

Accident Number 16005324		Agency NCIC No. GA1260100		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County SPALDING		Date Rec. By DMVS	
Date 05/10/2016	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 18:57	Off. Arrived 19:01	Vehicles 2	Total Number Of: Injuries 1	Fatalities 0	Inside City Of: GRIFFIN		
Road of Occurrence W BROAD ST			At Its Intersection With N 15TH ST			Corrected Report? Yes <input type="checkbox"/>				
<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> 3 <input type="checkbox"/> Co. Road <input checked="" type="checkbox"/> 4 <input type="checkbox"/> City St			<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> 3 <input type="checkbox"/> Co. Road <input type="checkbox"/> 4 <input checked="" type="checkbox"/> City St			Suppl. To Original? Yes <input type="checkbox"/>				
Not At Its Intersection But _____			Of: _____			Hit and Run? 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"/> 3 <input type="checkbox"/> Co. Road <input type="checkbox"/> 4 <input type="checkbox"/> City St <input type="checkbox"/> 5 <input type="checkbox"/> Co. Line							

Driver # 1 LAST NAME FIRST MIDDLE KNOWLES, CONNIE ROBERTS Address 1214 ELDER RD City GRIFFIN State GA Zip 30223 DOB 09/26/1960 Driver's License No. 011650505 Class C State GA <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Posted Speed 30 Insurance Co. SAFEMAY Policy No. 1551653-GA-PP-005 Year 2002 Make FORD Model TAURUS Telephone No. (678) 688-8218 VIN 1FAFP53U12A173384 Vehicle Color TAN Tag # QBF8369 State GA County SPALDING Year 2017 Trailer Tag # _____ State _____ County _____ Year _____ <input type="checkbox"/> Same as Driver Owner's Last Name First Middle BENNETT, JESSICA ANN Address 1214 ELDER RD City GRIFFIN State GA Zip 30224 Removed By CROWN <input type="checkbox"/> Request <input checked="" type="checkbox"/> List <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Alcohol Test 2</td> <td>Type</td> <td>Results</td> <td>Drug Test 2</td> <td>Type</td> <td>Results</td> </tr> <tr> <td>Driver Cond 1</td> <td>Direction Of Travel 1</td> <td>Vision Obscured 1</td> <td colspan="3">Contributing Factors 6 28</td> </tr> <tr> <td>Veh Cond 1</td> <td>Veh Maneuver 5</td> <td>Ped. Maneuver</td> <td colspan="3"></td> </tr> </table> Most Harmful Event 12 Veh Class: 1 Veh Type: 1 Traffic Ctrl 5 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 1	Vision Obscured 1	Contributing Factors 6 28			Veh Cond 1	Veh Maneuver 5	Ped. Maneuver				Driver # 2 LAST NAME FIRST MIDDLE GIPSON, REGINA YVETTE Address 725 LANE ST City GRIFFIN State GA Zip 30223 DOB 10/10/1970 Driver's License No. 039084287 Class C State GA <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Posted Speed 30 Insurance Co. UNITED SERVICES Policy No. 023944070G71054 Year 2006 Make HYUN Model SONOTA Telephone No. (404) 492-0353 VIN 5NPEU46C06H174519 Vehicle Color SIL Tag # RAF9384 State GA County SPALDING Year 2016 Trailer Tag # _____ State _____ County _____ Year _____ <input type="checkbox"/> Same as Driver Owner's Last Name First Middle RICE, LATOSHA Address 725 LANE ST City GRIFFIN State GA Zip 30223 Removed By CROWN <input type="checkbox"/> Request <input checked="" type="checkbox"/> List <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Alcohol Test 2</td> <td>Type</td> <td>Results</td> <td>Drug Test 2</td> <td>Type</td> <td>Results</td> </tr> <tr> <td>Driver Cond 1</td> <td>Direction Of Travel 4</td> <td>Vision Obscured 1</td> <td colspan="3">Contributing Factors 1</td> </tr> <tr> <td>Veh Cond 1</td> <td>Veh Maneuver 5</td> <td>Ped. Maneuver</td> <td colspan="3"></td> </tr> </table> Most Harmful Event 12 Veh Class: 1 Veh Type: 1 Traffic Ctrl 1 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 4	Vision Obscured 1	Contributing Factors 1			Veh Cond 1	Veh Maneuver 5	Ped. Maneuver			
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Veh Cond 1	Veh Maneuver 5	Ped. Maneuver																																			

Injured Taken To: SPALDING REGIONAL			By: AMBULANCE		
EMS Notified Time 19:06	EMS Arrival Time 19:09	Hospital Arrival Time 19:32	Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By: _____		
Report By: EARLS, B. A.	Department Griffin Police	Report Date 05/11/2016	Checked By: SMITH, J. W.	Date Checked 05/11/2016	
Witness(es): Name _____		Address _____ City _____ State _____ Zip Code _____ Telephone No. _____			

