												PA	GE 1	of 3_						
Accident Number 140081		Agency NO GA12	CIC No. 60100		MOTOR	GEORGIA VEHICLE	UNIFORM	VI REPORT	:	County SPA	ALDING	D,	ate Rec. By	DMVS						
Date 04/15/2014	Day Of Week Time Off. Arriv L5/2014 Sun M T W Th F S 07:21 07:2								rrived Total Number Of: Inside Vehicles Injuries Fatalities City Of:											
Road of Occurrence <u>KAL</u> 1 🗖 int	AMAZOO I	OR.	3 🗖 Co. Road 4	L-,,,,,	At It		h SR 3	MLK	JR PK			<u>.</u>	Correcte	ed Report?						
Not At its Intersection But —	1⊡North 2⊡South	Suppl. To Original Yes State 2 Lowest St. Rt. 3 Co. Road 4 City St 5 Co. Line																		
And continuing in the the Next Reference	ove,	3 🔲 Co. Ro	ad 4 🗖 Ci	tySt 5 □	Co. Line			Hit and I Yes □												
1 COX.	1 COX, CRYSTAL RENEE								Driver # LAST NAME FIRST MIDDLE 2 HENSON, DAVALEE											
Ped   Address   1348	UPLAND I	D.R.						Address 2744	ROSEBUI											
GRIFFIN	GA GA	<b>9</b>	<sup>Zip</sup> 30223	DOB 02	/09/19	63	City HAMPT		Sta G		30228	ОВ 0.	5/27/1							
	Driver's License No. Class State ☐ Male ☑ Female 053706491 C GA								Driver's License No. Class State ☐ Male 🛛 Female 051323607 C GA											
Posted Speed 35 PERMANENT GENERAL Policy No. 17-GA 1461132								Posted Policy No. Speed 55 STATE FARM 669 7837-B24-11												
Year Make Model Telephone No. 1997 STRN SC1 (678) 588-0563							Year Make Model Telephone No. 2013 TOYT CAMRY (404) 518-4087													
VIN Vehicle Color 1G8ZE1289VZ264283 GRY								VIN Vehicle Color 4T1BF1FK2DU667555 RED												
Tag# State County Year PMI1648 GA SPALDING 2014							Tag# <b>R87</b> 7	7114	State IL	(	County DUPAGE		Year 201!							
Trailer Tag #	State		County		Year		Trailer T		State		County		Year							
🖾 Same as Driver	Owner's COX	s Last Nar , CRYS	ne STAL RENE	First E		Middle	☐ Same	as Driver	Owne EN	er's Last Nan TERPRIS	ne F SE LEASING	irst	co,	Middle						
Address 1348 UPLAN						"	Address 6850	MT ZI	ON BLV											
City GRIFFIN	Sta <b>G</b>	te A	2	Zip 3022	23		City State Zip MORROW GA 30260													
Removed By FITT S			☐ Reque		🛛 List		Removed By Request List													
Alcohol Test 2	Туре	Results	Drug Test 2		Туре	Results	Alcohol		Туре	Results	Drug Test 2		Туре	Results						
Driver Cond 1	Direction Of 4	Travel	Vision Obscured	1 (	Contributin	g Factors	Driver Co	ond 1	Direction C		Vision Obscured	1	Contributi 22	ng Factors						
Veh Cond 1	Veh Maneuv 5	ег	Ped. Maneuver	$\exists$	<del></del>		Veh Con	d <b>1</b>	Veh Maner		Ped. Maneuver									
Most Harmful Event	11	Veh Cla	ss:	1 V	eh Type:	1	Most Har	mful Event	1	1 Veh Clas	SS:	1	Veh Type:	1						
Traffic Ctrl	9	Device I	noperative?	☐ Ye	s 🖾 l	No	Traffic Ct	rl		9 Device Ir	noperative?		∕es 🗵	l No						
Injured Taken To: s	PALDING	REGION	IAL			By: AM	BULAN	CE			*			•						
EMS Notified Time	EMS A	rrival Tim			rrival Time			otos Taker	ı: 🛮 Yes	⊠ No	Ву:									
07:22		7:26	W- //		:54	-	Observe	D	······································		B 7. A.	.1.	i							
Report By: BECKOM, S. R.								Checked By: Date Checked ROGERS, D. A. 04/15/2014												
Witness(es): Name					ddress	, ± -2	TOGER	City	л.	State	Zip (			ephone No.						

## DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier Name Vehicle #	·		COMMERCIAL	VEHICLES ONLY Carrier Name Vehicle #								
Address		State	Zip	Address		State	Zip					
No. of Axles	G.V.W.R.	Fed. Reportable 1 ☐ Yes 2 ☐ No	Cargo Body Type	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  Intrastate	Vehicle Config.	I.C.C.M C. #	Ü.S. D.O.T. #	Interstate  Intrastate  Intrastate					
Vehicle Placarded	? 1  Yes 2  N	io Hazardous Materia	ad? 1 🗖 Yes 2 🗖 No als? 1 🗖 Yes 2 🗇 No	Vehicle Placarded	? 1 🗆 Yes 2 🗆 N	o Hazardous Materia	ed? 1 🗆 Yes 2 🗀 No als? 1 🗆 Yes 2 🗅 No					
If YES, Name or 4	i? 1 ☐ Yes 2 ☐ N Digit Number from ligit Number from Bo			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 Runaw	ay Cargo Loss or Shi	ft Separation of Units	Ran Off Road .	Down Hill Runawa	ay Cargo Loss or Shi	ft Separation of Units					

## REMARKS

INDICATE ON THIS DIAGRAM WHAT HAPPENED

From the statements of the parties involved and the evidence at the scene, the following was determined: Vehicle 1 was approaching the intersection of MLK Jr. Pkwy and Kalamazoo heading west bound. Vehicle 2 was approaching the intersection heading south bound. The traffic light was on red flash for Vehicle 1 and yellow flash for Vehicle 2. Due to disregarding the traffic control device, Vehicle 1 entered the intersection at the same time Vehicle 2 entered, which was driving too fast for conditions given it's yellow flashing light and current weather and traffic conditions. Due to both parties' contributing factors, they collided in the intersection causing extensive damage to both vehicles, with Vehicle 1 leaving the roadway and coming to a stop on the south bound shoulder. Vehicle 2 was spun around 180 degrees and was facing north in the south lane. Both vehicles were removed by Fitt's and both parties were transported to Spalding Regional by EMS.

\* \* E N D \* \*

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	w2 <b>%</b>								•											
Accident Investigation Site? CITATIONS - VEHICLE # 1 152951									CITATIONS - VEHICLE # 2 152952											
Yes N		40-6	-20,	OBEDI	ENCE T	CE TO TRAFFIC CONTROL 40-6-180, TOO FAST FOR CONDITIONS								3						
First Harmful Event	Trafflc-V Flow	raffic-Way Wea			ther Surface Co		. Light Cond.		Manner of Collision		Location Area of					Road Def.	Road Characte	r Construc	tion/Maintenan	ce Zone
11	1		3	} 	2		1		1			1		2		1	1	1 0		
Number of Occupants Point Of Initial Contact Damage To Vehicles					H.# 1 VEH 1 3 4		2 1 2	SKID DISTANCE BEFORE IMPACT		_	0.00 VEH. 0.00 VEH. 2		FTER_	R 0.00 VEH. 1 0.00 VEH. 2		Wid	Width Of Road			
Damage Other Than Vehicle:				Owner:							A G E	S E X	>HI#	рO ø	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
		Drive	r# 1	Or F	edestrian	#									2	1	1	3	2	1
Occupants (list l	below):	Drive	r# 2	Or F	edestrian	#									2	1	1	3	2	1
LAST NAME		FIRST			ADDRESS		CITY	STAT	E ZI	IP	Х	Х	Х	Х	XXXX	x xxxx	x xxxx	XXXXX	xxxxx	xxxx
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	<del>.</del>	MAII	ro: GEOR	CIA DEP	T OF MOT	OR VEHIC	I E SAEET	V ACCII	YENT DED	OPTI	MG III	JIT E	O F	OV :	30447 C	ONVERS	A 30013-84	47	1	

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Accident Number Agency NCIC Accident Date Georgia Uniform Motor Vehicle Report Continuation 14008117 GA1260100 04/15/2014 Reported By: BECKOM, S. R.