

Accident Number 16012014		Agency NCIC No. GA1260100		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County SPALDING		Date Rec. By DMVS	
Date 09/28/2016		Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 17:15		Off. Arrived 17:21		Total Number Of: Vehicles 2 Injuries 1 Fatalities 0		Inside City Of: GRIFFIN	
Road of Occurrence MERIWETHER ST				At Its Intersection With <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input checked="" type="checkbox"/> City St				Corrected Report? Yes <input type="checkbox"/>			
Not At Its Intersection But 200				Of: ACORN LN				Suppl. To Original? Yes <input type="checkbox"/>			
And continuing in the direction checked above, the Next Reference Point is PARK RD				<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input checked="" type="checkbox"/> City St <input type="checkbox"/> Co. Line				Hit and Run? Yes <input type="checkbox"/>			
Driver # 1 LAST NAME WHITE, TYLER RAY FIRST RAY MIDDLE Ped <input type="checkbox"/> Address 412 ACORN LN City GRIFFIN State GA Zip 30223 DOB 09/27/1995 Driver's License No. 057479855 Class C State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed 25 Insurance Co. GIRMA Policy No. GRI Year 2013 Make FORD Model SRW SUPER Telephone No. (678) 833-6168 VIN 1FD7X2ATXDEA51654 Vehicle Color WHI Tag # GV3678D State GA County SPALDING Year 2999 Trailer Tag # State County Year <input type="checkbox"/> Same as Driver Owner's Last Name CITY OF GRIFFIN, First Middle Address 100 S HILL ST City GRIFFIN State GA Zip 30223 Removed By DRIVER <input checked="" type="checkbox"/> Request <input type="checkbox"/> List Alcohol Test 2 Type Results Drug Test 2 Type Results Driver Cond 1 Direction Of Travel 1 Vision Obscured 1 Contributing Factors 18 Veh Cond 1 Veh Maneuver 7 Ped. Maneuver Most Harmful Event 11 Veh Class: 5 Veh Type: 2 Traffic Ctrl 7 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Driver # 2 LAST NAME FAVORS, DEVIN LAURIEL FIRST LAURIEL MIDDLE Ped <input type="checkbox"/> Address 805 MERIWETHER ST City GRIFFIN State GA Zip 30223 DOB 09/29/1993 Driver's License No. 056250382 Class C State GA <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Posted Speed 25 Insurance Co. Allstate Fire & Policy No. 985839679 Year 2004 Make NISS Model ALTIMA SE Telephone No. (678) 572-7875 VIN 1N4BL11D34C153795 Vehicle Color BLK Tag # PJN9933 State GA County SPALDING Year 2017 Trailer Tag # State County Year <input checked="" type="checkbox"/> Same as Driver Owner's Last Name First Middle Address City State Zip Removed By OTHER <input checked="" type="checkbox"/> Request <input type="checkbox"/> List Alcohol Test 2 Type Results Drug Test 2 Type Results Driver Cond 1 Direction Of Travel 3 Vision Obscured 1 Contributing Factors 1 Veh Cond 1 Veh Maneuver 5 Ped. Maneuver Most Harmful Event 11 Veh Class: 1 Veh Type: 1 Traffic Ctrl 7 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Injured Taken To: SPALDING REGIONAL By: AMBULANCE											
EMS Notified Time 17:25		EMS Arrival Time 17:30		Hospital Arrival Time 17:40		Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		By:			
Report By: JONES, B. C.		Department Griffin Police		Report Date 09/29/2016		Checked By: JETT, D.		Date Checked 09/29/2016			
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 # Address State Zip						Carrier Name Vehicle # 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.	
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. #	
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	
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: _____		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		___ 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		___ 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		___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units	

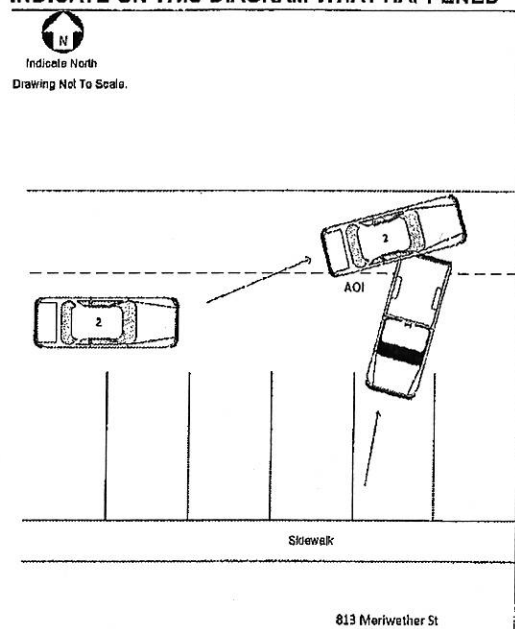
REMARKS

Driver #1 was backing out of a parking space when he struck Driver #2 , who was east bound on Meriwether St.. Driver #1 struck the right side front passenger door of Driver #2 with the rear bumper of his vehicle. Driver #1 stated that he observed Driver #2 before backing up , but felt that he had enough time to back up safely. Driver #2 stated that she attempted to avoid Driver #1 , but could not avoid the crash. Driver #2 complained of injury and was transported by EMS to Spalding Regional . Driver #1 stated that he was not injured.

