



# STATE OF GEORGIA TRAFFIC CRASH REPORT

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

Crash Number C000412273-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPD16CAD054046
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## CRASH IDENTIFIERS

County of Crash SPALDING	City or Place of Crash GRIFFIN	<input type="checkbox"/> City Limits	Crash Date/Time 06/25/2016 06:35 PM	Reported Date/Time 06/25/2016 06:35 PM	Dispatched Date/Time 06/25/2016 06:39 PM
On Scene Date/Time 06/25/2016 06:39 PM	Cleared Scene Date/Time 06/25/2016 08:12 PM	Complete Date/Time 06/25/2016 08:12 PM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY	

## ROADWAY INFORMATION

Roadway Description for Location of Occurrence SR-16	Distance to City or Place of Crash	Latitude N 33 14.6813	Longitude W 84 18.4519
Intersecting Roadway Description for Location of Occurrence S PINE HILL ROAD	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System NO	Roadway Functional Class Type URBAN	Roadway Functional Class Detail MINOR ARTERIAL	
Type of Shoulder CURB	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection SIGNALS FULLY ACTUATED (MULTI-PHASE)	Mainline Number of Lanes at Intersection THREE LANES	Side Road Number of Lanes at Intersection TWO LANES	

## CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input 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 0	Fatalities 0	Witnesses 0	Other Persons 0	Businesses 0	Violations 0
First Harmful Event's Relation to Junction INTERSECTION-RELATED	Is First Harmful Event within Interchange Area NO	Type of Intersection FOUR-WAY 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

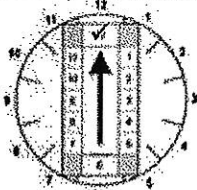
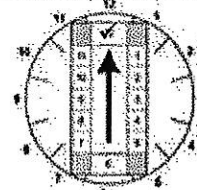
Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number GV39663	Registration Expires 2999	<input type="checkbox"/> Permanent Registration	VIN 2B3KA43H46H453591	
Year 2006	Make DODGE	Model CHARGER SE	Style SEDAN	Color BLK	Body Type Category PASSENGER CAR	
Special Function of Motor Vehicle in Transport POLICE	Emergency Motor Vehicle Use NO	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 245 EMLET DR # T		Address Other		City GRIFFIN	State GA	Zip Code 30223-1958
Owner Phone Number	Owner Phone Number (other)	Insurance Company GIRMA	Insurance Policy Number GR-1			
Vehicle Removal DRIVEN - NOT DISABLED	Vehicle Towed By	Wrecker Selection Method				
Direction of Travel Before Crash WESTBOUND	Speed: Estimated 35	Posted 35	Roadway Type DIVIDED HIGHWAY	Total Lanes 3	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY NOT DIVIDED WITH A CONTINUOUS LEFT TURN LANE	Traffic Control Device Type TRAFFIC CONTROL SIGNAL	Working Properly YES				

Vehicle Maneuver Action (by this vehicle) TURNING LEFT	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) MINOR DAMAGE
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1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
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Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
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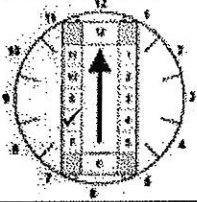
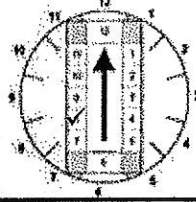
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE
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Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown		Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown	
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Occupant Type DRIVER	Person Name (First Middle Last Suffix) BRANDON ROY WALDEN	Injury Status NO INJURY(O)
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## VEHICLE V02

Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number PPP8241	Registration Expires 2016	<input type="checkbox"/> Permanent Registration	VIN 1N4BU31D5VC103636	
Year 1997	Make NISSAN	Model ALTIMA GXE/GLE	Style SEDAN	Color MAR	Body Type Category PASSENGER CAR	
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 FLOYD	Owner Middle Name EUGENE	Owner Last Name WALKER	Owner Suffix JR	Owner Business (if not Person)		
Address 913 CLEVELAND ST		Address Other		City GRIFFIN	State GA	Zip Code 30224-6942
Owner Phone Number 404-446-5316	Owner Phone Number (other)	Insurance Company CIS	Insurance Policy Number CH215843			

