restrictions 1 NONE		NONE NONE	nse Restrictions 2		Drivers License Restrictions NONE	13
Driver Distracted By NOT DISTRACTED			10 8 107	Driver Vision Obstructions VISION NOT OBSCURED		
Driver Actions at Time of Crash 1 (based FAILED TO YIELD RIGHT-OF-WAY				Driver Actions at Time of Crash	2 (based on judgement of inve	stigation officer)
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Sea	iting Position: Sea	t Motor Vehic NOT APP	le Seating Position: Other LICABLE		Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USE!	D			Helmet Use		
Air Bag Deployed NOT DEPLOYED	10 mm 101 m			Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Severity Level Do	etail		Primary or Most Obvio	us of Body Area Injured During Crash
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Typ	e 	Alcohol To		Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	_	Drug Test	ed	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' 5" 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 is 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)
MiDDLETON, H. ID Number Rank 319 SR/TPR	Approving Officer Name KING, T.L. ID Number Rank 566 SFC Org / Unit GSP I-11

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

10

Reporting Agency Case Number C000014172 Reporting Agency CAD Number GSPI10CAD004755 Cresh Number C000014172-01 Reporting Agency GEORGIA STATE PATROL CRASH IDENTIFIERS City Limits Crash Date/Time 02/02/2010 10:16 AM 02/02/
Time Reason (if Investigation Not Complete) City or Place of Crash HINESVILLE Reported Date/Time 02/02/2010 10:16 AM County of Crash LIBERTY 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 Source of Information LAW ENFORCEMENT AGENCY Complete Date/Time D2/02/2010 11:14 AM ROADWAY INFORMATION
Roadway Description for Location of Occurrence Lalitude N 31 51.5310 Distance to City or Place of Crash W 81 33.7819 Rosdwa US-84 Intersecting Roadway Description for Location of Occurrence OLD SUNBERRY ROAD Distance / Direction from Crash Location Roadway Cleared Date/Time 02/02/2010 11:14:49 AM Roadway
Blocked Roadway Functional Class Type | RURAL Part of National Highway System YES Roadway Functional Class Detail MINOR ARTERIAL Type of Shoulde UNPAVED NO LIGHTING Roadway NONE Signed Bicycle Route NOT APPLICABLE Traffic Control Type at Intersection
STOP SIGNS ON CROSS STREET ONLY Mainline Number of Lanes FOUR TO SIX LANES Side Road Number ONE LANE CRASH INFORMATION Roadway Surface Condition | WET | First Harmful Event Detail | MOTOR VEHICLE IN TRANSPORT Weather Condition RAIN Light Condition
DAYLIGHT
First Harmful Event Type
COLLISION NON-FIXED OBJECT Crash Pictures Taken CMV Motorists Non-Motoriets Witnesses Other Persons Vehicles Injured Fatalities Businesses Violations Total Counts Is First Harmful Event within Interchange Area
YES First Harmful Event's Relation to Junction INTERSECTION Type of Intersection T-INTERSECTION Contributing Circumstances: Environment NONE Contributing Circumstances: Environment Contributing Circumstances: Environment NONE Contributing Circumstances: Road NONE Contributing Circumstances: Road NONE Contributing Circumstances: Road NONE Work Zone Related School Bus Related NO Crash Location in Work Zone VEHICLE V01 License Number BEV5656 Registration Expires Permanent 10/09/2010 Permanent VIN YV1R\$59V042351038 State GA Body Type Category PASSENGER CAR Style 4S Color Model |S60 2.5T FWD 2004 SIL Emergency Motor Vehicle Use NO Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION Type of Bus Use NOT A BUS Owner First Name KAMALL Address Owner Middle Name Owner Last Name Owner Suffix Owner Business (if not Person) ABEL Address Other CITY FORT STEWART Zip Code 31314 1351 GULICK AVENUE #100 Owner Phone Number 516-710-2147 GA Insurance Company USAA Owner Phone Number (other) Insurance Policy Number 024587817G71018 Vehicle Removal TOWED DUE TO DISABLING DAMAGE Vehicle Towed By J T JONES Wrecker Selection Method ROTATION Direction of Travel Before Crash Estimated Posted Roadway Type
45 UNDIVIDED HIGHWAY Total Lanes Roadway Horizontal Alignment

5 CURVE RIGHT Roadway Grade LEVEL Spear EASTBOUND Trafficway Description TWO-WAY NOT DIVIDED WITH A CONTINUOUS LEFT TURN LANE Working Properly Traffic Control Device Type NO CONTROLS 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 Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT 1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT 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 Most Damaged Area ■ Non Collision Non Collision □ Top □ Top Undercarriage ☐ Undercarriege ☐ Unknown ☐ Unknown Occupant Type DRIVER Person Name (First Middle Last Suffix) Injury Status
NON FATAL INJURY KAMALL A ABE VEHICLE V02 VIN JTEGH20V410004127 Registration Expires Permanent 01/21/2011 Registration V02 Motor Vehicle Type
MOTOR VEHICLE IN TRANSPORT State GA License Numbe AZW5996 Color Model RAV4 Style MP Body Type Category (SPORT) UTILITY VEHICLE TOYOTA 2001

Type of Bus Use NOT A BUS

Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION Emergency Motor Vehicle Use NO

Crash Number C000014172-01	Reporting Ag GEORGIA	ency STATE PATRO	L		R	eporting Agency Case Number 000014172	Reporting Agency CAD Number GSPI10CAD004755	
	mer Middle Nan ETH	ne	Owner Last N EVANS	ame	Owner Suffix	Owner Business (if not Perso	n)	
Address 252 RIVER DRIVE	E11)	Addre	ss Other			City MIDWAY	State Zip Code GA 31320CUR	
Owner Phone Number 912-658-4691	Owner Phone	Number (other)	Insure PRO	nce Company GRESSIVE			nsurance Policy Number 41077759	
Vehicle Removal TOWED DUE TO DISABLING DAI	MAGE		Vehic HOD	le Towed By GES TOWIN			Wrecker Selection Method ROTATION	
Direction of Travel Before Crash WESTBOUND S	Estimate	d Posted Road 45 UNE	way Type NVIDED HIG	HWAY	Total Lanes Roadw 5 CURY	ay Horizontal Alignment VE LEFT	Roadway Grade LEVEL	
Trafficway Description TWO-WAY NOT DIVIDED WITH A	CONTINUO			Traffic (Control Device Type ONTROLS		Working Properly	
Roadway Description for Vehicle Travel SR-38								
Vehicle Maneuver Action (by this vehicle MOVEMENTS ESSENTIALLY ST	RAIGHT AHE	AD NO [Run (by this ve OID NOT LEA	nicle) VE SCENE		Damage Extent (fi DISABLING DA	or this vehicle)	
1st Sequence of Events Type (this vehicl COLLISION NON-FIXED OBJECT	ie)			1st Sequence MOTOR VE	of Events Detail (this w	ehide) ORT		
2nd Sequence of Events Type (this vehi UNKNOWN	cle)			2nd Sequence	of Events Detail (this	vehicle)		
3rd Sequence of Events Type (this vehicl UNKNOWN	:le)			3rd Sequence	of Events Detail (this v	shicle)		
4th Sequence of Events Type (this vehicl UNKNOWN	(ek			4th Sequence	of Events Detail (this v	ehicle)		
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT				Most Harmful I	vent Detail (this vehic	le)		
Contributing Circumstances 1 (this vehicle NONE	cle)			INOTOR VI		tances 2 (this vehicle)		_
Area of Initial	lmoset	11 12 1			HONE	Most Damaged Area	7 12	
□ Non Coll			\ 1			Non Collision		
☐ Top			┪.			☐ Top		
☐ Underca	rriage		J			Undercarriage	F 11 11 4	
☐ Unknown	• \		/4			Unknown		
		140,						
Occupant Type DRIVER	Person Nam MARY BETH	e (First Middle I LEVANS	Last Suffix)			Injury Status NON FATAL INJUR	RY	
DRIVER V01 Person Type	N		Person Typ	e Detail				
DRIVER First Name	Middle	Vo1 Name		Last Nar	ne	Suffix	Date of Birth Age Se 10/09/1987 22 M	ex .
KAMALL Address	A	Addr	ess Other	ABEL		City FORT STEWART	State Zip Code	
Phone Number	Phone Number	er (other)		ition at Time of ARENTLY N		[FORT STEWART	GA 31314	
516-710-2147 Driver License Number	Class	Expires 10/09/2112		sdiction Type	-CDL DRIVER'S LI	Status	ICENSE	
386155580 Drivers License Restrictions 1	D	Dri	vera License Re		-CDL DRIVERS LI	Drivers License Ro		
NONE Driver Distracted By		INC	ONE		Driver Vision Obstru	NONE		_
NOT DISTRACTED Driver Actions at Time of Crash 1 (base	d on judgement	t of investigation o	fficer)	_	Driver Actions at Tim	e of Crash 2 (based on judgeme	ent of investigation officer)	_
FAILED TO YIELD RIGHT-OF-WA Driver Actions at Time of Crash 3 (base		t of investigation o	fficer)		NO CONTRIBUTI Driver Actions at Tim	e of Crash 4 (based on judgeme	nt of investigation officer)	_
NO CONTRIBUTING ACTION Motor Vehicle Seating Position: Row		hicle Seating Posi	tion: Seat	Motor Vehic	NO CONTRIBUTE de Seating Position: O		Seating Position Unkn	
FRONT Restraint Systems	LEFT			NOT APP	Helmet Use			OWII
SHOULDER AND LAP BELT USE	ED				NO HELMET Ejection			
Air Bag Deployed DEPLOYED-CURTAIN Trapped Extrication					NOT EJECTED			
NOT TRAPPED Injury Severity Level Type	_	Injury Severity	Level Detail			Primary or M	ost Obvious of Body Area Injured During Cra	ash
NON FATAL INJURY Source of Transport to Medical Facility	FMS	NON-INCA	PACITATING	(B) EMS Run 8	Number II	ABDOMEN	AND PELVIS	
EMS GROUND Injury Description (Type of injury inflicted)	LIB d to Primary or	Agency Name or ERTY COUNY	EMS dy Area loisred			Medical Facility Transported To WYNN ARMY HOSPITAL Hospital records)		
Driver complained of pain to his ri		mosi ostious so	ay ruca nyarot	aum g e reer u		, , , , , , , , , , , , , , , , ,		
Law Enforcement Suspected Alcohol U NO	se Alcohol	Test Type		Alcohol 1	ested	Alcohol Test Res	uft BAC	
Law Enforcement Suspected Drug Use NO	Drug Te	st Type		Drug Tes	led	Drug Test Result		
Violation Type Issued UNIFORM TRAFFIC CITATION		Number E00104096		ion Descripti 71 FAILURE	on TO YIELD WHILE 1	FURNING LEFT		
DRIVER V02			# Person Typ					
Person Type DRIVER First Name	Middle	V02	P PRISON I Y	Last Na	<u> </u>	Suffix	Date of Birth Age Se	ex
MARY	BETH		ess Other	EVAN			10.12.1.1002 00 1	ex
Address 252 RIVER DR Phone Number	Phone Number			tition at Time o	Crash	City MIDWAY	State Zip Code GA 31320	
912-658-4691			APF	PARENTLY N	ORMAL	Status		
Driver License Number 051093166	Class	Expires 01/21/2017	GA 02	estrictions 2	I-CDL DRIVER'S LI		ICENSE	
Drivers License Restrictions 1								

Crash Number Re C000014172-01 GI	porting Agency ORGIA STATE	PATROL				Reporting Age C000014172	ncy Case	Number Re G	porting SPI10	Agency (CAD004	CAD Numbe 755	r
Driver Distracted By NOT DISTRACTED	137.1			-	Driver Vision Obstr VISION NOT OF						,	
Driver Actions at Time of Crash 1 (based on NO CONTRIBUTING ACTION					NO CONTRIBU	TING ACTIO	Ň	judgement of inves				,
Driver Actions at Time of Crash 3 (based on NO CONTRIBUTING ACTION	-				NO CONTRIBU	TING ACTIO	(based on N	judgement of inves	tigation	officer)	_	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Sea LEFT	ting Positio	Motor Vehicl NOT APPL	e Seating Position: Other Seating Position Unku							nknown	
Restraint Systems SHOULDER AND LAP BELT USED			Helmet Use NO HELMET									
Air Bag Deployed DEPLOYED-FRONT			Ejection NOT EJECTED									
Trapped Extrication NOT TRAPPED												
Injury Severity Level Type NON FATAL INJURY	Injury NO	V Severity Le V-INCAPA	evel Detail CITATING (E	3)			Prin UN	nary or Most Obviou SPECIFIED	s of Bod	y Area In	jured During	Crash
Source of Transport to Medical Facility EMS GROUND	EMS Agency LIBERTY C	OUNTY E	MS	EMS Run N		Medical Facili ST. JOSEP	HS HOS	orled To PITAL				
Injury Description (Type of injury inflicted to find the Driver complained of pain.	, •••	•	Area Injured du			/ Hospital reco	•					
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Typ	0		Alcohol Te	Tested Alcohol Test Result BAC							
Law Enforcement Suspected Drug Use NO	Drug Test Type			Drug Test	ed		Drug Te	st Result				
WITNESS	INM#	Vehicle#	Person Type	Datail								
Person Type WITNESS	TMiddle Name	Vernotea	r-erson Type					Te. te	ID-to	- f 177-41-		10:-
First Name JAY	Middle Name			OWENS	<u> </u>			Suffix	Date	of Birth	Age 31	Sex M
Address HIGHWAY 84		Address				Cit H	NESVILI	E		State GA	Zip Code 31313	
912-293-3847	ne Number (other)		APPA	on at Time of P RENTLY NO	Crash DRMAL			_				
Drivers License Restrictions 1 NONE		Driver NON	s License Rest E	rictions 2			Drivers Li NONE	cense Restrictions 3	3			
Driver Actions at Time of Crash 1 (based on	udgement of inves	tigation offic	er)		Driver Actions at Ti NO CONTRIBU	ime of Crash 2 TING ACTIO	(based on	judgement of invest	dgation	officer)		
Driver Actions at Time of Crash 3 (based on NO CONTRIBUTING ACTION	udgement of inves	tigation offic	er)	7	Driver Actions at Ti NO CONTRIBU	ime of Crash 4 TING ACTIO	(based on V	judgement of invest	tigation	officer)		
Motor Vehicle Seating Position: Row	Motor Vehicl NOT APPL	e Seating Position: (.ICABLE	Other			[Seating	g Position U	nknown			
Law Enforcement Suspected Alcohol Use NO	Alcohol Te	Alcohol Test Result BAC				BAC						
Law Enforcement Suspected Drug Use NO	Drug Test Type			Drug Test	ed		Drug Te	st Result				
NARRATIVE: C000014172												

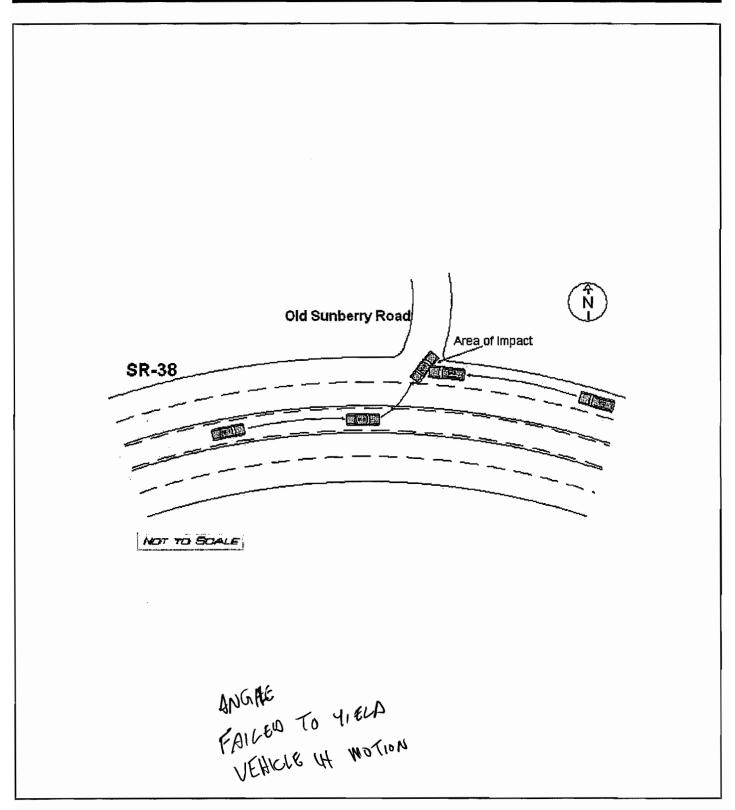
Vehicle #1 was traveling east on SR-38 in the central turn lane and was atternpting to turn left onto Old Sunberry Road. Vehicle #2 was traveling west on SR-38 in the right travel lane and was approaching Vehicle #1. Vehicle #1 failed to yield while turning left and turned into the path of Vehicle #2. 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 carne to an uncontrolled final rest at the area of impact.

This crash investigation was audio and video recorded on VHS tape #981-004-2010.

	REPORTING OFFICER		APPROVING	OFFICER (SUPERVISOR)
Reporting Officer Name TFC WILKES, E. ID Number Rank 981 TFC Org / Unit	Signature TFC Gui	Approving BREWTC ID Number 330 Org / Unit 1-11	Officer Name N, B. Rank CPL	Signature Breaton #330

Crash Number Reporting Agency Case Number C000014172-01 Reporting Agency CAD Number C000014172 Reporting Agency CAD Number C000014172 Reporting Agency CAD Number CD00014172 GSPI10CAD004755

DIAGRAM OF ACCIDENT



Page 4 of 4 OFFICIAL COPY Version 9.9.9.9



STATE OF GEORGIA TRAFFIC CRASH REPORT Georgia State Patrol Georgia Department of Public Safety P.O. Box 1456 Atlanta, Georgia 30371-1456



Crash Number C000015189-01	Reporti GEOR	ng Agency GIA STATE	PATROL		Reporting Agency Case Number Reporting Agency C000015189 GSPI10CAD000						Number
CRASH IDENTIFIERS											
County of Crash LIBERTY		City or Place		-	Crash Date/Tir 02/12/2010	12:19 PM		Reported Date/1 02/12/2010 12	2:19 PM	Dispatched Date 02/12/2010 12	2:19 PM
On Scene Date/Time 02/12/2010 12:24 PM	Cleared Scene 02/12/2010	Date/Time 01:55 PM	Complete Da 02/12/2010	ite/Time 001:56 PM	Reason (if	Investigation	Not C	omplete)	Source of LAW EN	Information IFORCEMENT	AGENCY
ROADWAY INFORMATI					I Die	stance to Cit	v or Pi	ace of Crash	Latitude	Longitu	ıda
US-84 Intersecting Roadway Description		Оссителся					-	om Crash Location	N 31 51.5	Roadway Clear	81 33.8286
			Type	- IR	1				Blocked	02/12/2010 1:	56:32 PM
Part of National Highway System NO Type of Shoulder	RURAL Roadway Light NO LIGHTIN	פווו		Roadway Bikew	oadway Function RINCIPAL AI By Facility	RTERIAL-	THE	Signed Bicyc	e Route		
UNPAVED Traffic Control Type at Intersection STOP SIGNS ON CROSS S	INO LIGHTIN	G	Mainline Number of Li	NONE	n Side	Road Numb	er of L	NOT APPL anes at Intersection	ICABLE		
STOP SIGNS ON CROSS S CRASH INFORMATION	TREET ONLY				TW	O LANES					
Light Condition	V.	Veather Conc RAIN	lition		Roadway 8	Surface Con	dition			Crash P	ictures Taken
DAYLIGHT First Harmful Event Type COLLISION NON-FIXED OB	JECT	Van			First Harmful MOTOR V	Event Deta	il TRAI	NSPORT			
Total Counts Vehic			Motorists No		jured 3	Fatalities		Witnesses	Other Persons	Businesses	Violations
First Harmful Event's Relation to	Junction		t Harmful Event withi	n Interchange Are			f Inters	ection CTION	8	0	D
NON-JUNCTION Contributing Circumstances: Env	ronment	NO.		ircumstances: En	vironment	T-INT	ERSE	Contributing Co	rcumstances: En	rironment	
NONE Contributing Circumstances: Roa	d			ircumstances: Ro	ad				rcumstances: Roa	ad	
NONE School Bus Related				ne Related		Cr	ash Lo	NONE cation in Work Zor	ne		
VEHICLE V01			NO					·			
V01 Motor Vehicle Type MOTOR VEHICLI	IN TOANSD			State GA	License Num WF1Z79	ber R	egistra 1/22/2	tion Expires T 5		/in ITEBU14R2780	05647
Year Make TOYOTA	ħ.	Model 4 RUNNER		Style MP	141 1213	Color RED		Body Type Catego (SPORT) UTILI	ну	11200 (412700	30047
Special Function of Motor Vehicle NO SPECIAL FUNCTION				Mator Vehicle Us	ie			Type of I	Bus Use		
Owner First Name CARLY	Owner Midd	e Name	Owner Li	ast Name	Own	er Suffix	Owner	Business (if not P			
Address 1545 EMIT DEAL RD	TCOLLING		Address Other					City STATESBORO			p Code 0458-8712
Owner Phone Number 912-531-3495	Owner P	hone Numbe	r (other)	nsurance Compan PROGRESSIVE	y				Insurance Poli 71440419-3	cy Number	
Vehicle Removal TOWED DUE TO DISABLIN	G DAMAGE		V	ehicle Towed By				* ***	Wrecker ROTAT	Selection Method ION	
Direction of Travel Before Crash EASTBOUND		timated Pos 4		HIGHWAY	Total Lane	8 Roadway CURVE	Harizo LEFT	ntal Alignment	Road	way Grade	
Trafficway Description TWO-WAY NOT DIVIDED				Traffic	Control Device	Туре				Working Properly	
Roadway Description for Vehicle US-84	Travel										
Vehicle Manauver Action (by this TURNING LEFT	vehicle)		Hit & Run (by th NO DID NOT	is vehicle) LEAVE SCENE	1			Damage Exter	it (for this vehicle)	
1st Sequence of Events Type (the COLLISION NON-FIXED OF	is vehicle) SJECT			1st Sequence MOTOR V	of Events Det EHICLE IN TR	eil (this vehi RANSPOR	cle) T				
3rd Sequence of Events Type (th UNKNOWN	is v e hicle)			3rd Sequenc	e of Events Det	ail (this vehi	cle)				
4th Sequence of Events Type (the UNKNOWN)	is vehicle)			4th Sequenc	e of Events Det	ail (this vehi	cle)				
Most Harmful Event Type (this ve	hicle) SJECT				Event Detail (t EHICLE IN T		т		,		
Contributing Circumstances 1 (the NONE					Contributing NONE	Circumstan	ces 2 (this vehicle)			
	finitial Impact	M. ott.	L L				Mos	Damaged Area	11		
N	on Collision							Non Collision		17,	
□т	ор	1:	T: 1,					Тор	.f :T	11 -1.	
	ndercarriage	+ 5	127					Undercerriage	48	17	
□ u	nknown		三,					Unknown	·		
Occupant Type DRIVER	Person	Name (Firs	t Middle Last Suffi OLLINS DEAL	x)				Injury Status NO INJURY(O)			
VEHICLE V02				184=42	It is a second	abas .				261	
V02 Motor Vehicle Type MOTOR VEHICL	E IN TRANSPO	ORT		State GA	License Nun AWW1189			ttion Expires [Registration	/IN WBAHJ6317NG	D20678
Year Make 1992 BMW		Model 525I AUTO		Style SW		Color BLU		Body Type Catego	<u> </u>		
Special Function of Motor Vehicl NO SPECIAL FUNCTION	e in Transport		NO Emergency	y Motor Vehicle U	se			NOT A	Bus Use BUS		

Crash Number C000015/189-01	Reporting Agency GEORGIA STATE F	ATROL		Rep C00	orting Agency Case Number 00015189	Reporting Agency C GSPI10CAD006	AD Number 418
Owner First Name DAVID	Owner Middle Name LAVONE	Owner Last N	ame	Owner Suffix	Owner Business (if not Pers	on)	
Address 1346 RUBEN WELLS RD		Address Other			City HINESVILLE	State GA	Zip Code 31313-7133
Owner Phone Number 912-463-0124	Owner Phone Number (c		nce Company THERN GENERA	AL		Insurance Policy Number 1650362	
Vehicle Removal TOWED DUE TO DISABLING		HOD	e Towed By GES TOWING			Wrecker Selection Meti ROTATION	nod
Direction of Travel Before Crash WESTBOUND Trafficway Description	Speed: Estimated Posted 45	UNDMIDED HIGH	HWAY 4	CURVE OI Device Type	Horizontal Alignment RIGHT	Roadway Grade LEVEL Working Prop	ertv
TWO-WAY NOT DIVIDED Roadway Description for Vehicle To	ravel		NO CONT	ROLS	"	working Frop	
US-84 Vehicle Maneuver Action (by this v	ehicle)	Hit & Run (by this ver	nicle)		Damage Extent (for this vehicle)	
NEGOTIATING A CURVE 1st Sequence of Events Type (this	vehicle)	NO DID NOT LEA	1st Sequence of Ev	ents Detail (this vehi	ide)	·	
COLLISION NON-FIXED OBJ 2nd Sequence of Events Type (this				<u>.E IN TRANSPOR</u> vents Detail (this veh			
UNKNOWN 3rd Sequence of Events Type (this	vehicle)		3rd Sequence of Ev	ents Detail (this veh	icle)		
UNKNOWN 4th Sequence of Events Type (this UNKNOWN)	vehicle)	-	4th Sequence of Ev	ents Detail (this vehi	icle)		
Most Hermful Event Type (this vehi COLLISION NON-FIXED OBJ	cle)			Detail (this vehicle) E IN TRANSPOR			
Contributing Circumstances 1 (this NONE			Con	tributing Circumstan	* *		
	nitiel impact 11			<u> </u>	Most Damaged Area	11 - 12	
□ Nor	Collision 10				Non Collision		
□ тор	T	1			□ Тер	F : T : 1 - 1.	
☐ Und	lercarriage				☐ Undercarriage	7 11117	
☐ Unk	nown				Unknown		
Occupant Type DRIVER	Person Name (First M DENISE M LITWINKO	liddle Last Suffix) DWICH			Injury Status NON FATAL INJU	RY	
VEHICLE V03			State Lice	rise Number F	Registration Expires Pen	manent VIN	
V03 Motor Vehicle Type MOTOR VEHICLE Year Make	Model	Style UT		28HF 1	10/03/2010 Red Body Type Category (SPORT) UTILITY	istration 1GKEC13V44	R144389
2004 GMC Special Function of Motor Vehicle i	YUKON n Transport	Emergency Moto	or Vehicle Use	RED	Type of Bus	Use	
NO SPECIAL FUNCTION Owner First Name	Owner Middle Name	NO Owner Last No	Rme .	Owner Suffix	NOT A BU Owner Business (if not Pers		
CHRISTOPER Address 708 MARLBOROUGH COURT		Address Other			City HINESVILLE	State GA	Zip Code
Owner Phone Number	Owner Phone Number (d 912-368-5028	ther) insura	nce Company RICAN MERCUR	YINSURANCE	THINESVILLE	Insurance Policy Number 100103001094677	31313
Vehicle Removal DRIVEN - NOT DISABLED	,		e Towed By			Wrecker Selection Meth	nod
Oirection of Travel Before Crash SOUTHBOUND	Estimated Posted Speed: 45	Roadway Type UNDIVIDED HIGH	WAY 2	xal Lanes Roadway STRAIG	Horizontal Alignment	Roadway Grade LEVEL	
Trafficway Description TWO-WAY NOT DIVIDED			NO CONTE	ol Device Type ROLS	_	Working Prop	erly
Roadway Description for Vehicle To US-84		11.00	V-1-3-11				
Vehicle Maneuver Action (by this v STOPPED IN TRAFFIC		Hit & Run (by this veh NO DID NOT LEA			Damage Extent (or this vehicle)	
1st Sequence of Events Type (this COLLISION NON-FIXED OBJ 2nd Sequence of Events Type (this			MOTOR VEHICL	ents Detail (this vehi E IN TRANSPOR rents Detail (this veh	RT		
UNKNOWN 3rd Sequence of Events Type (this	•		•				
UNKNOWN 4th Sequence of Events Type (this				ente Batail (this ushi			
UNKNOWN	-			ents Detail (this vehi		_	
Most Harmful Event Type (this vehi	vehicle)		4th Sequence of Eve	ents Detail (this vehi	icle)		
Most Harmful Event Type (this vehi COLLISION NON-FIXED OBJ Contributing Circumstances 1 (this	vehicle) icle) ECT		4th Sequence of Event Most Hermful Event MOTOR VEHICL	ents Detail (this vehi Detail (this vehicle) E IN TRANSPOR	ide)		
Contributing Circumstances 1 (this NONE	vehicle) icle) ECT vehicle)		4th Sequence of Event Most Harmful Event MOTOR VEHICL Con	ents Detail (this vehi Detail (this vehicle)	RT ces 2 (this vehicle)	13	
Contributing Circumstances 1 (this NONE Area of tr	vehicle) icle) ECT vehicle) illial Impact		4th Sequence of Event Most Harmful Event MOTOR VEHICL Con	ents Detail (this vehi Detail (this vehicle) E IN TRANSPOR tributing Circumstan	T nces 2 (this vehicle) Most Damaged Area	. ZOŽIV.	
Contributing Circumstances 1 (this NONE Area of tr	vehicle) icle) ECT vehicle) initial Impact i Collision		4th Sequence of Event Most Harmful Event MOTOR VEHICL Con	ents Detail (this vehi Detail (this vehicle) E IN TRANSPOR tributing Circumstan	AT coss 2 (this vehicle) Most Damaged Area Non Collision		
Contributing Circumstances 1 (this NONE Area of tr	vehicle) icle) ECT vehicle) itial Impact Collision		4th Sequence of Event Most Harmful Event MOTOR VEHICL Con	ents Detail (this vehi Detail (this vehicle) E IN TRANSPOR tributing Circumstan	CT CCEs 2 (this vehicle) Most Damaged Area Non Collision Top	· (1)	
Contributing Circumstances 1 (this NONE Area of tr	vehicle) icle) ECT vehicle) initial Impact i Collision dercarriage		4th Sequence of Event Most Harmful Event MOTOR VEHICL Con	ents Detail (this vehi Detail (this vehicle) E IN TRANSPOR tributing Circumstan	CT CCEs 2 (this vehicle) Most Damaged Area Non Collision Top		
Contributing Circumstances 1 (this NONE Area of tr Non Top	vehicle) icle) ECT vehicle) initial Impact Collision dercarriage		4th Sequence of Event Most Harmful Event MOTOR VEHICL Con	ents Detail (this vehi Detail (this vehicle) E IN TRANSPOR tributing Circumstan	Most Damaged Area Non Collision Top Undercarriage Unknown		
Contributing Circumstances 1 (this NONE Area of tr Non Top Unk Occupant Type DRIVER	vehicle) icle) ECT vehicle) initial impact i Collision ercarriage mown Person Name (First M LAVONIA SHANITA F	iddle Last Suffix)	4th Sequence of Event Most Harmful Event MOTOR VEHICL Con	ents Detail (this vehi Detail (this vehicle) E IN TRANSPOR tributing Circumstan	Most Demaged Area Non Collision Top Undercarriage Unknown Injury Status NON FATAL INJUI		
Contributing Circumstances 1 (this NONE Area of tr Non Top Unix Occupant Type DRIVER PASSENGER DRIVER V01	vehicle) icle) ECT vehicle) initial Impact i Collision ercarriage inown Person Name (First M LAVONIA SHANITA F EVONNE BEASLEY	iddle Last Suffix)	4th Sequence of Event MOTOR VEHICL Con NO	ents Detail (this vehi Detail (this vehicle) E IN TRANSPOR tributing Circumstan	Most Damaged Area Non Collision Top Undercarriage Unknown Injury Status		
Contributing Circumstances 1 (this NONE Area of tr Non Top Unk Occupant Type DRIVER PASSENGER	vehicle) icle) ECT vehicle) initial Impact in Collision Person Name (First M LAVONIA SHANITA F EVONNE BEASLEY	iddle Last Suffix)	4th Sequence of Event MOTOR VEHICL Con NO	ents Detail (this vehi Detail (this vehicle) E IN TRANSPOR tributing Circumstan	Most Demaged Area Non Collision Top Undercarriage Unknown Injury Status NON FATAL INJUI		Age Sex 23 F