It should be noted that Driver #2 stated that she had a right front passenger (Kanavis Glass) in her vehicle at the time of the crash , but he left the scene before PD arrival . Driver #1 agreed that a male subject did exit the vehicle and left the scene. Driver #2 stated that Glass was not injured. I was not able to make contact with the Glass subject. Further , I reviewed the video surveillance footage of the crash, which was

* * Continued * *

INDICATE ON THIS DIAGRAM WHAT HAPPENED



Accident Investigation Site?		CITATIONS - VEHICLE # _____				CITATIONS - VEHICLE # _____															
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
Site Number: _____																					
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	1	1	1	1	1	1	2	1	1	0											
VEH. # 1		VEH. # 2		SKID DISTANCE BEFORE IMPACT		0.00 AFTER 0.00		Width Of Road													
Number of Occupants		1		2		VEH. 1 0.00		VEH. 1 0.00		24											
Point Of Initial Contact		6		3		VEH. 2 0.00		VEH. 2 0.00													
Damage To Vehicles		2		2																	
Damage Other Than Vehicle:		Owner:				A G E S E X V E H # P O S		INJURY		TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG							
Driver # 1 Or Pedestrian #								0		2	1	8	2	2							
Driver # 2 Or Pedestrian #								4		1	1	8	2	2							
LAST NAME		FIRST		ADDRESS		CITY		STATE		ZIP		X	X	X	X	XXXXX	XXXXX	XXXX	XXXXX	XXXXX	XXXX
GLASS, KANAVIS				805 MERIWETHER ST		GRIFFIN, GA,		30223				26	M	2	3	0	2	1	8	2	2

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OCCUPANTS:						AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIRBAG
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP										

Injured Taken To: **SPALDING REGIONAL** By: **AMBULANCE**

Witness	Name	Address	City	State	Zip Code	Telephone No.

Additional Remarks:

provided to me by The Oaks Complex property manager. This video footage confirmed that the crash occurred as stated above.

* * E N D * *

Reported By: **JONES, B. C.** PAGE **3** of **4**

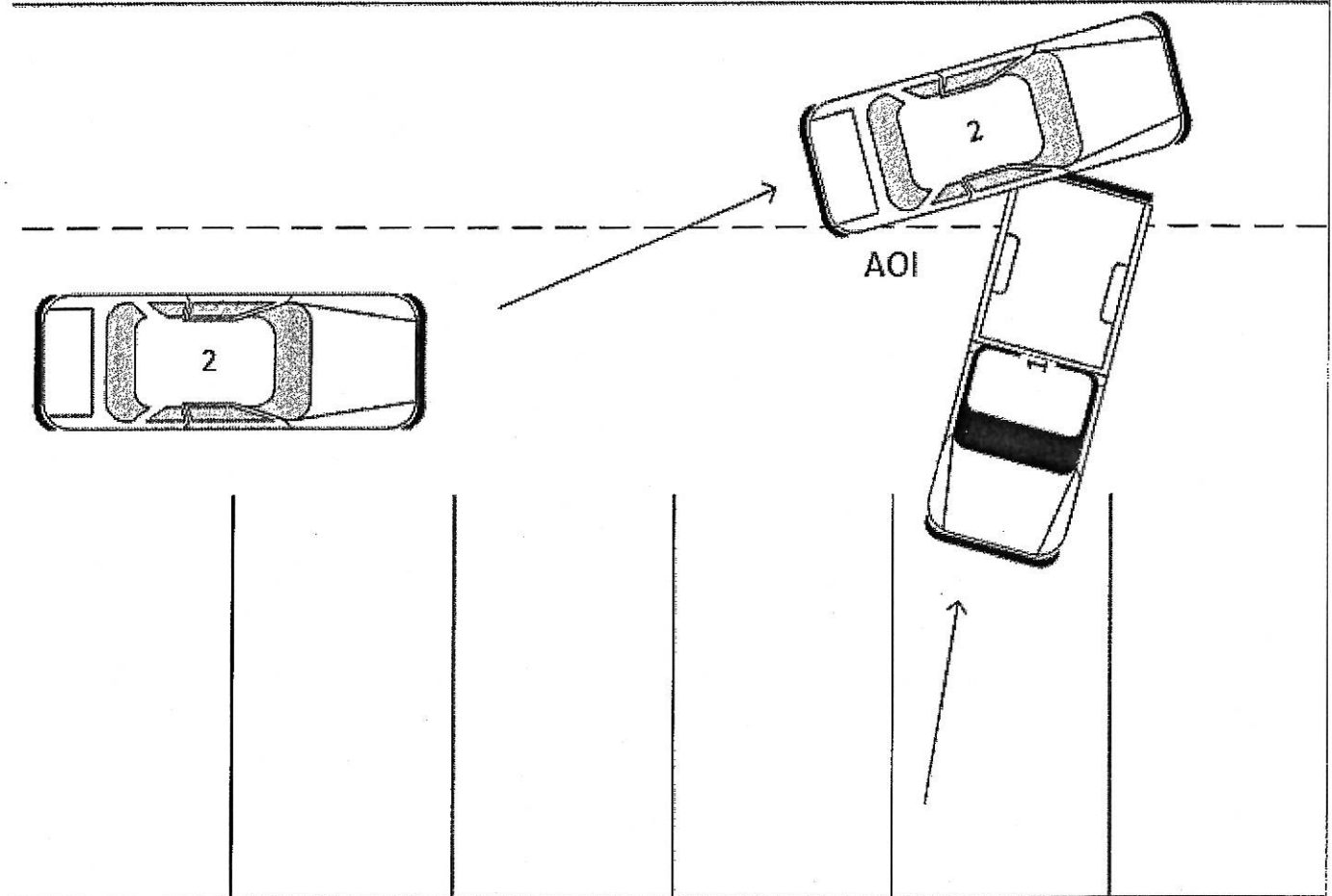
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GA1260100Accident Date
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Georgia Uniform Motor Vehicle Report Continuation



Indicate North

Drawing Not To Scale.



Sidewalk

813 Meriwether St