



STATE OF GEORGIA TRAFFIC CRASH REPORT

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

Crash Number C000247899-02	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPD14CAD033694
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CRASH IDENTIFIERS

County of Crash SPALDING	City or Place of Crash <input type="checkbox"/> City Limits	Crash Date/Time 05/02/2014 02:44 PM	Reported Date/Time 05/02/2014 02:46 PM	Dispatched Date/Time 05/02/2014 02:49 PM
On Scene Date/Time 05/02/2014 02:58 PM	Cleared Scene Date/Time 05/02/2014 03:12 PM	Complete Date/Time 05/02/2014 03:12 PM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Roadway Description for Location of Occurrence GA 3	Distance to City or Place of Crash	Latitude N 33 17.2176	Longitude W 84 17.5098
Intersecting Roadway Description for Location of Occurrence LAPRADE ROAD	Distance / Direction from Crash Location	<input checked="" type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time 05/02/2014 3:12:18 PM
Part of National Highway System NO	Roadway Functional Class Type URBAN	Roadway Functional Class Detail PRINCIPAL ARTERIAL-OTHER FREEWAY OR EXPRESSWAY	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection STOP SIGNS ON CROSS STREET ONLY	Mainline Number of Lanes at Intersection FOUR TO SIX LANES	Side Road Number of Lanes at Intersection TWO LANES	

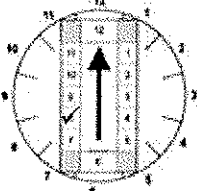
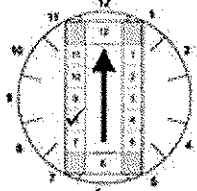
CRASH INFORMATION

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

Total Counts	Vehicles 2	CMV 0	Motorists 3	Non-Motorists 0	Injured 1	Fatalities 0	Witnesses 1	Other Persons 0	Businesses 0	Violations 0
First Harmful Event's Relation to Junction NON-JUNCTION		Is First Harmful Event within Interchange Area NO		Type of Intersection NOT AT INTERSECTION						
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE						
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE						
School Bus Related NO		Work Zone Related NO		Crash Location in Work Zone						

VEHICLE V01

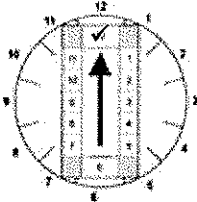
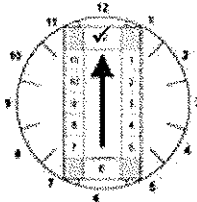
<input checked="" type="checkbox"/> V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number GV39805	Registration Expires <input checked="" type="checkbox"/> Permanent Registration	VIN 2B3KA43HX8H138572
Year 2008	Make DODGE	Model CHARGER	Style 4S	Color BLK	Body Type Category PASSENGER CAR
Special Function of Motor Vehicle in Transport POLICE		Emergency Motor Vehicle Use YES		Type of Bus Use NOT A BUS	
Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix	Owner Business (if not Person) CITY OF GRIFFIN	
Address 100 N HILL ST		Address Other		City GRIFFIN	State GA
Owner Phone Number	Owner Phone Number (other)	Insurance Company GIRMA	Insurance Policy Number GR-1		
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Vehicle Towed By MIKE'S W/S		Wrecker Selection Method OWNER REQUEST	
Direction of Travel Before Crash EASTBOUND	Speed: Estimated 45	Posted 45	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment STRAIGHT
Trafficway Description TWO-WAY NOT DIVIDED		Traffic Control Device Type STOP SIGN		Working Properly YES	
Roadway Description for Vehicle Travel LAPRADE ROAD					

Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) DISABLING DAMAGE
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE
<div>Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown</div> 		<div>Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown</div> 

Occupant Type DRIVER	Person Name (First Middle Last Suffix) DAWN DENISE STORM	Injury Status NON FATAL INJURY
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VEHICLE V02

<input checked="" type="checkbox"/> V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number ALW8167	Registration Expires 2014	<input type="checkbox"/> Permanent Registration	VIN 3D7HA18N02G157893
Year 2002	Make DODGE	Model RAM TRUCK	Style TK	Color SIL	Body Type Category PICKUP	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name JOHNATHON	Owner Middle Name WAYNE	Owner Last Name HARRELL	Owner Suffix	Owner Business (if not Person)		
Address 250 BEASLEY RD		Address Other		City GRIFFIN	State GA	Zip Code 30223
Owner Phone Number	Owner Phone Number (other)	Insurance Company STATE FARM	Insurance Policy Number 31235383D0111A			