Crash Number C000015189-01	Reporting Agency GEORGIA STATE PATR	OL			CAD Numbe 6418	Г			
Address	Add	ress Other			City	ATESBORO	State	Zip Code	
Phone Number	Phone Number (other)	Condition	n at Time of	Crash	181/	A LESBORO	GA	30459	
912-531-3495 Driver License Number	Class Expires	State Jurisdic	ENTLY NO	JRMAL		Status			
054789920 Drivers License Restrictions 1	C 11/22/2013	GA 02 ivers License Restri	NON-	-CDL DRIVER'S	LICENSE	VALID LICEN			- 17/2
NONE		ONE	oliono E		Ī	NONE			_
Driver Distracted By NOT DISTRACTED				Driver Vision Obst VISION NOT O	BSCURED	1 to			
Driver Actions at Time of Crash 1 (based FAILED TO YIELD RIGHT-OF-WA	on judgement of investigation.	officer)		Driver Actions at T NO CONTRIBU	ime of Crash 2 (to TING ACTION	ased on judgement of in	vestigation officer)		
Driver Actions at Time of Crash 3 (based NO CONTRIBUTING ACTION		officer)		Driver Actions at T NO CONTRIBU	ime of Crash 4 (t	esed on judgement of in	vestigation officer)		
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Pos	sition: Seat	Motor Vehic	e Seating Position: LICABLE	Other		☐ Section	g Position L	Inknown
FRONT Restraint Systems	LEFT	Tab. Mind Minds 1	NOT APPI	Helmet Use			C 344	ig rosition c	A INTION()
NONE USED - MOTOR VEHICLE	OCCUPANT		00 0 1 MA MA	Eigstice		···	1 · F		P-410
Air Bag Deployed NOT DEPLOYED			100 000	Ejection NOT EJECTED			2 10 100 11		
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NO INJURY(O)	Injury Severi	ly Level Datail				Primary or Most Ob	vious of Body Area In	jured During	Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name of	r ID	EMS Run N	umber	Medical Facility	Transported To			
Law Enforcement Suspected Alcohol Us	e Alcohol Test Type		Alcohol Te	sted	l	Alcohol Test Result		BAC	
NO Law Enforcement Suspected Drug Use	Drug Test Type		Drug Test	ed	_	Drug Test Result			
NO									
DRIVER V02 Person Type DRIVER	NM# Vehick	# Person Type D	etail						
First Name	Middle Name		Last Nam			Suffix	Date of Birth	Age	Sex F
DENISE	M	ress Other	LITWIN	KOWICH	City		01/27/1957 State	Age 53 Zip Code	F
629 EAGAN RD Phone Number	Phone Number (other)		n at Time of	Crash	Hin	IESVILLE	GA	31313	
912-463-0124		APPAR	ENTLY NO	DRMAL					
Driver License Number 051477681	Class Expires 01/27/2019	State Jurisdic GA 02	NON-	-CDL DRIVER'S	LICENSE	Status VALID LICEN			
Drivers License Restrictions 1 NONE	Di N	ivers License Restri ONE	ictions 2		10	rivers License Restrictio	ns 3		
Driver Distracted By NOT DISTRACTED	•			Driver Vision Obst	ructions		•		
Driver Actions at Time of Crash 1 (based	on judgement of investigation	officer)		Driver Actions at T	ime of Crash 2 (t	eased on judgement of in	vestigation officer)		1
NO CONTRIBUTING ACTION Driver Actions at Time of Crash 3 (based	on judgement of investigation	officer)	_	NO CONTRIBU Driver Actions at T	ime of Crash 4 (b	pased on judgement of in	westigation officer)		
NO CONTRIBUTING ACTION Motor Vehicle Seating Position: Row	Motor Vehicle Seating Por		Motor Vehicl	NO CONTRIBU	TING ACTION Other				
FRONT Restraint Systems	LEFT		NOT APPL	e Seating Position: .ICABLE Helmet Use			Seatin	g Position L	Inknown
SHOULDER AND LAP BELT USE	D							_	
Air Bag Deployed				Ejection NOT EJECTED	<u> </u>				
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type	Injury Severi	y Level Detail PACITATING (B)				Primary or Most Ob	vious of Body Area In	jured During	Crash
NON FATAL INJURY Source of Transport to Medical Facility	EMS Agency Name o		EMS Run N	umber	Medical Facility	UPPER EXTREM	ALL Y		
EMS GROUND Law Enforcement Suspected Alcohol Us	e Alcohol Test Type		Alcohol Te	ested		GIONAL HOSPITAL Alcohol Test Result		BAC	
NO Law Enforcement Suspected Drug Use	Drug Test Type		Drug Test			Drug Test Result			
NO .	Ding lest type		Diag resa			rung Lest Mesnit	·····		
DRIVER V03	NM# Vehicle	# Person Type D	etail						
DRIVER First Name	V03	i dida, i iypo b	Last Nam			Suffix	Date of Birth	Ann	I Cau
LAVONIA	SHANITA		PLUNK	ĔTT	1000		05/10/1971	Age 38	Sex F
Address 708 MARLBOROUGH CT		ress Other			HiN	ESVILLE	State GA	Zip Code 31313	
Phone Number 912-368-5028	Phone Number (other)	APPAR	n at Time of ENTLY NO	ORMAL		,			
Driver License Number 032551948	Class Expires D5/10/2010	State Jurisdic	tion Type NON	-CDL DRIVER'S	LICENSE	Status VALID LICEN	SE		
Drivers License Restrictions 1 NONE	Dr	ivers License Restri ONE	ictions 2		10	rivers License Restrictio			
Driver Distrected By	N N N N N N N N N N N N N N N N N N N	ONE		Driver Vision Obst	ructions	NONE	100 (101)		
NOT DISTRACTED Driver Actions at Time of Crash 1 (based NO CONTRIBUTING ACTION	on judgement of investigation	officer)	411	VISION NOT O	ime of Crash 2 (t	eased on judgement of in	vestigation officer)		175
NO CONTRIBUTING ACTION Driver Actions at Time of Crash 3 (based				NO CONTRIBU	TING ACTION	eased on judgement of in			
NO CONTRIBUTING ACTION			Motor M-LI	NO CONTRIBU	TING ACTION				
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Pos LEFT	HUM: OUR	NOT APPL	e Seating Position: .ICABLE	Curier		☐ Seatin	g Position L	Inknown
Restraint Systems SHOULDER AND LAP BELT USE	D			Helmet Use					
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED					
Trapped Extrication									100 1000 11 0 010 1
NOT TRAPPED Injury Severity Level Type NON FATAL INJURY	Injury Severi	y Level Detail PACITATING (B)				Primary or Most Ob	vious of Body Area In	jured Durino	Crash
NON FATAL INJURY	NON-INCA	PACITATING (B)				UPPÉR EXTREM	AITY		

Crash Number Rep C000015189-01 GE	orting Agency ORGIA STATE PATROL	10.1		Reporting Ager C000015189	ncy Case Number	Reporting Agency CAD Number GSPI10CAD006418		
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run N	lumber	Medical Facilit	y Transported To			
Lew Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol T			Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tes	led		Drug Test Result			
PASSENGER V03								
Person Type PASSENGER	V03	on Type Detail						
First Name EVONNE	Middle Name	Last Nan BEASL			Suffix	Date of Birth 11/11/1951	Age Sex 58 F	
Address 708 MARLBORO CT.	Address Other			City	NEŞVILLE	State GA	Zip Code 31313	
912-368-5028	e Number (other)	Condition at Time of APPARENTLY N			_			
Drivers License Restrictions 1 NONE	Drivers Lice NONE	inse Restrictions 2			Drivers License Restriction NONE	1s 3		
Driver Actions at Time of Crash 1 (based on ju	dgement of investigation officer)		Driver Actions at T NO CONTRIBU	ime of Crash 2 (TING ACTION	based on judgement of im	vestigation officer)		
Driver Actions at Time of Crash 3 (based on ju NO CONTRIBUTING ACTION	dgement of investigation officer)		Driver Actions at T NO CONTRIBU	ime of Crash 4 (TING ACTION	based on judgement of inv	restigation officer)		
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Sea RIGHT	Motor Vehic NOT APP	le Seating Position: LICABLE	Other		Seating	g Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED			Helmet Use					
Air Bag Deployed NOT DEPLOYED			NOT EJECTED		_			
Trapped Extrication NOT TRAPPED				_				
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level D NON-INCAPACITA	letail TING (B)			Primary or Most Obv	ious of Body Area In	jured During Crash	
Source of Transport to Madical Facility EMS GROUND	EMS Agency Name or ID	EMS Run I	lumber	Medical Facilit WINN ARM				
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol T			Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tes	led		Drug Test Result			
NARRATIVE: C000015189	100000							

Vehicle 2 was traveling 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. ID Number Rank 231 TFC Org / Unit I-11	Approving Officer Name KING, T.L. ID Number Rank 666 SFC Org / Unit I-11

db#27

Accident Nun	nber		-								RGIA UNIFORM County Date Rec.						Rec. by D	ОТ	
10050976				890000		T ==		OTOF			ACCIDENT I	REPO		LIBERTY					
Date 05/21/2010		□ Sun	Days of 'M' T W		₽ F S	Tim		0:00		Off. Arriv	10:00	Vehi	cles 2	al Number o Injuries 0	Fatalities		City Of:		
ad of	O: D PII	NES ROAL								At Its	GA	20				•		Correcte	d Report?
ccurence			2 Lowest	t St. Rt	. 3 📐 (Co. Ro	ad 4	City		Intersecti	on With <u>GA.</u> 1		⋉ Lowe	st St. Rt. 3	□Co. Roa	nd 4 □ 0	City St.	Yes 🗌	
			□м	iles 1	1 🗆 Nor	th 3	☐ East	Of:										Suppl. To	Original?
Not At Its Intersection E	But				☐ Sout				1 🗆	Interstat	e 2 🗌 Lowes	t St. Rt.	3 □0	o. Road 4	☐ City St.	5	Line	Yes 📋	
		P																Hit and R	tun?
And continuir the Next Refe			Checked abo	ove,	1	☐ inte	erstate	2 🗆 L	owest	St. Rt.	3 ☐ Co. Road	4 🗆 0	ity St.	5 🗆 Co. Lin	e			Yes 🗌	
Driver# 1	LAST N	IAME		FIRST			ı	MIDDLE			Driver# 2	LAST	NAME		FIRST			MIDDLE	
	GROVE			DERRE	RICK		F	RUSSEL	L			SALEV			AMBER			N.	
Ped 0	Address 525 CR	s :ESTPOIN	T LANE								Ped 0	Addres 927 SH	ss IADY LAI	IE.					
City			State		Zip			DOB			City			State		Zip		DOB	
PLAINFEILD Driver's Licer	nse No.		IN Class		4616 <u>8</u> State		⋈ Ma	le	□ F	emale	HINESVILLE Driver's Licer	nse No.		GA Class		31313 State	ΠМ	ale [⊼ Female
			Α		IN_														
Posted Speed 35	- 1	Insurance USAA	e Co.			Policy 02151	/ No. 3219 <u>U7</u>	1022			Posted Speed 35	5	Insurance NATION	e Co. WIDE INS.			l icy No. 0P50465	4	
	Make		Model			elepho						Make		Model		•	one No.		
2009 VIN	FORD		FOCUS	Vehic	31 le color	17-938-	5089				1995 VIN	FORD		ESCO	RT Vehicle		37-2039		
1FAHP36N79\	W212350)		SILVE							1FASP14J5SV	<u>V27</u> 8511	1		WHITE	COIOI			
Tag #		State	Co	ounty			Yea	•			Tag #		State		County		Yea	ır	
BGX1927 Trailer Tag #		GA State		HATHA	<u> </u>		2010 Yea r				BIT4976 Trailer Tag #	_	GA State		LONG County		201 Ye a		
							real										Tea		
Same as	Driver	Owner's GROVER	Last Name			rst ERRRIC	ck _	Midd RUS	le SELL		☐ Same as	Driver	Owner' GAUDE	s Last Name T	•	First ROBE	RT	Middle MICH/	
Address											Address								
525 CRESTPO City	<u>DINT LAN</u>	NE	State			Zip					419 ROGERS City	RD		State	e	Zi	D D		
PLAINFEILD			IN			4616	8				HINESVILLE			GA	-		313		
Removed By					Req	ļuest		List			Removed By				X	Reques	t	List	
												ADCON.							
cohol Test	\top	Туре	Results	-	Orug Test	t	Тур	е	Res	sults	Alcohol Test	IPSUN_	Туре	Results	Dru	g Test	Ту	ре	Results
02				Visi	02	t					Alcohol Test 02					02 ′			
		Type rection of 04	Travel	Visi	02 on .	t 01		ntributin			Alcohol Test		rection o		Vision Obscur	02 ' ed ₀₁		pe	
02 Driver Cond	Dir	ection of	Travel	Visi	02 on .	01	Cor	ntributin			Alcohol Test 02 Driver Cond	Dia	rection o (h Maneu	Travel	Vision Obscur	02			
02 Driver Cond 01 Veh Cond	Dir Vel i Event	ection of 04 h Maneuve 05	Travel	Visi	02 on cured (01 ver	Cor	ntributin 3	g Fact		Alcohol Test 02 Driver Cond 01 Veh Cond	Di	rection o (h Maneu	Travel 04 Ver	Vision Obscur Ped. M	02 on one of the other of the o		ntributing	Factors
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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).

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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 C000014678-91	Repo GEC	rting Agency ORGIA DEPAI	RTMENT OF PUBLIC	SAFETY		Repor	ting Agency Case No	ımber Rer G	orting Agency C/ SPI10CAD0283	AD Number 76
CRASH IDENTIFIER County of Crash LIBERTY	RS	City or Place	of Crash	City Limit	s Crash Date/Tin 06/11/2010 0	ne 14:34 PM	Reported Da 06/11/2010		Dispatched D 06/11/2010	
On Scene Date/Time 06/11/2010 04:45 PM	Cleared Sc 06/11/201	ene Date/Time 0 05:30 PM	Complete Date/ 06/11/2010 08	Time 5:30 PM			Not Complete)		of Information NFORCEMEN	
ROADWAY INFORM	MATION				LISIa	lance to City	on Class of Coast			
Roadway Description for Lo SR 38 Intersecting Roadway Desc		•	_				or Place of Crash ction from Crash Loca	N 31 51	.5605	pitude W 81 33.8762 ared Date/Time
OLD HINES ROAD Part of National Highway S	•		nma .		Roadway Functio			Rosdway Blocked	06/11/2010	
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CRASH INFORMAT	ION_	Weather Cond	fition		Roadway S	urface Cond	ition		I'm Carat	Sistema Tales
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COLLISION NON-FIXE		MV I	Motorists Non-	Motorists	MOTOR VE	Fatalities	TRANSPORT Witnesses	Other Persons	Businesses	Violations
Total Courts	2	0	2	0	1	0	0	0	O C	Violations 1
First Harmful Event's Relati NON-JUNCTION		ls Firs NO	t Harmful Event within Ir			NOT A	Intersection AT INTERSECTION			
Contributing Circumstances NONE	s: Environment		Contributing Circ. NONE	ımstances: Ei	rvironment		Contributing NONE	Circumstances: E	nvironment	
Contributing Circumstances NONE	s: Road		Contributing Circu NONE	ımstances: Ro	oad	-	Contributing NONE	Circumstances: R	oad	
School Bus Related NO			Work Zone I NO	Related		Cra	sh Location in Work	Zone		
VEHICLE V01										
	Type HICLE IN TRANS			State GA	License Num 230YBS	0	gistration Expires E 8/18/2010 E		VIN 2G1WC58R87	791568D1
Year Make 2007 CHEVROL		Model IMPALA LT	Styl 4S			Color UNK	Body Type Cal PASSENGE			
Special Function of Motor \ NO SPECIAL FUNCTION	/ehicle in Transport DN		Emergency Me NO	otor Vehicle L	lse		Type NOT	of Bus Use A BUS		
Owner First Name ANGELA	Owner Mi	ddie Name	Owner Last OWENS	Name	Owne	ır Şuffix C	wner Business (if no	t Person)		
Address 320 JOSHUA CIR	(Address Other	1.0			City ELLABELL		LGA	Zip Code 31308-7306
Owner Phone Number	Owne	r Phone Numbe	r (other) insu ALL	rance Compa .STATE	ny			Insurance Po 931362233	olicy Number 312/09	
Vehicle Removal DRIVEN - NOT DISABI	LED		Veh	cle Towed By				Wrecki	er Selection Metho	od
Direction of Travel Before C EASTBOUND	Crash Speed:	Estimated Post	ted Roadway Type 5 UNDIVIDED HIG	HWAY	Total Lane: 5	Roadway I	Horizontal Alignment RIGHT	Roa LE\	dway Grade /EL	
Trafficway Description TWO-WAY NOT DIVID	ED				ic Control Device IER	Туре			Working Prope YES	rly
Roadway Description for Vo SR 38	ehicle Travel		_	<u>, </u>				-		
Vehicle Maneuver Action (I TURNING LEFT	by this vehicle)		Hit & Run (by this w	ehicle) AVE SCEN	E		Damage E FUNCTIO	xtent (for this vehic DNAL DAMAGE	le)	
1st Sequence of Events Ty COLLISION NON-FIXE	pe (this vehicle)			1st Sequence	ce of Events Deta	il (this vehic	(e)			
2nd Sequence of Events Tr UNKNOWN					ice of Events Det			-		
3rd Sequence of Events Ty	pe (this vehicle)			3rd Sequen	ce of Events Deta	ail (this vehic	ie)			
4th Sequence of Events Ty	pe (this vahicle)			4th Sequen	ce of Events Deta	iil (this vehic	le)	,	<u></u>	
UNKNOWN Most Harmful Event Type (this vehicle)			Most Harmf	ul Event Detail (ti	nis vehicle)				
COLLISION NON-FIXE Contributing Circumstance				INUTORY			es 2 (this vehicle)			
NONE			4		NONE				<u> </u>	
1	ves of Initial Impact						Most Damaged Are			
	Non Collision	7	†				☐ Non Collision	7. 1.4		
!	Top	1 !	1:1,				⊔ Тор	1		
1	Undercarriage Unknown	、外					Unknown	,/作		
Occupant Type DRIVER		on Name (Firs RY RUTH OW	t Middle Last Suffix) /ENS				Injury Status NO INJURY(0)		
VEHICLE V02	Туре			State	License Num	ber R	egistration Expires "	- Permanent	ViN	
Year Make	Type HICLE IN TRANS	Model	X250C Styl	GA	CY5ZG4	Color RED	8/31/2010 L Body Type Ca MOTORCY(Permanent Registration legory	JH2MC13027	K307055
2007 HONDA Special Function of Motor V	Vehicle in Transport	REBEL CM	Emergency M			RED	Туре	of Bus Use		
NO SPECIAL FUNCTION	ON		NO					A BUS		

Crash Number C000014678-01	Reporting Agency GEORGIA DEPARTM	ENT OF PUBLIC SAFE	TY	Reporting Agency Case Number	Reporting Agency CAD Number GSPI10CAD026376
Owner First Name MICHAEL	Owner Middle Name ALLEN	Owner Last Name BUSH	Owner S	uffix Owner Business (if not Person)	
Address 181 GEMINI LN Owner Phone Number	Owner Phone Number (other	ddress Other		City MIDWAY	State Zip Code GA 31320
Vehicle Removal	Owner Phone Number (other	r) Insurance Co PROGRES Vehicle Tows		35	urance Policy Number 874910-1 Wrecker Selection Method
TOWED DUE TO DISABLING Direction of Travel Before Crash		ATS TOWI loadway Type JNDIVIDED HIGHWAY	NG	oadway Horizontal Alignment	ROTATION Roadway Grade
WESTBOUND Trafficway Description TWO-WAY NOT DIVIDED	Speed: 45	ľ	Fraffic Control Device Typ	oadway Horizontal Alignment URVE RIGHT pe	LEVEL Working Property
Roadway Description for Vehicle T SR 38	ravel		OTHER		YES
Vehicle Maneuver Action (by this NEGOTIATING A CURVE	1	it & Run (by this vehicle) IO DID NOT LEAVE SO		Damage Extent (for DISABLING DAM	
1st Sequence of Events Type (this COLLISION NON-FIXED OB.		MOTO	uence of Events Detail (1 PR VEHICLE IN TRAN	ISPORT	
2nd Sequence of Events Type (this UNKNOWN	•		quence of Events Detail (•	
3rd Sequence of Events Type (this UNKNOWN) 4th Sequence of Events Type (this	-		uence of Events Detail (t	<u> </u>	
UNKNOWN Most Harmful Event Type (this veh	•		armful Event Detail (this v		
COLLISION NON-FIXED OB. Contributing Circumstances 1 (this	JECT	MOTO	R VEHICLE IN TRAN	ISPORT cumstances 2 (this vehicle)	
NONE	Initial Impact	. 4	NONE	Most Damaged Area	
_	n Collision	\(\bar{\chi}_{\chi}\)		Non Collision	
☐ Top		1,		□ Top	· [1] -\.
□ Un	dercarriage	、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、		Undercarriage	
☐ Un	known	L.		☐ Unknown	
Occupant Type DRIVER	Person Name (First Mid MICHAEL ALLEN BUSH			Injury Status NON FATAL INJURY	
DRIVER V01		icle# Person Type Detail			
First Name TERRY	Middle Name RUTH	į.	ast Name DWENS	Suffix	Date of Birth Age Sex 07/03/1972 37 F
Address 1008 MACK ENGLISH RD		Address Other		City ELLABELL	State Zip Code GA 31308
Phone Number	Phone Number (other)	APPAREN	Time of Crash TLY NORMAL		
Driver License Number 040009180	Ciass Expires 07/03/2013	State Jurisdiction GA 02 Drivers License Restriction	NON-CDL DRIVER'S		
Drivers License Restrictions 1 NONE Driver Distracted By		NONE	Driver Vision Ob	Drivers License Rest NONE	ilications 3
NOT DISTRACTED	(based on judgement of investigati	on officer)	UISION NOT (Driver Actions at	OBSCURED t Time of Crash 2 (based on judgement	of investigation officer)
Driver Actions at Time of Crash 3	(based on judgement of investigati F-WAY (based on judgement of investigati		NO CONTRIB	BUTING ACTION t Time of Crash 4 (based on judgement	
NO CONTRIBUTING ACTIO	ow Motor Vehicle Seating	Position: Seat Moto	r Vehicle Seating Position	UTING ACTION n: Other	Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT	LEFT	JNO	T APPLICABLE Helmet Use		
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTE	 ED	
Trapped Extrication NOT TRAPPED			•		
Injury Severity Level Type NO INJURY(O)		erity Level Detail			Obvious of Body Area Injured During Crash
Source of Transport to Medical Fa			Run Number	Medical Facility Transported To	
Law Enforcement Suspected Alco NO Law Enforcement Suspected Drug	••		cohol Tested EST NOT GIVEN ug Tested	Alcohol Test Result Drug Test Result	BAC
NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Violation De	EST NOT GIVEN	Drog rear Nescut	
Violation Type Issued UNIFORM TRAFFIC CITATION	Number E00193058		URE TO YIELD WHIL	LE TURNING LEFT	
DRIVER V02 Person Type DRIVER	NM# Veh	icle# Person Type Detail			
First Name MICHAEL	Middle Name ALLEN		sst Name BUSH	Suffix	Date of Birth Age Sex 08/31/1990 19 M
Address 181 GEMINI LN		Address Other		City MIDWAY	State Zip Code GA 31320
Phone Number Driver License Number	Phone Number (other) Class Expires	APPAREN	Time of Crash TLY NORMAL Type	Status	
053171272 Drivers License Restrictions 1	Class Expires 08/31/2019	Drivers License Restriction	NON-COL DRIVER'S	S LICENSE VALID LIC	
NONE Driver Distracted By		NONE	Driver Vision Ob	NONE	
NOT DISTRACTED			VISION NOT	OBSCURED	

	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC S	SAFETY		Reporting Agent	y Case Number	Reporting Agency CAD Number GSPI10CAD026376
Driver Actions at Time of Crash 3 (based on CONTRIBUTING ACTION	•		NO CONTRIBU	<u>TING ACTION</u>	eased on judgement of in	nvestigation officer)
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat MIDDLE	Motor Vehicl NOT APPL	e Seating Position: .ICABLE	Other		Seating Position Unknown
Restraint Systems NOT APPLICABLE (NON-MOTORIS	ST)		Helmet Use DOT-COMPLIA	NT MOTORCY	CLE HELMET	
Air Bag Deployed NOT APPLICABLE			Ejection EJECTED TOTA	ALLY		
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level Detail NON-INCAPACITATING (E	3)			Primary or Most Ob HEAD	vious of Body Area Injured During Crash
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID LIBERTY COUNTY EMS	2750 EMS Run Ni	umber		Transported To PH HOSPITAL	
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Te TEST NO	ested OT GIVEN		Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Teste TEST NO	OT GIVEN		Drug Test Result	
NARRATIVE: C000014678						

Vehicle # 1 was traveling eastbound on Georgia 38 in the left lane. Vehicle # 2 was traveling 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	APPROVI	NG OFFICER (SUPERVISOR)
Reporting Officer Name BOWMAN, W. ID Number Rank 881 TFC Org / Unit I-11	Signature Will- Barr	Approving Officer Name B.H. DELOACH ID Number Rank 507 SERGEANT Org / Unit I-11	Signature Sign. B.M. De Love L# 507

ab#25

Accident Nu	ımber				gency		No.					UNIFORM			County			Date	Rec. by DC	TC
10081344					A0890		_	- 1-		NOTOR \		ACCIDENT	REPO		LIBERTY	£.	T1	211 21		
Date 08/24/2010)	S	un N		of We				ime 1	2:47	Off. Ami	12:51	Vel	hicles 2	otal Number o Injuries 0	Fatalities 0	1	City Of: NGTON		
pad of	OLD :	SUNBUF	RY RO	AD							At Its Intersect	ion With GA 3	38						Corrected	Report?
1	1 🗆	Intersta	ate 2	Lov	vest S	t. Rt.	3 [Co. F	Road 4	City St.			ate	2 ⊼ Low	est St. Rt. 3	☐Co. Road	I 4 □ C	ity St.	Yes 🗌	
Not At Its Intersection	But								3 □ Eas 3 □ Wes		☐ Intersta	te 2 Lowes	t St. R	Rt. 3 □	Co. Road 4	City St.	5	Line	Yes 🗆	Original?
And continu	uina in t	he direc	tion c	hecked	above	١.													Hit and Ru	ın?
the Next Re								l 🗍 lr	nterstate	2 🗆 Low	vest St. Rt.	3 🗌 Co. Road	4 🗆	City St.	5 🗌 Co. Lin	e			Yes 🗌	
Driver# 1	LAST	NAME			FIF	RST				MIDDLE		Driver# 2	LAST	TNAME		FIRST			MIDDLE	
	MAT2				TY	LER				М			BUC Addr	KLEY		HERMAN			LEE	
Ped 0	1847	7 LAKE	WORT	TH BLVE			Zip			DOB		Ped ₀	129 1	DEANN D	RIVEState	z	in.		DOB	
City PORT CHAR	RLOTTT	Ε		FL	•		339	188				HINESVILLE			GA		1313		БОВ	
Driver's Lic				Class			Stat	е	⊼ M	ale _] Female	Driver's Licer	nse No	о.	Class		ate	⊼ M	ale 🗀	Female
Posted		Insura	ance (E Co.			<u>F</u> L	Pol	icy No.			Posted		Insura	nce Co.	<u>G</u>	A Poli	cy No.		
Speed	35	USAA	<u> </u>						263193G	71017		Speed 3		UNITE	D STATE GOV	ERNMENT		<u> </u>		
Year 2004	Make BUICK			Mod	el FURY,	BUIL		•	one No. 31-8222				Make DODG	£	Model 2500 H		Teleph/ 912-43	one No.		
VIN	BOICK			CLIN	_		le colo		TOLLE			VIN	0000	-	23001	Vehicle c		5-5005		
2G4WS52J4 Tag #	41 <u>2285</u>	State			Cour	OLD)		Yea	ar		3DTTT2CT2A Tag #	G1756	State		GREY County		Yea	nr	
BJC4977		GA			LIBE	-		_	201			G632079K		Otato				100	•	
Trailer Tag	#	State			Cour	nty			Yea	ar		Trailer Tag #		State		County		Yea	ır	
Same a	s Driver	Owr MAT		ast Nar	ne			First TYLER		Middle M		☐ Same as	Drive		er's Last Name ED STATES		First		Middle	
Address	WODT	1011/0										Address	יטט בו	-						
18477 LAKE	WORII	1 BLVD		Sta	ite			Zi	p			15 ASOS / SU City	PPFL	. !	State	•	Żip	•		
PORT CHAR	_	<u> </u>		FL					948			FT STEWART			GA		313		- 11-4	
Removed By						List														
cohol Tes	st	Type		Resul	s	D	rug To	est	Ту	pe	Results	Alcohol Test 02		Type	Results		Test 2	Ту	pe	Results
Driver Cond	1 [Direction	n of Ti	ravel		Visio Obsc	on ured	01		ontributing I	Factors	Driver Cond 01	ı	Direction	of Travel	Vision Obscure	d ₀₁	ı	ntributing	Factors
Veh Cond 01	١	/eh Man	euver 01			Ped	l. Man	euver				Veh Cond 01	\	Veh Mane	euver 01	Ped. Ma	aneuver			
Most Harmf	ul Even	t 11		Veh Cla	ss:		01		Veh Ty		01	Most Harmfu	l Even	ıt 11	Veh Clas	s: 05		Veh T	ype:	02
Traffic Ctrl		05	D	evice In	operat	tive		☐ Ye	es <u>(</u>] No		Traffic Ctrl		05	Device Ino	perative	☐ Ye	s <u>x</u>	No No	
Injured Take		LIDIES								Ву	:									
EMS Notified			/IS An	rival Tim	e			Ho	spital A	rrival Time		Photos Taken:		Yes [No No	Ву:				
Report By:			_		De	partr	ment					Re	eport l	Date	Checked By:				Date C	hecked
CAINES, JAI Witness(es):					AG		Y CO	_				08	3/24/20	010 State	NESTOR, ORF	Zip Code		т.	08/24/2 elephone N	
,	. Mairie											——————————————————————————————————————				Lip Gode			orepriorie is	
											9	\cdot)								
DOT MICRO	FILM N	UMBER	(00)	NOTWR	IIEIN	I HIS	SPA	-E)		COMM	ERCIAL	/ /EHICLES (NLY							
Carrier Nam	ne										, -	Carrier Name		ĸ						
Vehicle #												Vehicle #								
Address					City			•	State	Zip		Address			С	ity	s	tate	Zip	1
No. od A	xles		G.V.V	V.R.	T			eporta	_	Cargo I	Body Type	No. od Axi	les		G.V.W.R.	_	Reportat	_	Cargo I	Body Type
Vehicle Co	onfig.	'	I.C.C.1	M.C.#				D.O.T.		Interstat	=	Vehicle Cor	nfig.	I.e	C.C.M.C.#		S.D.O.T.#		Interstat	_
	C.D.L	.7 1 [] Yes	2 🗆	No		C.D.I	Susp	ended?	1 🔲 Yes			C.D.L	? 1 🗀	Yes 2 □N	o C.	D.L. Susp	ended?		2 No
Vehicle				_		н	lazard	ous Ma	iterials?	1 Yes	2 🗌 No	Vehicle F	Placaro	d? 1 □	Yes 2 ∐N					 2
	Released									_					Yes 2 □N					
If YES, Nar		_				d or E	Box: _								nber from Dia		:			
	_			m Botto									_		er from Botton					
Ran C	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

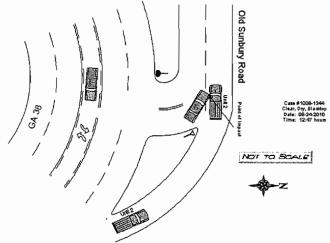
Accident Investigation Site?

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.

I spoke with driver#2, Mr. Buckley. He told me he was merging on Old Sunbury Road and the driver of vehicle#1 failed to yield at the sign and made impact with the drivers side of his vehicle.

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.

