

Accident Number 14008117		Agency NCIC No. GA1260100		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County SPALDING		Date Rec. By DMVS	
Date 04/15/2014	Day Of Week <input type="checkbox"/> Sun <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 07:21	Off. Arrived 07:25	Vehicles 2	Total Number Of: Injuries 2	Fatalities 0	Inside City Of: GRIFFIN		
Road of Occurrence KALAMAZOO DR				At Its Intersection With SR 3 (MLK JR PKWY)				Corrected Report? Yes <input type="checkbox"/>		
<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input checked="" type="checkbox"/> City St Not At Its Intersection But <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St <input type="checkbox"/> Co. Line Of:				Suppl. To Original? Yes <input type="checkbox"/>		
And continuing in the direction checked above, the Next Reference Point is				<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St <input type="checkbox"/> Co. Line				Hit and Run? Yes <input type="checkbox"/>		

Driver # 1 LAST NAME COX FIRST CRYSTAL MIDDLE RENEE Ped <input type="checkbox"/> Address 1348 UPLAND DR City GRIFFIN State GA Zip 30223 DOB 02/09/1963 Driver's License No. 053706491 Class C State GA <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Posted Speed 35 Insurance Co. PERMANENT GENERAL Policy No. 17-GA 1461132 Year 1997 Make STRN Model SC1 Telephone No. (678) 588-0563 VIN 1G8ZE1289VZ264283 Vehicle Color GRY Tag # PM11648 State GA County SPALDING Year 2014 Trailer Tag # _____ State _____ County _____ Year _____ <input checked="" type="checkbox"/> Same as Driver Owner's Last Name COX First CRYSTAL Middle RENEE Address 1348 UPLAND DR City GRIFFIN State GA Zip 30223 Removed By FITT S <input type="checkbox"/> Request <input checked="" type="checkbox"/> List	Driver # 2 LAST NAME HENSON FIRST DAVALEE MIDDLE _____ Ped <input type="checkbox"/> Address 2744 ROSEBUD CT City HAMPTON State GA Zip 30228 DOB 05/27/1988 Driver's License No. 051323607 Class C State GA <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Posted Speed 55 Insurance Co. STATE FARM Policy No. 669 7837-B24-11 Year 2013 Make TOYT Model CAMRY Telephone No. (404) 518-4087 VIN 4T1BF1FK2DU667555 Vehicle Color RED Tag # R87 7114 State IL County DUPAGE Year 2015 Trailer Tag # _____ State _____ County _____ Year _____ <input type="checkbox"/> Same as Driver Owner's Last Name ENTERPRISE LEASING CO, First _____ Middle _____ Address 6850 MT ZION BLVD City MORROW State GA Zip 30260 Removed By FITT S <input type="checkbox"/> Request <input checked="" type="checkbox"/> List
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Alcohol Test 2 Type _____ Results _____ Drug Test 2 Type _____ Results _____ Driver Cond 1 Direction Of Travel 4 Vision Obscured 1 Contributing Factors 6 Veh Cond 1 Veh Maneuver 5 Ped. Maneuver _____ Most Harmful Event 11 Veh Class: 1 Veh Type: 1 Traffic Ctrl 9 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Alcohol Test 2 Type _____ Results _____ Drug Test 2 Type _____ Results _____ Driver Cond 1 Direction Of Travel 2 Vision Obscured 1 Contributing Factors 22 Veh Cond 1 Veh Maneuver 5 Ped. Maneuver _____ Most Harmful Event 11 Veh Class: 1 Veh Type: 1 Traffic Ctrl 9 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Injured Taken To: SPALDING REGIONAL By: AMBULANCE			
EMS Notified Time 07:22	EMS Arrival Time 07:26	Hospital Arrival Time 07:54	Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By: _____
Report By: BECKOM, S. R.	Department Griffin Police	Report Date 04/15/2014	Checked By: ROGERS, D. A. Date Checked 04/15/2014
Witness(es): Name _____ Address _____		City _____ State _____ Zip Code _____ Telephone No. _____	

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

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

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INDICATE ON THIS DIAGRAM WHAT HAPPENED

MAIL TO: GEORGIA DEPT. OF MOTOR VEHICLE SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 80447, CONYERS, GA 30013-8447

Accident Number

14008117

Agency NCIC

GA1260100

Accident Date

04/15/2014

Georgia Uniform Motor Vehicle Report Continuation

Reported By: BECKOM, S. R.