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Vehicle Removal TOWED DUE TO DISABLING DAMAGE				Vehicle Towed By MIKE'S W/S		Wrecker Selection Method OWNER REQUEST	
Direction of Travel Before Crash SOUTHBOUND		Speed: Estimated 45	Posted 45	Roadway Type DIVIDED HIGHWAY	Total Lanes 4	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY DIVIDED UNPROTECTED (PAINTED >4 FEET) MEDIAN				Traffic Control Device Type NO CONTROLS		Working Properly	
Roadway Description for Vehicle Travel GA 3							
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD				Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT				1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT			
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT				Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT			
Contributing Circumstances 1 (this vehicle) NONE				Contributing Circumstances 2 (this vehicle) NONE			
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 			
Occupant Type DRIVER PASSENGER		Person Name (First Middle Last Suffix) JOHNATHON WAYNE HARRELL MARY HARRELL			Injury Status NO INJURY(O) NO INJURY(O)		
DRIVER V01							
Person Type DRIVER		NM#	Vehicle# V01	Person Type Detail			
First Name DAWN	Middle Name	Last Name STORM		Suffix	Date of Birth 1972	Age 42	Sex F
Address 109 MEADOW RIDGE CT		Address Other		City STOCKBRIDGE	State GA	Zip Code 30281	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Driver License Number	Class A	Expires 2016	State GA	Jurisdiction 02	Type COMMERCIAL DRIVER LICENSE (CDL)	Status VALID LICENSE	
Commercial Motor Vehicle Endorsements P-PASSENGER VEHICLE				<input type="checkbox"/> Recommend Driver ReExam			
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions PARKED / STOPPED VEHICLE			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication TRAPPED & EXTRICATED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)			Primary or Most Obvious of Body Area Injured During Crash NECK		
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID SPALDING EMS		EMS Run Number 4543	Medical Facility Transported To SPALDING REGIONAL M/C		
Injury Description (Type of Injury inflicted to Primary or Most Obvious Body Area Injured during Crash. Can come from EMS / Hospital records). Neck pain							
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
DRIVER V02							
Person Type DRIVER		NM#	Vehicle# V02	Person Type Detail			
First Name JOHNATHON	Middle Name WAYNE	Last Name HARRELL		Suffix	Date of Birth 1983	Age 31	Sex M
Address 250 BEASLEY RD		Address Other		City GRIFFIN	State GA	Zip Code 30223	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Driver License Number	Class C	Expires 2019	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE	Status VALID LICENSE	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions PARKED / STOPPED VEHICLE			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			

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Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
PASSENGER V02							
Person Type PASSENGER		NM#		Vehicle# V02		Person Type Detail	
First Name MARY		Middle Name		Last Name HARRELL		Suffix	
Date of Birth 1989		Age 25		Sex F			
Address 250 BEASLEY RD		Address Other		City GRIFFIN		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
WITNESS							
Person Type WITNESS		NM#		Vehicle#		Person Type Detail	
First Name TYLER		Middle Name ANDREW		Last Name WHITEHURST		Suffix	
Date of Birth 1993		Age 20		Sex M			
Address 907 CHEATHAM RD		Address Other		City GRIFFIN		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Driver License Number		Class C		Expires 2016		State GA	
Jurisdiction 02		Type		Status			
NARRATIVE: C000247899							

Vehicle #1 was traveling east on Laprade Road. Vehicle #2 was traveling south on GA 3. Vehicle #1, a City of Griffin Police Car, was escorting a funeral procession with lights and siren activated from Laprade Road onto GA 3. A school bus (witness) stopped to allow vehicle #1 to enter the roadway. Vehicle #2 was traveling south, and could not see vehicle #1 traveling east with the procession because the witness obscured the vision of both the driver's of vehicle #1 and vehicle #2. Vehicle #2 continued south and struck vehicle #1 in the left side of the vehicle with its front. After impact, vehicle #1 rotated counter-clockwise and came to final rest facing north in the southbound lanes. Vehicle #2 came to a controlled rest facing in a southwesterly direction.

This accident was recorded on DVD 399-006-2014.

Pictures were taken by Griffin Police Department.



REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name SEARCY, KELVIN JEROD	Signature 	Approving Officer Name COLLIER III, PAUL	Signature 
ID Number 0399	Rank CORPORAL	ID Number 0141	Rank SERGEANT
Org / Unit D-01		Org / Unit D-1	

DIAGRAM OF ACCIDENT