OFFICER NAME CAINES, JAMES OFFICER NUMBER 947
INDICATE ON THIS DIAGRAM WHAT HAPPENED



CITATIONS - VEHICLE #

☐ Yes	X No		- VEHICLE #							+	-							_
Site Number:																		
First Harmful Event	Traffic-Way Flow	Wea	ther	Surface	Cond.	Light Co	nd.	Manner of Collision		ation of Im			Road Comp.	Road	d Def.	Road Charac		truction /
11	1	1		1		11		4		1			2		1	1		
			VEH:	_1_	VEH: _	2		SKID DISTANCE		_		0	AFTER	0		Width	of Road	
Number of O	ccupants			3		1	1	BEFORE			٧	ÆH.	1	VEH. 1				
Point of Initia	I Contact			1		-	1	IMPACT				0		0		24 1	FEET	
Damage to V	'ehicles			3	3	3					٧	/EH.	2	VEH. 2	2			
Damage Other Than Vehicle:					Ow	ner			AGE	ш	VEH#	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
		Driver #	1 Or	Pedestrian	#0 M	IATZ, TYL	ER						0	2	1	3	2	2
Occupants (list	below):	Driver #	₂ Or	Pedestrian	# 0 _ B	UCKLEY,	HERM	AN					0	2	1	3	2	2
LAST NAME, FI	RST NAME		ADD	RESS		CITY		STATE ZIF	xx	xx	ХХ	хх	XXXXX	xxxxx	xxxxx	xxxx	xxxxx	xxxx
MATZ, ASHLEY			901 OL1	MSTEAD D	RIVE #58	HINES	VILLE	GA 3131	3 24	F	1	3	0	2	1	3	2	2
MATZ, CONNER			901 OL	MSTEAD D	RIVER #58	HINES	VILLE	GA 3131	3 1	М	1	5	0	2	1	4	2	2
									<u> </u>	<u> </u>	L							
									_									
						_												

CITATIONS - VEHICLE #



STATE OF GEORGIA TRAFFIC CRASH REPORT Georgia State Patrol Georgia Department of Public Safety P.O. Box 1456 Atlanta, Georgia 30371-1456

Cresh Number Reporting Agency GEORGIA DEPARTMENT OF PUBLIC	SAFETY	Reporting Agency Case N C000033516	lumber Reporting Agency CAD Number GSPI10CAD046215
CRASH IDENTIFIERS			
County of Crash LIBERTY City or Place of Crash FLEMINGTON		0 07:40 AM 09/01/201	D D8:06 AM D9/01/2010 08:10 AM
On Scane Date/Time	ime :29 AM	(if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY
ROADWAY INFORMATION		Distance to City or Diseas of Coccity	I plikude
Roadway Description for Location of Occurrence OLD SUNBURY ROAD		Distance to City or Place of Crash	N 31 51.5833 Longitude W 81 33.8056
Intersecting Roadway Description for Location of Occurrence OLD HINES ROAD		Distance / Direction from Crash Los	Cation Blocked Roadway Cleared Date/Time
Part of National Highway System Roadway Functional Class Type NO URBAN	COLLECTO		
ÚNPAVED NO LIGHTING N	oadway Bikeway Facility ONE	INOT A	Sicycle Route PPLICABLE
Traffic Control Type at Intersection Mainline Number of Lane STOP SIGNS ON CROSS STREET ONLY TWO LANES		de Road Number of Lanes at Inters WO LANES	ection
CRASH INFORMATION	ISdua	Out of Oceanity	
Light Condition Weather Condition DAYLIGHT CLEAR	IDRY	y Surface Condition	Crash Pictures Taken
First Harmful Event Type NON-COLLISION	OTHER	iful Event Detail NON-COLLISION	
2 0 2	flotorists Injured 0	Fatalities Witnesses 0	Other Persons Businesses Violations 1
First Harmful Event's Relation to Junction Is First Harmful Event within In INTERSECTION YES	terchange Area	Type of Intersection FOUR-WAY INTERSE	CTION
Contributing Circumstances: Environment Contributing CircumStances: Environment NONE	mstances: Environment		ng Circumstances: Environment
Contributing Circumstances: Road Contributing Circumstances: Road NONE NONE	mstances: Road		ng Circumstances: Road
School Bus Related Work Zone I NO NO	telated	Crash Location in Worl	k Zone
VEHICLE V01			
V01 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State License N GA BNM162	5 05/11/2011	Permanent VIN 1GKKRRED9BJ131069
Year Make Model Styl 2011 GMC ACADIA MF			stegory TILITY VEHICLE
Special Function of Motor Vehicle in Transport Emergency MINO SPECIAL FUNCTION NO	tor Vehicle Use	Typ	e of Bus Use T A BUS
Owner First Name Owner Middle Name Owner Last BARRY JAMES TUNSTAL	lame O	wher Suffix Owner Business (if n	
Address Other 17 COBBLE STONE LN	•	City HINESVILL	State Zip Code E GA 31313-1073
	arice Company	111111111111111111111111111111111111111	Insurance Policy Number 4177425386
	le Towed By		Wrecker Selection Method
Direction of Travel Before Crash Estimated Posted Roadway Type	Total La	nes Roadway Horizontal Alignmen	Roedway Grade LEVEL
WESTBOUND Speed: 35 UNDIVIDED HIC	Traffic Control Dev	STRAIGHT ice Type	Working Properly
TWO-WAY NOT DIVIDED Roadway Description for Vehicle Travel	STOP SIGN		IYES
OLD SUNBURY Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD Hit & Run (by this vehicle) NO DID NOT LE	hicle)	Damage I	Extent (for this vehicle) //AGE
MOVEMENTS ESSENTIALLY STRAIGHT AHEAD NO DID NOT LE 1st Sequence of Events Type (this vehicle)	AVE SCENE 1st Sequence of Events D		MAGE
NON-COLLISION 2nd Sequence of Events Type (this vehicle)	OTHER NON-COLLIS 2nd Sequence of Events I	ION	
UNKNOWN		<u> </u>	
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events I	<u> </u>	
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events [
Most Harmful Event Type (this vehicle) NON-COLLISION	Most Harmful Event Detail OTHER NON-COLLIS	(this vehicle)	
Contributing Circumstances 1 (this vehicle) NONE		ng Circumstances 2 (this vehicle)	
Area of Initial Impact		Most Damaged An	98 12
Non Collision		✓ Non Collision	
птор ЛПТ 1		□ Тор	f in the second second
Undercarriage		Undercarriar	
Unknown		☐ Unknown	
Occupant Type Person Name (First Middle Last Suffix) DRIVER PATRICIA ANN TUNSTALL		Injury Status NO INJURY	
VEHICLE V02	101		
V02 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State License N GA CY5ICG	02/20/2011	Permanent VIN Registration JKBVNKA1X5A013565
Year Make Model Styl 2005 KAWASAKI VN1600 MC		Color Body Type C BGE (SPORT) U	ategory TILITY VEHICLE
Special Function of Motor Vehicle in Transport Emergency Mi NO SPECIAL FUNCTION NO	tor Vehicle Use	Typ: NO	e of Bus Use T A BUS

Crash Number C000033516-01	Reporting Agency GEORGIA DEPART	MENT OF PUBLIC	SAFETY	Reporting (C000033	Agency Case Number 516	Reporting Agency (GSPI10CAD046	AD Number 215	
Owner First Name RICHARD	Owner Middle Name JOSEPH	Owner Last I		Owner Suffix Owner	Business (if not Person)			
Address 1050 BACON RD	N.ZOLINI .	Address Other			City HINESVILLE	State GA	Zip Code 31313	
Owner Phone Number	Owner Phone Number (o	other) Insur GIE	ance Company CO		Insu	rance Policy Number 12-57-05-06		
Vehicle Removal DRIVEN - NOT DISABLED		Vehi	de Towed By			Wrecker Selection Met	nod	
Direction of Travel Before Crash NORTHBOUND	Estimated Posted Speed: 35	Roadway Type UNDIVIDED HIG	HWAY	Total Lenes Roadway Horize 2 STRAIGHT	ontal Alignment	Roadway Grade LEVEL	_	
Trafficway Description TWO-WAY NOT DIVIDED	-		Traffic C STOP	Control Device Type SIGN		Working Prop	erly	
Roadway Description for Vehicle Trav OLD SUNBURY	101							
Vehicle Maneuver Action (by this vehing LEFT	cle)	Hit & Run (by this ve NO DID NOT LE	hicle) AVE SCENE		Damage Extent (for the MINOR DAMAGE	is vehicle)		
1st Sequence of Events Type (this ve NON-COLLISION	hide)		1st Sequence of OVERTURN	of Events Detail (this vehicle) /ROLLOVER				
2nd Sequence of Events Type (this wo	ehicle)		2nd Sequence	of Events Detail (this vehicle)				
3rd Sequence of Events Type (this ve UNKNOWN	hicle)		3rd Sequence	of Events Detail (this vehicle)				
4th Sequence of Events Type (this value)	hide)		4th Sequence of	of Events Detail (this vehicle)				
Most Harmful Event Type (this vehicle NON-COLLISION	9)		Most Harmful E	vent Detail (this vehicle) /ROLLOVER				_
Contributing Circumstances 1 (this ve	hicle)			Contributing Circumstances 2 NONE	(this vehicle)			
Area of Initi	al Impact #	<u></u>			st Damaged Area	1	_	
	ollision	ĘŻ,		n n	Non Collision			
Top	.F *1	id →.		l –	Тор	★ ↑: →.		
	carriage	17.		<u> </u>	Undercarriege			
□ Unkno	Y a	i Y		-	Unknown			
Occupant Type DRIVER	Person Name (First N RICHARD JOSEPH \	Middle Last Suffix) /UKOVICH			Injury Status NO INJURY(O)			
DRIVER V01 Person Type		/ehicle# Person Ty	pe Detail					
PIDRIVER First Name	Middle Name	V01	Last Nam		Suffix	Date of Birth	Age 52	Sex F
PATRICIA Address	ANN	Address Other	TUNST	ALL	City HINESVILLE	01/17/1958 State	Zip Code 31313	JF_
Phone Number	Phone Number (other)		dition at Time of PARENTLY N		HINESVILLE		131313	
912-977-5074 Driver License Number	Class Expires C 01/17/2	State Jur	isdiction Type	-CDL DRIVER'S LICENSE	Status VALID LICE	INCE		
052508577 Drivers License Restrictions 1	C 01/17/2	Drivers License R		-CDL DRIVER'S LICENSE	Drivers License Restri			
NONE Driver Distracted By		NONE		Driver Vision Obstructions VISION NOT OBSCURE				_
NOT DISTRACTED Driver Actions at Time of Crash 1 (be FAILED TO YIELD RIGHT-OF-	sed on judgement of investig	gation officer)		Driver Actions at Time of Cras	sh 2 (based on judgement of	of investigation officer)		
Driver Actions at Time of Crash 3 (ba				NO CONTRIBUTING ACT	sh 4 (based on judgement o	of investigation officer)		
NO CONTRIBUTING ACTION Motor Vehicle Seating Position: Row	Motor Vehicle Seati	ng Position: Seat	Motor Vehic	NO CONTRIBUTING ACT se Seating Position: Other	IION	☐ Seatio	g Position U	loknovo
Restraint Systems SHOULDER AND LAP BELT U	LEFT			Helmet Use			8 1 031pOrt 0	TIMIOW:
SHOULDER AND LAP BELT U Air Bag Deployed	SED			Ejection				
NOT DEPLOYED Trapped Extrication	•			NOT EJECTED				
NOT TRAPPED Injury Severily Level Type	Iniury :	Severity Level Detail			Primary or Most	Obvious of Body Area In	jured During	Crash
NO INJURY(O) Source of Transport to Medical Facil			EMS Run N	lumber Medical F	acility Transported To			
NOT TRANSPORTED Law Enforcement Suspected Alcohol			Alcohol To		Alcohol Test Result		BAC	
NO Law Enforcement Suspected Drug U			TEST N	OT GIVEN	Drug Test Result			
NO			TEST N	OT GIVEN	and the second			
Violation Type Issued UNIFORM TRAFFIC CITATION	Number E002419		ition Description -72 (B) FAILUI	on <u>RE TO STO</u> P AT STOP SK	GN			
DRIVER V02		Vehicle# Person Ty	pe Detail					
First Name	Middle Name JOSEPH	V02	Last Nan VUKO\	ne VICH	Suffix	Date of Birth 02/20/1957	Age 53	Sex M
Address RACON RD	JUOEPH	Address Other	I VOKO	YION	City	State GA	Zip Code 31313	IAI
1050 BACON RD Phone Number 912-980-6075	Phone Number (other)	AP	dition at Time of PARENTLY N	ORMAL			101013	
Driver License Number	Class Expires C 02/20/2	State Ju CO17 GA D	risdiction Type	I-CDL DRIVER'S LICENSE	Status VALID LIC	ENSF		
045924085 Drivers License Restrictions 1	02/20/2	Univers triceuse t	Restrictions 2	-ODE DAIVER & LICENSE	DUARIS FICE(ISE LIES!			
CORRECTIVE LENSES Driver Distracted By		NONE		Driver Vision Obstructions	NONE			
NOT DISTRACTED Driver Actions at Time of Crash 1 (b)	ased on judgement of investi	gation officer)		VISION NOT OBSCURE Driver Actions at Time of Cra	sh 2 (based on judgement a	of investigation officer)		
NO CONTRIBUTING ACTION				NO CONTRIBUTING AC	TION	<u> </u>		

00033516-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC S	SAFETY	Reporting Agenc C000033516		porting Agency CAD Number SPI10CAD046215
ver Actions at Time of Crash 3 (based of CONTRIBUTING ACTION		NO CONTR	RIBUTING ACTION	ased on judgement of invest	igation officer)
ONT	Motor Vehicle Seating Position: Seat MIDDLE	Motor Vehicle Seating Posi	tion: Other		Seating Position Unknow
straint Systems DNE USED - MOTOR VEHICLE O	CCUPANT	Helmet Use DOT-COMF	PLIANT MOTORCY	CLE HELMET	
Bag Deployed OT APPLICABLE		Ejection NOT APPL	ICABLE	-	
pped Extrication OT TRAPPED					
ry Severity Level Type O INJURY(O)	Injury Severity Level Detail		=	Primary or Most Obvious	s of Body Area Injured During Crash
irce of Transport to Medical Facility OT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility	Transported To	
Enforcement Suspected Alcohol Use)	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Month Test Result	BAC
Enforcement Suspected Orug Use)	Drug Test Type	Drug Tested TEST NOT GIVEN	ţ	Orug Test Result	
straint Systems NE USED - MOTOR VEHICLE O Bag Deployed DT APPLICABLE pped Extrication DT TRAPPED TY Severity Level Type D INJURY (O) TT TRANSPORTED Y Enforcement Suspected Alcohol Use O Fenforcement Suspected Drug Use	Injury Severity Level Detail EMS Agency Name or ID Alcohol Test Type	Election NOT APPL EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested	PLIANT MOTORCYC	Primary or Most Obvious Transported To Vicohol Test Result	s of Body Area Injured During

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 falled 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

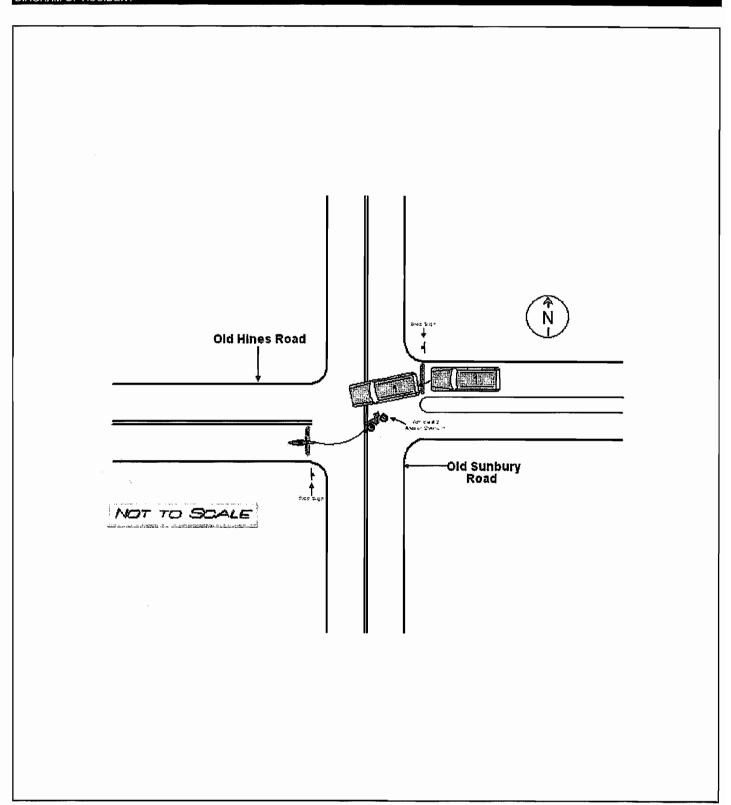
	REPORTING OFFICER	APPROVING OFFICER (SUPERVISOR)					
Reporting Officer Name CHENEY, A. ID Number Rank 954 TPR Org / Unit i-11	Signature AM	Approving Officer Name SGT. B.H. DELOACH ID Number Rank 507 SERGEANT Org / Unit I-11	Signature Sgt. BA. DeforeL#501				

Crash Number C000033516-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000033516	Reporting Agency CAD Number GSPI10CAD04B215
DIAGRAM OF ACCIDENT			
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•			
¥			

Page 4 of 6 OFFICIAL COPY Version 9.9.9.9

Crash Number Reporting Agency Case Number C000033516-01 Reporting Agency CAD Number C000033516 Reporting Agency CAD Number C000033516 Reporting Agency CAD Number C000033516

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

Crash Number C000037291-01	Reporting Agend GEORGIA DE	y PARTMENT OF PI	JBLIC SAFETY		Reporting A	Agency Case Num	Repo GS	orting Agency CA PI10CAD06300	D Number 16
CRASH IDENTIFIERS County of Crash	City or P	ace of Crash	City Limits	Crash Date/Time		Recorted Date	Time	Dispatched Da	te/Time
LIBERTY On Scene Date/Time	Cleared Scene Date/Til 11/17/2010 05:40 Pi	/ILLE	Date/Time 10 06:40 PM	<u> 11/17/2010 03:</u>	58 PM estigation Not	11/17/2010 0	3:59 PM Source o	11/17/2010 (f Information	04:06 PM
11/17/2010 04:19 PM ROADWAY INFORMATI		M 11/17/20	10 06:40 PM				LAWE	NFORCEMENT	AGENCY
Roadway Description for Location GA 38				Distan	ce to City or P	lace of Crash	Latitude N 31 51.	5466 Long	flude V 81 33.8417
Intersecting Roadway Description						rom Crash Location		Roadway Clea	
Part of National Highway System NO	RURAL	ss Туре ————————————————————————————————————	IM.	adway Functional AJOR COLLEC	Class Detail TOR			,	
Type of Shoulder UNPAVED Traffic Control Type at Intersection	Roadway Lighting NO LIGHTING	Mainline Number o	Roscway Bikewa NONE Lanes at Intersection	•	ari Number of	Signed Bicy NOT APP Lanes at Intersect	LICABLE		
NO CONTROL CRASH INFORMATION		710/11/10/10/10	- Laros al Misrosousi	0100 112	ad Homber Si	EBIBS BI WIGIGOU			
Light Condition DAYLIGHT	Weather C CLEAR	Condition		Roadway Surf	ace Condition			☐ Crash	Pictures Taken
First Harmful Event Type COLLISION NON-FIXED OB	JECT		· · · · · · · · · · · · · · · · · · ·	First Harmful Ev		NSPORT		<u> </u>	
Total Counts Vehicl		Motoriets 6	Non-Motorists Inju		talities 0	Witnesses	Other Persons	Businesses 0	Violations 2
First Harmful Event's Relation to . NON-JUNCTION		First Harmful Event w		_	Type of Inter			<u> </u>	
Contributing Circumstances: Envi		-	Circumstances: Envi	ronment	INOLYLIN		Circumstances: En	vironment	
Contributing Circumstances: Ros NONE	d		Circumstances; Roa	d -	_		Circumstances: Ro	ad	
School Bus Related NO			Zone Related		Crash Lo	scation in Work Zo	one e		
VEHICLE V01			101-1-	11:					
V01 Motor Vehicle Type MOTOR VEHICLE Year Make	E IN TRANSPORT Model		State FL	W613UA	07/01/	2011 L	Registration	VIN 1FMDU73EX42	A93421
2004 FORD Special Function of Motor Vehicle	EXPLOR		Style UT acy Motor Vehicle Use	Col	<u>ĸ</u>	Body Type Cated (SPORT) UTIL Type of	ITY VEHICLE Bus Use		_
NO SPECIAL FUNCTION Owner First Name	Owner Middle Name	NO T	Last Name	Owner S	uffix Owner	NOT A	<u> BUS</u>		
CHANDRA Address	DENISE	Address Other	SOME-SIMMONS			City HINESVILLE		State Z	ip Code
131 GLENN BRYANT Owner Phone Number 912-332-6444	Owner Phone Nur	nber (other)	Insurance Company GEICO			HINESVILLE	Insurance Pol 4170508032	icy Number	31313
Vehicle Removal DRIVEN - NOT DISABLED	,		Vahicle Towed By		-			z Selection Method	
Direction of Travel Before Crash SOUTHBOUND	Estimated Speed:	Posted Roadway Typ 35 UNDIVIDE	D HIGHWAY	Total Lanes R	oadway Horizo	ontal Alignment	Road	way Grade CREST	
Trafficway Description TWO-WAY NOT DIVIDED		oo Ditartion	Traffic STOP	Control Device Ty			TONEL	Working Properl	у
Roadway Description for Vehicle OLD SUNBURY ROAD			•						
Vehicle Maneuver Action (by this STOPPED IN TRAFFIC		Hit & Run (by YES DRIVE	R OR CAR AND D			Damage Exte MINOR DA	ent (for this vehicle MAGE		
1st Sequence of Events Type (thi COLLISION NON-FIXED OB			MOTOR VE	of Events Detail (t HICLE IN TRAN	ISPORT				
2nd Sequence of Events Type (th UNKNOWN	·		,	of Events Detail (
3rd Sequence of Events Type (the UNKNOWN			'	of Events Detail (
4th Sequence of Events Type (this UNKNOWN	high		·	of Events Detail (·				
Most Harmful Event Type (this ve COLLISION NON-FIXED OB Contributing Circumstances 1 (thi	JECT		MOTOR VE	Event Detail (this the HICLE IN TRAN Contributing Circ		(this uphicle)			
NONE	a venicity	Q		NONE	All Isla Res 2	(The Vernicie)	12		
	Initial Impact	TIN.			Mos	t Damaged Area	711	T' \	
	on Collision	1			П	Non Collision	7.	11 7	
	ndercamage	:				Top Undercarriage	1	11 1	
	nknown					Unknown	·		
Occupant Type		First Middle Last Su	ffix)			Injury Status	Contractions	<u> </u>	
VEHICLE V02	JAMES CODEY	GAWBREL				NO INJURY(O)			
WO12 Motor Vehicle Type MOTOR VEHICLE			State GA	License Number 21328QE	01/23/	2011 LJ	Registration .	/IN JA4LX31F44U0	000430
Year Make 2004 MITSUBISHI Special Function of Motor Vehicle	Model OUTLAN		Style MP ncy Motor Vehicle Use	Coi	·	(SPORT) UTIL	ITY VEHICLE		
NO SPECIAL FUNCTION	in rensport	NO Emerger	My WOLDS VERNICLE USE			NOT A	Bus Use BUS		

Crash Number C000037291-01	Reporting Agency GEORGIA DEPAR	RTMENT OF PUBLIC SAFETY	Reporting Agency Case Nu	mber Reporting Agency CAD Number GSPI10CAD063006
Owner First Name DAVID	Owner Middle Name	Owner Last Name	Owner Suffix Owner Business (if no	Person)
Address 231 MAIN TRL	I ANDREW	Address Other	City MIDWAY	State Zip Code
Owner Phone Number 912-368-6519	Owner Phone Number	(other) Insurance Company		GA 31320-3097 Insurance Policy Number 0120853809
Vehicle Removal	DI NIO DALIAGE	Vehicle Towed By HODGES TOWII		Wrecker Selection Method
Direction of Travel Before	Crash Estimated Post	ed Roadway Type	Total Lanes Roadway Horizontal Alignment CURVE LEFT	ROTATION Roadway Grade HILLCREST
WESTBOUND Trafficway Description	Speed: 45	Traffic	Control Device Type	HILLCREST Working Properly
TWO-WAY NOT DIVID Roadway Description for Vo		NO C	ONTROLS	
SR-38 Vehicle Maneuver Action (b	by this vehicle)	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Ex	tent (for this vehicle)
1st Sequence of Events Ty	pe (this vehicle)	1st Sequence	of Events Detail (this vehicle)	IG DAMAGE
2nd Sequence of Events Ty UNKNOWN			HICLE IN TRANSPORT of Events Detail (this vehicle)	
UNKNOWN 3rd Sequence of Events Ty		3rd Sequence	of Events Detail (this vehicle)	
UNKNOWN 4th Sequence of Events Ty		·	of Events Detail (this vehicle)	
UNKNOWN		·	<u> </u>	
Most Harmful Event Type (1 COLLISION NON-FIXE		MOTOR VE	Event Detail (this vehicle) HICLE IN TRANSPORT	
Contributing Circumstances NONE			Contributing Circumstances 2 (this vehicle) NONE	
A	vea of Initial Impact		Most Damaged Area	"
[Non Callision *		Non Collision	
	□ тор	1.	□ Тор	
Ι	☐ Undercarriage		☐ Undercarriage	Y 13 13 X
[☐ Unknown		☐ Unknown	· <u> </u>
Occupant Type	Person Name (First	Middle Last Suffix)	Injury Status	
DRIVER	DOROTHY CRAY I	IOLNESS	NON FATAL I	
PASSENGER PASSENGER	DANIEL HOLNESS CHRISTINA HOLNE	ESS	NO INJURY(C NO INJURY(C	oj
PASSENGER VEHICLE V03	VICTORIA HOLNES	SS	NO INJURY(C	<u> </u>
	Type HICLE IN TRANSPORT	State	License Number Registration Expires E	Permanent VIN 5TDZK23C19S244673
Year Make 2009 TOYOTA	Model SIENNA	Style VAN	Color Body Type Cale GRN PASSENGER	Registration 5TDZK23C19S244673
Special Function of Motor \ NO SPECIAL FUNCTION	/ehicle in Transport	Emergency Motor Vehicle Use	Type	of Bus Use
Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix Owner Business (if not	A BUS Person)
Address		Address Other	EURPAC SERVICE City GREENWICE	State Zip Code 1 CT 06836
P.O. BOX 1787 Owner Phone Number	Owner Phone Number	(other) Insurance Company	RANCE COMPANY	
Vehicle Removal	DI NIC DAMACE	Vehicle Towed By	-	Wrecker Selection Method
Direction of Travel Before C	Crash Estimated Post	TOWRIFIC TOW Bd Roadway Type	Total Lanes Roadway Horizontal Alignment	ROTATION Roadway Grade
WESTBOUND Trafficway Description	Speed: 45	Traffic	2 CURVE LEFT Control Device Type	HILLCREST Warking Properly
TWO-WAY NOT DIVID Roadway Description for Ve	ehicle Travel	INUC	ONTROLS	
SR-38 Vehicle Maneuver Action (b	by this vehicle)	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Ex	tent (for this vehicle)
1st Sequence of Events Ty	TIALLY STRAIGHT AHEAD pe (this vehicle)		DISABLIN of Events Detail (this vehicle) HICLE IN TRANSPORT	G DAMAGE
2nd Sequence of Events Ty			of Events Detail (this vehicle)	
UNKNOWN 3rd Sequence of Events Ty	rpe (this vehicle)	3rd Sequence	of Events Detail (this vehicle)	
UNKNOWN 4th Sequence of Events Ty	pe (this vehicle)	4th Sequence	of Events Detail (this vehicle)	
UNKNOWN Most Harmful Event Type (1		•	Event Detail (this vehicle)	
COLLISION NON-FIXE Contributing Circumstances	D OBJECT	MOTOR VE	HICLE IN TRANSPORT Contributing Circumstances 2 (this vehicle)	
NONE Circumstances	a i fund actions)		NONE (Inis venicle)	
A	rea of Initial Impact		Most Damaged Area	
	Non Collision *	MY	☐ Non Coffision	
[□ Тор	151 7 ,	□ Тор	·C IIII 1.
	☐ Undercarriage	131.7	☐ Undercarriage	大周围法
[Unknown		☐ Unknown	TIV.
Occupant Type	Person Name (First	Middle Last Suffix)	Injury Status	
DRIVER	JEANNIE CORR	•	NON FATAL I	N II IDV

Crash Number C000037291-01	Reporting Ages GEORGIA D	TCY EPARTMEN	T OF PUBI	LIC SAFETY		Reporting Agend	y Case Number	Reporting Agency CAD Number GSPI10CAD063006
DRIVER V01								
Person Type DRIVER	NM	V01	# Person	•••				
First Name JAMES	Middle Na CODEY			Last GA	Name MBRE <u>L</u>	- 122	Suffix	Date of Birth Age Sex 01/22/1994 15 M
Address 21 SOUTHERN DR.			ress Other			City FT.	STEWART	State Zip Code GA 31315
Phone Number 912-877-1419	Phone Number	·	A	ondition at Tim PPARENTL	YNORMAL			
Driver License Number 056339840	Class CP	xpires 05/05/2011	GA		ION-CDL DRIVER'S		Status VALID LICEN	
Orivers License Restrictions 1 INTERMEDIATE LICENSE RESTR	RICTIONS		ONE	Restrictions :	2		rivers License Restrictio	ons 3
Driver Distracted By NOT DISTRACTED					Driver Vision Obst VISION NOT O	tructions BSCURED		
Driver Actions at Time of Crash 1 (based RAN STOP SIGN	on judgement o	f investigation	officer)		Driver Actions at 1 NO CONTRIBU		ased on judgement of in	ivestigation officer)
Driver Actions at Time of Crash 3 (based NO CONTRIBUTING ACTION	on judgement o	f investigation	officer)			Time of Crash 4 (b	ased on judgement of in	ivestigation officer)
Motor Vehicle Seating Position: Row FRONT	Molor Vehic	le Seating Po	sition: Seat	Motor V	ehicle Seating Position:			Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USE					Helmet Use			
Air Bag Deployed NOT DEPLOYED		I I I I I I I I I I I I I I I I I I I	1010		Ejection NOT EJECTED)		- Comment - Comm
Trapped Extrication NOT TRAPPED			CALLEY I * "	e matematical de la matematica de la mat	1101 2020123			,
Injury Severity Level Type		Injury Severi	ty L e vel Deta	ii			Primary or Most Ob	vious of Body Area Injured During Crash
NO INJURY(O) Source of Transport to Medical Facility	EMS A	gency Name o	x ID	EMS R	un Number	Medical Facility	Transported To	
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use	Alcohol Te	st Type			ol Tested		Alcohol Test Result	BAC
NO Law Enforcement Suspected Drug Use	Drug Test	Турв		Drug	T NOT GIVEN		Drug Test Result	
NO Violation Type Issued	Nı	mber	Vic	plation Description	T NOT GIVEN			
UNIFORM TRAFFIC CITATION UNIFORM TRAFFIC CITATION	EC	0311151 0311150	40	-5-64 DRIVII			OF LIMITED PERM	IIT
DRIVER V02		0311100	40	-0-2/01/11/	IND NOW / ELFAVING	SOLINE OF AIR	AGGIDEN	
Person Type DRIVER	NM	V02	Person	Type Detail				
First Name DOROTHY	Middle Na CRAY			Last HO	Name LNESS		Suffix	Date of Birth Age Sex 10/07/1971 39 F
Address 231 MAIN TRL			iress Other			City MID	WAY	State Zip Code GA 31320
Phone Number 912-368-6519	Phone Number		I A	ondition at Tin	Y NORMAL			
Driver License Number 054488262	Class C	xpires 10/07/2013	State GA	Jurisdiction T 02 1	ype ION-CDL DRIVER'S	LICENSE	Status VALID LICEN	
Drivers License Restrictions 1 NONE			rivers Licens IONE	e Restrictions	2	<u> </u>	rivers License Restrictio IONE	ons 3
Driver Distracted By NOT DISTRACTED					Driver Vision Obsi	BSCURED		
Driver Actions at Time of Crash 1 (based NO CONTRIBUTING ACTION	on judgement o	f investigation	officer)		NO CONTRIBL		esed on judgement of in	nvestigation officer)
Driver Actions at Time of Crash 3 (based NO CONTRIBUTING ACTION	on judgement o	f investigation	officer)	_	Driver Actions at 1 NO CONTRIBU	Time of Crash 4 (b JTING ACTION	eased on judgement of in	vestigation officer)
Motor Vehicle Seating Position: Row FRONT	Motor Vehi	cle Seating Po	sition: Seat		ehicle Seating Position: APPLICABLE	Other		Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USE	D				Heimet Use			
Air Bag Deployed NOT DEPLOYED					Ejection NOT EJECTED)		
Trapped Extrication NOT TRAPPED								
Injury Severity Level Type NON FATAL INJURY		Injury Sever	ty Level Deta PACITATI	iii NG (B)			Primary or Most Ob UPPER EXTREM	vious of Body Area Injured During Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS A	gency Name			un Number	Medical Facility	Transported To	
Law Enforcement Suspected Alcohol Use	B Alcohol Te	est Type		Alcol	ol Tested	·	Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use	Drug Test	Туре		Orug	Tested T NOT GIVEN		Drug Test Result	
DRIVER V03					, NO GIVEN			
Person Type DRIVER	NN	# Vehick V03	e# Person	Type Detail	_			
First Name JEANNIE	Middle Na	me		Last CC	Name BB		Suffix	Date of Birth Age Sex 09/26/1953 57 F
Address 55 TEABERRY LN			fress Other			City	SIN	State Zip Code SC 29045
Phone Number	Phone Number	· ·	P	condition at Tin APPARENTL	Y NORMAL_			
Driver License Number 002084463	Class I	xpires 09/26/2013	State SC	02 [1	ype YON-CDL DRIVER'S		Status VALID LICEN	
Drivers License Restrictions 1 NONE		0	rivers Licens IONE	e Restrictions			rivers License Restriction	ons 3
Driver Distracted By NOT DISTRACTED					Driver Vision Obs VISION NOT O	BSCURED		
Driver Actions at Time of Crash 1 (based NO CONTRIBUTING ACTION					NO CONTRIBL	<u>JTING ACTION</u>		
Driver Actions at Time of Crash 3 (based NO CONTRIBUTING ACTION	on judgement o	of investigation	officer)		NO CONTRIBL	JTING ACTION	eased on judgement of in	nvestigation officer)
Motor Vehicle Seating Position: Row	Motor Vehi	de Seating Po	sition: Seat	Motor \	Phicle Seating Position	Other		Seating Position Unknown

