

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 DEPARTME	NT OF PUBLIC SAFETY	r	Reporting	Agency Case Nu	mber Re G	porting Agency C SPD16CAD054	AD Number 1046
CRASH IDENTIFIERS						BEAL MORE		
County of Crash SPALDING	City or Place of Cra GRIFFIN		nits Crash Date/Tir 06/25/2016 (ne 06:35 PM	Reported Dat 06/25/2016	06:35 PM	Dispatched E 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 LAW I	of Information ENFORCEMEN	IT AGENCY
ROADWAY INFORMATION	ON	TO BOARD AND AND AND AND AND AND AND AND AND AN			N			
Roadway Description for Location SR-16				tance to City or F		Latitude N 33 1	4.6813	gitude W 84 18.4519
Intersecting Roadway Description S PINE HILL ROAD				tance / Direction	from Crash Loca	lion Roadway Blocked	/ Roadway Cie	eared Date/Time
Part of National Highway System NO	URBAN		Roadway Functio MINOR ARTER	RIAL				
Type of Shoulder CURB	Roadway Lighting NO LIGHTING	Roadway Biki NONE			NOT AP	ycle Route PLICABLE		
Traffic Control Type at Intersection SIGNALS FULLY ACTUATED	Mainline (MULTI-PHASE) THREE	e Number of Lanes at Intersed E LANES		Road Number of D LANES	Lanes at Intersec	ction		
CRASH INFORMATION								
Light Condition DAYLIGHT	Weather Condition CLEAR		Roadway S DRY	urface Condition	•		Cras	h Pictures Taken
First Harmful Event Type COLLISION NON-FIXED OB.	JECT		First Harmful MOTOR VE	Event Detail EHICLE IN TRA	NSPORT			an .
Total Counts Vehicle	s CMV Motoris	sts Non-Motorists 0	Injured 0	Fatalities 0	Witnesses 0	Other Persons	Businesses 0	Violations 0
First Harmful Event's Relation to J	unction Is First Harm	ful Event within Interchange	Area	Type of Inter	section Y INTERSECT	TION		
INTERSECTION-RELATED Contributing Circumstances: Envir	onment (Contributing Circumstances: E	Environment	11 Ook WA	Contributing	Circumstances: E	nvironment	
NONE Contributing Circumstances: Road		NONE Contributing Circumstances: I	Road			Circumstances: R	load	
NONE School Bus Related		NONE Work Zone Related	************	ICrash Lo	NONE ocation in Work 2	one	***************************************	
NO NO		NO						
VEHICLE V01		State	License Numi	per Registr	ation Expires	Permanent	VIN	
Y01 MOTOR VEHICLE Year Make	IN TRANSPORT	GA Style	GV39663		2999 Late	Registration	2B3KA43H46	H453591
2006 DODGE	CHARGER SE	SEDAN Emergency Motor Vehicle		BLK	PASSENGER	RČÁR of Bus Use		
Special Function of Motor Vehicle POLICE		NO		o # 10	NOT	A BUS		
Owner First Name	Owner Middle Name	Owner Last Name	Owne	r Suffix Owner CITY	Business (if not OF GRIFFIN	Person)	10	
Address 245 EMLET DR # T		dress Other			City GRIFFIN	1	IGA	Zip Code 30223-1958
Owner Phone Number	Owner Phone Number (other) Insurance Comp GIRMA	any			GR-1	olicy Number	
Vehicle Removal DRIVEN - NOT DISABLED	3	Vehicle Towed B	Зу			Wreck	er Selection Meth	od
Direction of Travel Before Crash WESTBOUND	Estimated Posted Ro Speed: 35 D	oadway Type IVIDED HIGHWAY	Total Lanes	Roadway Horizo	ontal Alignment		idway Grade VEL	
Trafficway Description	TH A CONTINUOUS LEFT TU	Trai	ffic Control Device	Туре			Working Prope YES	erly
Roadway Description for Vehicle T SR-16	ravel	744 27442 7713						
Vehicle Maneuver Action (by this v	ehicle) Hit	& Run (by this vehicle) DDID NOT LEAVE SCEN	.ir		Damage Ex MINOR D	ent (for this vehic	le)	
TURNING LEFT 1st Sequence of Events Type (this COLLISION NON-FIXED OBJ		1st Sequer	nce of Events Detail	il (this vehicle)	TIMINON DA	NINGL		
Most Harmful Event Type (this yeh)	ícle)	Most Harm	VEHICLE IN TR Iful Event Detail (th	is vehicle)			P	<u> </u>
COLLISION NON-FIXED OBJ Contributing Circumstances 1 (this	ECT	MOTOR	VEHICLE IN TR	ANSPORT Circumstances 2	(this vehicle)	<u> </u>		
NONE	vernoicy		NONE		· · · · · · · · · · · · · · · · · · ·		3 : :	
Area of It	nitial Impact			Mos	t Damaged Area	"n		
□ Non	Collision */	\ *			Non Collision	*/		
□ Тор		**************************************			Тор			
Und	lercarriage (7.			Undercarriage	-		
☐ Unk	nown XIII	X .			Unknown	· XII	шУ'	
Occupant Type	Person Name (First Middle	e Last Suffix)			Injury Status	•		
DRIVER	BRANDON ROY WALDE				NO INJURY(O)		
VEHICLE V02		State	License Numb		ation Expires	Permanent	VIN	
Year Make	IN TRANSPORT Model	I GA	PPP8241	Color	16 L Body Type Cate	Registration gory	1N4BU31D5V	C103636
1997 NISSAN Special Function of Motor Vehicle i	ALTIMA GXE/GLE	Style SEDAN Emergency Motor Vehicle	i li	MAR	PASSENGER Type o	CAR f Bus Use		
NO SPECIAL FUNCTION	Owner Middle Name	NO Owner Last Name		Suffix Owner	NOT A	A BUS		······
Owner First Name FLOYD	LEUGENE	WALKER dress Other	JR				State	Zip Code
Address 913 CLEVELAND ST	Owner Phone Number (other)	N.	anv		City GRIFFIN	Insurance Pr	GA Olicy Number	30224-6942
Owner Phone Number 404-446-5316	CALLET LIGHT HOURSE (Office)	CIS	,			CH215843		

