Tab 1

MOTOR VEHICLE ACCIDENT REPORT

Accident Number	Agency Report No.	County	
200716138	GA0400100	CRISP	

Date	Day of Week	Time	Off. Arrived	Total Number Of: Vehicles	Injuries	Fatalities	Inside City Of:
12/21/2007	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☑ F ☐ S	10:46	10:50	2	2	0	CORDELE

Road of Occurrence: 8th Avenue (1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☑ City St.)
At Its Intersection With: Interstate 75 (1 ☑ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.)
Corrected Report? Yes ☐
Not At Its Intersection But ____ ☐ Miles ☐ Feet 1 ☐ North 2 ☐ South 3 ☐ East 4 ☐ West Of: ____ (1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St. 5 ☐ Co. Line)
Suppl. To Original? Yes ☐
And Continuing In the Direction Checked Above The Next Reference Point is ____ (1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St. 5 ☐ Co. Line)
Hit and Run? Yes ☐

Driver 1

Driver #	Last Name	First	Middle
1	Ellis	Alsha	Latrice

Ped ☐ Address:
City: State: Zip: DOB:
Driver's License No.: Class: State: ☐ Male ☑ Female

Posted Speed	Insurance Co.	Policy No.
45	Progressive Mountain Insuran	19634226-1

Year	Make	Model	Telephone No.
1998	BUICK	CENTURY	

VIN: 2G4WS52M0W1503151 Vehicle Color: MAROON

Tag #	State	County	Year
AWD 0043	GA	DOOLY	2008

Trailer Tag # / State / County / Year:

☐ Same as Driver — Owner's Last Name: Cobb First: Yolanda Middle: Shanta
Address:
City: State: GA Zip:
Removed By: Driver ☐ Request ☐ List

Alcohol Test	2	Type		Results		Drug Test	2	Type		Results	

Driver Condition	1	Direction of Travel	1	Vision Obscured	7	Contributing Factors	4		
Vehicle Condition	1	Vehicle Maneuver	5	Pedestrian Maneuver			26		

Most Harmful Event	11	Vehicle Class	1	Vehicle Type	1
Traffic Control	1	Device Inoperative?	☐ Yes	☑ No	

Driver 2

Driver #	Last Name	First	Middle
2	Arthur	Michelle	Walker

Ped ☐ Address:
City: State: Zip: DOB:
Driver's License No.: Class: State: ☐ Male ☑ Female

Posted Speed	Insurance Co.	Policy No.
45	Cotton States Mutual	GBA 3180383

Year	Make	Model	Telephone No.
2001	CHEVROLET	TAHOE	

VIN: 1GNEC13T81J173728 Vehicle Color: GOLD

Tag #	State	County	Year
ABT 1468	GA	CRISP	2008

Trailer Tag # / State / County / Year:

☐ Same as Driver — Owner's Last Name: Quality Dry Cleaning First: Middle:
Address:
City: State: GA Zip:
Removed By: Hurt Motor Company ☑ Request ☐ List

Alcohol Test	2	Type		Results		Drug Test	2	Type		Results	

Driver Condition	1	Direction of Travel	4	Vision Obscured	1	Contributing Factors	1		
Vehicle Condition	1	Vehicle Maneuver	5	Pedestrian Maneuver					

Most Harmful Event	11	Vehicle Class	1	Vehicle Type	11
Traffic Control	1	Device Inoperative?	☐ Yes	☑ No	

Injured Taken To: Crisp Regional Hospital By: Crisp County EMS

EMS Notified Time	EMS Arrival Time	Hospital Arrival Time	Photos Taken:
10:46	10:50	11:16	Yes ☐ No ☑ By:

Report By:	Department	Report Date	Checked By:	Date Checked
Private Kristan Herrick	CORDELE POLICE DEPARTMENT	12/21/2007	Chief Dwayne Orrick	12/23/2007

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

DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Driver 1

Carrier Name / Vehicle #:
Address / State / Zip:

No. of Axles	G.V.W.R.	Fed. Reportable 1 ☐ Yes 2 ☐ No	Cargo Body Type
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1 ☐ Yes 2 ☐ No C.D.L. Suspended? 1 ☐ Yes 2 ☐ No
Vehicle Placarded? 1 ☐ Yes 2 ☐ No Hazardous Materials? 1 ☐ Yes 2 ☐ No
Released? 1 ☐ Yes 2 ☐ No
If YES, Name or 4 Digit Number from Diamond or Box: ____
1 Digit Number from Bottom of Diamond: ____
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units

Driver 2

Carrier Name / Vehicle #:
Address / State / Zip:

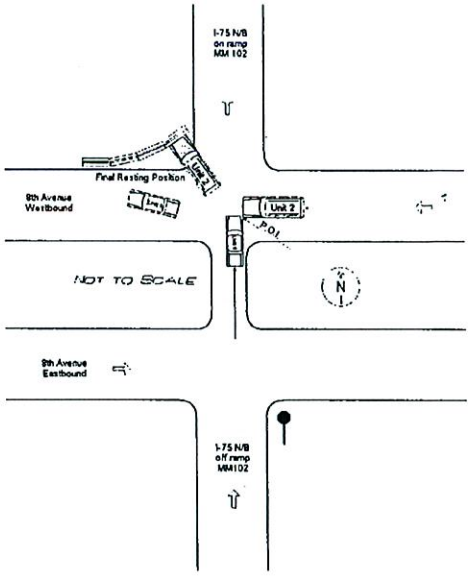
No. of Axles	G.V.W.R.	Fed. Reportable 1 ☐ Yes 2 ☐ No	Cargo Body Type
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1 ☐ Yes 2 ☐ No C.D.L. Suspended? 1 ☐ Yes 2 ☐ No
Vehicle Placarded? 1 ☐ Yes 2 ☐ No Hazardous Materials? 1 ☐ Yes 2 ☐ No
Released? 1 ☐ Yes 2 ☐ No
If YES, Name or 4 Digit Number from Diamond or Box: ____
1 Digit Number from Bottom of Diamond: ____
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Uni

REMARKS **Accident No. 200716138** PAGE 2 OF 2

Area of Impact: 9 feet south of the north curb line of 8th Ave
81 feet east of the east edge of the 8th Ave bridge over I-75 in the westbound lane.

Vehicle 2 was traveling westbound on 8th Ave when Vehicle 1 attempted to cross the westbound lane of traffic to enter onto Interstate 75 northbound and struck Vehicle 2. The driver of Vehicle 1 was issued 3 citations.



CITATIONS - VEHICLE # 1
40-6-71 40-8-76 40-8-76

CITATIONS - VEHICLE # 2
None

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner Of Collision	Location at Area of Impact	Road Comp.	Road Def.	Road Character	Construction/Maintenance Zone
11	2	2	2	1	1	1	2	1	1	1

	VEH. # 1	VEH. # 2
Number of Occupants	4	1
Point Of Initial Contact	1	12
Damage To Vehicles	3	4

SKID DISTANCE BEFORE IMPACT: VEH. 1: 0 AFTER: 0 VEH. 1: 0 Width Of Road: 52 ft
VEH. 2: 0 VEH. 2: 0

Damage Other Than Vehicle: Yellow Plastic Construction Barrier Owner: Archer-Western Contractors

Occupants		AGE	SEX	VEH NO.	POS.	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
	Driver # 1 Or Pedestrian #					4	2	1	3	2	2
	Driver # 2 Or Pedestrian #					3	1	1	8	2	2
Last Name First Address City State Zip		X	X	X	X	XXXX	XXXX	XXXX	XXXX	XXXXX	XXXX
Fenn Shilyric		9	F	1	4	0	2	1	3	2	2
Boston Julnaiseaya		2	F	1	5	0	2	1	0	2	2
Stokes Shar-daye		5	F	1	6	0	2	1	0	2	2