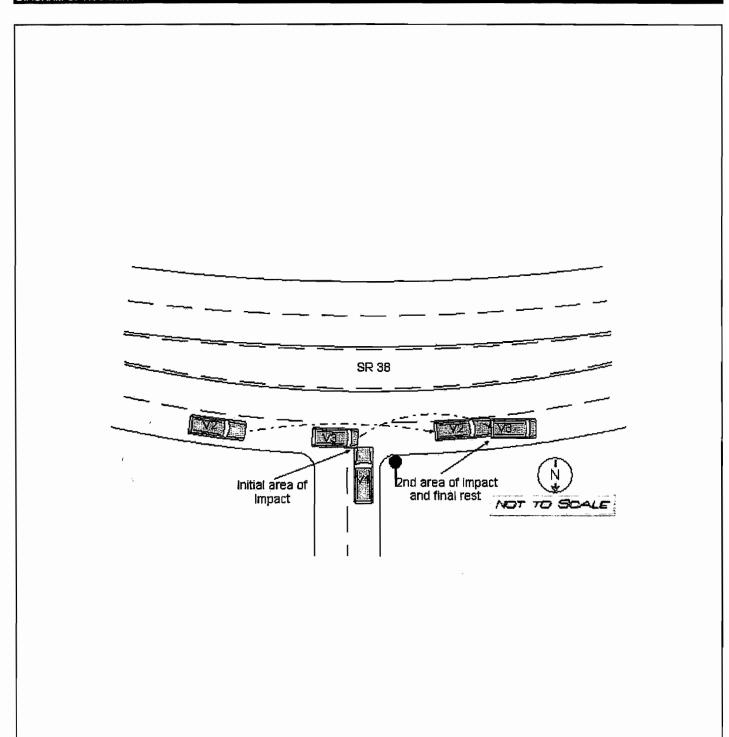
Crash Number R C000037291-01	Reporting Agency SEORGIA DEPARTMENT	OF PUBLIC S	AFETY		Reporting Agen	cy Case Number	Reporting GSPI10	g Agency (CAD063	CAD Numbe	er
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use						
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED		• •	***			
Trapped Extrication NOT TRAPPED				HOT ESCOTE	<u>, </u>					_
Injury Severity Level Type NON FATAL INJURY	Injury Severity L	evel Detail ACITATING (B	`			Primary or M	lost Obvious of Bo XTREMITY	dy Area In	jured Durin	ig Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID		EMS Run N	umber	Medical Facility	Transported To			** ** .	5. 57 710.
Law Enforcement Suspected Alcohol Use	Alcohol Test Type		Alcohol To			Alcohol Test Res	sult		BAC	
NO Law Enforcement Suspected Drug Use	Drug Test Type			OT GIVEN OT GIVEN		Drug Test Result			_	
PASSENGER V02			TESTN	OT GIVEN						
Person Type PASSENGER	NM# Vehicle# V02	Person Type D)etail		•					
First Name DANIEL	Middle Name	•	Last Nam HOLNE	9 SS		Suffix		of Birth 04/1998	Age 12	Sex M
Address 231 MAIN TRL	Addres	is Other			City	DWAY _		State GA	Zip Code 31320	
	one Number (other)	Conditio APPAF	n at Time of RENTLY NO	Crash DRMAL				1	12.000	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position	on: Seat	Motor Vehicl NOT APPI	e Seating Position: ICABLE	Other			Seatin	g Position I	Unknown
Restraint Systems SHOULDER AND LAP BELT USED		•		Helmet Use			<u>_</u>			_
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED)					
Trapped Extrication NOT TRAPPED							<u>,</u>			
Injury Severity Level Type NO INJURY(O)	Injury Severity L	evel Detail				Primary or M	lost Obvious of Bo	dy Area in	jured Durin	ig Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or IC		EMS Run N	umber	Medical Facility	Transported To		_		
Law Enforcement Suspected Alcohol Use	Alcohal Test Type		Alcohol Te	ested		Alcohol Test Res	sult	_	BAC	
NO Law Enforcement Suspected Drug Use	Drug Test Type		Drug Test			Drug Test Result				
PASSENGER V02			TEST N	OT GIVEN						
Person Type PASSENGER	NM# Vehicle# V02	Person Type D	Petail							
First Name CHRISTINA	Middle Name		Last Nam HOLNE	e SS		Suffix	Date 04/3	of Birth 30/2006	Age 4	Sex
Address 231 MAIN TRL	Addres	s Other			City	OWAY		State	Zip Code 31320	
	one Number (other)		n at Time of RENTLY NO							
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle Seating Position	on: Seat	Motor Vehicl NOT APPI	e Seating Position: ICABLE	Other	-		Seatin	g Position l	Unknown
Restraint Systems CHILD RESTRAINT SYSTEM - FOR	WARD FACING	,,		Helmet Use						
Air Bag Deployed NOT APPLICABLE				Ejection NOT EJECTED)		· · · · · · · · · · · · · · · · · · ·			
Trapped Extrication NOT TRAPPED	•									-
Injury Severity Level Type NO INJURY(O)	Injury Severity L	evel Detail				Primary or M	last Obvious of Bo	Jy Area In	ured Durin	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID		EMS Run N	umber	Medical Facility	Transported To				
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Te	ested OT GIVEN		Alcohol Test Res	ult		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Test			Drug Test Result				
PASSENGER V02			IESI N	OT GIVEN						
Person Type PASSENGER	NM# Vehicle# V02	Person Type D	Detail							
First Name VICTORIA	Middle Name	-	Last Nam HOLNE			Suffix		of Birth 17/2010	Age 0	Sex F
Address 231 MAIN TRL		is Other			City MII	DWAY		State GA	Zip Code 31320	
912-368-6519	one Number (other)	APPAR	n at Time of RENTLY NO	DRMAL						
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle Seating Position RIGHT		Motor Vehicl NOT APPL	e Seating Position: .ICABLE	Other			Seatin	g Position l	Unknown
Restraint Systems CHILD RESTRAINT SYSTEM REAR	FACING			Helmet Use						
Air Bag Deployed NOT APPLICABLE				Ejection NOT EJECTED)					
Trapped Extrication TRAPPED & EXTRICATED	-									
Injury Severity Level Type NO INJURY(O)	Injury Sevenity L	evel Detail				Primary or M	last Obvious of Boo	ly Area In	ured Durin	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or IC	9	EMS Run N	umber	Medical Facility	Transported To				
Law Enforcement Suspected Alcohol Use NO	Alcoho! Test Type		Alcohol Te	sted OT GIVEN		Alcohol Test Res	ult		BAÇ	
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Test			Drug Test Result				
WITNESS										
Person Type WITNESS	NM# Vehicle#	Person Type D								
First Name TIMOTHY	Middle Name		Last Nam SMITH	е		Suffix	Date	of Birth	Age	Şex M

Crash Number C000037291-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY			Reporting Ag	gency Case Number	Reporting GSPI100	Reporting Agency CAD Number GSPI10CAD063006		
Address 3229 FT. MORRIS RD		Address Other			City MIDWAY		State GA	Zip Code 31320	
Phone Number 912-977-5281	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL				_		
WITNESS Person Type	NM# Ve	hicle# Perso	on Type Detail						
WITNESS First Name	Middle Name	1 0.00	Lest Name	_	Suffix	Date	of Birth	Age	Sex
JODIE			TROMBLEY		Carran			90	F
Address 500 HERITAGE DR.		Address Other			City HINESVILLE		State GA	Zip Code 31313	
Phone Number 912-271-0928	Phone Number (other) 912-320-4243		Condition at Time of Crash APPARENTLY NORMAL						
NARRATIVE: C000037291									

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 MELVIN, Q. ID Number Rank 231 TFC Org / Unit I-11	Signature Of Ma	Approving Officer Name SGT. B.H. DELOACH ID Number Rank 507 SERGEANT Org / Unit I-11	#501

DIAGRAM OF ACCIDENT



Accident Nun	nber		Age				GEORGI <i>A</i>	RGIA UNIFORM County					Date Rec. by DOT						
10111115						T		OTOR V		ACCIDENT	REPO		LIBERT		of: Inside City Of:				
Date 11/30/2010		Sun	Days of Days of Days of Days			Tim		:20	Off. Arri	ved 17:26	Ve	hicles 2	otal Numb Injunes 0	er ot:	Fatalities 0	Inside (-		
ad of	OLDE	IINES ROA	ND.						At Its	on With GA:	38							Corrected	Report?
ccurence _			2 D Lowe	st St.	Rt. 3 △	Co. Ro	ad 4	City St.				2 K Lov	vest St. Rt.	3	□Co. Road	4 □ Ci	ty St.	Yes	
Not At its Intersection I	But				1 🗆 No 1 🗎 Sou			1	☐ Intersta	te 2 Lowes	t St. R	tt. 3 🗀]Co. Road	4 [City St. 5	□Co. I	Line	Suppl. To	Original?
		a divertis	n shoekad al	20110														Hit and Ru	n?
And continuing the Next Reference			ii checked a	Jove,	1	☐ Inte	erstate	2 Low	est St. Rt.	3 🔲 Co. Road	4 🗆	City St.	5 □ Co.	Line	_			Yes 🗌	
Driver# 1	LAST	NAME		FIRS	T		P	MIDDLE		Driver# 2	LAS	TNAME			FIRST			MIDDLE	
	LAND Addre			JOH	N			EDWARD			BRO Addr		_		ADAM			WAYNE	
Ped 0	85 PC	ST OAK R	OAD NE LOT	14	Zip			DOB		Ped ₀	147	SOUTH F	PAGE STRE	ET ate	Zij			DOB	
City GLENNVILLE			GA_		30 <u>42</u> 3	7				LAGRANGE			G	١	30:	241			
Driver's Lice	nse No	-	Class C		State		⊼ Ma	ıle 🗆	Female	Driver's Lice	nse No	D.	Cla C	SS	Sta G/		⊼ M	ale _	Female
Posted		Insuranc		_	GA_	Polic	y No.	_		Posted		Insura	ance Co.		G/		cy No.		
Speed	Make	ACE AM	ERICAN INSI Model	JRAN		ISAH(0829057	6		Speed Year	Make	GEICO		odei		70AF	PG03204	9-01	
	FORD	(SEE	TRUC	s		12-654-				1999	DODG	E			N B2500	706-95			
VIN 3FRNF65C99	N / 4 4 2 O G				hicle color HITE					VIN 2B7JB21Z5XI	V5707	1.4			Vehicle co BLUE	lor			
Tag #	IV 14390	State		Count			Yea	r		Tag #	10/3/	State		С	ounty		Yea	ır	
YYR7475 Trailer Tag #		PA State	_	Count		_	2010 Yea i			BPM3050 Trailer Tag #		GA State		С	ounty		201 Ye a		
Trailer rag #					, 	_												-	
☐ Same as	Driver	Owner' TOWNS	's Last Name END		F	irst 		Middle		☐ Same as	Drive		er's Last N IAMSON	ame		First SAMUE	L	Middle MICHA	EL
Address 185 JUDYS W	VAY									Address 1137 MOUNT	VILLE	ROAD							
City	VA.1		State	,		Zip				City		110710		State		Zíp			
HOMER CITY Removed By			PA		☐ Re	1574 auest		List		HOGANSVILI Removed By				3A	П	302 Request		List	
cohol Test		Туре	Results		Drug Te: 02	st	Тур	<u> </u>	Results	Alcohol Test		Type		ults	Drug 02			pe	Results
Driver Cond 01	P	irection of	f Travel)4		ision scured	01		ntributing ()4	Factors	Driver Cond 01	'	Direction	of Travel 04		Vision Obscured	l ₀₁		ntributing 01	Factors
Veh Cond 01	v	eh Maneu	ver 02	Т	Ped. Mane	uver				Veh Cond 01	١ -	Veh Man	euver 02		Ped. Ma	neuver			
Most Harmfu	ıl Event		Veh Class	<u> </u>	01		Veh Ty	•	14	Most Harmfu	ıl Even	nt 11		Class	: 01		Veh T	уре:	10
Traffic Ctrl		05	Device ino	perativ		Yes	<u> </u>	No		Traffic Ctrl		05	Device	Inop	erative	☐ Ye	s 🗓] No	
Injured Taker	n To:	•						Ву	":										
EMS Notified	Time	EMŞ	Arrival Time		_	Hos	pital An	rival Time		Photos Taken:		Yes	X No	В	y:				
Report By:				Dep	artment					R	eport	Date	Checked	Зу:				Date C	hecked
SOLOMON, V Witness(es):		1		LIBE	RTY CO S					City 1	1/30/20	010 Stat	PIKE, GRE	G	Zip Code		T	11/30/2 elephone N	
TAYLOR, AND					147 SOU		E STRE	ET		LAGRANGE		GA			30241			6-957-0920	
											Ì								
DOT MICROF	FILM NU	JMBER (D	O NOT WRIT	E IN T	HIS SPAC	E) 													
								COMM	ERCIAL	/EHICLES		Y							
Carrier Name Vehicle #	e									Carrier Name Vehicle #	е								
Address		_	С	ity	-	St	ate	Zip		Address				Cit	у	s	tate	Zip	
No. od Ax	les	G.	V.W.R.		Fed. Re			Cargo I	Body Type	No. od Ax	les		G.V.W.R.			Reportates 2	_	Cargo	Body Type
Vehicle Co	nfig.	I.C.	.C.M.C.#			.O.T.#	1110	Interstat Intrastat		Vehicle Co	nfig.	l.	.C.C.M.C.#			S.D.O.T.#		interstat	_
	C.D.I	7 1 □Y		0	C.D.L	Suspe	nded?		2 □ No		C.D.L	? 1 F	Yes 2	□No	C.E).L. Susp	ended?	<u>'</u>	2 ∐ No
- Vehicle I		_	/es 2 □ N			•		_	2 No	Vehicle I		_	Yes 2	_					2 No
			/es 2 □ N						_				Yes 2						
		_	ber from Dia		or Box:							_	_		ond or Box:				
	-		from Botton					0			•	•			of Diamond:			Concrett	of Hult-
Ran O	ff Road	Down	Hill Runawa	y	Cargo Los	ss or Sh		Separation	n of Units	Ran O	rt Road	u Do	wn Hill Rui	ıaway	/ Cargo	Loss or S	niit	Separation	Page 1 st

REMARKS														
Vehicle #2 was s	stopped at the	yield sign l	ocated a	t Old Hines	Ro	ad	ar	ıd (GA 38 at	temptir	ng to m	ake a ri	ight hai	nd
turn onto GA 38 w	hen it was rea	ar ended by	Vehicle :	#1 which w	as (dire	ect	ly l	behind \	/ehicle	#2.		•	
OFFICED NAME CO.	OMON MULLIANA	0551055		050										
	LOMON, WILLIAM		R NUMBER	952										
INDICATE ON THIS	DIAGRAM WI	HAI HAPPE	INED											
				(N)										
				(N)										
	GA 38													
			A											
	/		/											
												4		
	*											,		
	/ 🕍 /													
/	OLO HIMES ROAD		DA	CRN:1011-1115 TE OF ACC.: 11/29/20 DEPUTY SOLOMON	110						,			
	ODE			DEI OTT GGEGMON										
	,													
Accident Investigation Site?	CITATIONS - VEHICL	.E#				Τ,	CITA	TION	NS - VEHICLE	#				
☐ Yes K No						+								
Site Number:														
First Harmful Traffic-Way	Weather	Surface Cond.	Light Cond.	Manner of Collision	Loca	tion of Imp			Road Comp	. Roa	d Def.	Road Charac		ruction of
11 4	1	1	4	3	Ĭ	1			2		1	5	l l	ONE
<u>, </u>	VEH:	1 VEH:	2	SKID				0	AFTÉR	0		Width	of Road	
Number of Occupants	1	3		DISTANCE		-	V	ÆΗ.		VEH. 1				
Point of Initial Contact	12	: 6		BEFORE IMPACT				0		0		2	24"	
Damage to Vehicles	2	2				-		ÆH.	2	VEH. 2	<u>—</u> ?			
Damage Other		Own	er		ш	×	#	s		TAKEN		SAFETY		AIR
Than Vehicle:					AGE	SEX	VEH	РО	INJURY	FOR TREAT.	EJECT	EQUIP.	EXTRIC.	BAG
	Driver# 1 Or Pe	edestrian # 0 LA	NDON, J OHN						0	2	1	8	2	2
Occupants (list below):	Driver# 2 Or Pe	edestrian# _{0 BR}	OOKS, ADAM						0	2	1	8	2	2
LAST NAME, FIRST NAME	ADDRES		CITY	STATE ZIP	хх	ХХ	хх	XX	XXXXX	xxxxx	XXXXX	xxxx	xxxx	xxxx
BROOKS, DENNIS	147 SOUT	TH PAGE STREET	LAGRANGE	GA 30241	30	М	2	3	0	2	1	8	2	2
TAYLOR, ANDY	147 SOUT	H PAGE STREET	LAGRANGE	GA 30241	40	М	2	5	0	2	1	8	2	2
_														
_														
													I	



STATE OF GEORGIA TRAFFIC CRASH REPORT

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

G5P#38

12/27/10 @ 5276 PM 4:55

					(300 6.4120)
Crash Number C000033530-01	Reporting Agency GEORGIA DEPARTMENT O	F PUBLIC SAFETY	Reporting C00003	Agency Case Number 3530-01	Reporting Agency CAD Number GSPI10CAD072438
CRASH IDENTIFIERS					
County of Crash LIBERTY	City or Place of Crash FLEMINGTON	City Limits Crast	Date/Time 7/2010 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 Cle	eared Scene Date/Time Comp /27/2010 06:23 PM 12/2	plete Date/Time 17/2010 08:21 PM	eason (if Investigation No	t Complete) S	ource of Information AW ENFORCEMENT AGENCY
ROADWAY INFORMATION Roadway Description for Location of O	COURTORCO		Distance to City or	Place of Crash Latitud	e Longitude
OLD HINES ROAD Intersecting Roadway Description for L				N	31 51.5675 W 81 33.9147 adway [Roadway Cleared Date/Time]
GA 38 Part of National Highway System IRoa		IRoadwa	y Functional Class Detail	IJ Bio	ocked Troadway Cleared Bater Time
NO UR	BAN dway Lighting		ÉCTOR	Signed Bicycle Route	
CURB NO Traffic Control Type at Intersection	LIGHTING Mainline Numb	NONE ber of Lanes at Intersection	•	NOT APPLICABLE of Lanes at Intersection NES	
CRASH INFORMATION	ONE LANE		FOUR TO SIX LA	NES	
Light Condition DAYLIGHT	Weather Condition CLEAR		oadway Surface Condition	n	Crash Pictures Taken
First Harmful Event Type COLLISION NON-FIXED OBJEC		Firs	t Harmful Event Detail OTOR VEHICLE IN TR	ANSPORT	
Total Counts Vehicles	CMV Motorists	Non-Motorists Injured	Fatalities	Witnesses Other Pe	
First Harmful Event's Relation to Juncti	on Is First Harmful Eve	ent within Interchange Area	5 0 Type of Inte	ersection 0	0 0 1
INTERSECTION Contributing Circumstances: Environment	NO	outing Circumstances: Environm	T-INTERS	SECTION Contributing Circumstan	ces: Environment
NONE Contributing Circumstances: Road	NONE	E outing Circumstances: Road		NONE Contributing Circumstan	ces: Road
NONE School Bus Related	NONE		Crash	NONE Location in Work Zone	
NO		10			
VEHICLE V01 Motor Vehicle Type MOTOR VEHICLE IN 1	TRANCRORT		ense Number Regis	tration Expires Permaner	t VIN
Year Make 2007 DODGE	Model CALIBER SXT	GA AV Style 4S	/W1418 11/2 ⁻ Color RED	1/2011 LI Registration Body Type Category (SPORT) UTILITY VEH	
Special Function of Motor Vehicle in Tr		ergency Motor Vehicle Use	KED	Type of Bus Use NOT A BUS	
	wner Middle Name	wner Last Name	Owner Suffix Own	er Business (if not Person)	
JIMMY [] Address 75 FACTORY ST SW	KIMAddress	ILLIARD Other		City LUDOWICI	State Zip Code GA 31316-3747
Owner Phone Number	Owner Phone Number (other)	Insurance Company USAA		Insura	ince Policy Number 29315G
Vehicle Removal DRIVEN - NOT DISABLED		Vehicle Towed By			Vrecker Selection Method
Direction of Travel Before Crash	Estimated Posted Roadwar	y Type TiDED HIGHWAY 2	otal Lanes Roadway Hori		Roadway Grade LEVEL
Trafficway Description ONE-WAY TRAFFICWAY			ol Device Type		Working Properly YES
Roadway Description for Vehicle Trave OLD HINES RROAD					
Vehicle Maneuver Action (by this vehicle MOVEMENTS ESSENTIALLY ST	le) Hit & Rur RAIGHT AHEAD NO DIC	n (by this vehicle) NOT LEAVE SCENE		Damage Extent (for this MINOR DAMAGE	vehicle)
1st Sequence of Events Type (this vehi COLLISION NON-FIXED OBJECT	icle)	1st Sequence of Ev	ents Detail (this vehicle) E IN TRANSPORT		
2nd Sequence of Events Type (this veh UNKNOWN			vents Detail (this vehicle)		
3rd Sequence of Events Type (this veh UNKNOWN	icle)	3rd Sequence of Ev	vents Detail (this vehicle)		
4th Sequence of Events Type (this veh UNKNOWN	icle)	4th Sequence of Ev	ents Detail (this vehicle)		
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJEC		Most Harmful Event	t Detail (this vehicle) E IN TRANSPORT		
Contributing Circumstances 1 (this veh NONE		Cor	ntributing Circumstances 2	2 (this vehicle)	
Area of Initial	Impact			ost Damaged Area	
□ Non Co		ξ,	Γ	Non Collision	
□ Тор] Тор	
Underca	arriage		_	Undercarriage	
☐ Unknow		1		• •	
		at Suffix)		*	
Occupant Type DRIVER	Person Name (First Middle Las PATRICIA J HILLIARD	or Sullix)		Injury Status NON FATAL INJURY	
PASSENGER VEHICLE V02	CHARLES I. JOHNSON			NO INJURY(O)	
V02 Motor Vehicle Type MOTOR VEHICLE IN 1		State Lice AL AM	ense Number Regis 151512 09/30	tration Expires Permanen 0/2011 Permanen	t VIN 2HJYK16567H514975
Year Make 2007 HONDA	Model RIDGELINE	Style SPORT UTILITY	Color	Body Type Category (SPORT) UTILITY VEH	ICLE

Crash Number Reporting Agency C000033530-01 GEORGIA DEPARTMENT OF PL	JBLIC SAFETY	Reporting Agency Case Number C000033530-01 Reporting Agency CAD Number GSPI10CAD072438	
Special Function of Motor Vehicle in Transport Emergen NO SPECIAL FUNCTION NO	ncy Motor Vehicle Use	Type of Bus Use NOT A BUS	
Owner First Name Owner Middle Name Owner STEPHANIE LEE SCHV	WARTZBERG	ner Suffix Owner Business (if not Person)	
Address Othe 97 LEE ROAD Owner Phone Number Owner Phone Number (other)	Insurance Company	City State Zip Code AL 36870 Insurance Policy Number	
Owner Phone Number (other) 706-332-2164 Vehicle Removal	STATE FARM Vehicle Towed By	1463638-E14-01B Wrecker Selection Method	
DRIVEN - NOT DISABLED Direction of Travel Before Crash		es Roadway Horizontal Alignment Roadway Grade	
SOUTHBOUND Speed: 45 UNDIVIDED Trafficway Description	D HIGHWAY 2 Traffic Control Devi	CURVÉ RIGHT LEVEL DE Type Working Properly	
ONE-WAY TRAFFICWAY Roadway Description for Vehicle Travel	YIELD SIGN	YES	
OLD HÎNES ROAD Vehicle Maneuver Action (by this vehicle) STOPPED IN TRAFFIC Hit & Run (by NO DID NO	this vehicle)	Damage Extent (for this vehicle) MINOR DAMAGE	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events De MOTOR VEHICLE IN 1	etail (this vehicle)	
2nd Sequence of Events Type (this vehicle) UNKNOWN	2nd Sequence of Events D		
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events De	etail (this vehicle)	
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events De	<u> </u>	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN	RANSPORT	
Contributing Circumstances 1 (this vehicle) NONE	Contributin NONE	g Circumstances 2 (this vehicle)	
Area of Initial Impact		Most Damaged Area	
Non Collision		Non Collision	
Тор		Тор	
Undercarriage 1 1		Undercarriage	
LI Unknown		Unknown	
Occupant Type Person Name (First Middle Last Su DRIVER STEPHANIE LEE SCHWARTZBEI		Injury Status NON FATAL INJURY	
PASSENGER FREDERICK LEON II DAYE PASSENGER MEAGAN E DAY		NON FATAL INJURY NON FATAL INJURY	
PASSENGER FREDERICK L. DAYE 3 DRIVER V01		NON FATAL INJURY	
	on Type Detail		
Person Type DRIVER NM# Vehicle# Person Type Volume Volu	Last Name HILLIARD	Suffix Date of Birth Age Se O1/02/1984 26 F	ex
Person Type DRIVER First Name PATRICIA Address 302 W GENERAL STEWART #10B	Last Name HILLIARD	Suffix Date of Birth Age Separate Separate	ex
Person Type NM# Vehicle# Person Type DRIVER First Name PATRICIA Address 302 W GENERAL STEWART #10B Phone Number 912-271-5169 NM# Vehicle# V01 Address Othe V01 Person Type Vohicle# V20 Address Othe V01 Phone Number (other)	Last Name HILLIARD	01/02/1984 26 F	ex
Person Type	Last Name HILLIARD er Condition at Time of Crash APPARENTLY NORMAL Jurisdiction Type	01/02/1984 26 F City	ex
Person Type DRIVER First Name PATRICIA Address 302 W GENERAL STEWART #10B Phone Number 912-271-5169 Priver License Number 049906689 Class Expires GA GA Drivers License Restrictions 1 CORRECTIVE LENSES Driver Distracted By	Last Name HILLIARD er Condition at Time of Crash APPARENTLY NORMAL Jurisdiction Type 02 NON-CDL DRI ense Restrictions 2	01/02/1984	ex
Person Type DRIVER NM# Vehicle# Person Type Vo1	Last Name HILLIARD er Condition at Time of Crash APPARENTLY NORMAL Jurisdiction Type O2 NON-CDL DRI ense Restrictions 2 Driver Visi ALL OTH Driver Acti	City State Zip Code GA 31313 VER'S LICENSE VALID LICENSE Drivers License Restrictions 3 NONE on Obstructions HER (EXPLAINED IN NARRATIVE) ons at Time of Crash 2 (based on judgement of investigation officer)	ex
Person Type DRIVER First Name PATRICIA Address 302 W GENERAL STEWART #10B Phone Number 912-271-5169 Driver License Number 049906689 Class C Expires 01/02/2013 GA Drivers License Restrictions 1 CORRECTIVE LENSES Driver Distracted By NOT DISTRACTED Driver Actions at Time of Crash 1 (based on judgement of investigation officer) Driver Actions at Time of Crash 3 (based on judgement of investigation officer)	Last Name HILLIARD Tondition at Time of Crash APPARENTLY NORMAL Jurisdiction 1 Type 02 NON-CDL DRI ense Restrictions 2 Driver Visi ALL OTF Driver Acti NO COM Driver Acti	City Status VER'S LICENSE Drivers License Restrictions 3 NONE	ЭХ
Person Type DRIVER First Name PATRICIA Address 302 W GENERAL STEWART #10B Phone Number (other) 912-271-5169 Driver License Number 049906689 Drivers License Restrictions 1 CORRECTIVE LENSES Driver Distracted By NOT DISTRACTED Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FOLLOWED TOO CLOSELY Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION Motor Vehicle Seating Position: Row Motor Vehicle Seating Position: Seating Po	Last Name HILLIARD er Condition at Time of Crash APPARENTLY NORMAL Jurisdiction 17ype 02 NON-CDL DRI ense Restrictions 2 Driver Visi ALL OTH Driver Acti NO CON Driver Acti NO CON	City State GA 31313 VER'S LICENSE Drivers License Restrictions 3 NONE on Obstructions IER (EXPLAINED IN NARRATIVE) ons at Time of Crash 2 (based on judgement of investigation officer) TRIBUTING ACTION INTRIBUTING ACTION ON 101/02/1984 26 F Status VALID LICENSE ITRIBUTING ACTION	
Person Type DRIVER NM# Vehicle# V01 Person Type DRIVER	Last Name HILLIARD er Condition at Time of Crash APPARENTLY NORMAL Jurisdiction 17ype 02 NON-CDL DRI ense Restrictions 2 Driver Visi ALL OTH Driver Acti NO CON Driver Acti NO CON	City State Zip Code	
Person Type DRIVER NM# Vehicle# Person Type Vo1	Last Name HILLIARD er Condition at Time of Crash APPARENTLY NORMAL Jurisdiction 02 NON-CDL DRI ense Restrictions 2 Driver Visi ALL OTH Driver Act NO CON Driver Act NO CON at Motor Vehicle Seating F	City State Zip Code GA 31313 VER'S LICENSE VALID LICENSE Drivers License Restrictions 3 NONE on Obstructions HER (EXPLAINED IN NARRATIVE) ons at Time of Crash 2 (based on judgement of investigation officer) ITRIBUTING ACTION ons at Time of Crash 4 (based on judgement of investigation officer) ITRIBUTING ACTION Position: Other	
Person Type DRIVER First Name PATRICIA Address 302 W GENERAL STEWART #10B Phone Number 912-271-5169 Driver License Number 049906689 Drivers License Restrictions 1 CORRECTIVE LENSES Driver Distracted By NOT DISTRACTED Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FOLLOWED TOO CLOSELY Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION Motor Vehicle Seating Position: Row FRONT Restraint Systems SHOULDER AND LAP BELT USED	Last Name HILLIARD er Condition at Time of Crash APPARENTLY NORMAL Jurisdiction Type 02 NON-CDL DRI ense Restrictions 2 Driver Visi ALL OTH Driver Actt NO CON at Motor Vehicle Seating F	City State Zip Code GA 31313 VER'S LICENSE Drivers License Restrictions 3 NONE	lown
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i	Drivers License Restrictions 1	Drivers Li NONE	cense Restrictions 2		Drivers License Restrict	tions 3	
ļ	CORRECTIVE LENSES Driver Distracted By NOT DISTRACTED	INONE		Driver Vision Obst	ructions		
İ	Driver Actions at Time of Crash 1 (based on NO CONTRIBUTING ACTION	judgement of investigation officer)	*****		ime of Crash 2 (based on judgement of	investigation officer)	
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-	NOT TRAPPED Injury Severity Level Type	Injury Severity Level	Detail			Obvious of Body Area Injured During (Crash
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_	NO Law Enforcement Suspected Drug Use	Drug Test Type	Drug Test		Drug Test Result		
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	PASSENGER First Name MEAGAN Address 162 LIBERTYWOOD DRIVE Phone Number Motor Vehicle Seating Position: Row SECOND Restraint Systems SHOULDER AND LAP BELT USED Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V02 PASSENGER First Name FREDERICK Address 162 LIBERTYWOOD DRIVE Phone Number Motor Vehicle Seating Position: Row SECOND Restraint Systems SHOULDER AND LAP BELT USED Air Bag Deployed	Note Note	Condition at Time of APPARENTLY N Seat Motor Vehice I Detail EMS Run N Alcohol T TEST N Drug Test TEST N Drug Test TEST N Last Nan DAYE ther Condition at Time of APPARENTLY N	Crash ORMAL de Seating Position: Helmet Use Ejection NOT EJECTED lumber ested OT GIVEN Telmet OT GIVEN Telmet Led OT GIVEN Telmet Led ORMAL Led Led Led Led Led Led Led Led Led Le	City FT. STEWART Other Primary or Most C UNSPECIFIED Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix 3 City FT. STEWART	Date of Birth Age O4/04/2000 O4/04/2	Crash
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	PASSENGER First Name MEAGAN Address 162 LIBERTYWOOD DRIVE Phone Number Motor Vehicle Seating Position: Row SECOND Restraint Systems SHOULDER AND LAP BELT USED Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO PASSENGER V02 Person Type PASSENGER FIRST Name FREDERICK Address 162 LIBERTYWOOD DRIVE Phone Number Motor Vehicle Seating Position: Row SECOND Restraint Systems SHOULDER AND LAP BELT USED Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type	Note Note	Condition at Time of APPARENTLY N Seat Motor Vehic EMS Run N Alcohol T TEST N Drug Test TEST N Drug Test TEST N Condition at Time of APPARENTLY N Condition at Time of APPARENT	Crash ORMAL de Seating Position: Helmet Use Ejection NOT EJECTED lumber ested OT GIVEN Telmet OT GIVEN Telmet Led OT GIVEN Telmet Led ORMAL Led Led Led Led Led Led Led Led Led Le	City FT. STEWART Other Primary or Most C UNSPECIFIED Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix 3 City FT. STEWART Other	Date of Birth Age O4/04/2000 State GA 31315	Crash Sex M
	PASSENGER First Name MEAGAN Address 162 LIBERTYWOOD DRIVE Phone Number Motor Vehicle Seating Position: Row SECOND Restraint Systems SHOULDER AND LAP BELT USED Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V02 Person Type PASSENGER First Name FREDERICK Address 162 LIBERTYWOOD DRIVE Phone Number Motor Vehicle Seating Position: Row SECOND Restraint Systems SHOULDER AND LAP BELT USED Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED	Note Note	Condition at Time of APPARENTLY N Seat Motor Vehic EMS Run N Alcohol T TEST N Drug Test TEST N Drug Test TEST N Condition at Time of APPARENTLY N Condition at Time of APPARENT	Crash ORMAL le Seating Position: Helmet Use Ejection NOT EJECTED lumber ested OT GIVEN led OT GIVEN Crash ORMAL le Seating Position: Helmet Use Ejection NOT EJECTED	City FT. STEWART Other Primary or Most C UNSPECIFIED Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix 3 City FT. STEWART	Date of Birth Age O4/04/2000 State GA 31315	Crash Sex M

Crash Number Ro	enorting Agency		Renoting Agency Case Number	Penorting Agency CAD Number					
C000033530-01	eporting Agency EORGIA DEPARTMENT OF PU	UBLIC SAFETY	Reporting Agency Case Number C000033530-01	Reporting Agency CAD Number GSPI10CAD072438					
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						
PASSENGER V01 Person Type PASSENGER	V01	son Type Detail							
First Name CHARLES	Middle Name I.	Last Name JOHNSON	Suffix	Date of Birth Age Sex 07/08/1975 35 M					
Address 335 MORTAR PLACE Phone Number Phone 912-877-5933	Address Other	Condition at Time of Crash APPARENTLY NORMAL	City HINESVILLE	State Zip Code GA 31313					
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Sea RIGHT		: Other	Seating Position Unknown					
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use		- Maria (Managara)					
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTEI)						
Trapped Extrication NOT TRAPPED			_						
Injury Severity Level Type NO INJURY(O)	Injury Severity Level D			vious 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						
NARRATIVE: C000033530									
Vehicle # 2 was traveling south on Old	Hines Road Vehicle # 1 was to	raveling south on Old Hines Road.	Vehicle # 2 stopped for traffic at the v	ield sign on Old Hines Road					