Crash Number Reporting Agency C000412273-01 GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number Reporting Agency CAD Number GSPD16CAD054046			
Vehicle Removal Vehicle Towed By	Wrecker Selection Method			
DRIVEN - NOT DISABLED Direction of Travel Before Crash Estimated Posted Roadway Type	Total Lanes Roadway Horizontal Alignment Roadway Grade			
EASTBOUND Speed: 35 UNDIVIDED HIGHWAY Trafficway Description Traffic	3 STRAIGHT LEVEL Control Device Type Working Properly			
Roadway Description for Vehicle Travel	FFIC CONTROL SIGNAL JYES			
SR-16 Vehicle Maneuver Action (by this vehicle) Hit & Run (by this vehicle)	Damage Extent (for this vehicle)			
MOVEMENTS ESSENTIALLY STRAIGHT AHEAD NO DID NOT LEAVE SCENE 1st Sequence of Events Type (this vehicle) 1st Sequence	FUNČTIONAL DAMAGE of Events Detail (this vehicle)			
COLLISION NON-FIXED OBJECT MOTOR V Most Harmful Event Type (this vehicle) Most Harmful	EHICLE IN TRANSPORT Event Detail (this vehicle)			
COLLISION NON-FIXED OBJECT MOTOR VI	EHICLE IN TRANSPORT Contributing Circumstances 2 (this vehicle)			
NONE 12	NONE 12			
Area of Initial Impact	Most Damaged Area			
Non Collision	□ Non Collision			
Тор	□ Top			
Undercarriage	Undercarriage			
Unknown	□ Unknown			
Occupant Type Person Name (First Middle Last Suffix) DRIVER FLOYD EUGENE WALKER	Injury Status NO INJURY(O)			
PASSENGER DAFFNEY STARR MCGLOHON	NO INJURY(O)			
DRIVER V01 Person Type NM# Vehicle# Person Type Detail				
PIDRIVER V01 First Name Middle Name Last No				
BRANDON ROY WALE				
115 LIBERTY BELL LN Phone Number (other) Condition at Time	GŔIFFIN GA 30224			
APPARENTLY I Driver License Number Class Expires State Jurisdiction Typi	NORMAL			
050974088 C 2019 GA 02 NO	N-CDL DRIVER'S LICENSE VALID LICENSE Drivers License Restrictions 3			
NONE	NONE			
Driver Distracted By NOT DISTRACTED	Driver Vision Obstructions VISION NOT OBSCURED			
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 Motor Vehicle Seating Position; Seat Motor Vehicle Seating Position; Seat NOT API	cle Seating Position: Other PLICABLE 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 Injury Severity Level Detail	Primary or Most Obvious of Body Area Injured During Crash			
NO INJURY(O)	Number Medical Facility Transported To			
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use Alcohol Test Type Alcohol	Tested Alcohol Test Result BAC			
Law Enforcement Suspected Drug Use Drug Test Type Drug Te	NOT GIVEN Drug Test Result			
DRIVER V02	NOT GIVEN			
Person Type NM# Vehicle# Person Type Detail V02				
First Name Middle Name Last Ne FLOYD EUGENE WALK	me Suffix Date of Birth Age Sex			
Address Other 913 CLEVELAND ST	City State Zip Code GRIFFIN GA 30223			
Phone Number (other) Condition at Time of APPARENTLY I	f Crash			
Driver License Number Class Expires State Jurisdiction Type				
Drivers License Restrictions 1 NONE Drivers License Restrictions 2 NONE	Drivers License Restrictions 3 NONE			
Driver Distracted By	Driver Vision Obstructions VISION NOT OBSCURED			
priver Actions at Time of Crash 1 (based on judgement of investigation officer) Driver Actions at Time of Crash 2 (based on judgement of investigation officer)				
river Actions at Time of Crash 3 (based on judgement of investigation officer) Driver Actions at Time of Crash 4 (based on judgement of investigation officer)				
	NO CONTRIBUTING ACTION cle Seating Position: Other Seating Position Unknown			
FRONT LEFT NOT API	PLICABLE Sealing Position Officion			
SHOULDER AND LAP BELT USED Air Bag Deployed	Ejection			
NOT DEPLOYED Trapped Extrication	NOT EJECTED			
NOT TRAPPED	Primary or Most Obvious of Body Area Injured During Crash			
Injury Severity Level Type Injury Severity Level Detail NO INJURY(0)	Finnery of Most Ouvious of Body Area injured Buring Clash			