Crash Number <b>C000412273-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>		Reporting Agency Case Number		Reporting Agency CAD Number <b>GSPD16CAD054046</b>	
Vehicle Removal <b>DRIVEN - NOT DISABLED</b>				Vehicle Towed By		Wrecker Selection Method	
Direction of Travel Before Crash <b>EASTBOUND</b>		Speed: Estimated <b>35</b>	Posted <b>35</b>	Roadway Type <b>UNDIVIDED HIGHWAY</b>	Total Lanes <b>3</b>	Roadway Horizontal Alignment <b>STRAIGHT</b>	Roadway Grade <b>LEVEL</b>
Trafficway Description <b>TWO-WAY NOT DIVIDED</b>				Traffic Control Device Type <b>TRAFFIC CONTROL SIGNAL</b>		Working Properly <b>YES</b>	
Roadway Description for Vehicle Travel <b>SR-16</b>							
Vehicle Maneuver Action (by this vehicle) <b>MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</b>				Hit & Run (by this vehicle) <b>NO DID NOT LEAVE SCENE</b>		Damage Extent (for this vehicle) <b>FUNCTIONAL DAMAGE</b>	
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				1st Sequence of Events Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>			
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				Most Harmful Event Detail (this vehicle) <b>MOTOR VEHICLE IN TRANSPORT</b>			
Contributing Circumstances 1 (this vehicle) <b>NONE</b>				Contributing Circumstances 2 (this vehicle) <b>NONE</b>			
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 <b>DRIVER</b>		Person Name (First Middle Last Suffix) <b>FLOYD EUGENE WALKER</b>				Injury Status <b>NO INJURY(O)</b>	
Occupant Type <b>PASSENGER</b>		Person Name (First Middle Last Suffix) <b>DAFFNEY STARR MCGLOHON</b>				Injury Status <b>NO INJURY(O)</b>	
<b>DRIVER V01</b>							
Person Type <b>DRIVER</b>		NM#	Vehicle# <b>V01</b>	Person Type Detail			
First Name <b>BRANDON</b>		Middle Name <b>ROY</b>		Last Name <b>WALDEN</b>		Suffix	Date of Birth <b>1/1983</b>
Age <b>33</b>		Sex <b>M</b>		Address <b>115 LIBERTY BELL LN</b>		City <b>GRIFFIN</b>	State <b>GA</b>
Phone Number		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>		Zip Code <b>30224</b>	
Driver License Number <b>050974088</b>		Class <b>C</b>	Expires <b>7/2019</b>	State <b>GA</b>	Jurisdiction <b>02</b>	Type <b>NON-CDL DRIVER'S LICENSE</b>	Status <b>VALID LICENSE</b>
Drivers License Restrictions 1 <b>NONE</b>		Drivers License Restrictions 2 <b>NONE</b>		Drivers License Restrictions 3 <b>NONE</b>			
Driver Distracted By <b>NOT DISTRACTED</b>				Driver Vision Obstructions <b>VISION NOT OBSCURED</b>			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>FAILED TO YIELD RIGHT-OF-WAY</b>				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>LEFT</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail				Primary or Most Obvious of Body Area Injured During Crash	
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>DRIVER V02</b>							
Person Type <b>DRIVER</b>		NM#	Vehicle# <b>V02</b>	Person Type Detail			
First Name <b>FLOYD</b>		Middle Name <b>EUGENE</b>		Last Name <b>WALKER</b>		Suffix	Date of Birth <b>1/1969</b>
Age <b>46</b>		Sex <b>M</b>		Address <b>913 CLEVELAND ST</b>		City <b>GRIFFIN</b>	State <b>GA</b>
Phone Number <b>404-446-5316</b>		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>		Zip Code <b>30223</b>	
Driver License Number <b>026657200</b>		Class <b>C</b>	Expires <b>7/2019</b>	State <b>GA</b>	Jurisdiction <b>02</b>	Type <b>NON-CDL DRIVER'S LICENSE</b>	Status <b>VALID LICENSE</b>
Drivers License Restrictions 1 <b>NONE</b>		Drivers License Restrictions 2 <b>NONE</b>		Drivers License Restrictions 3 <b>NONE</b>			
Driver Distracted By <b>NOT DISTRACTED</b>				Driver Vision Obstructions <b>VISION NOT OBSCURED</b>			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>LEFT</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail				Primary or Most Obvious of Body Area Injured During Crash	

Crash Number <b>C000412273-01</b>		Reporting Agency <b>GEORGIA DEPARTMENT OF PUBLIC SAFETY</b>		Reporting Agency Case Number		Reporting Agency CAD Number <b>GSPD16CAD054046</b>	
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	
<b>PASSENGER V02</b>							
Person Type <b>PASSENGER</b>		NM#		Vehicle# <b>V02</b>		Person Type Detail	
First Name <b>DAFFNEY</b>		Middle Name <b>STARR</b>		Last Name <b>MCGLOHON</b>		Suffix	
Address <b>913 CLEVELAND ST</b>		Address Other		City <b>GRIFFIN</b>		State <b>GA</b>	
Phone Number		Phone Number (other)		Condition at Time of Crash <b>APPARENTLY NORMAL</b>		Zip Code <b>30223</b>	
Motor Vehicle Seating Position: Row <b>FRONT</b>		Motor Vehicle Seating Position: Seat <b>RIGHT</b>		Motor Vehicle Seating Position: Other <b>NOT APPLICABLE</b>		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems <b>SHOULDER AND LAP BELT USED</b>				Helmet Use			
Air Bag Deployed <b>NOT DEPLOYED</b>				Ejection <b>NOT EJECTED</b>			
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NO INJURY(O)</b>		Injury Severity Level Detail				Primary or Most Obvious of Body Area Injured During Crash	
Source of Transport to Medical Facility <b>NOT TRANSPORTED</b>		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested <b>TEST NOT GIVEN</b>		Alcohol Test Result <b>BAC</b>	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested <b>TEST NOT GIVEN</b>		Drug Test Result	

**NARRATIVE: C000412273**

Vehicle #2 was traveling eastbound on SR16 approaching the intersection with S Pine Hill Road. Vehicle #1 was westbound on SR16 in the left turn lane attempting to turn left onto S Pine Hill Road. Vehicle #1 failed to yield while turning left and struck vehicle #2 in the left rear door with the front left bumper of vehicle #1. Area of impact was determined by roadway evidence and driver's statements. This crash investigation was recorded on DVD 793-024-2016.



REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name <b>SMITH, S. G.</b>	Signature 	Approving Officer Name <b>COLLIER III, PAUL</b>	Signature 
ID Number <b>0793</b>	Rank <b>TFC2</b>	ID Number <b>0141</b>	Rank <b>SERGEANT</b>
Org / Unit <b>GSPD/POST</b>		Org / Unit <b>GSPD/POST</b>	

DIAGRAM OF ACCIDENT