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 CHENEY, A. M. ID Number Rank 954 TFC Org / Unit I-11	Approving Officer Name DELOACH, B.H. SGT. ID Number Sergeant Org / Unit I-11 Signature Signature Signature Signature

Accident Number		Agency NCIC No.	DPS 52			MOTOR VEHICLE County					Date Received Page		
<u> 11 - </u>	8 - 08	GAGSP1100	(1/200)4)	ACCIDE	NT REPO	RT	LIBER.	<u>ry</u>				Of 2
Date	De	v Of Week	7	ime	Off. Ar	rived	Toi Vehicles	tal Number	Of Fatalities	Inside			
06/40/0008			١	704	0.7	20	Venicies	Injuries	n n	City Of			
06/18/2008	Sun M T	W Th F S		724		39			U				
Road Of Occurrence	ld Hines Rd.			Inter	At Its rsection _	Suni	ourv Rd					Corrected	Report
		est St. Rt. 3 🗸 Co Ros	d 4	City St.	With 1	Interstat	a 2 Lov	vest St. RL	3 🗸 Co Ros	d 4 Ci	ty St.		Yes
Not At Its		Miles 1 North		East	Of							Suppl. To	Original
Intersection But		Feet 2 South		West		erstate 2	1 nwest St	. Rt. 3	o Road 4	City St. 5	Co. Line	Coppi. 10	-
And Continuing in the	he				1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			70 (1000 4)		L. Joo. Line		Yes [
Direction Checked							1	-				Hit and R	นท?
The Next Reference	Point is 1	Interstate 2 Lowest	St. Rt. 3	Co Ros	ad 4(C	City St 5	Co. Line					Yes L	
Driver# Last N	lame	First		Middle		Driver #	Last Nar	ne		First	M	idd ie	
	k. Robiin Per	arl				2	Blank	enship.	Maria T	eresa			
Addres							Addres						
Ped. 629	Knox DR					Ped.	303	Liberty (Dak Ln.				
City		State Zip	D	ОВ		City			Stat	e Zip		DOB	
Appling, Ga	a. 30802			05/29/				<u> Ga. 31</u>				08/0:	3/1958
Driver's License No		Class	State		Male	Driver's L	icense No	•	C	888	State		Male
058513010)	С	GA	✓	Female		520006°			С	Ga		Female
	surance Co.	F	olicy No.			Posted	05	nsurance C			Policy N		
Speed 25 P	rogressive		1973	53422		Speed	25 s	tate Fa	m			32791A0	211A
Year Mai			Telephor			Year	Mak	.e	Model	_	Telephor		
2004 Dodge	<u> </u>	Stratus		706-699	-1713	2007	Ford			Focus		368-53	51
VIN		Vehicle C				VIN			000100	7	/ehicle Color		
	X54N25719			old	V		LEAFP3	4N77W				Maroor	
Tag # AQH5484	State Ga	County COLUMBIA			Year 2009	Tag#	3BR482	24	State Ga	LIBERT	inty Y		Year 2008
	State	COLUMBIA			Year	Trailer Ta		.4	State	Cou			Year
Trailer Tag #	State	County				TIGHET T	ng m		Julio	000	AIILY		,
✓ Same Owner	s Last Name	First	M	ddle		✓ Same	Own	ers Last N	ame	First	N	liddle	
as Driver Knox	<u>, Robin Pear</u>	<u>1</u>				as Drive	r Blan	<u>kenship</u>	Maria T	eresa			
Address						Address	2021	lla a als a d	>				
	I Knox DR	-1-	7-			014	303	<u>iberty (</u>	Jak Ln. State		7:-		
City Appling, Ga		ate	Zip			City Hin	aevilla	Ga. 313			Zip		
Removed By	1. JUOUZ	Г	Reque	st	List			CO. U.IL	, I W		Reque	est i	List
	river		Jiwa	-	J 	Remove	Dr	iver					
Alcohol Typ	e Results	Drug Type	Re	sults		Alcohol	_ Ту	ре	Results	Drug	Туре	Results	•
Fest 2		Test 2				Test	2	1		Test 2			
Driver 1	Direction	Vision 1		ntributing F	actors	Driver	. 1	Direction of Travel		Vision	4 C	contributing	Factors
Condition Vehicle	of Travel 1 Vehicle _	Obscured Pedestrian	3	- -	_	Condition Vehicle		Vehicle	_	Obscured Pedestrian			_
Condition 1	Maneuver 5	Maneuver	-			Condition	, 1	Maneuve	_r 4	Maneuver			
Most Harmful Even		hicie Class 1	Veh	icle Type	1	Most Ha	mful Even	11	Vehicle	Class 1	Ve	hicle Type	1
			- п.	Yes 🗹	No			5	Davideo 1		<u> </u>	Yes	<u>√</u> i No
Traffic Control	6 Devi	ice Inoperative ?		res 🖳	NO	Traffic C	oniroi (,	Device	noperative	r	TUS -	Z NO
Injured Taken To						Ву							
EMS Notified Time	EMS/	Arrival Time Hos	pital Arri	val Time						_			
	_						s Taken	Yes	✓ No	Ву:			
Report By :	3.A. BREWTO	W #330	Depar	tment	Hinesy	Re	port Date 06/18/	2000	Checked I	^{3y :} . K. Whi	40.00	Date C	hecked 3/2008
				GSP			06/16/		Code	. K. VVIII		elephone N	
Witness(es) Name		Address			Cit	,		Zip	Code		16	nahuous N	U .
_													
DMVS MICRO	FILM NUMBER	(DO NOT WRIT	TE IN T	IS SPAC	CE)								
				COMME	RCIAL V	EHICLES	ONLY						
Carrier Name						Carrier N							
Vehicle #						Vehicle r							
Address						Address							
Clbu	Sta		Zip			City			State		Zip		
City	38	310	-14			Unity .			244.0		IP		
Number Of	G.V.W.R.	Fed. Reportable	Care	go Body		Number	Of	G.V.	W.R.	ed, Report		rgo Body	
Axles	<u> </u>	1 Yes No	Typ	_		Axles				Yes			1
	.C.C.M.C. #	U.S. D.O.T. #		Interstate		Vehicle		I.C.C.M.C	:.# U	.S. D.O.T.	#	Interstate	
Config.	2 1	C.D.L. Suspende	d? 1	Intrastate Yes 2		Config.	1 Yes	2 No		C.D.L. Sus	nended ?	Intrastate 1 Yes	2 No
C.D.L.? 1 Yes		Hazardous Materia			No					zardous M		1 Yes	2 No
Vehicle Placarded 1 Yes 2 N		Releas			No		Placarded 1					1 Yes	2 No
		n Diamond or Box							r From Dia:	nond or Ba	x –		
		m Bottom of Diamond							r From Bott				
Ran Off Road	•	IIICargo Los		Separat		R	an Off Roe	d	Down Hill		go Loss _	Separ	
		Or Shift		Of Units	8					Or S	Shift	Of Un	its

GSP 7 3

REMARKS Accident Number 11	1- 0198 - 08	8 <u>Date</u> 00	6/18/2008	Time	07	24		PAG	3F 2	c)E	2
Vehicle #2 stopped at stop sign on Hines R attempted to turn left on Old Sunbury Rd., I bumped the rear end of vehicle #2. Both vehicle #1 and the left side of the front burn	Rd. Vehicle #1 but stopped suc ehicles were dr ble damage to c	stopped behir addenly due to Iriven to a cont either vehicle	ind vehicle #2 oncoming tra strolled rest or	2. Drive raffic. V	er of Vehic	f vehic icle #1 ı side d	pulled of Old S	tated thup and up and Sunbury	hat sho d its fro y Rd p	e ont end orior to	ıd O	
INDICATE ON THIS DIAGRAM WHAT HAPPEN	NED !	Reported By:	CPL B.A. BRE	EWTON	i #38	30						
				/ a :	N N	Bonce						
Sunbury Rd							-					
		QI	d Hines Rd						,			
Accident Investigation Site ? Yes V No Sile Number	# 1_			Citations -	Vehi	cle#	2					
First Harmful Traffic- Weather Surface Cond.	Light Condition	Manner Of Collision 3	Location At Area Of Impact 1	Road Comp		Road Defe		Road Charac	cter 1	Con: Main Zone		
VEH # 1 VEH # Number of Occupants 2 2 2 Point Of linitial Contact 12 6 Damage To Vehicles 2 2	BEFOR	DISTANCE 0 RE IMPACT 0	VEH# 1	AFTE	≣R	_0 _0	VEH#			Width C	Of Roa	d
Damage Other Than Vehicle	Owner			AGE	SEX	VEH NO PO	os. INJURY	TAKEN FOR TREAT.	EJEC	SAFETY EQUIP	EXTRIC	AIR BAG
Occupants			or Pedestrian #	29 49			0	2	1	3	2	2
Last Name First Address Blankenship, William 303 Liberty Oak L	City	Ga .31313		^{2lp} 17	 ''' 	2 3	3 4	2	1	3	2	
				1	lfl	1 13	ง ได	12	1	3	12	2
Brown, Mara 1144 South Main S	St., Hinesville, (Ga. 31313		20		7				3_	-2	2
Brown, Mara 1144 South Main S	St., Hinesville, (Ga. 31313		20						3		

					_			_											
Accident Number Agency NCIC No. DPS 523E GEORGIA			ORGIA M	OTOR V	EHICLE	County			Date Received Page 1		Page 1								
11 - 0207 - 08	- 0207 - 08 GAGSP1100 (1/2004) ACCID		<u>ACCIDE</u>	NT REPORT		LIBERTY					•								
Date Da	y Of Week	Time	Off. Arriv			tal Number Injuries	Of	Inside			Of 2								
	Y				_	_	_	City Of											
06/26/2008 sun M T	W Th F S	1832		45	2	1.0	_0												
Road Of Old Sunbury F	Road	Inter	At Its rsection _	Old	Hines R	oad				Corrected	Report								
Occurrence Old Still Dolly Road City St. With I Interstate Lowest St. Rt. 3 Co Road City St. Yes																			
Not At the																			
Intersection But Suppl. 10 Original																			
And Continuing in the											Yes								
Direction Checked Above Hit and Run?									tun?										
The Next Reference Point Is 1	Interstate 2 Lowest 5	St. Rt. 3 Co Ros	ad 4 🔲 🤇	City St 5	Co. Line					Yes [
Driver # Last Name First Middle Driver # Last Name First Middle																			
	2																		
1 Driggers, Dennis W.					Address														
Ond					Ded ! !														
City 1001 Tony Nevil	City State Zip DOB																		
Register, Ga. 30452	State Zip	DOB 08/29/	1962		esville	Ga. 31		ال حال			8/1967								
Driver's License No.	Class Si		Male		icense No.			less	State		Male								
0492928893			Female		862786		-	C	Ga	✓	Female								
Posted Insurance Co.	0492920093 A G8					Posted Insurance Co. Policy No.													
Speed 25 Progressive	-	03877176		Speed	25 U		·		•	4100806I	11								
11001000146		elephone No.		Year	Mak		Model		Telepho										
1997 Volvo	Tractor	9126813	364	2002	Volvo		thous.	S60	. I Gropiio		22387								
1997 Volvo Tractor 9126813364 2002 Volvo S60 9124482387																			
4VA7BBJF5WN7599		White			/V1RS	58D0221	169491	,	Venicie Colo	Red									
Teg # State	County		Year	Ten#			State		unty	1104	Year								
IC 0520 Ga			2008	Tay #	XEB 27	89		LIBERT			2008								
Trailer Tag # State PO4062A Ga	County		Year	Trailer Ta	g#		State	Co	unty		Year								
			2008																
Same Owner's Last Name First Middle Same Owner's Last Name First Middle as Driver Delta Transport I.I.C. as Driver Hawas Robby																			
Delta Transport ELO																			
	Address 9197 Highway 301 S. Address 10 Barton Ct.																		
City State Zip City						City State Zip													
Statesboro, Ga. 30458					Hinesville, Ga. 31313														
Removed By		Removed By Request List																	
Driver	T- T				<u>Dri</u>														
Alcohol Type Results	Drug Type Test 2	Results		Alcohol Test	2 Ty	Pe	Results	Drug Test 2	Турв	Results									
Driver Direction	Vision	Contributing F	ectors	Driver		Direction		Vision		Contributing	Eactors								
Condition 1 of Travel 1	Obscured 1	4		Condition	1	of Travel		Obscured	1`	1	Paciona								
Vehicle 4 Vehicle 4	Pedestrian			Vehicle	4	Vehicle		Pedestrian											
Condition 1 Maneuver 1	Maneuver			Condition		Maneuve		Maneuver											
Most Harmful Event 11 Ve	hicle Class 7	Vehicle Type	14	Most Har	mful Event	11	Vehicle (Class 1	Ve	ehicle Type	1								
Traffic Control 5 Devi	ice Inoperative ?	Yes 🗸	No	Traffic Co	ontrol 5	5	Device II	noperative	7	Yes S	Z No								
Injured Taken To				Ву															
EMS Notified Time EMS A	Arrival Time Hospi	ital Arrivai Time		Photo	s Taken	Yes	✓ No	D											
Para and Phone		-				L. rea		Ву:											
Report By: SGT R. K. White #822 Department GSP Hinesville Department O6/26/2008 Checked By: Date Checked O7/01/2008																			
Witness(es) Name Address City Zip Code Telephone No.																			
AAITHODAFDO\ IADHIG	Auticog					-ih	Coue		.,	alehitone izi	ь.								
DMVS MICROFILM NUMBER	(DO NOT WRITE	IN THIS SPAC	E)																
			•																
		COMME	RCIAL VI	EHICLES	ONLY														
Commercial Vehicles only Carrier Name Carrier Name																			
Vehicle # 1 Delta Transport LLC Vehicle # Vehicle #																			
Addresse																			
9197 Highway 301 S.																			
City State Zip Statesboro, Ga. 30458					City State Zip														
Number Of G.V.W.R.	Fed. Reportable	Cargo Body		Number (¥	G.V.V	VD E	ed. Report	able Ca	rgo Body									
Axles 6 46515	1 Yes V No		9	Axles	,,	J.V.7	'.\. T												
Vehicle I.C.C.M.C. #	U.S. D.O.T. #	Interstate		Vehicle	$ \Gamma$	I.C.C.M.C.	-	S. D.O.T.		Interstate									
Config. 8 528024	1386323	intrastate	V	Config.					·	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. Susp			2_No								
Volido Fidodido :								2 No											
1 Yes 2 No	Release	d? 1_Yes 2	A 140		2 No					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 Oil RoadDown H	#Cergo Loss	Separati	UN	R	n Uπ ROSC	ا ــــــــــــــــــــــــــــــــــــ	JOWN HIII	Carg	0 Ran Off Road 0 Down Hill 0 Cargo Loss 0 Separation Ran Off Road Down Hill Cargo Loss Separation										

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												_			2			2
REMARKS		cident N		11-				06/26/2008		ime	18				3 <u>E_2</u>	-	OE	2
Sunbury Ro		#1 the	n struck	vehicle	e #2 in 1	the le	oft rear. The	d Hines Roa area of impa arrival.									у	
INDICATE (ON THIS DIAG	GRAM V	VHAT HA	PPENE	D		Reported By:	SGT R. K.	White	e #82	2		-			-		_
							•	ON Hires Rd		(N I)						
				Old Sunbu	ury Rd													
					,	A.O.I.								¥	,			
				<u>.</u>										,				
Accident inves Yes Site Number	stigation Site ?		itations - Ve		-6-73				Citat		Vehi	cle #						
First Harmful Event 11	Traffic- Way Flow 1	Weathe	Cond		Light Condition	ion 1	Manner Of Collision 1	Location At Area Of Impact	- [0	Road Comp.	2	Road Defec	ts 1	Road Chara	cter	Cor Mai Zor		lon O
	Number of Occu		8	/EH # 2 1 7	TI		DISTANCE _	VEH# 1		AFT	ĒR	_0_	VEH#			Width 24 F		ad
- Other	Damage To V	/ehicles	2	3	بلل			VEH# 2		1 1			VEH#	_	_		,	_
Damage Other Than Vehicle None					Ow	vner				AGE	SEX	VEH NO POS	. INJURY	FOR TREAT.	EJEC	SAFETY EQUIP	EXTRI	AIR BAC
Occu	ipants					- 1	Driver # 1	Or Pedestrian #		45			_0	2_	1	3	2	0
Last Name	First	t	Address			City	Driver # 2	Or Pedestrian # Stata	# Ztp	41			0_	2	1_	_3_	2	2
																	<u> </u>	\vdash
											_							
										$\left\{ \cdot \right\}$	+							\vdash
										\forall	+	+				-		+

Accident Numbe	r 228 - 08	Agency NCIC No.	DPS 523E G		OTOR VE		County LIBER	TY		Date Rec	eived	Page 1
Date	Da	v Of Week	Time	Off. Ar			lal Numbe		Inside City Of			Of 2
07/08/200	08 Sun M T	W Th F S	0820		29	2	0	0	City Of			
Road Of Occurrence —	Ga 38			At its ntersection _		<u>Sunbur</u>				_	Corrected	
Not At Its	Interstate 2 1 Lowe	est St. Rt. 3 Co Rosc	d 4 City St.		Interstate	2 Lov	vest St. Rt.	3 Co Ros	d 4 ∫Cil	ty St.	Cusal To	Yes []
Intersection But		Feet 2 South		Of	eretete 2	Lowest St.	. Rt. 3	Co Road 4	City St 5	Co. Line	Suppl. To	Yes :
And Continuing in Direction Checks											Hit and R	
The Next Refere		Interstate 2 Lowest	St. Rt. 3 Co	Road 4	Xity St 5	Co. Line					Yes	
DUAGE #	st Name	First	Middle		Driver #	Last Nan			First	M	ddle	
	<u>eveland. Lakei</u> ^{dress}	sha Renee			2	Jacks		reda Re	nee			
Ped. 🗀 18	3 Screven For	k Rd.			Ped.		Glocest	ter Dr.				
City Midway	Ga. 31320	State Zip	DOB 07/1	3/1990	City Mid	lwav. G	Sa. 313	Stat 20	e Zip	•	DOB 09/14	4/1963
Driver's License	No.		itate	Male	Driver's L	icense No.	•		ass	State		Male
0528470 Posted	Insurance Co.		Ga olicy No.	Female	Posted	222687	79 nsurance (Co.	<u>c</u>	Ga Policy N		Female
Speed 45	Geico		070005250	09	Speed	4- "		Insurance	9	•	P229254	200
Year ! 2002 Toy		Model T Echo	elephone No. 912-8	84-3617	Yeer 2004	Mak Landr		Model	Discover	Telephon		6-1075
VIN		Vehicle Co	ofor	010011	VIN					/ehicle Color		V-10/0
JTDBT	123X2021096 State	2 County	Red_	Year		SALTY1	9464A	847924 State	Соц	infu	Silver	Year
5810AF	Z Ga	LIBERTY		2009 Year		<u>UH595</u>	52	Ga	<u>LIBERT</u>	Υ		2009
Trailer Tag #	State	County		Teal	Trailer Ta			State	Cou	inty		Year
as Driver Day	ner's Last Name vis, Terry	First	Middle		✓ Same as Drive	Own Jacks	er's Last N son, Alf	_{lame} reda_Re	First nee	N	liddle ————	
Address 18	3 Screven For	k Rd.			Address	177.0	Glocest	er Dr.	*·	:		
City Midway	Ga. 31320 Sta	ate	Zlp		City Mid	wav. Ga	a. 3132	State O		ζip		
Removed By		cker 912-876-	Request	✓ List	Removed	D.		Vrecker !	012 884	Reque	st V	List
Alcohol Test 2	Type Results	Drug Type	Results		Alcohol Test		pe	Results		Type	Results	
Driver Condition 1	Direction of Travel 2	Vision Obscured 1	Contributir	ng Factors	Driver Condition	1	Direction of Trave		Vision Obscured	1	ontributing 1	Factors
Vehicle 4	Vehicle	Pedestrian			Vehicle	1	Vehicle	10	Pedestrian	•		_
Condition Most Harmful Ev	I Mansuvoi	Maneuver hicle Class 1	Vehicle Typ	pe 1	Condition Most Han	mful Event	<u> Maneuv</u>	Vehicle (<u>Maneuver</u> Class 1	Ve	hicle Type	11
Traffic Control		ce Inoperative ?	Yes	✓ No	Traffic Co		7	Device le	noperative 1	?	Yes	Z No
injured Taken To					Ву							
EMS Notified Ti		Arrival Time Hosp	ital Arrival Tim	e	Photo	s Taken	Yes	✓ No	Bv			
Report By :			Department		Re	port Date		Checked E	By:	_	Date C	necked 1/2008
TFC Witness(es) Na	CQ.T. Melvin #	231Address	GS	SP Hinesy Cit		07/08/		SGT R	K. Whi		07/08 dephone N	

DMVS MICR	OFILM NUMBER	(DO NOT WRITE	E IN THIS SP	PACE)								
			COM	MERCIAL V	EHICLES	ONLY						
Carrier Name					Carrier N	ame						
Vehicle # Address					Vehicle # Address							
City	Ste	nte	Zip	2.2	City			State		Zip		
Number Of Axies	G.V.W.R.	Fed. Reportable	Cargo Body	у	Number (of	G.V.		ed. Report		go Body	
Vehicle	I.C.C.M.C. #	U.S. D.O.T. #	Interst Intrast		Vehicle Config.		I.C.C.M.C		.S. D.O.T. #		Interstate Intrastate	
Config.	es 2 No	C.D.L. Suspended	? 1 Yes	2 No		1 Yes	2 No		C.D.L. Suep		Yes Yes	2 No
Vehicle Placardo		Hazardous Material: Release		2 No 2 No		lacarded 7		Ha	zardous Ma R			2 No 2 No
	4 Digit Number From	n Diamond or Box				me or 4 D	igit Numbe	er From Dian	nond or Bo	· _		
Ran Off Ro	_	m Bottom of Diamond iiiCargo Loss	Sens	aration	Re	1 D n Off Road	-	er From Botto Down Hili		ond _ 10 Loss _	Separa	ation
		Or Shift	Of U						Or S		Of Uni	

G50 10 P

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REMARKS	Ac	cident	Numl	ber	11-	022	28 - C)8	Date	07	/08/2008	3	Time	08	20			PAG	SF 2		OE	2
Vehicle 2 was Rd. at its inter the right pass the south sho officers arriva	rsection w enger side ulder facil	ith Ga e with	a 38. vehi	As v	ehicle front e	2 ap end.	proach After ir	ned Ol	d Sun , vehic	bury de 2	Road, v	ehic d into	le 1 : the	trave east	eied Boui	onto	o Ga 3 ravel i	8, stri ane, c	king vomin	vehicl g to n	e 2 or	
INDICATE ON	THIS DIAC	GRAM	WHA	T HAF	PENE	D	_	Repor	rted By	: 7	FC Q.T.	Melv	in #2	31			-			_		_
					Α	rea d	of Imp	act (1	Old Sunbury rd.				Not	70	sc	ALE				-	
-										A	,				_				-	-		
										Ga	38	_										
							A CONTRACTOR OF THE PARTY OF TH		_	- Ca									,			i
l L									_			-				-		<u> </u>				
		(VE	1			*****				11 700				_								
Accident Investige Yes Site Number	etion Site ?				hicle # ield aft		pping 4	0-6-72	2(b)			- 1	ations one	- Veh	ícle #	_2	_					
Event W	raffic- Vay Iow 2	Weatl	her 1	Surfac Cond.		Light Cond		Man Of Coll	iner lision	- [.	Location At Area Of Impact	1	Road Comp			oad efects	1	Road Charac	cter	Ma	enstruci aint. ne	ion O
	nber of Occu	pants	1# <u>1</u> 1		н# <u>2</u> 1 3	<u>-</u>	SKID I BEFO		PACT	0_	VEH# 1		AFT	ER	<u>.</u>	0	VEH#			Width	Of Ro	ad
Damage Other	Damage To V	ehicles	3	}	3	Щ	Owner			_	VEH# 2		T		_	_	VEH#	2 TAKEN		_	_	7
Than Vehicle							JWIIEI						AGE	SEX	VEH NO	POS.	INJURY		EJEC	SAFET EQUIP	EXTR	AIR BAG
Occupat	nts							Driver Driver			Pedestrian Pedestrian		17 44				0	2	1	3	2	2
Lest Name	First		A	ddress			City	IDINE	# -	UFF	State	Zip				en year				3		
													+		-	_					-	
						_									\dashv						-	-
																						1

Accident Number					OTOR VEHIC	LE C	ounty			Date Re	ceived	Page 1
11 - 027	<u> 78 ~ 08 </u>	GAGSP1100	(1/2004)	ACCIDE	NT REPORT		IBERTY					Of2
Date	Da	v Of Week	Time	Off. A		Total I	Number Of njuries , Fa	: stolitice	Inside			012
Ú8/18/2008	Sun M T	W Th F S	1610	16	22 2	IICIES III		n n n n	City Of			
Road Of	-	11 111 F S		At its			· 	<u> </u>			0	. D1
Occurrence	eorgia 38			ersection _							Corrected	•
	nterstate 2 🗸 Low	est St. Rt. 3 Co Road	4 City St.	With 1	Interstate 2	_		_ Co Rose	1 4	City St.		Yes
Not At its Intersection But	40	Miles 1 North	3 East	Of	Old Sunb						Suppl. To	Original
		Feet 2 South	4 V West	1 int	erstate 2 Low	est St. Rt.	. 3 🗹 Co R	Road 4	City St	5 Co. Lina		Yes 🗌
And Continuing in Direction Checked	Ahove	Old Hinesville R									Hit and R	un?
The Next Reference		Interstate 2 Lowest S	LRL 3 🗹 Co R	oad 4 🔲 (City St 5 Co. £	ine					Yes 🗌	
Driver# Last I	Name	First	Middle		Driver# Las	t Name		F	Irst	- N	iddle	
	las Tiffanu i				2 V	laliba.	Dane					
Addre	ter, Tiffany L				_	<u>/annot</u> ddress	ur. Rosa	1_J				
D-4	Bay Acres F	Rd Apt 2 C			Dort		equoia C	ir				
City	•	State Zip	DOB		City	31.06	iquoia O	State	e Zi		DOB	
Jesup, Ga		<u>'</u>	03/24	/1989	Hinesy	<u>rille, G</u>	a 31313				05/1	0/1955
Driver's License No			ate .	Male	Driver's Licens			Cl	38 5	State	process In all	Male
05172409				Female	0524				<u>C</u>	Ga		Female
- 45	surance Co.		icy No.		Posted Speed 45		rance Co.			Policy I		
	eico.		0563782408	3		Sidi	<u>te Farm</u>				<u>67449</u>	
Year Ma 1994 Mazd		Modei Te B3000	lephone No. 912-61:	n_7559	Year 2000 C	Make bevrole	of.	Model	Cavalie	Telepho		E 7440
VIN		Vehicle Cole		U-1 000	2000 C	hevrole				Vehicle Colo		6-7449
	2U2RTN130		Green			JC524	46Y7112	2712		**************************************	Silver	
Tag #	State	County		Year	Teo#	_		State	Co	unty		Year
2006AW		Liberty		2009	, Dba	IR2			LIBER			2009
Trailer Tag #	State	County		Year	Trailer Tag #		S	State	Co	ounty		Year
Same Owner	's Last Name	First	Middle		✓Same	Owner's	Last Name	A	First		Aiddle	
	ms. Robert	, ,,			as Driver V		ur. Rosa					
Address	D 4				Address	04.0						
	Bay Acres R		Zip	_	City	91 Se	quoia C	<u>IΓ. </u>		71-		
City Jesup, Ga		319	zip		Hinesvi	lle Ga	a 31313	SMIG		Ζĺρ		
Removed By			Request	/ List	Removed By		201010			Requ	est	List
		ving 912-408-87	0							' ·		,
Alcohol Tyl	pe Results	Drug Type	Results		Alcohol Test 2	Туре	Res	iults	Orug Cest 2	Type	Results	
Driver 4	Direction	Vision	Contributing	Factors	Driver	1 10	irection		/ision	<u> </u>	Contributing	Factors
Condition 1	of Travel 3	Obscured 1	10	_	Condition	•	f Travel		Obscured		1	
Vehicle 1	Vehicle	Pedestrian	l		Vehicle		ehicle	4N 1	Pedestria	· .		
Condition Most Hammful Ever	I MIGHERACI	Maneuver hicle Class 1	Vehicle Type		Condition		I I	Vehicle C	Maneuver		blal- Tun-	
					Most Harmful			-		· · · · · · · · · · · · · · · · · · ·	hicle Type	1
Traffic Control	6 Devi	ce Inoperative ?	└ Yes 💆	No	Traffic Control	6		Device In	operative	.?	Yes 1	∠ No
Injured Taken To	Liberty Rec	ional Medical Ct	r.		By Liber	tv Red	gional E	MS				
EMS Notified Time			al Arrival Time				-	-				
					Photos Tal				Ву:			
Report By :	Trey Miller #62	20	Department GSF	2 Hinesy	Report I	Date 18/200	വരില്	hecked B	y: L. Kina	#566	Date Ch	ecked /2008
Witness(es) Name		Address	GOI	City		, <u>UI Z U</u> I	Zip Co				elephone No	
				J.,								
DIAME MICEO	CH MA MUNADED	/ DO NOT WRITE	IN THIS COA	CEN								
DWA2 WICKO	LILM NOMBER	(DO NOT WRITE	IN I HIS SPA	ice)								
			COLUM	EDOLAT	ELHOLES ON							
0			COMM	EKCIAL V	EHICLES ONL	Υ						
Carrier Name Vehicle #					Carrier Name Vehicle #							
Address					Address	_						
	Sta	to	7in		City			State		72		
City	SIB	16	Zip		City			State		Zip		
Number Of	G.V.W.R.	Fed. Reportable	Cargo Body		Number Of		G.V.W.R	. F	ed. Repoi		rgo Body	
Axles		1 Yes No	Туре	-	Axles			1	Yes	No Ty	De	, ,
Vehicle 1 Config.	.C.C.M.C. #	U.S. D.O.T. #	Interstate Intrastate	F7	Vehicle Config.	I.C	C.C.M.C. #	U.	S. D.O.T.	#	Interstate	
C.D.L.? 1 Yes	2 No	C.D.L. Suspended 1		2 No	C.D.L.? 1	Yes 2	No		.D.L. Sus	pended ?	Intrastate 1 Yes	2 No
Vehicle Placarded		Hazardous Materials	? 1 Yes	2_No	Vehicle Placar					-		2 No
1 Yes 2 N		Released	7 1 Yes	2 No	1 Yes 2					Released ?		2 No
If Yes, Name or 4 l					If Yes, Name o	r 4 Digit						
	Digit Number From Down Hi	n Bottom of Diamond	Separa	tion	B 0#		Number Fr					**
Ran Off Road	DOWN H	Cargo LossOr Shift	Separa Of Unit		Ran Off	INDE	DOW	vn Hitl		go Loss _ Shift	Separa Of Unit	