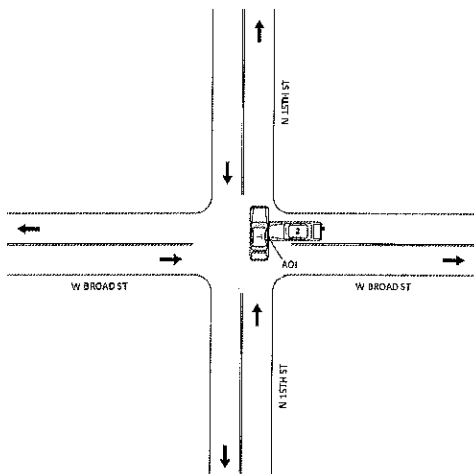
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Carrier Name Vehicle # _____				Carrier Name Vehicle # _____			
Address _____		State _____ Zip _____		Address _____		State _____ Zip _____	
No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Cargo Body Type	No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <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.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <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: _____			
___ 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			

* * E N D * *

INDICATE ON THIS DIAGRAM WHAT HAPPENED



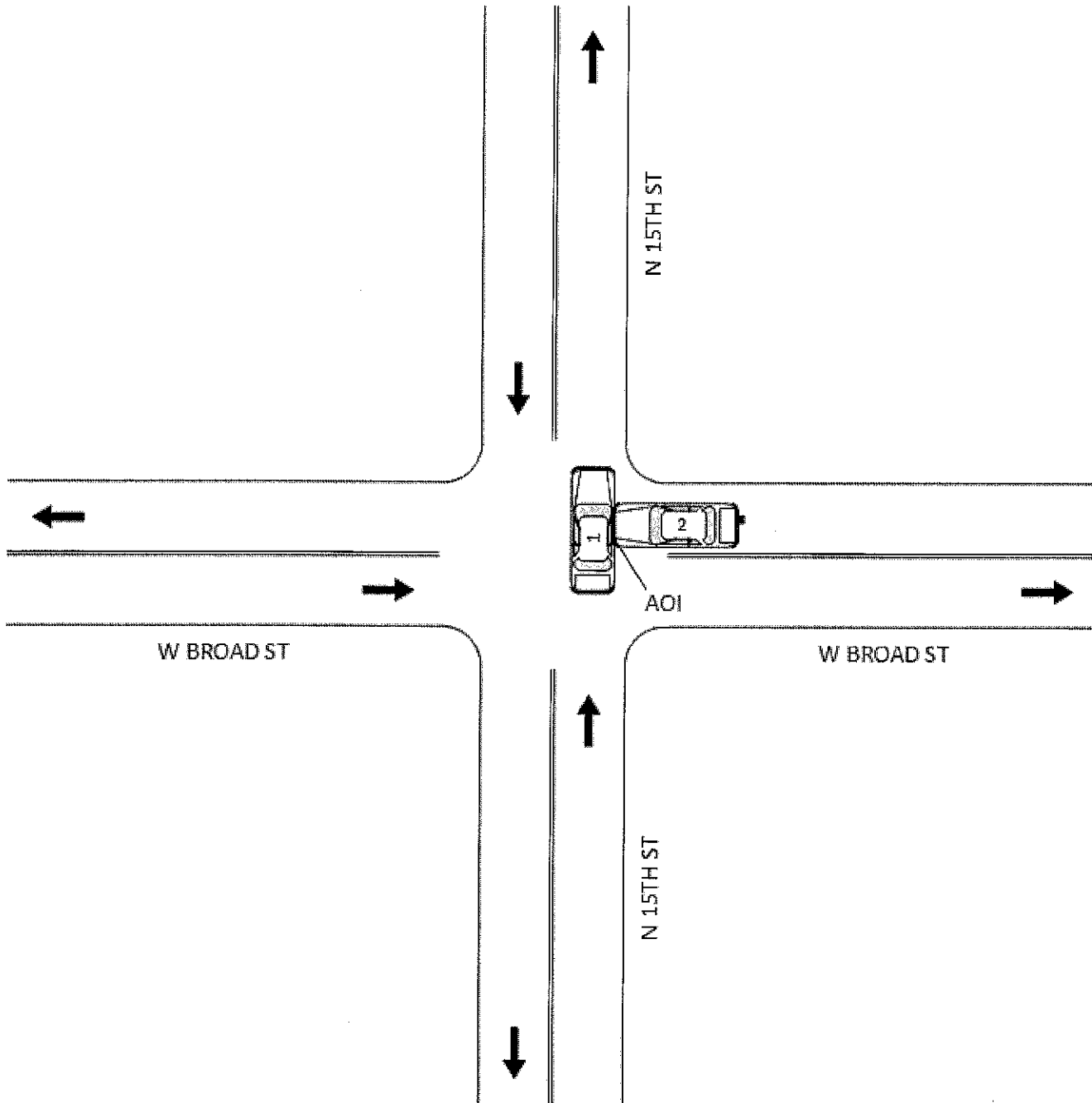
Drawing Not To Scale

[illegible]

Accident Number 16005324	Agency NCIC GA1260100	Accident Date 05/10/2016	Georgia Uniform Motor Vehicle Report Continuation
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Indicate North



Drawing Not To Scale.

Reported By: EARLS, B. A.