Crash Number Reporting Agency C000412273-01 GEORGIA DEPARTMENT OF PUBLIC SAFETY				Reporting Agend	y Case Number	Reporting Agency CAD Number GSPD16CAD054046		
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or	D EMS Run I	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 Tes TEST N	Drug Tested TEST NOT GIVEN		Drug Test Result			
PASSENGER V02							E HELSH	5000
Person Type PASSENGER	NM# Vehicle# V02							
First Name DAFFNEY	Middle Name STARR	Last Nat MCGL			Suffix	Date of Birth 1/1976	Age 40	Sex F
Address 913 CLEVELAND ST		ss Other		City GR	FFIN	State GA	Zip Code 30223	
Phone Number Phone Number (other) Condition at Time of Crash APPARENTLY NORMAL								
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Positi RIGHT	on: Seat Motor Vehic NOT APP	***************************************	: Other		☐ Seatin	ng Position U	Inknown
Restraint Systems SHOULDER AND LAP BELT USED Helmet Use								
Air Bag Deployed Ejection NOT DEPLOYED NOT EJECTED								
Trapped Extrication NOT TRAPPED								
Injury Severity Level Type NO INJURY(O)	Injury Severity	evel Detail	ų.		Primary or Most Ob	vious of Body Area Ir	ijured During	Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or I	EMS Run N	lumber	Medical Facility	Transported To			
Law Enforcement Suspected Alcohol Use Alcohol Test Type NO			Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use Drug Test Type NO		Drug Tes TEST N	Drug Tested TEST NOT GIVEN		Drug Test Result			
NARRATIVE: C000412273								
Vahiala #2 was traveling conthound on	0040		Daniel Makisla 4		ad an CD4C in the lef			

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 SMITH, S. G. ID Number Rank 0793 TFC2 Org / Unit GSPD\POST Signature Signature Signature Signature Signature Fig. 12 Signature Signature	Approving Officer Name COLLIER III, PAUL ID Number Rank 0141 SERGEANT Org / Unit GSPD\POST

Crash Number Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY Reporting Agency Case Number GSPD16CAD054046

DIAGRAM OF ACCIDENT