G5P 11

8

REMARKS Accident Number 11 -	0278 - 0	Q Data	08/18/2008	Time	16	40		PAG	E 2		E	2
Vehicle 1 was traveling east on Georgia 38. Volume vehicle while negotiating the curve, causing a vehicle 1 in the driver's side as she was coming the curve.	ehicle 2 wa spin. Vehic	s traveling w	est on Georg	jia 38. ⁻ lane of	The d	driver of	turning	e 1 los Janes	st cor . Vehi	ntrol of	her	
vehicle 2 came to a final rest in the left lane fa								. 000.	g.u. 0	Juna		
												_
INDICATE ON THIS DIAGRAM WHAT HAPPENED		Reported By:	TPR Trey M	iller #62	0		LA CARAGONIA PROPERTY I M	A				7
				_	_			N				
		`	- —									
	Georgia 38				`							
												:
							$\overline{}$					
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								N TO THE REAL PROPERTY OF THE PERTY OF THE P	` 、	`	\	
			_	_			"	· *22	1 4			
			_	\ .) \			
				\ .	\				> \			
		NOT TO SC	we]	\	\		1		» \			
		Not to Sc	ALE:	\	\		\					
Accident Investigation Site ? Citations - Vehicle #					- Vehi	icle # _2						
Accident Investigation Site ? Yes No Site Number				Citations	- Vehi	icie# _2						
Yes No Too Fast For Cond First Harmful Traffic- Event Way Weather Surface Cond.	itions, 40-6- Light Condition	180 Manner Of	Location At Area			Road Defect		Road		Mair		ח
Yes No Site Number First Harmful Event Way 11 Flow 1 3 2	Light Condition	Manner Of Collision 1	Location At Area Of Impact 1	None Road Com	p. 2	Road Defect		Road	cter 5	Mair Zon	nt. e ())
Site Number First Harmful Event 11 Traffic-Way Flow 1 VEH # 1 VEH # 2 Number of Occupants 12	Light Condition 1	Manner Of Collision 1 DISTANCE [RE IMPACT	Location At Area Of Impact 1	None Road	p. 2	Road Defect	5	Road	cter 5	Maii Zon Width (nt. e ())
First Harmful Event 11 Traffic-Way 11 Surface Cond. Number of Occupants 1 2 Point Of lintiel Contact 8 12.	Light Condition 1	Manner Of Collision 1	Location At Area Of Impact 1	None Road Com	p. 2	Road Defect	s 1	Road Charac	cter 5	Mair Zon	nt. e ())
First Harmful Event 11 Flow 1 3 2 Number of Occupants 1 2 Point Of lintiel Contact 8 12	Light Condition 1	Manner Of Collision 1 DISTANCE [RE IMPACT	Location At Area Of Impact 1	Road Comp	p. 2 ER	Road Defect	9 1 VEH#	Road Charac	eter 5	Mair Zon Width (nt. e () Of Roa	d
First Harmful Event 11 Traffic-Way 11 Surface Cond. Number of Occupants 1 2 Point Of lintiel Contact 8 12 Damage To Vehicles 2 2 Too Fast For Cond Surface Cond. 2 VEH # 1 VEH # 2 Number of Occupants 1 2 Damage To Vehicles 2 2	Light Condition 1 SKID I	Manner Of Collision 1 DISTANCE (Location At Area Of Impact 1	Road Comp	p. 2	Road Defect	9 1 VEH#	Road Charac	eter 5	Maii Zon Width (nt. e ()	d AIR BAG
First Harmful Event 11 Traffic-Way Flow 1 3 2 Number of Occupants 1 2 Point Of lintiel Contact 8 12 Damage To Vehicles 2 2 Damage Other Than Vehicle	Light Condition 1 SKID I BEFOI	Manner Of Collision 1 DISTANCE (RE IMPACT	Location At Area Of Impact 1 VEH # 1 VEH # 2 Or Pedestrian # Or Pedestrian #	Road Comp	p. 2 ER	Road Defect	VEH#	Road Charace 1 2 TAKEN FOR TREAT,	eter 5	Mair Zon Width (nt. e () Of Roa	d
First Harmful Event 11 Traffic-Way 11 Surface Cond. 2 Number of Occupants 1 2 Point Of lintiel Contact 8 12 Damage Other Than Vehicles	Light Condition 1 SKID I BEFOI	Manner Of Collision 1 DISTANCE (RE IMPACT (Location At Area Of Impact 1 VEH # 1 VEH # 2 Or Pedestrian # Or Pedestrian #	Road Comp	p. 2 ER	Road Defect	VEH#	Road Cheraco	EJEC	Width (nt. e () Of Roa	d AIR BAG
First Harmful Event 11 Traffic-Way Flow 1 3 2 Number of Occupants 1 2 Point Of lintiel Contact 8 12 Damage To Vehicles 2 2 Damage Other Than Vehicle	Light Condition 1 SKID I BEFOI	Manner Of Collision 1 DISTANCE (RE IMPACT (Location At Area Of Impact 1 VEH # 1 VEH # 2 Or Pedestrian # Or Pedestrian #	Road Comp AFT AGE 19 53	p. 2 ER	Road Defect O' O' VEH NO POS.	VEH# VEH#	Road Charace 1 2 TAKEN FOR TREAT. 1	EJEC	Main Zon Width (55' SAFETY EQUIP 3	e (0	d AIR BAG
First Harmful Event 11 Traffic-Way Flow 1 3 2 Number of Occupants 1 2 Point Of lintiel Contact 8 12 Damage To Vehicles 2 2 Damage Other Than Vehicle	Light Condition 1 SKID I BEFOI	Manner Of Collision 1 DISTANCE (RE IMPACT (Location At Area Of Impact 1 VEH # 1 VEH # 2 Or Pedestrian # Or Pedestrian #	Road Comp AFT AGE 19 53	p. 2	Road Defect O' O' VEH NO POS.	VEH# VEH#	Road Charace 1 2 TAKEN FOR TREAT. 1	EJEC	Main Zon Width (55' SAFETY EQUIP 3	e (0	d AIR BAG
First Harmful Event 11 Traffic-Way Flow 1 3 2 Number of Occupants 1 2 Point Of lintiel Contact 8 12 Damage To Vehicles 2 2 Damage Other Than Vehicle	Light Condition 1 SKID I BEFOI	Manner Of Collision 1 DISTANCE (RE IMPACT (Location At Area Of Impact 1 VEH # 1 VEH # 2 Or Pedestrian # Or Pedestrian #	Road Comp AFT AGE 19 53	p. 2	Road Defect O' O' VEH NO POS.	VEH# VEH#	Road Charace 1 2 TAKEN FOR TREAT. 1	EJEC	Main Zon Width (55' SAFETY EQUIP 3	e (0	d AIR BAG

								_				
Accident Number		Agency NCIC No.	PS 523E GE0				County			Date Re	celved	Page 1
11 - 02	285 _ 08	GAGSP1100	(1/2004)	ACCIDE	NT REPO	RT	LIBER	TY				Of 2
Date	LICI Da	v Of Week	Time	Off. At	mived	To Vehicles	tal Numbe Injuries	Of Fatalities	Inside			0,2
08/22/200	8 Sun M T	W Th F S	0730	07	755	2	0	0	City Of			
Road Of	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		At Its							Corrected	d Donort
4 Occurrence	Ga 38			rsection _ With 1	-	Sunbur		a [] a . a .			- Consuler	
Not At Its	Interstate 2 V Lowe	est St. Rt. 3 Co Road		•	Interstate	B 2 LOV	vest St. Rt.	3 Co Ros	id 4 C	lity St.		Yes
Intersection But		Miles 1 North	3 East 4 West	Of		7	- a -		<u></u>		Suppl. To	Original
And Continuing in	the		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	ין נ	erstate 2	Lowest St	. R.C. 3(_)	CO ROAD 4	City St	5 Co. Line		Yes
Direction Checker			Rt. 3 Co Ro			la	-				Hit and R	tun?
The Next Referen				ad 4(City St 5						Yes L	
DUASI N	Name	First	Middle		Driver#	Last Nan			First	M	liddle	
	rris, Brenda J				2		<u>, Frank</u>	James				
Ped. Addi	₆₀ Hwy 144				Ped.	Addres	_	end.				
City		State Zip	DOB		City	0.50	Eagan i	Oau Sta	te Zip		DOB	
Glennville	e, Ga 30427		11/01/		Hir	<u>iesville,</u>				<u> </u>		3/1936
Driver's License N		Class Sta	- 2	Male		lcense No.		С	lass	State	×	Male
05395342		<u> </u>	<u> </u>	Female		619324			_A	Ga	<u> </u>	Female
45	Insurance Co.		y No. 070003970		Posted Speed	4- "	nsurance (Policy N		
	Horace Mann lake		070003970 ephone No.		Year	Mak	afe aut	O Model		Telephor	<u>.0012342</u> ne No.	IA
2004 Ford		Taurus	912-614	-4211	1995	Mazda			B2300	i aispii0i		4-6315
VIN		Vehicle Color	•		VIN					Vehicle Color		
	53U74A13705 State		Gray	Year		F4CR1	2A1ST	M08403			Grav	Year
Tag # AMV318	Siate Ga	County TAT [NALL		2008	Tag# \	V12V89	9	State Ga	LIBER	unty CY		2009
Trailer Tag #	State	County		Year	Trailer Ta			State		unty		Year
1.Co			1 at d at 1 -		10		-4-1					
Same Owner Harr	er's Last Name ris. Brenda J	First	Middle		✓ Same as Drive	Scott	ers Last N . Frank	_{ame} James	First	N	Aiddle	
Address					Address							
	60 Hwy 144		<u> </u>	_	014	636	agan r			·		
City Glennville	Sta Ga 30427	ate Z	i p		City Hine	esville.	Ga 313	State 13		Zip		
Removed By		R	equest	List	Removed	By				Requ	est	List
	Driver VDe Results	Drug Type	Results		Alcohol		ver	Results	D		Results	
Test 2	ype Results	Test 2	Results		Test	2	pe		Drug Test 2	Туре	- Results	·
Driver 1	Direction	Vision 6	Contributing I	Factors	Driver		Direction		Vision		Contributing	Factors
Condition Vehicle	of Travel 2	Obscured Pedestrian	- <u>8</u>		Condition Vehicle		of Trave		Obscured Pedestrian		1 .	
Condition 1	Maneuver 1	Maneuver	<u> 4</u> .		Condition	1	Maneuve	7 I	Maneuver	· .		
Most Harmful Eve	ent 11 Vel	hicle Class 1	Vehicle Type	_1	Most Han	mful Event	11	Vehicle	Class 1	Ve	hicle Type	2
Traffic Control	5 Devi	ce Inoperative ?	☐ Yes ✓	No	Traffic Co	ntrol 5	5	Device (noperative	?	Yes [✓ No
Injured Taken To	_	_	_		By							
EMS Notified Tim	ne EMSA	rrival Time Hospita	I Arrivai Time									
						s Taken	∐ Yes	✓ No	Ву:			
Report By : S/TP	R M.L. Reddisl	h #737	Department GSD	Hinesy	Re illo	port Date 08/22/2	วกกล	Checked E	sy: L. Kina	#566	Date CI	hecked /2008
Witness(es) Nam		Address	GGF	City		JUIZZIA		Code	L. NIIQ		elephone N	
					•							
DMVS MICRO	FILM NUMBER	(DO NOT WRITE	N THIS SPAC	CE)				_				
		,		-,								
			COMME	RCIAL V	EHICLES	ONLY						
Carrier Name					Carrier Na							
Vehicle #					Vehicle #							
Address					Address							
City	Ster	te Z	Zip		City			State		Zip		
Number Of	G.V.W.R.	Fed. Reportable	Cargo Body		Number C	of	G.V.	N.R.	ed, Repor	lable Ca	rgo Body	
Axles		1 Yes No	Type		Axies				Yes	No Ty		
	I.C.C.M.C. #	U.S. D.O.T. #	Interstate		Vehicle		I.C.C.M.C	.# บ	.S. D.O.T.	#	Interstate	
Config. C.D.L.? 1 \textsquare	3 2 No	C.D.L. Suspended ?	Intrastate 1 Yes 2		Config.	1 Yes	2 No		C.D.L. Sus	pended ?	Intrastate 1 Yes	2 No
Vehicle Placarded		Hazardous Materials ?	1 Yes 2	No		lacarded?			zardous M	aterials ?	1_Yes	2 No
1 Yes 2	No	Released	? 1 Yes 2	No	1 Yes	2 No	,			,	1 Yes	2. No
•	Digit Number From					me or 4 D	igit Numbe	r From Dian				
Ran Off Road		n Bottom of Diamond	Separat	ion	Ra	וט ו n Off Road		r From Botto Down Hill		ond _ go Loss _	Separa	ation
		Or Shift	Of Units			11044			Or S		Of Uni	

GA 12 @

REMARKS	A	ccident N	Numbe	er 11-	0285 - 0	J8 Date	08/22/2008	Time	0730			PAC	GE 2		DE	2
Old Sunbur	ry road from	n Ga 38.	B. Vehi	hicle 1 faile	ed to yield a	and struck ve	unbury road. \vehicle 2 in the service statio	left rear	r quarte							
TO STE	~	2244		··· OBENE			3777 W.I	- 4.stel	*****							
INDICATE	ON THIS DIA	GRAM v	WHAI	HAPPENE	<u> </u>	Reported By	y: S/TPR M.L.	Reddisn	#737					<u>-</u>		
											_ —	. · 				i
								 Ga 38				<i></i>				
	-				_											
	_				- /		<u></u>									
	_	G	Ge 38		-	— <u>P.</u> 0	<u></u>									1
						19	- V1									,
	($\overline{\mathbb{T}}$			\ \ \'		VIII VIII VIII VIII VIII VIII VIII VII		Parkers s/s							
	(N V			\ '	1	V2	-		_		,				
	NOT	<i>TO S</i> C4	ALE			OH S	Sunbury road		` Final rest							
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Accident Inves	stigation Site?	\ \frac{1}{2}	Citations None	s - Vehicle #	1_			Citations -	- Vehicle (# <u>2</u>	_					
Site Number							T41-m									
First Harmful Event 11	Traffic- Way Flow 1	Weathe		Surface Cond. 2	Light Condition	Manner Of Collision	Location At Area 1 Of impact 1	Road Comp		Road Defects	, 1	Road Charac	cter 2	Mair	_	ion O
		VEH :	# 1	VEH # 2		DISTANCE		AFT	ER	0	·	_		Width C		_
	Number of Occu Point Of lintial (BEFO	ORE IMPACT	VEH# 1			0	VEH #			<u>60 ft</u>		
Damage Other	Damage To \	√ehicles	2	2	Owner		VEH # 2			TT	VEH#					T
Than Vehicle					CALICI			AGE	SEX NO	POS.	INJURY	FOR	EJEC	SAFETY EQUIP	EXTRIC	AIR BAG
						т			Dela Marcaria	WINDS		11.30	\blacksquare		2	2
Occu	ıpants					Driver # 1	Or Pedestrian #	44			0	2	1	3	2	ייי
Occu	ipants First	l	Ado	idress	City	Driver # 2	Or Pedestrian #	44				Γ	1	3	2	2
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		ut	Adi	dress	City	Driver # 2	Or Pedestrian #	44 72			0	2	1		2	2

Accident Number		Agency NCIC	No. DI	PS 523E G	SEORGIA M	OTOR VE	HICLE	County			Dete Re	ceived	Page 1
11 - 02	86 _ 08	GAGSP1	100 ((1/2004)	ACCIDE	NT REPOR	₹Т	LIBER	TY				
Date	Da	y Of Week		Time	Off. A	rived	Tol	al Numbe	Of	Inside			Of2
] 🔽				Vehicles	injuries	Fatalities	City Of			
08/23/2008	Blsun M. T	W Th_F	S	<u> 1813</u>	18	20	_2	2	0				
Road Of	S.R. 196				At Its	Old S	unhun	/ Road				Corrected	f Report
1 Occurrence		- 1 D. D. O										1	•
	Interstate 2 V Low	ast St. RL 3	Co Road	4 City St.	AAITII 4	Interstate	2 Low	vest St. Rt.	3 Co Ros	d 4 C	lity St.	1	Yes []
Not At Its		Miles 1 _	4	3 East	Of							Suppi. To	Original
Intersection But		Feet 2	South	4 West	1lini	erstate 2	Lowest St.	Rt. 3	Co Road 4	City St	5 Co. Line	1	Yes
And Continuing in													
Direction Checked		Interstate 2	1 august Ct	B) 2 7 C2	Road 4 🗔	3et = 7.	3- 11	•				Hit and R	lun?
The Next Referen			LOWEST SI.		NOBEL 4		o. Line					Yes	
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1 Mc	Cullouah, Qui	xote				2	Buon	o. Bern	ard .l.				
ر⊸ Addr						[Addres						
Ped. 140	9 Brittney La	ne				Ped.	750 (Bacon I	Soad				
City			ip	DOB		City	7.00	J00011 1	Stat	le Zip		DOB	
Hinesville			P		26/1981		esville.	GA 3		~ ~ ⊢	·		7/1939
Driver's License N		Class	State		✓ Male	Driver's Lic				ass	State		Male
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	nsurance Co.		Police			Posted		surance (co.		Policy I		
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		Model		phone No.		Year	Make		Model		Telepho		
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4316AR		LIBERT			09	Tag#	ST500	9	GÃ	LIBEŘŤ	ľΫ́		2008
Trailer Tag #	State	County			Year	Trailer Tag	#		State		unty		Year
		•											
	r's Last Name	First		Middle		✓ Same as Driver		ar's Last N		First	N	Middle	
Ullei	mberger. Sigr	10					Buon	o, Bern	ard J.				
Address	Ruben Wells	Dd				Address	760 5	E)d				
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City Hinesville	. Ga 31313	310	Zi	Р		City	evilla (GA 31			Z ip		
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Test 2	<u> </u>	Test 2				Test	2 '''			Test 2	.3,1-2		
Driver	Direction	Vision	4	Contribution		Driver		Direction		Vislon	C	contributing	Factors
Condition	of Travel 4	Obscured	ŀ	22_	<u> 10 </u>	Condition		of Travel		Obscured		1 .	
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Condition Most Harmful Ever	I Walledvel	Maneuver		Vehicle Typ		Condition		Maneuve	Vehicle	Maneuver		=	
MOST HAITING EVE	nt 11 Ve	NICHO CIBES	1			Most Harm	ful Event	11_	Venicie	JIBS 1	Į Ve	hicle Type	_11
Traffic Control	7 Device	ce Inoperative	?	└ Yes	✓ No	Traffic Con	trol 7	<u>'</u>	Device I	noperative	?	Yes 1	∠ No
Injured Token To						- Du							
Injured Taken To						Ву							
EMS Notified Time	e EMS A	ırival Time	Hospital	Arrival Time	e	Photos	Taken	Yes	✓ No	By:			
Report By :				epartment								Det C	honk
Report By :	R.F. Barry #73	30	D	Openinioni OS	P Hinesy	ille Kep	ort Date 08/23/2	2008	SFC T.		#566	Date CI 08/25	12008
Witness(es) Name		Add	ress		Cit		- WIE		Code			elephone No	
								_					
DMVS MICRO	FILM NUMBER	(DO NOT	WRITE II	N THIS SP	PACE)								
				COM	MERCIAL V	EHICLES C	NIY						
Carrier Name				551411		Carrier Nar							
Vehicle #						Vehicle #							
Address						Address							
City	Sta	te	Z	ıþ		City			State		Zip		
Number Of	G.V.W.R.	Fed. Repo	table	Cargo Body		Number Of		G.V.	ND F	ed. Report	lable C-	mo Porte	
Axles	G. T. IT. N.	1 Yes		Type		Axies		g.v.		Yes Yes	No Tv	rgo Body	
	I.C.C.M.C. #	U.S. D.O.T. #		Intersta	ate 🗆	Vehicle		I.C.C.M.C		S. D.O.T.		Interstate	
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C.D.L.? 1 Yes	2 No	C.D.L. Sus	•	1 Yes	2 No	C.D.L.? 1	Yes 2	2 No	(C.D.L. Susp	pended ?		2 No
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1 Yes 2			Released ?	1 Yes	2 No	1 Yes				R	leleased ?	1 Yes	2No
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		Or S	nitt	Of U	nite					Or S	: mi#	Of Unit	te

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REMARKS	Acc	cident Numbe	er 11-	0286	- 08	Date	08/23/2008	Tim	e 18	813		PAG	<u> 2</u>	0	E	2
Vehicle #2 v wind and spu path. Vehicle	ın out into t	the eastbou	nd lane of	f 196. Ve	ehicle	#2 struck		the r	ear as	s Vehi	icle #1 tr	aveled	into \			
INDICATE ON	THIS DIAG	RAM WHAT	HAPPENE	.D	R€	ported By:	TFC R.F. B	arry #7	30							
		Fix	al Record		Finel Refs.	Go 196	No	-N	• S C	ALE.	***************************************	,	,			
Accident Investig Yes	pation Site ? ✓ No		- Vehicle # ast for Cond	_1 litions 40) <u>-6-180</u>			Citation None	s - Vet	nicie #	2					
Site Number																
Event V	Traffic- Way Flow 1		Surface Cond.	Light Condition	n	Manner Of Collision 3	Location At Area Of Impact	Roi Coi			ects	Road Charac	ter 4	Cons Main Zone)N
Po	mber of Occup int Of lintial Co Damage To Ve	ontact 5	VEH # 2 2 11 3	—ri		STANCE _	0 VEH# 1 0 VEH# 2	AF	TER	_0	VEH#			Width C	of Roa	d
Damage Other Than Vehicle None				Owne	er			AC	SE SEX	VEH P	os. INJURY	TAKEN FOR TREAT.	EJEC	SAFETY EQUIP	EXTRIC	AIR BAG
Occupa	ints					river# 1	Or Pedestrian #	2	7		0	2	1	3	2	2
Last Name McCullough, \$	First Shanette 8	Add 199 Dehbie	dress Drive Hine	esville (City	river # 2 1313	Or Pedestrian # State	Zip 2			4 3 0	1 2	1	3	2	2
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Accident Number		Agency NCIC	No.	DPS 523E GE				County			Date R	eceived	Page 3
11 - 041	<u> 19 - 08 </u>	GAGSP1	100	(1/2004)	ACCIDE	NT REPOR	Τ	LIBER	TY		1		Of4
Date	De	v Of Week	7 (-1	Time	Off. A	rived ,	Tot Vehicles	al Number	Of Fatalities	Inside			014
11/26/2008	Sun M T	W Th F		1620	16	35	3	n	0	City Of			
Road Of					At Its							Competer	d Bonest
Occurrence	Old Sunbury I		1		ersection _	Ga. 38			<u></u>			Corrected	
	nterstate 2 Low	11.1	Co Road	4 City St.	With 1	Interstate	2 Low	rest St. Rt.	3 ✓ Co Ros	d 4 C	Hty St.		Yes
Not At Its Intersection But		Miles 1	North	3 East 4 West	Of							Suppl. To	Original
And Continuing in	the	Feet 2	South	4 West	1 Int	erstate 2 L	.owest St.	RL 3	Co Road 4	City St	5 Co. Line		Yes 🗀
Direction Checked												Hit and R	tun?
The Next Reference		Interstate 2	Lowest St	LRt. 3 CoR	oad 4	City St 5 Co	o. Line					Yes	
Driver# Last !	Name	First		Middle		Driver# [ast Nam	ne		First		Middle	
	ına. Blen												
Addre						1 ⊸⊢	Addres	3					
D-1	3 Firetower	₹d.				Ped.							
City		State 2	Zip	DOB		City			Sta	te Zip	,	DOB	
	le, Fl. 32210				/1983								
Driver's License No		Class			∠Mele _Female	Driver's Lice	ense No.		С	lass	State		Male
Y5200658		<u> </u>	<u>_</u>	•	remale	David d						•	Female
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	r's Last Name no. Blen	First		Middle		Same as Driver	Owne	er's Last N	ame	First		Middle	
Address						Address		_			Y		
812	<u>3 Firetower F</u> St	kd. ate		Zip		City			State		Zip		
	le, Fl. 32210)									·		
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Alcohol Tyl		Drug Test 2	Туре	Results		Alcohol Test	Туг	ре		Drug Test	Туре	Results	
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Alcohol Test 2 Driver Condition 1 Vehicle Condition 1 Most Harmful Ever Traffic Control Injured Taken To EMS Notified Time Report By: SGT Witness(es) Name DMVS MICRO Carrier Name Vehicle # Address City Number Of Axles Vehicle Config. C.D.L.? 1 Yes Vehicle Placarded	Direction of Travel 3 Vehicle Maneuver 5 nt 11 Ve 6 Devi	Test 2 Vision Obscured Pedestria Maneuve hide Class de Inoperative Arrival Time 322 Add (DO NOT tte Fed. Repo 1 Yes U.S. D.O.T. A	1 1 ? Hospit	Contributing 1 Vehicle Type Vehicle Type Interstate Committee Cargo Body Type Interstate Intrastate 1 Yes 1 Yes 1 Yes	2 No City City City City City City City City	Test Driver Condition Vehicle Condition Most Harmfi Traffic Conti By Photos Repo ille 1 Carrier Nam Vehicle # Address City Number Of Axles Vehicle Config. C.D.L.? 1 Vehicle Place	ul Event rol Taken rt Date 1/26/2	Direction of Travel Vehicle Maneuve Yes 2008 Zip	Vehicle Device In Vehicle Checked E CPL B. Code	Test Vision Obscured Pedestrian Maneuver Class noperative By: By: By: By: Class Co. Repor	Zip table Ciny # pended ? aterials ?	Part Contributing Tehicle Type Part Contributing	No N
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Alcohol Test 2 Driver Condition 1 Vehicle Condition 1 Most Harmful Ever Traffic Control Injured Takan To EMS Notified Time Report By: SGT Witness(es) Name DMVS MICRO Carrier Name Vehicle # Address City Number Of Axles Vehicle Config. C.D.L.? 1 Yes Vehicle Placarded 1 Yes 2 Name or 4	Direction of Travel 3 Vehicle Maneuver 5 nt 11 Ve 6 Devi	Test 2 Vision Obscured Pedestria Maneuve Inicie Class Ice Inoperative Arrival Time 322 Add C DO NOT Ite Fed. Repo 1 Yes U.S. D.O.T. A Hazardous Inicia Cidenal	Hospitale No spended ?	Contributing 1 Vehicle Type Vehicle Type Interstate Committee Cargo Body Type Interstate Intrastate 1 Yes 1 Yes 1 Yes	2 No City City City City City City City City	Test Driver Condition Vehicle Condition Most Harmfi Traffic Conti By Photos Repo ille 1 Carrier Nam Vehicle # Address City Number Of Axles Vehicle Config. C.D.L.? 1 Vehicle Place	ul Event rol Taken rt Date 1/26/2 NLY te Per Sarded ? 2 No e or 4 Di	Direction of Travel Vehicle Maneuve	Vehicle Device is Vehicle Checked is CPL B. Code State W.R. F	Test Vision Obscured Pedestrian Maneuver Class noperative By: By: By: Class Noperative Class Noperative Class Noperative By: By: By: By: By: By: By: By: By: By	Zip table Ci No Ti # pended ? aterials ? Released ?	Part Contributing Tehicle Type Part Contributing	No N
Alcohol Test 2 Driver Condition 1 Vehicle Condition 1 Most Harmful Ever Traffic Control Injured Takan To EMS Notified Time Report By: SGT Witness(es) Name DMVS MICRO Carrier Name Vehicle # Address City Number Of Axles Vehicle Config. C.D.L.? 1 Yes Vehicle Placarded 1 Yes 2 Name or 4	Direction of Travel 3 Vehicle Maneuver 5 nt 11 Ve 6 Devi R. K. White #8 FILM NUMBER Sta G.V.W.R. .C.C.M.C. # 2 No 7 No Digit Number From Digit Number From	Test 2 Vision Obscured Pedestria Maneuve Midde Class Ce Inoperative Arrival Time 322 Add C DO NOT Test 2 Add C DO NOT C D.L. Sus Hazardous Maneuve Diamond or Em Bottom of Diamond or Em Bottom	Hospitale No spended ?	Contributing 1 Vehicle Type Vehicle Type Interstate Committee Cargo Body Type Interstate Intrastate 1 Yes 1 Yes 1 Yes	2 No City City City No	Test Driver Condition Vehicle Condition Most Harmfi Traffic Cont By Photos Repo ille 1 Yehicle # Address City Number Of Axles Vehicle Plac Config. C.D.L.? 1 Vehicle Plac 1 Yes, Name	ul Event rol Taken rt Date 1/26/2 NLY te Per Sarded ? 2 No e or 4 Di	Direction of Travel Vehicle Maneuve	Vehicle Device I Vehicle Checked E CPL B. Code	Test Vision Obscured Pedestrian Maneuver Class noperative By: By: By: Class A. BRE C.D.L. Sus Zardous M Finand or Boom of Diam	Zip table Ciny # pended ? aterials ? Released ? x ond go Loss	Part Contributing Tehicle Type Part Contributing	No N

INDICATE ON THIS DIAGRAM WHAT HAPPENED Reported By: SGT R. K. White #822 Accident Investigation Site ? Citations - Vehicle # Citations - Vehicle #
Accident Investigation Site? Citations - Vehicle #
Accident Investigation Site? Citations - Vehicle # 3
Accident Investigation Site? Citations - Vehicle #
Accident Investigation Site? Citations - Vehicle #
Accident Investigation Site? Citations - Vehicle # 3
Accident Investigation Site? Citations - Vehicle #
Accident Investigation Site? Citations - Vehicle #
Yes No None None
First Harmful Traffic- Weather Surface Light Manner Location Road Road Road Construction Event Way Cond. Condition Of At Area Comp. Defects Character Maint.
11 Flow 1 1 1 Collision 1 Of Impact 1 2 1 2 Zone 0
VEH # 3VEH # SKID DISTANCE 0 AFTER 0 Width Of Road Number of Occupants 1 BEFORE IMPACT VEH # 3 28 Feet
Point Of lintial Contact 11
Damage Other Owner TAKEN
None AGE SEX NO POS. INJURY TREAT, EJEC EQUIP EXTRIG B
Occupants Driver # 3 Or Pedestrian # 24 0 2 1 3 2 2 Driver # Or Pedestrian #
Last Name First Address City State Zip
Last Name First Address City State Zip

db# 7

Accident Number Agency NCIC No. DPS 523E GEORGIA N	OTOR VEHICLE County Date Received Page 1
	NT REPORT Libetry
Date Day Of Week Time Off. A	0/3
	Vehicles Injuries Fatalities City Of
	38 2 0 0 -
Road Of Occurrence Old Savannah Hwy. 100 At its Intersection	Georgia 38 Corrected Report
1 Interstate 2 Lowest St. Rt. 3 Co Road 4 City St. With	Interstate 2 Lowest St. Rt. 3 Co Road 4 City St.
Not At Its Miles 1 North 3 East Of	Suppl. To Original
	erstate 2 Lowest St. Rt. 3 Co Road 4 City St 5 Co. Line
And Continuing in the Direction Checked Above	Hit and Run?
The Next Reference Point is 1 Interstate 2 Lowest St. Rt. 3 Co Road 4	City St 5 Co. Line Yes
Driver # Last Name First Middle	Driver # Last Name First Middle
1 Walker, John Owen	2 Gonzalez, Richard
- Address	Address
Ped 30 Holmes Pond Rd.	Ped. 3142 Flynn Rd. Lot J 168
City State Zip DOB	City State Zip DOB
Jihnston, SC 29832 07/08/1968 Driver's License No. Class State ✓ Male	Dothan, AL, 36303 10/01/1986 Driver's License No. Class State / Male
008418754 A SC Female	Driver's License No. Class State ✓ Male 7420570 D AL Female
Posted Insurance Co. Policy No.	Posted Insurance Co. Policy No.
Speed 45 Wachovia Insurance BAP903262102	Speed 45 USAA 0240454606
Year Make Model Telephone No.	Year Make Model Telephone No.
2005 Freightliner Truck 803-480-4405	2001 Ford F150
VIN Vehicle Color 1FUJA6CK05LU77902 White	VIN Vehicle Color Slack
Tag # State County Year	Tro # State County Year
PV775073 SC Lexination 2010	*** 38H54S AL HOUSTON 2009
Trailer Tag # State County Year PV50949 SC Lexington 2010	Trailer Tag # State County Year
Same Owner's Last Name First Middle	✓ Same Owner's Last Name First Middle as Driver Conzelog Picherd
Address PO Box 2787	Address
City State Zip	3142 Flynn Rd. Lot J 168 City State Zip
Columbia,SC 29202	Dothan, AL. 36303
Removed By Request Llst	Removed By Request List
Alcohol Type Results Drug Type Results Test 2 Test 2	Alcohol Type Results Drug Type Results
Driver Direction Vision Contributing Factors	Test 2 Test 2 Contributing Factors
Condition 1 of Travel 4 Obscured 1 13 17	Condition 1 of Travel 3 Obscured 1 1
Vehicle Vehicle Pedestrian Maneuver 1 Maneuver — — — — — — — — — — — — — — — — — — —	Vehicle 1 Vehicle Pedestrian
Condition Maneuver Maneuver Maneuver Most Harmful Event 11 Vehicle Class 1 Vehicle Type 4	Condition Maneuver Maneuver Maneuver Maneuver Maneuver Most Harmful Event 11 Vehicle Class 1 Vehicle Type 2
Traffic Control 5 Device Inoperative ? ☐ Yes ☑ No	Total Type 2
Injured Taken To None Transported	Ву
EMS Notified Time EMS Arrival Time Hospital Arrival Time	Photos Taken Yes 🗹 No By:
Report By : Department	Report Date Checked By : Date Checked
TFC Trey Miller #620 GSP Hinesy	ille 04/02/2009 CPL B.A. BREWTON #3 04/05/2009
Witness(es) Name Address City	Zip Code Telephone No.
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)	
COMMERCIAL V	
Carrier Name Vehicle # A&D Enviormental	Carrier Name Vehicle #
Address	Address
City State Zip	City State Zip
Lexington, SC 29703	
Number Of G.V.W.R. Fed, Reportable Cargo Body Axles 5 80000 1 Yes No Type 7	Number Of G.V.W.R. Fed. Reportable Cargo Body Axies 1 Yes No Type
Vehicle I.C.C.M.C.# U.S. D.O.T.# Interstate ✓	Vehicle I.C.C.M.C.# U.S. D.O.T.# Interstate
Config. 4 301983 559735 Intrastate C.D.L.? 1 Ves 2 No C.D.L. Suspended ? 1 Ves 2 No	C.D.L.? 1 Yes 2 No C.D.L. Suspended? 1 Yes 2 No
Vehicle Placement 2 Hezardous Materials ? 1 Yes 2 ✓ No	Vehicle Blacarded 2 Hazardous Materials ? 1 Yes 2 No
1 Yes 2 No Released? 1 Yes 2 No	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 Separation Ren Off RoadDown HillCargo LossSeparation	1 Digit Number From Bottom of DiamondRan Off RoadDown HillCargo LossSeparation
Ran On RoadDown HillCargo LossSeparation	Ran Off RoadDown HillCargo LossSeparation Or Shift Of Units

5 A GSP 20 (2)

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REMARKS Vehicle 1 was a Savannah Hwy. vehicle 1 sidesv	ttemption from G	ng to Georgi	make a 38.	a left Vehicl	turn o le 1 tu	onto Geo Irned into	rgia 38 vehic	from O	ld Savannah le vehicle 2 w	Hwy. Ve	hicle	2 was		left or	nto Old	ı		<u></u>
YOUNGE TOUGOV	npou i	5111020		Ju. 10.			u 0011											
INDICATE ON T	LIC DIA	CRAM	18/13	T UAD	DENE		Por	orted By:	TFC Trey M	liver #CO	<u> </u>					_	_	
INDICATE ON T		SKAN	AAUM	NI DAVE	FENEL		Ket										-	
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								a) Hay	00									
						1	0kl 5ak	***************************************		'2 Stopped							!	
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			•		G	a38	E E	High										
				NOT	TD SCALE	5		_			``	``						
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Accident Investigation	n Site ? No			ns - Veh	icle#	1_				Citations			_	V-L-1-	40.0 5			
Site Number		,	None							Using P	late_to	Misrec	resent	<u>venicie</u>	40-2-5			_
First Harmful Traf		Weat	her	Surface	a I	11-64										_		
Event Way			_	Cond.		Light Condition	0		Location At Area	Road Com).	Road Defect		Road Charact		Maint		1
		VE	3 4# 1	Cond.	2	Condition	1 0	olision (At Area Of Impact	Com). 2	Defect	s 1		2	Maint Zone	<u>0</u>	
Event Way 11 Flow	Y 1	pants	1# 1_	Cond.	2 H#2_	Condition	1 0 D DIST	of collision (At Area Of Impact 1	Com). 2	_O		Charact	2 W	Maint Zone		
Event Way 11 Flow Number Point	1	ipants Contact	1# 1	Cond.	2 H#2_	Condition	1 0 D DIST	of collision (At Area Of Impact	Com). 2	O O	1	Charact	2 W	Maint Zone idth O	<u>0</u>	
Event Way 11 Flow Number Point	y 1 ar of Occo	ipants Contact	1# 1	Cond. VE	2 H#2 1 11	Condition	1 C D DIST	of collision (At Area Of Impact 1	AFT). 2 EER	O O	VEH#	Charact 1 2	2 w	Maint Zone lidth Of	f Road	
Number Point of Damage Other Than Vehicle	or of Occi Of lintial (ipants Contact	1# 1	Cond. VE	2 H#2 1 11	SKI BEF	D DIST	of collision (At Area Of Impact 1 VEH # 1 VEH # 2	AFT). 2 EER	O O	VEH # VEH #	Charact 1 2	2 w	Maint Zone idth O	f Road	NR BAG
Number Point of Damage Other Than Vehicle	y 1 ar of Occo Of fintial (nage To \	upants Contact /ehicle	H# 1	VEI	2 H#2 1 11	SKI BEI	Driving	of collision (At Area Of Impact 4 VEH # 1 VEH # 2 Or Pedestrian #	AFT AGE 40 22). 2 EER	O O	VEH#	1 2 TAKEN FOR TREAT.	W 1	Maint Zone lidth Of	f Road	
Number Point of Damage Other Than Vehicle	or of Occordination (ipants Contact /ehicles	# 1 2 1 1 8 2	VEI	2 H#2 1 11 2	SKI	Drive	of collision (CANCE _ MPACT _ CANCE _	At Area Of Impact 4 VEH # 1 VEH # 2 Or Pedestrian #	AFT AGE). 2 EER	O O Pos.	VEH# VEH#	1 2 TAKEN FOR TREAT.	W A EJEC S E T	Maint Zone lidth Of 24'	f Road	NIR BAG
Number Point of Damage Other Than Vehicle Last Name	or of Occordination (ipants Contact /ehicles	# 1 2 1 1 8 2	VEI	2 H#2 1 11 2	SKI	Driving	of collision (CANCE _ MPACT _ CANCE _	At Area Of Impact 4 VEH # 1 VEH # 2 Or Pedestrian #	AFT AGE 40 22 Zio	ER	O O Pos.	VEH# VEH# INJURY 0	1 2 TAKEN FOR TREAT, F	W Z EJEC S	Maint Zone idth Of 24'	f Road	NIR BAG
Number Point of Damage Other Than Vehicle Last Name	or of Occordination (ipants Contact /ehicles	# 1 2 1 1 8 2	VEI	2 H#2 1 11 2	SKI	Driving	of collision (CANCE _ MPACT _ CANCE _	At Area Of Impact 4 VEH # 1 VEH # 2 Or Pedestrian #	AFT AGE 40 22 Zio	ER	O O Pos.	VEH# VEH# INJURY 0	1 2 TAKEN FOR TREAT, F	W Z EJEC S	Maint Zone idth Of 24'	f Road	NIR BAG
Number Point of Damage Other Than Vehicle Last Name	or of Occordination (ipants Contact /ehicles	# 1 2 1 1 8 2	VEI	2 H#2 1 11 2	SKI	Driving	of collision (CANCE _ MPACT _ CANCE _	At Area Of Impact 4 VEH # 1 VEH # 2 Or Pedestrian #	AFT AGE 40 22 Zio	ER	O O Pos.	VEH# VEH# INJURY 0	1 2 TAKEN FOR TREAT, F	W Z EJEC S	Maint Zone idth Of 24'	f Road	NIR BAG

		Assessive NOICe No.		AOTOD VELIOLE	0	D-4- D	
Accident Number	07 - 09	Agency NCIC No. [OPS 523E GEORGIA N (1/2004) ACCIDE	NT REPORT	County	Date R	eceived Page 1
Date			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Liberty	Inside	Of 2
Date		/ Of Week	inne On. A	Vehicle	otal Number Of s Injuries Fatalities	City Of	
04/03/2009	Sun M T	W Th F S	0715 0	724 2	0 0	J., G.	
Road Of	Georgia 38		At its Intersection	Old Sunbu	v Rd		Corrected Report
CCCurrence		st St. Rt. 3 Co Road			owest St. Rt. 3 Co Ros	ad 4 City St	Yes
Not At Its	include 2 y Lowe	Miles 1 North		1:	SWEET SIL RE. STY OF REE	au 41 Jonyon	1
Intersection But		Feet 2 South		familia 2 1 awast 6	1 D 2 C D - 1	City St 5 Co. Line	Suppl. To Origina
And Continuing In	the		1	terstate 2 Lowest 3	St. Rt. 3 CO ROBO 4	i_jCity St 5 i_jCo. Line	Yes
Direction Checked	Above —		[*****] [******		-		Hit and Run?
The Next Reference	ce Point is 1 🗀 i	nterstate 2 Lowest St	. Rt. 3 Co Road 4	City St 5 Co. Line			Yes
Driver# Last	Name	First	Middle	Driver # Last Na	me	First	Middle
1 Duk	ces. Octarius			2 LEdw	ards. Stanley E.		
Addre	ess			Addre	988		
Ped. PO	Box 1171			Fed 542	Parish Loop		
City		State Zip	DOB	City	Sta	ite Zip	DOB
Pembroke Driver's License N	GA. 31321	Class Str	10/23/1985 te	Driver's License No	e, GA. 31313	lass State	04/16/196¹ ✓ Male
04967978			A Female	0517321		C GA	
	nsurance Co.		cy No.		Insurance Co.	Policy	
. 40	State Farm		327951E1111D		Allstate	•	08684021101
			lephone No.	Year Ma			
1999 Chev	rolet	S10	912-313-9669	2000 Hono	ia .	Civic	912-370-2647
VIN		Vehicle Cok	or	VIN		Vehicle Cold	r
	1449XK18036		Tan	1HGEJ	7228YL084607		Black
Tag # APN2373	State 3 GA	County BRYAN	Year 2009	Tag # AST66	State 63 GA	County LIBERTY	Year 2010
Trailer Tag #	State	County	Year	Trailer Tag #	State	County	Year
(tallor (ag ir							
	r's Last Name	First	Middle		ner's Last Name		Middle
Duns	es, Octarius			Address	ards, Stanley E.		
Address PO	Box 1171				Parish Loop		
City	Sta	te	Zip	City	State	Zip	
	<u>, GA. 31321</u>			Hinesville.	GA. 31313		
Removed By	Oriver '	JF	list [list	Removed By	river	Requ	est List
	pe Results	Drug Type	Results		ype Results	Drug Type	Results
Test 2		Test 2		Test 2	,,,,,	Test 2	
Driver	Direction	Vision 1	Contributing Factors	Driver	Direction	4	Contributing Factors
Condition Vehicle	of Travel 2	Obscured Pedestrian	- 4	Condition 7 Vehicle	of Travel 3	Obscured 1 Pedestrian	1
Condition 1	Maneuver 1	Maneuver		Condition 1	Maneuver 1	Maneuver	
Most Harmful Ever	nt 11 Vel	nicle Class 1	Vehicle Type 2	Most Harmful Ever	nt 11 Vehicle	Class 1 V	ehicle Type 1
Traffic Control	5 Device	e Inoperative ?	Yes V No	Traffic Control	7 Device	Inoperative ?	Yes V No
	<u> </u>	·					
Injured Taken To	None Trans		14-1-1-1	Ву			
EMS Notified Time	e EMSA	rrival Time Hospit	ai Arrivai Time	Photos Taken	Yes 🗸 No	By:	
Report By :		-	Department	Report Date			Date Checked
TFC	Trey Miller #62	0	GSP Hines		/2009 CPL B	<u>.A. BREWTON#</u>	<u>3_04/07/2009</u>
Witness(es) Name	e ·	Address	Ci	ty	Zip Code	Т	elephone No.
DMVS MICRO	FILM NUMBER	(DO NOT WRITE	IN THIS SPACE)				
				·			
			COMMERCIAL \	EHICLES ONLY			
Carrier Name				Carrier Name			
Vehicle #				Vehicle #			
Address				Address			
City	Stal	te	Zip	City	State	Zip	
Number 25	6445	Fod Deportable	Carro Parti	Number Of	CVWC I	End Borndahin In	ness Bod.
Number Of Axies	G.V.W.R.	Fed_Reportable	Cargo Body Type	Number Of Axies			argo Body ⁄oe
	I.C.C.M.C.#	U.S. D.O.T. #	Interstate	Vehicle		J.S. D.O.T. #	Interstate
Config.	- N-	001 Bushed-1	Intrastate	Config.	0;=: N-	C.D.L. Suspended ?	Intrastate
C.D.L.? 1 Yes		C.D.L. Suspended ? Hazardous Materials		C.D.L.? 1 Yes		azardous Materials ?	1 Yes 2 No 1 Yes 2 No
Vehicle Placerded 1 TYes 2 1		Released		Vehicle Placarded	,	Released?	1 Yes 2 No
	Digit Number From	Dlamond or Box	***************************************		Digit Number From Dia	mond or Box	
1	Digit Number Fron	Bottom of Diamond		10	Digit Number From Bott	om of Diamond	
Ran Off Road	iDown Hil		Separation	Ran Off Ros	adDown Hill	Cargo Loss .	Separation
		Or Shift	Of Units			Or Shift	Of Units

GSP 21 8



Vehicle 1 was traveling south from Old Sunbury Rd. onto Georgia 38. Vehicle 2 was traveling east from Georgia 38 to Old Sunbury Rd. Vehicle 1 struck vehicle 2 in the driver's door in the turning lane of Georgia 38. Both vehicles came to a controlled final rest. The driver of vehicle 1 stated that he did not see vehicle 2. INDICATE ON THIS DIAGRAM WHAT HAPPENED Reported By: TFC Trey Miller #620
INDICATE ON THIS DIAGRAM WHAT HAPPENED Reported By: TFC Trey Miller #620
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INDICATE ON THIS DIAGRAM WHAT HAPPENED Reported By: TFC Trey Miller #620
III DO COLEMANY N
Ox Surbury N
Foll Red
איכים מו וסו
Accident Investigation Site? Citations - Vehicle # Citations - Vehicle #
Accident Investigation Site? Yes No Site Number Citations - Vehicle # 1 40-6-73 Failure to Yield While Crossing Roadway None
Yes Site Number
Site Number Yes Site Number 40-6-73 Failure to Yield While Crossing Roadway None
Yes Site Number Vestage
First Harmful Event 11 Veh # 2
First Harmful Event 11 Veh # 2
Yes ✓ No 40-6-73 Failure to Yield While Crossing Roadway None First Harmful Event Traffic-Way Weather Surface Cond. Light Condition Of Condition Of Condition Of Interest of Condition Of Inter
Yes Site Number 40-6-73 Failure to Yield While Crossing Roadway First Harmful Event Way 11 Flow 2 2 2 2
Yes ✓ No 40-6-73 Failure to Yield While Crossing Roadway None First Harmful Event Traffic-Way Weather Surface Cond. Light Condition Manner Of Occupants Location At Area Comp. Road Comp. Road Character Construction Maint. VEH # 1 VEH # 2
Yes Site Number Very Site Number

Accident Nu			-	icy NC						UNIFORM			County			Date I	Rec. by D	тот
09050714				RTY		1=-		IOTOR		ACCIDENT	REPO		LIBERTY		1			
Date 05/14/2009	9	Sun	Days of M T W	Week I Th	□ [F 8		me 21	1:49	Off. Arr	21:52	Veh	icles 2	otal Number of: Injuries 0	Fatalities 0	Inside (•		
ad of	OLD	HINES ROA	.D						At Its Intersect	ion With								d Report?
Courence			2 Lowes	t St. R	t. 3 🗷	Co. R	oad 4	City S	t.		state 2	Low	est St. Rt. 3	□Co. Road	4	ty St.	Yes []
Not At Its							☐ East			te 2 kilowe	st St Rt	3 🗆	Co. Road 4	TCity St 5		ine	Suppl. T	o Original?
Intersection	n But <u>1</u>	00		eet	1	uth 3	☐ West	t		2 [5] 20110	J. J. 11.		100.110111 4 [Yes ☐ Hitand F	
And continu	uing in 1	the direction	n checked ab	ove,										_				
the Next Re						l 🔲 Inf			west St. Rt.			_	5 Co. Line				Yes _	
Driver#		TNAME		FIRST				MIDDLE		Driver# 2				FIRST		ı	MIDDLE	
	HUT			JENN	IFER		•	JILL			PIPKI			WILLIAM			IOSHUA	
Ped 0	10 H	ress UFF DRIVE	APT 307 State		Zip			DOB		Ped ₀	72 LU	FFBURG	OW DRIVE State	Zip		_	DOB	
ELLIJAY			GA		3054	10		БОВ		HINESVILLE			GA	21p 313			DOB	
Driver's Lic	ense N	о.	Class		State	e	▲ Ma	ale	Female	Driver's Lice	ense No.		Class	Sta	te	⊼ Ma	le	Female
Posted		Insurance	C e Co .		GA	Polic	cy No.			Posted		Insura	nce Co.	GA		y No.		
Speed	25	CORNER	STONE NAT	ONAL			12866-0				25	SAFE	AUTO INSURAN	CE CO.		338125/	۹-00_	
Year 2003	Make DODG		Model CARAV	N.		Telepho 912-570				Year 1996	Make	-00	Model		Telepho			
VIN	DODE	<u> </u>	CARAVI	_	cle colo		J-/39U			VIN ·	JEEP (F	-OR	GRAND	Vehicle col	9122716 or	0104		
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Tag # BGE9165		State GA		OUNTY BERT	v		Year 2010			Tag # ADQ6671		State GA		ounty DNG		Yea r 2010		
Trailer Tag	#	State		ounty			Year			Trailer Tag #	‡	State		ounty		Year		
Same a	s Drive		s Last Name			First		Middle	•	☐ Same as	Driver		er's Last Name		First		Middle	e
Address		нитто			•	JENNIF	EK	JILL		Address		PIPKI	N		DENISE	_	L	
10 HUFF DR	RIVE AP	T 307								P.O. BOX 106	68							
City ELLIJAY			State GA			Zip 305-				City LUDOWICI			State GA		Zip 313			
Removed B	Ву		GA.		□ R	equest		List		Removed By	,		GA_		Request		List	
RIVER			I	_		. 1				DRIVER								
cohol Tes	st	Туре	Results		Drug Te 02	st	Тур	e	Results	Alcohol Test	t	Туре	Results	Drug T 02	/ 1	Тур	e	Results
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Veh Cond 01	7	Veh Maneuv 0		Pe	d. Mane	euver		, -		Veh Cond 01	V	eh Mane	uver 01	Ped. Man	neuver		•	
Most Harmf	ful Even		Veh Class:				Veh Typ	pe:		Most Harmfu	ıl Event		Veh Class:		$\neg \neg$	Veh Ty	oe:	_
Traffic Ctrl		11	Device Inope	erative	01	☐ Yes	· 🕝	No	10	Traffic Ctrl		11	Device Inope	01	☐ Yes		No	11
Trainio Gar		05	201100 1110	,, u.i. v c			ي			1141110 041		07	Devise mope			<u>ы</u>		
Injured Take	en To:							В	y:								_	
EMS Notified	d Time	EMS A	Arriva! Time			Hos	pital Arr	ival Time	•	Photos Taken:		Yes 🛚 🗷	No By	:				
Report By:				Depart							eport D		Checked By:			_	Date	Checked
SOLOMON, Witness(es):		М			TY COU Address		0.			0 City	5/14/200	9 F	PIKE, GREG	Zip Code		Te	05/14 ephone	
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DOT MICRO	OFILM N	UMBER (DO	NOT WRITE	IN TH	IS SPAC	E)												
								COM	IERCIAL V	/EHICLES (ONLY							
Carrier Nam	ne									Carrier Name	е							
Vehicle # Address			City	,		St	ate	Zij	D	Vehicle # Address			City		Sta	ate		
	_									_								
No. od A	xles	G.V	/.W.R.		Fed. Re			Cargo	Body Type	No. od Ax	les	9	S.V.W.R.	_	Reportabl s 2 □		Cargo	Body Type
Vehicle Co	onfig.	1.0.0	C.M.C.#).O.T.#		Intersta Intrasta	==	Vehicle Co	nfig.	1.0	C.C.M.C.#		.D.O.T.#		Intersta	=
	C.D.I	.? 1 □Ye	es 2 ∏No		C.D.I	. Suspe	nded?		5 2 □ No		C.D.L.7	1 🗆	Yes 2 ∏No	C.D	L. Susne	nded?		s 2 □ No
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In the state

LCSO 11.0 Page 1 of 4

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. OF VEHICLE	FICER #1 (TI	IE V	SERV	PLA	N REV	EAL AME	ED SLIG WAS B	ROP	DAMAGE I (EN AND L	OIR AY	EC	TL G (Y 1 ON	THE PA	FRONT VEMEN	BUMF T).	PER ARE	A OF	
OFFICER N	AME :	SOL	OMON, V	VILLIA	M_ (OFFIC	ZER NUMB	ER	952										
INDICATE	ON TI	HS	DIAGR	AM V	VHAT I	HAPI	PENED												
Accident Invest	igation \$8	9	CITATION	B - VEH	CLE #					_	Ţ	CITA	TION	s - VEHICLE	*			_	
☐ Yes	⊞ No	ŀ	·								+					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Site Number:_		-1																	
First Harmfui Event	Traffic- Flor		Was	poc.	Surface	Cond	Light Con	ıd.	Manner of Collision		itian if liny		100	Road Comp	Road	Dof.	Road Charac		ruction / t Zone
11	02		0		01		04		91		01		\perp	02		11	01	NC.	NE
				VEH:		VEH	l: <u>2</u>		SKID DISTANCE		_		0	AFTER	0	_	Width	of Road	
Number of C	CCLUPANTE				1		4		BEFORE			٧	ΈН.	1	VEH. 1				
Point of Initio	d Contact				7 Z		7		IMPACT		_		8		0	_		4"	
Damage to \	/chicles				02		02					٧	ĘΗ,	2	VEH, 2				
Damage Other Than Vehicle:							Öwner			AGE	SEX	NEW #	804	SHJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
			Driver#	1 Or	Pedeutria	n#0	HUTTO, JEN	NIFER						00	62	D1	08	02	02
Occupante (lies	: below):		Driver ≠	2 Or	Padastria	*0	PIPKIN, WIL	LIAM						00	¢2	01	_CR	02	82
LAST NAME, F				ADD	RESS		CITY		STATE ZIP	××	××	xx	ХХ	XXXXX	XXXXXX	XXXXX	XXXX	XXXXXX	XXXX
DRIGGERS, KE	RR:			72 LUF	FBUROW		HINES	VILE	GA 51313	20	F	2	3	90	02	0 1	08	02	U2
PIPKIN, SAVAN	NAH			72 LUF	FBUROW		HINES	VILE	GA 31313	1	F	2	4	00	02	01	04	02	02
PIPKIN, TONIL	N			72 LUF	FBUROW		HINES	VILLE	GA 31313	2	F	2	0	00	02	D1	.04	02	02
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		Agency NCIC No.	222 5005	CEODOLA M	OTOD VEUIOL	E Count			Date Bo	achied	
Accident Number	44 - 09	Agency NCIC No GAGSP110			OTOR VEHICL NT REPORT	_	RTY		Date Re	Seived	Page 1
		v Of Week	Time	Off, Ar				Inside	┥		Of 2
Date		OLANGAK	1 11/16	Oil. Al	Vehi	cles Injurie	ber Of 8 Fatalities	City Of			
07/06/2009	Sun M T	W Th F	1624		48 2	2	0		Flemingt	<u>on</u>	
Road Of	Old Sunbury F	24		At Its Intersection _	Old Hines	e Rd				Corrected	Report
		est St. Rt. 3 Col		R With	Interstate 2		t 3 Co Ros	id 4 🗸	City St		Yes
Not At Its	IIIGIBOGIG ST ICOM				anterolate z	LOWGOL GL. F	u. 3 00 NOE	10 4 <u>(\$.</u>](only Oi.		
Intersection But			orth 3 Eas		erstate 2 Lowe		Co Bood		e' le 11-	Suppi. To	_
And Continuing in	the			1 [1	a state 2 Lowe	HOLKE 3:	CO ROBU 4	City St	5. Co. Line		Yes
Direction Checked	Above		ATT- A							Hit and R	ในก?
The Next Reference	e Point is 1	Interstate 2 Low			City St 5 Co. Lir	e				Yes	
Driver# Last	Name	First	Midd	le	Driver # Last	Name		First	M	iddle	
1 Pipl	kin. William J	oshua			2 LAb	bott. Tin	nothy Jose	nh			
- Addre					n_ Ad	dress	•				
Ped. 72	Lufburrow Rd				Рес Р.	O. Box '	13043		_		
City		State Zip	DOB	/09/1986	City	EL COCI	Sta 3.4	te Zip	p	DOB	4/4004
Driver's License N	Ga. 31313	Class	State US	✓ Male	Driver's License	FI. 5368		less	State		4/1984 Male
		C	GA	Female		1084404	_	E	FL		Female
04906636 Posted in	nsurance Co.	<u> </u>	Policy No.		Posted	Insurance			Policy N		
	Babb's Ins. Co	0	PGA0709	9892	Speed 35	USAA	- 301		•	8735680	G71013
		Model	Telephone No			Make	Model		Telephor		J. 1010
1992 Linco		Town Ca		-271-0778		nda		Civic			0-6947
VIN		Vehicle	Color		VIN				Vehicle Color	_	_
1LNLM8	2W9NY6073		Grey		1HG	A15516	L145316			Grev	
Tag #	State	County		Year	Tag# BEJ 9	3604	State GA	CHATH	ounty J A R A		Year 2010
No Tao Trailer Tag #	State	County		Year	Trailer Tag #	109.1	State		ounty		Year
rrailer ray #	Jiate	County			Trailer Tag w		Otale		only		1041
	r's Last Name	First	Middle		Same C	Owner's Las	t Name_	First	T.	liddle	
	dy. Shane					ırshall, /	Ilan Bruce	2			
Address D+	1 Box 93 A				Address	nn Watc	rs Ave. Ar	1138			
City			Zip		City		State	71. 100	Zip		
Ludowici.			_ - -		Savanna	h, Ga. 3	1406				_
Removed By			Request	List	Removed By				Reque	est	List
	Oriver	Ta. Ta				Driver	Donate I	Devis	T		
Alcohol Ty Test 2	pe Results	Drug Ty Test 2	pe Results	•	Alcohol Test 2	Туре	Results	Drug Test 2	Туре	Results	'
Driver	Direction	Vision	Contribu	ting Factors	Driver	Direct		Vision	c	ontributing	Factors
Condition 7	of Travel 1	Obscured	1 4		Condition 1	of Tra		Obscured	1	1	
Vehicle 1	Vehicle Manager 5	Pedestrian			Vehicle 1	Vehic	- = 1	Pedestriar			
Condition Most Harmful Ever	T MIZITOUVE)	Maneuver hicle Class 4	Vehicle 7	vne 4	Condition Most Harmful E	<u>Maner</u> Vent 11	144.44.4	Maneuver		hicle Type	4
Traffic Control	5 Devi	ce Inoperative ?	Yes	✓ No	Traffic Control	6	Device I	noperative	?	Yes	V No
Injured Taken To	Not Transp	orted			Ву						
EMS Notified Time			ospital Arrival T	ime				_			
					Photos Take			Ву:		_	
Report By :	R H.E. Middlet	on #319	Departmen	t SP Hinesy	Report Da	ate 06/2009	Checked I	By: * pp=	WTON #3	Date Cl	hecked 9/2009
Witness(es) Name		Address		Cit			Zip Code	M. DIX		lephone N	
11011000(00) 146(11)		Addiesa	·								
D4012 41127		/ DO NOT 10	Name to consiste	20405			_				
DMVS MICRO	FILM NUMBER	(DO NOT WE	RITE IN THIS S	SPACE)							
			COI	MMERCIAL V	EHICLES ONLY						
Carrier Name					Carrier Name						
Vehicle # Address		_			Vehicle #						
					Address						
City	Sta	rte	Zip		City		State		Zip		
Number Of	G.V.W.R.	Fed. Reportab	le Cargo Bo	odv	Number Of	G	V.W.R.	Fed. Repo	rtable Ca	rgo Body	
Axies		1 Yes			Axles		:	l Yes	No Ty		
Vehicle	I.C.C.M.C.#	U.S. D.O.T. #		state	Vehicle	I.C.C.N		.s. d.o.t.		Interstate	
Config.	2: No	C.D.L. Suspen		state No	Config.	es 2⊡ N	ln	C.D.L. Sus	nended 2	Intrastate 1 Yes	2 No
C.D.L.? 1 Yes	_	Hazardous Mate		Page 1.1	L	1 ,	_	zardous M	•		2 No
Vehicle Placarded 1 ☐ Yes 2 ☐ !			ased ? 1 Ye	- r "l	Vehicle Placard						2 No
	Digit Number Fron	n Diamond or Box			If Yes, Name or		ber From Diar	nond or Bo	ox _		
	Digit Number From						ber From Bott				
Ran Off Road			ossSe	peration Units	Ren Off F		ber From Bott Down Hill	Car	nond _ rgo Loss _ Shift_	Separa	

668 12



	Accident Numi	per 11-	0244 - 09	9 Date	07/06/2009	Time	1624		PAGE 2	<u> </u>	DF 2
ehicle # 1 was to ac ass Old Sunbury of vehicle #1 with its	Rd. and state	d he though	t he had en	ough time to	make it acro	ss the r					
INDICATE ON THIS E	IAGRAM WHA	T HAPPENED		Reported By:	S/TPR H.E.		n #319		I make to a		1
					Old Hin	Construction of the Constr		N			
						Old	Sunbury	Rd.			
			Area Of Impac		_				-		
					4 O	d Hines	Rd.	Visco			
Accident Investigation Site ☐ Yes ✓ No.	.	ns - Vehicle #				Citations -		2			
Yes Volumber	Failu	re To Yield 40	-6-72			Citations -	Vehicle #				
☐ Yes ✓ No Site Number ☐ Traffic- Event ☐ Way	Failur Weather	re To Yield 40		Manner Of Collision 1		Citations -	Vehicle #	oad efects	Road Character	Con Mair 1 Zon	-
First Harmful Event 11 Number of C	Weather 3 VEH # 1	Surface Cond. 2 VEH # 2 3 12	Light Condition	Of Collision 1	Location At Area Of Impact 1	Citations - None Road	Vehicle #	oad	Character	Mair 1 Zone	nt. e 0 Of Road
Site Number First Harmful Event 11 Flow 1 Number of C Point Of lint Damage Damage Other Than Vehicle	Weather 3 VEH # 1 Occupants 1 ial Contact 5	Surface Cond. 2 VEH # 2 3 12	Light Condition	Of Collision 1	Location At Area Of Impact 1	Road Comp	Vehicle #	oad efects 1 -O- VEH# -O-	1 2 TAKEN	Mair Zone Width C	nt. e () Of Road
First Harmful Event 11 Number of C Point Of limt Damage Other	Weather 3 VEH # 1 Occupants 1 ial Contact 5	Surface Cond. 2 VEH # 2 3 12	Light Condition 1 SKID D BEFOR	Of Collision 1 DISTANCE RE IMPACT Driver # 1	Location At Area Of Impact 1	Road Comp AFTI	Vehicle #	oad efects 1 -O- VEH# -O-	Character 1 2 TAKEN	Mair Zone Width C	nt. e () Of Road
First Harmful Event 11 Traffic-Way Flow 1 Number of C Point Of lint Damage Damage Other Than Vehicle None Occupants	Weather 3 VEH # 1 Occupants 1 ial Contact 5 To Vehicles 3	Surface Cond. 2 VEH # 2 3 3 3 3 3	Light Condition 1 SKID D BEFOR	Of Collision 1 DISTANCE RE IMPACT Driver # 1 Driver # 2	Location At Area Of Impact 1 O- VEH # 1 O- VEH # 2 Or Pedestrian # Or Pedestrian #	Road Comp AFTI AGE 23 24	Vehicle #	oad efects 1 -0- VEH# -0- VEH# -0- A O O	Character 1 2 TAKEN FOR TREAT. EJECT 2 1 2 1	Mair Zone Width (12 ft.	e 0 Of Road EXTRIC BAG 2 2 2 2
First Harmful Event 11 Number of C Point Of lint Damage Other Than Vehicle None C Noccupants	Weather 3 VEH # 1 Decupants 1 ial Contact 5 To Vehicles 3	Surface Cond. 2 VEH # 2 3 12	Light Condition 1 SKID D BEFOR Owner	Of Collision 1 DISTANCE Driver # 1 Driver # 2 33611	Location At Area Of Impact 1 O- VEH # 1 O- VEH # 2 Or Pedestrian # State	Road Comp AFTI AGE 23	Vehicle #	oad efects 1 -0- VEH# -0- VEH#	Character 1 2 TAKEN FOR TREAT. EJECT	Mair Zone Width C 12 ft.	e 0 Of Road EXTRIC BAG 2 2
First Harmful Event 11 Traffic-Way Flow 1 Number of C Point Of lint Damage Damage Other Than Vehicle None Occupants Last Name Thompson, Bryan M.	Weather 3 VEH # 1 Decupants 1 ial Contact 5 To Vehicles 3	Surface Cond. 2 VEH # 2 3 3 3 3 ddress Anita Blvd.,	Light Condition 1 SKID D BEFOR Owner	Of Collision 1 DISTANCE Driver # 1 Driver # 2 33611	Location At Area Of Impact 1 O- VEH # 1 O- VEH # 2 Or Pedestrian # State	Road Comp AFTI AGE 23 24 Zip 20	Vehicle #	oad efects 1 -0- VEH # -0- VEH # 0 6 0	1 2 TAKEN FOR TREAT. EJECT 2 1 2 1 2 1	Mair Zone Width C 12 ft.	e 0 Of Road EXTRIC BAG 2 2 2 0
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Accident Number		Agency NCIC No.	DPS 523E GE	ORGIA M	OTOR VE	HICLE	County			Date Re	ceived	Page 1
11 - 025	53 - 09	GAGSP1100	(1/2004)		NT REPO		LIBER	ΓY]		
Date	De	v Of Week	Time	Off. A	rrived	Tol	lal Number Injuries		Inside			Of2
07/14/2009			1749	47	750	venicles 2	injuries	Fatalities ()	City Of			
Doed Of		W Th F S		At Its		<u></u>		<u> </u>			Carrada	Pener
Occurrence C	Sa. 38	=======================================		ersection _		unbur					Соттество	•
	nterstate 2 🖊 Low	est St. Rt. 3 Co Roa			Interstate	2	vest St. Rt.	3 [¥] Co Ros	d 4 🗍 C	ity St.	_	Yes [
Not At Its Intersection But		Miles 1 North		Of	anatara al	1	De allia	a Dead		- [] - · ·	Suppl. To	
And Continuing in	the	FBBI Z 50000	Y L VYESI	1!int	erstate 2	Lowest St.	. Rt. 3 C	o Road 4	City St 5	5 Co. Line		Yes
Direction Checked	Above -						-				Hit and R	un?
The Next Reference		Interstate 2 Lowest		pad 4 🔠							Yes	
Driver# Last !	Name	First	Middle		Driver#	Last Nan	ne		First	М	iddle	
	tin, James D	•			2		Stella I.					
Ped. Addre					Ped. 🗌	Addres	-	E0				
City	. Box 439	State Zip	DOB		City	P.U.	Box 21:	52 Sta	le Zip		DOB	
Hinesville.	Ga. 31313	· · · · · · · · · · · · · · · · · · ·	08/14	/1939	Hin		Ga. 31	313				2/1967
Driver's License N	D.		-	Maie	Driver's Li			С	lass	State		Male Female
05481164			Ga	Female		70943 <u>(</u>			<u>.c</u>	Ga Ga		remale
45	surance Co.		olicy No. 0208542A09	1	Posted Speed		nsurance C lictoria S			Policy N	No. 62 627	
	SMAC Ins./Na lke		UZUOD4ZAU: Felephone No.	2.1	Year	Mak		Model		Telepho		
2008 Ford		F150	912-87	6-2131	2000	Toyot			Camry			6-3141
VIN	W. (P.C.) C.	Vehicle Co			VIN	TOOCC	07270	00000	,	Vehicle Color	0	
1FTPW1	4V58KD889 State	03 County	White_	Year		128G2	2X7Y04	92206 State	Col	unty	Grev	Year
Tag # AZN9758		LIBERTY		2010	Tag# 9	123AM	F	Ga	MUSČČ	ÖGEE		2010
Trailer Tag #	State	County		Year	Trailar Tag			State	Co	unty		Year
	's Last Name	First	Middle		Same as Driver		er's Last Na Stella I.	ame	First		Aiddle	
Address	in, James D. . Box 439				Address		Box 21	 52		<u> </u>		
City	St	ate	Zip		City			State		Zip		
Hinesville.	Ga. 31313			"It led			Ga. 31	313				
Removed By	river '		Request	List	Removed	By Cra	aftsman	Wrecke	r 912-3	Reque 68-0413	#ST (**	List
Alcohol Ty Test 2		Drug Type Test 2	Results		Alcohol Test	2 Ty		Results		Туре	Results	
Driver	Direction	Vision 4	Contributing	Factors	Driver	4	Direction		Vision	1 6	Contributing	Factors
Condition Vehicle	of Travel 4	Obscured Pedestrian	 ⁴		Condition Vehicle		of Travel Vehicle		Obscured Pedestrian		т.	
Condition 1	Maneuver 1	Maneuver	<u> </u>		Condition	1	Maneuve	<u>, 10 </u>	Maneuver			
Most Harmful Ever	nt 11 Ve	hicle Class 1	Vehicle Type	2	Most Harn	nful Event	11	Vehicle	Class 1	Ve	ehicle Type	
Traffic Control	5 Devi	ce Inoperative ?	Yes	No	Traffic Co	ntrol 7	7	Device I	noperative	?	Yes_	No_
Injured Taken To					Ву							
EMS Notified Time	EMS A	Arrival Time Hos	pital Arrival Time					✓ No	D			
			Dtt			Taken	Yes		By:		D-1- 01	ha ele
Raport By : CPL I	B.A. BREWTO	N #330	Department GSF	Hinesy	/ille	ort Date 07/14/2	2009	SFC T.	sy: L. Kina	#566	Date Cl 07/16	hecked 1/2009
Witness(es) Name		Address		Cit				Code			elephone N	
DMVS MICRO	FILM NUMBER	(DO NOT WRIT	E IN THIS SPA	CE)								
			СОММ	ERCIAL V	EHICLES							
Carrier Name					Carrier Na Vehicle #	me						
Vehicle # Address			_		Address							
City	Sta	nte	Zip		City			State		Zip		
Number Of	G.V.W.R.	Fed. Reportable	Cargo Body		Number O	of	G.V.\		ed. Repor		rgo Body	
Axies Vehicle	.C.C.M.C. #	1 Yes No.	Type	e	Axles Vehicle		I.C.C.M.C		.S. D.O.T.		ne Interstate	1 [
Config.			Intrastat	e !	Config.						Intrastate	
C.D.L.? 1 Yes	-	C.D.L. Suspender		2 No 2 No	C.D.L.?		1. 1		C.D.L. Sus _i Izardous M		Prince de la constante de la c	2 No
Vehicle Placarded		Hazardous Material Releas		2 No 2 No	Vehicle Pl			HE		atenais ? Released ?		2No 2No
1 ☐Yes 2☐ I		n Diamond or Box			1Yes If Yes, Na			r From Diar				
1	Digit Number From	m Bottom of Diamond			1	1 D	igit Numbe	r From Bott	om of Diam	ond _		
Ran Off Road	Down H	IIICargo Loss Or Shift	Separa Of Uni		Rer	Off Rose	· —	Down Hill		go Loss _ Shift	Sepan	
		Ur Shill	ULUNI						OI S	east 1	ULUN	net .

958 23 (4)



REMARKS	Acc	<u>cident Numl</u>	ber 11 -	0253 - 0	9 Date	<u>07/14/2009</u>	Time	<u> 1749</u>		PAG	<u> 2</u>	OE_	
onto Ga. 38 vehicle #2 s	and attemp	ted to mer	ge into the I	left eastbou icle #1. The	38. Vehicle nd lane. Veh e area of imp h side of Ga.	icle #1 pulled act was in th	d into th	e path o	of vehicle	#2. Th	ne left i	ront of	eft
INDICATE O	ON THIS DIAG	RAM WHA	T HAPPENE		Reported By:	CPL B.A. BF	REWTON	#330					-
					Old S	Ga. 38		NOT	AN SECULE				
Accident Inves Yes	tigation Site ?	Citation None	ns - Vehicle #	1_			Citations - None	Vehicle #	_2_	_			
Site Number _					T *		T.						
First Harmful Event 11	Traffic- Way Flow 2	Weather 1	Surface Cond.	Light Condition	Manner Of Collision 3	Location At Area Of Impact 1	Road Comp.		oad efects 1	Road Charac	ter 5	Constru Maint. Zone	ction O
1	Number of Occu				DISTANCE _0 RE IMPACT _0	VEH# 1	AFTE	R _	0 VEH#		V	vidth Of F	
	Damage To V		2 3										-
Damage Other	Damage To V		2 3	Owner			AGE	VEH SEX NO	POS. INJURY	TAKEN FOR TREAT	EJEC S	AFETY QUIP EXT	AIR RIC BAG
Damage Other Than Vehicle None	Damage To V		2 3	Owner		Or Pedestrian #	69	SEX NO	0		EJEC E	AFETY QUIP EXT	
Damage Other Than Vehicle None	Damage To V	ehicles 2	2 3	Owner		Or Pedestrian #		SEX NO	ligities.	FOR TREAT.	_		2
Damage Other Than Vehicle None Occu	Damage To V	ehicles 2				Or Pedestrian #	69 42	SEX NO	0	FOR TREAT.	1	3 2	2
Damage Other Than Vehicle None Occu	Damage To V	ehicles 2				Or Pedestrian #	69 42	SEX VEH	0	FOR TREAT.	1	3 2	2
Damage Other Than Vehicle None Occu	Damage To V	ehicles 2				Or Pedestrian #	69 42	SEX NO	0	FOR TREAT.	1	3 2	2
Damage Other Than Vehicle None Occu	Damage To V	ehicles 2				Or Pedestrian #	69 42	SEX NO	0	FOR TREAT.	1	3 2	2

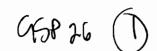
Accident Number		Agency NCIC No.	DPS 523E GE				County			Date Red	eived	Page 1
11 - 027		GAGSP1100	(1/2004)		NT REPO		LIBER			4	i	Of 2
Date	Da	v <u>Of</u> Week	Time	Off. Ar	rived	Tot Vehicles	al Number Injuries	Of Fatalities	Inside			
08/04/2009	Sun M T	W Th F S	1540	16	808	2	1	0	City Of	Flemingto	on	
Deed Of				At Its						<u>_</u>		Depart
Occurrence	old Sunbury F			ersection		<u>lines R</u>					Corrected	,
	nterstate 2 Low	est St. Rt. 3 Co Ros	d 4 🗸 City St.	With 1	Interstate	2 Low	est St. Rt.	Co Roa	d 4 🗸 C	ity St.		Yes []
Not At Its		Miles 1 North		Of							Suppl. To	Original
Intersection But		Feet 2 South	4 West	1 Inte	erstate 2	Lowest St.	Rt. 3 C	o Road 4	City St	Co. Line		Yes 🗀
And Continuing in 1											Hit and R	
Direction Checked The Next Reference		Interstate 2 Lowest	St. Rt. 3 Co R	oad 4	City St 5	Co. Line					Yes	
1 1 - 4 1		First	Middle		Driver #	Last Nan	10		First	М	iddle	
Driver#		1 1104	modio							•••		
	i, John M.				2		<u>s, Sarah</u>	<u>.M.</u>				
Ped. Addre					Ped.	Addres		•				
1 108	4 Ricade Dr.		DOB		034	P.O.	Box 182	Sta	7:-		DOB	
City	Ga. 31313	State Zip		5/1945	City	esville	Ga. 313		te Zip			0/1988
Driver's License No		Class S		Male		cense No.			lass	State		Male
04934005	-		GA	Female		225623			С	GA.	_	Female
	surance Co.		olicy No.		Posted	Ir	surance C	0.		Policy N	io.	
	uto Owners		4382564100	0	Speed	35 A	veco Ins	Co.			36963-6	<u> </u>
Year Ma			Telephone No.		Year	Mak		Model		Telephor		
1999 Ford		F-250	912-36	9-6654	1997	Toyota	a		Corolla		912-49	2-6800
VIN	_	Vehicle Co			VIN					Vehicle Color		
	20L7YEB049		White_		2	T1BB0	2E0VC1				Green	V
Tag #	State GA	County LIBERTY		Year 2010	Tag#	EB425		State GA	LIBER1	unty		Year 2010
128216 Trailer Tag #	State	County		Year	Trailer Ta			State		unty		Year
Italiei Tay #	State	County			Trailor Ta	· · · · · · · · · · · · · · · · · · ·		Otalo		u.n.y		
Same Owner	's Last Name	First	Middle	- '	Same	Own	er's Last Na	me	First	N	liddle	
as Driver Liber	ty County Bo	oard Of Education	on		as Driver	Duva	II. Suere	ena				
Address	e Cours of				Address	402E	Whiteta	il Cirolo				
	S. Gause Si	ate	Zip		City	1035	AATHIGIS	State		Zip		
City Hinesville	Ga. 31313	ave			Hine	sville.	Ga. 313					
Removed By			Request	List	Removed	Rv				Reque	est 🗸	List
	<u>)river </u>					Cr				68-0413		
Alcohol Tyl	pe Results	Drug Type	Results		Alcohol Test	2 TA	pe F	Results	Drug Test 2	Туре	Results	
Driver 4	Direction	Test 2 Vision 4	Contributing	Factors	Driver		Direction		Vision		ontributing	Factors
Condition 1	of Travel 1	Obscured 1	4		Condition	1	of Travel	4	Obscured	_1	1	
Vehicie	Vehicle	Pedestrian			Vehicle	1	Vehicle	. 5	Pedestrien			
Condition	Maneuver 11				Condition		Maneuve		Maneuver			
Most Harmful Ever	nt 11 Ve	ehicle Class 1	Vehicle Type		Most Harr	nful Event	11	Vehicle	Class 1	Ve	hicle Type	
Traffic Control	7 Davi	ice Inoperative ?	Yes_	No_	Traffic Co	ntrol 7	<u> </u>	Device I	noperative	?	Yes 1	∠ No
Jelysed Taken To					By							
Injured Taken To	Not Transp		nite! Arrival Time		,							
EMS Notified Time	EMS/	Arrival Time Hos	pital Arrival Time		Photo	s Taken	Yes	✓ No	Ву:			
Report By :			Department		Re	port Date		Checked	Ву:		Date Cl	necked
S/TP	R H.E. Middle		GS	P Hinesy	ille	08/04/		CPL B	A. BRE	WTON #3	<u>3 08/06</u>	/2009
Witness(es) Name		Address		Clt	y		Zip	Code		Te	elephone N	0.
DMVS MICRO	FILM NUMBER	(DO NOT WRIT	E IN THIS SPA	ACE)								
I		•		-								
			COMM	IERCIAL V	EHICLES	ONLY						
Carrier Name					Carrier Na							
Vehicle #					Vehicle #							
Address					Address							
City	Str		Zip		City			State		Zip		
J,												
Number Of	G.V.W.R.	Fed. Reportable	Cargo Body		Number C	Of	G.V.V		ed. Repor		rgo Body	
Axies	10040 7	1 Yes No		to	Axles		10000		S DOT			: 1
Vehicle I	I.C.C.M.C. #	U.S. D.O.T. #	Interstati		Vehicle Config.		I.C.C.M.C	.# "	.S. D.O.T.	*	Interstate Intrastate	<u>ii</u>
C.D.L.? 1 Yes	2 No	C.D.L. Suspende		2 No		1 Yes	2 No		C.D.L. Sus		1 Yes	2 No
Vehicle Placarded		Hazardous Materia		2Na		lacarded ?	C.	He	zardous M			2 No
1 Yes 2	No	Releas	ed ? 1Yes	2 No	1 Yes	2 No)				1Yes	2 No
If Yes, Name or 4	Digit Number From	m Diamond or Box			If Yes, No		igit Numbe					
		m Bottom of Diamond		ration	B-		lgit Number				Cons	ation
Ran Off Road	Down H	iillCargo Los: Or Shift	sSepar Of Un		ка	n Off Road	·'	Down Hill		go Loss _ Shift	Separa Of Uni	
		O Gilli										

GGP 24 3



REMARKS Accident Number 11 - 0273 - 0	Q Date 08	3/04/2009	Time	1540		PAG	SE 2	0	= ;	2_
Vehicle #1 was traveling east on Old Sunbury Rd. and traveling west on Old Sunbury Rd. Vehicle #2 skidded a with its front end. Vehicle #1 came to a controlled rest or	attempting to o	complete a le	eft turn	onto (right s	ide of v	es Rd. Ve rehicle #1	hicle :	#2 was ty traile		
Sunbury Rd. Area of impact was in the west lane of Old		, venue ma	Came	(U its i	lliar und	COINTONEA	resi u	M Olu		
INDICATE ON THIS DIAGRAM WHAT HAPPENED	Reported By:	S/TPR H.E. M	liddleto	n #319	_	_				-
No	T TO S	CALE	nature		N	Ī				
Old Hines Rd.	TO SERVICE STATE OF THE SERVIC		- THE		· ·					
Old Sunbury Rd.					1000 1000 1000 1000					:
	Area Of Ir	mpact								
r										
				hdayy	-					
Accident Investigation Site ? Yes No Site Number Citations - Vehicle # 1 Fallure To Yield While Turning	Left 40-6-71		tations -	Vehicle	# _2					_
First Harmful Traffic- Weather Surface Light Event Way Cond. Condition 11 Flow 1 1 1 1	Manner Of Collision 4	Location At Area Of Impact 1	Road Comp		Road Defects 1	Road Chara	cter	Cons Maint Zone		
	DISTANCE0_	VEH# 1	AFT	ER .	-0- VE	 1	,	Width O	f Road	i
Point Of lintial Contact 5 12	27'	VEH# 2			-0-	— :н# 2		24 ft.		
Damage To Vehicles 3 4 Owner		VER# 2			ТТ	TAKEN				
Than Vehicle None			_	SEX NO	POS. IN.	JURY FOR TREAT.	EJEC	SAFETY EQUIP	EXTRIC	
Occupants		Pedestrian #	64 20			0 2 4 2	1 1	3 3	2	2
Last Name First Address City Spencer, Neannacye 295 Shadows Dr. Midway, Ga. 3	1320	State Zi	_	F 2		0 2	1	4		0
Bunn, William 131 Smiley Lane Riceboro, Ga	. 31320		76	M 1	3	0 2	1	0	2	2

Accident Number Agency NCIC No. DPS 523E GEORGIA 1	MOTOR VEHICLE County Date Received Page 1
11 - 0308 - 09 GAGSP1100 (1/2004) ACCIDE	NT REPORT Liberty
	rrived Total Number Of Inside
	000 2 1 0 Flemington
Road Of Old Hines Road At its Intersection	GA 38 Corrected Report
	Interstate 2 Lowest St. Rt. 3 Co Road 4 City St. Yes
Net At Ne	
Intersection But	Suppl. To Original
And Continuing in the	erstate 2 Lowest St. Rt. 3 Co Road 4 City St 5 Co. Line Yes
Direction Checked Above	Hit and Run?
The Next Reference Point is 1 Interstate 2 Lowest St. Rt. 3 Co Roed 4	City St 5 Co. Line
Lock Money First Middle	Driver # Last Name First Middle
Diver #	
1 Brown, Natasya Jacklyn	2 Mallory, Alicia Michelle
Ped. Address	Ped. Address
631 Eagan Road	437 Tibet Avenue Apt. B
City State Zip DOB	City State Zip DOB
Hinesville, Ga. 31313 11/05/1981	Savannah, Ga. 31406 11/14/1982
Driver's License No. Class State Male	Driver's License No. Class State Male
031091421 C GA	A62-61-8505 VA Female
Posted Insurance Co. Policy No.	Posted Insurance Co. Policy No.
Speed 35 Progressive 19570248-6	Speed 35 USAA 24704099
Year Make Model Telephone No.	Year Make Model Telephone No.
2009 Dodge Charger	2007 Kia Spectra EX 757-822-0166
VIN Vehicle Color	VIN Vehicle Color
2B3KA33V59H622425 Black	KNAFE122275429991 Maroon
Tag # State County Year	Tag # State County Year
BVG8625 GA BULLOCH 2010	BIR6625 GA CHATHAM 2009
Trailer Tag # State County Year	Trailer Tag # State County Year
Same Owner's Last Name First Middle as Driver Enterprise Leasing Company	✓ Same Owner's Last Name First Middle as Driver Mallony Alicia Michaelle
Address	as Driver Mallory, Alicia Michelle
633 East Oglethorpe Hwv.	437 Tibet Avenue Apt. B
City State Zip	City State Zip
Hinesville, Ga. 31313	Savannah, Ga. 31406
Removed By Request List	Removed By Request List
Driver /	Co-Worker
Alcohol Type Results Drug Type Results	Alcohol Type Results Drug Type Results
Test 2 Test 2	Test 2 Test 2
Driver Direction Vision Contributing Factors	Driver Direction Vision Contributing Factors
Condition of Travel 4 Obscured 3	Condition 1 of Travel 4 Obscured 1 1 1 Vehicle 4 Vehicle 4 Pedestrian
Condition 1 Verlicie 5 Pedestrian — — — —	Condition 1 Variatie 4 Pedestrian Maneuver 4 Maneuver — —
Most Harmful Event 11 Vehicle Class 1 Vehicle Type 1	Most Harmful Event 11 Vehicle Class 1 Vehicle Type 1
Traffic Control 5 Device Inoperative ? Yes No	Traffic Control 5 Device Inoperative?
Injured Taken To Winn Army Community Hosp.	By Liberty Regional EMS
EMS Notified Time EMS Arrival Time Hospital Arrival Time	<u> </u>
Emo Nouseu Time Emo Atilvai Time Pospital Atilvai Time	Photos Taken Ves No By: Sot. DeLoach #507
Report By : Department	Report Date Checked By: Date Checked
Sgt. B.H. DeLoach #507 GSP Hinest	ille 09/09/2009 SFC T.L. King #566 09/11/2009
Witness(es) Name Address Ci	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE) COMMERCIAL V	EHICLES ONLY
COMMERCIAL	
<u> </u>	EHICLES ONLY Carrier Name Vehicle #
COMMERCIAL V	Carrier Name Vehicle #
Commercial V Carrier Name Vehicle # Address	Carrier Name Vehicle # Address
COMMERCIAL V Carrier Name Vehicle #	Carrier Name Vehicle #
Commercial V Carrier Name Vehicle # Address City State Zip	Carrier Name Vehicle # Address City State Zip
Commercial V Carrier Name Vehicle # Address	Carrier Name Vehicle # Address City State Zip
Carrier Name Vehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable Cargo Body	Carriar Name Vehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable Cargo Body
Carrier Name Vehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable 1 Yes No Type Vehicle I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate	Carrier Name
Carrier Name Vehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable 1 Yes No Type Vehicle I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate Config. C.D.L.? 1 Yes 2 No C.D.L. Suspended ? 1 Yes 2 No	Carrier Name
Carrier Name Vehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable 1 Yes No Type Vehicle I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate Conflig. C.D.L.? 1 Yes 2 No C.D.L. Suspended ? 1 Yes 2 No Vehicle Placented ? Hezardous Materials ? 1 Yes 2 No	Carriar Name Vehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable 1 Yes No Typa Vehicle I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate Config. C.D.L.? 1 Yes 2 No C.D.L. Suspended ? 1 Yes 2 No Vehicle Placarded ? Hazardous Materials ? 1 Yes 2 No
Carrier Name Yehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable 1 Yes No Type Vehicle I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate Config. C.D.L.? 1 Yes 2 No C.D.L. Suspended ? 1 Yes 2 No Vehicle Placarded ? Hezardous Materials ? 1 Yes 2 No Vehicle Placarded ? 1 Yes 2 No Released ? 1 Yes 2 No	Carrier Name Vehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable 1 Yes No Typa Vehicle I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate Config. C.D.L.? 1 Yes 2 No C.D.L. Suspended ? 1 Yes 2 No Vehicle Placarded ? Hazardous Materials ? 1 Yes 2 No 1 Yes 2 No Released ? 1 Yes 2 No
Carrier Name Vehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable 1 Yes No Type Vehicle I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate Conflig. C.D.L.? 1 Yes 2 No C.D.L. Suspended ? 1 Yes 2 No Vehicle Placarded ? Hazardous Materials ? 1 Yes 2 No Reteased ? 1 Yes 2 No If Yes, Name or 4 Digit Number From Diamond or Box	Carrier Name Vehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable 1 Yes No Typa Vehicle I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate Config.
Carrier Name Yehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable 1 Yes No Type Vehicle I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate Config. C.D.L.? 1 Yes 2 No C.D.L. Suspended ? 1 Yes 2 No Vehicle Placarded ? Hezardous Materials ? 1 Yes 2 No Vehicle Placarded ? 1 Yes 2 No Released ? 1 Yes 2 No	Carrier Name Vehicle # Address City State Zip Number Of G.V.W.R. Fed. Reportable 1 Yes No Typa Vehicle I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate Config. C.D.L.? 1 Yes 2 No C.D.L. Suspended ? 1 Yes 2 No Vehicle Placarded ? Hazardous Materials ? 1 Yes 2 No 1 Yes 2 No Released ? 1 Yes 2 No



REMARKS	Ac	cident	Numl	oer 1	1- 0:	308 - 0	9 Date	3 09/	09/2009	<u>T</u> i	me	090	4		PAG	GE 2	(DE	2
Vehicle #'s to be able t the crash a the front bu a digital car	1 and 2 were on merge on merge on merge on merge on merge of vehicles.	re both to GA icles r	h trav 38 w nove	eling we estbound d their ve	st on (d. Veh	Old Hine: nicle #1 r s to anoti	s Road. V olled into t ner location	the rea n, wes	ar of vehi It of the o	stopp cle # crash	ed :	at the After ene, c	yield impac on GA	t drive 38. T	r #1 ca here v	alled vas n	911 to o dama	report	t
	crash scene Driver #1 ha								t was firs	t disį	patc	hed (due to	the ve	ehicles	s mov	ing		
INDICATE	ON THIS DIA	GRAM	WHA	THAPPE	NED		Reported By	v: S	of BH D	el nar	sh #6	:07		_	_			_	
INDICATE	N I)	WHA	sa.	NED	TO TO THE SECONDARY	CO S	y: S	PLE	SLOAD THE PROPERTY AS	in #:		/	Par	kers S		- on		
	G	4 38 V 	VB	_						_	_								
	GA	38 W	/B					_	_	•									
Accident Inves Yes Site Number	tigation Site ?	ľ	Citation	s - Vehicle	# _1					Citatio		Vehicl	e# _	2					. :
First Harmful Event 11	Traffic- Way Flow 4	Weath	ner 1	Surface Cond.	Lig	ht ndition 1	Manner Of Collision	A	ocation t Area of Impact 1	C	oad omp.	2	Road Defec	ls _1	Road Chara	cter 2	Mai		
	Number of Occi Point Of lintial (Damage To \	Contact	1	VEH # 1 2			DISTANCE RE IMPACT		EH# 1 EH# 2	,	AFTE	R	<u>0</u> _0	VEH#			Width (ıd
Damage Other Than Vehicle	None					Owner					AGE	SEX N	H POS	INJURY	TAKEN FOR TREAT	EJEC	SAFETY EQUIP	EXTRIC	AIR BAG
Occu	pants						Driver # 1		edestrian #	$\overline{}$	27 26			0	2	1	3	2	2
Last Name	First		A	ddress		City	DIVO: #			Zip			100000000000000000000000000000000000000				- J	_	
				_				_											
							_												
																			

dbt#13

Accident Number						OTOR VEHICLE County NT REPORT LIBERTY				Date Received		Page 1	
Date	Off. A		Total Number Of Inside					Of 2					
10/28/2009	Sun M T	W Th F S	1104		20	2	1	O	City Of				
Road Of Occurrence	old Hines Roa	ad		At Its Intersection _							Corrected Report		
		ast St. Rt. 3 🗹 Co Ros	d 4 City S	31. With 1	Interstate 2 ✓ Lowest St. Rt. 3 Co Road 4 City St.]	Yes 🕆	
Not At its Intersection But		Miles 1 North			terstate 2 Lowest St. Rt. 3 Co Road 4 City St 5 Co. Line						Suppl, To	Original	
And Continuing in	the	[11 4 :; *****	· 1 lnt	erstate 2	Lowest St.	Rt. 3	Co Road 4	City St	5 Co. Line		Yes 🗌	
Direction Checked The Next Reference	Above	Interstate 2 Lowes	SLRt. 3	o Road 4	City St 5	Co. Line	•				Hit and R	lun?	
	Name	First	Middl		Driver #	Last Nam	ne	_	Irst	M	liddle		
	ith. Sarah N.				2	Terry	Juan	ita C.				_	
Ped. Addre		DI			Ped.	Addres	-	5 4					
City	0 Old Sunbu	State Zip	DOB		City		arton (Stat	e Zip		DOB		
Hinesville, Driver's License No	Ga. 31313	Class	06, State	/27/1983 Male		esville.			ass	State	11/2	2/1945 Male	
01116761		D	SC	Female		160060			C	GA_	¥	Female	
25	surance Co.	F	olicy No.	204	Posted Speed	OC In	nsurance			Policy N		20	
	Geico eke l	Model	41650110 Telephone No		Year	<u>30 O</u> Make		Insurance Model	e	47- Telephor	165-211 ne No.	-00	
1997 Nissa		Altima	912	-547-2226	2004	Volvo			XC90		912-87	6-2348	
VIN 1N4BU3	1D1VC15049	Vehicle C	olor Red		VIN Y	V1CY5	9H74	1122084		Vehicle Color	Grav		
Tag #	State SC	County		Year 2010	Tan#	DQ344		State	LIBER	unty		Year 2010	
CJM922 Trailer Tag #	State	County		Year	Trailer Ta		υ	GA State		unty		Year	
Some Ourse	rie Last Mamo	First	Middle		Sama	047	orto I cont	Nome	Elent		liddle		
✓ Same Owner's Last Name First Middle as Driver Smith, Sarah N.					Same Owner's Last Name First Middle as Driver Terry, David								
Address 1200 Old Sunbury Road					Address 17 Barton Court								
City State Zip Hinesville, Ga. 31313					City State Zlp Hinesville, Ga. 31313								
Removed By Request VLlst Blount's Wrecker 912-884-9320					Removed By Driver Request List								
Alcohol Ty		Drug Type	_		Alcohol Test	2 Tyr			Drug Test 2	Туре	Results		
Driver 1	Direction of Travel 3	Vision		ting Factors	Driver	1	Direction	on ,	Vision	1 0	Contributing	Factors	
Condition Vehicle	Vehicle	Obscured Pedestrian	 3		Condition Vehicle		of Trave Vehicle		<u>Obscured</u> Pedestrian	,	_	_	
Condition Most Harmful Ever	Maneuver 10	Maneuver hide Class 1	Vehicle T	vne 4	Condition	nful Event	Maneur 11	Ver 4	Maneuver Class 4		hicle Type	11	
Traffic Control		ce Inoperative ?	Yes	✓ No	Traffic Co				operative	-		No	
Injured Taken To	, , , , , , , , , , , , , , , , , , , ,							201.001.	- Topolauto				
EMS Notified Time	Not Transp		pital Arrival TI		Ву		r:¬			_		_	
			Departmen			s Taken port Date	Yes	✓ No Checked E			Date Ci	acked .	
Report By : TPR	A.M. Cheney #	954	С	SP Hinesy	ille	10/28/2		I SFC T.	L. Kina			necked /2009	
Witness(es) Name None	· ·	Address		Cit	У	_	Z	ip Code		Te	elephone No	0.	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)													
			COL	MMERCIAL V	EHICI EC	ONLY							
Carrier Name				MAIL CIAL V	Carrier Name								
Vehicle # Address					Vehicle #								
City	Ste	te	Zip		Address City State Zip								
Number Of	G.V.W.R.	Fed. Reportable	Cargo Bo	dy	Number C	of .	G.V		ed Repor		rgo Body		
Axles_	I.C.C.M.C. #	1 Yes No	Type	state	Axles Vehicle		I.C.C.M.	1	Yes S. D.O.T.	No Ty			
Config.		C.D.L. Suspende	Intra	state No	Config.	1(-7) Van 1			C.D.L. Sus		Intrastate	2No	
C.D.L.? 1 Yes Vehicle Placarded	GE 11.9	Hazardous Materia	ls? 1_Ye	6 2 No		1 Yes 2 lacarded ?	_		zardous M	aterials ?	1Yes	2No	
1 Yes 2	No	Releas	ed? 1. Ye	5 2No	1 Yes	2 No		Far			1 Yes	2No	
	Digit Number Fron Digit Number Fron	n Diamond or Box m 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 Hi	illCargo Los Or Shift		paration Units	Ran Off RoadDown HillCargo LossSeparation Or Shift Of Units								
		Vi_Gillit							U C		VI.UII		

GSP 28 (1)





REMARKS												
	Accident Num		0367 - 0		10/28/2009		1104		PAGE_2			2
Ventcle #2 was sto Hines Rd. Vehicle Hines Rd. Vehicle	#1 struck the r	rear of vehic	le #2 with it	it's front. Vehi	icle #1 came	to an un	/ehicle #1 acontrolled	was tra I final re	iveling Ea est facing l	ist on C East on	old Old	
INDICATE ON THIS	DIAGRAM WHA	AT HAPPENEI	<u> </u>	Reported By:	TPR A.M. C	heney #9	54				_	
) N		Billionia Administra				-
		_		GA 38		//						
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		<i></i>					//					
		Old H	ines Road			Yield Si	gn					
	,				Area of Impact							
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Accident Investigation S	te ? Citation	\\ahinin #	4				······································					_
Accident Investigation Si Yes V is	da Olianoi	ons - Vehicle #	_1 se 40-6-49			Citations -	Vehicle #	2		_		
Yes 🗹 1	No Follo	Surface	se 40-6-49 Light Condition	Manner Of Collision 3	Location At Area Of Impact 1	Road Comp.	Road		Road Character	Com Ma 5 Zon		
Site Number First Harmful Event Way Flow A	Weather VEH # 1 Occupants 1	Surface Cond. 1 VEH # 2 1	Light Condition 1 SKID	Of Collision 3 DISTANCE 0 RE IMPACT	Location At Area Of Impact 1	Road	Road Defect		Character	Ma Zor Width	int.)
First Harmful Event 11 Traffic-Way Flow A	Weather VEH # 1 FOccupants 1 Intial Contact 1	Surface Cond. 1 VEH # 2	Light Condition 1 SKID	Of Collision 3 DISTANCE 0	Location At Area Of Impact 1	Road Comp.	Road Defec	ets 1	Character	Ma 5 Zor	int. ne O)
First Harmful Event 11 Traffic-Way Flow A	Weather VEH # 1 FOccupants 1 Intial Contact 1	Surface Cond. 1 1 1 1 1 1 1 6	Light Condition 1 SKID	Of Collision 3 DISTANCE 0 RE IMPACT	Location At Area Of Impact 1	Road Comp.	Road Defect	VEH#	1 2 TAKEN	Ma Zor Width	int. ne O) d
First Harmful Event 11 Traffic-Way Flow A Number of Point Of its Damage Damage Other	Weather VEH # 1 Occupants 1 Intial Contact 1 To Vehicles 4	Surface Cond. 1 1 1 1 1 1 1 6	Light Condition 1 SKID I BEFO	Of Collision 3 DISTANCE 0 RE IMPACT 0	Location At Area Of Impact 1 VEH # 1 VEH # 2	Road Comp.	Road Defect	VEH#	Character 1 2 TAKEN FOR TREAT. EJECT 2 1	Width 18'	of Road	d AIR BAG
First Harmful Event 11 Traffic-Way Flow A Number of Point Of Its Damage Other Than Vehicle	Weather VEH # 1 Occupants 1 Intial Contact 1 To Vehicles 4	Surface Cond. 1 1 1 1 1 1 1 6	Light Condition 1 SKID I BEFO	Of Collision 3 DISTANCE 0 RE IMPACT 0 Driver # 1 0 Driver # 2 0	Location At Area Of Impact 1 VEH # 1 VEH # 2 Or Pedestrian # Or Pedestrian #	Road Comp.	Road Defect	VEH#	Character 1 2 TAKEN FOR TREAT. EJECT	Width 18'	int. ne 0 Of Road	d AIR BAG
First Harmful Event 11 Traffic-Way Flow A Number of Point Of lin Damage Damage Other Than Vehicle Occupants	Weather VEH # 1 Occupants 1 Intial Contact 1 To Vehicles 4	Surface Cond. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Light Condition 1 SKID I BEFO	Of Collision 3 DISTANCE 0 RE IMPACT 0 Driver # 1 0 Driver # 2 0	Location At Area Of Impact 1 VEH # 1 VEH # 2 Or Pedestrian # Or Pedestrian #	AFTE	Road Defect	VEH#	Character 1 2 TAKEN FOR TREAT. EJECT 2 1	Width 18'	of Road	AIR BAG
First Harmful Event 11 Traffic-Way Flow A Number of Point Of lin Damage Damage Other Than Vehicle Occupants	Weather VEH # 1 Occupants 1 Intial Contact 1 To Vehicles 4	Surface Cond. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Light Condition 1 SKID I BEFO	Of Collision 3 DISTANCE 0 RE IMPACT 0 Driver # 1 0 Driver # 2 0	Location At Area Of Impact 1 VEH # 1 VEH # 2 Or Pedestrian # Or Pedestrian #	AFTE	Road Defect	VEH#	Character 1 2 TAKEN FOR TREAT. EJECT 2 1	Width 18'	of Road	AIR BAG
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