





Alcohol Test	Accident Number		Agency NCIC No. 0440200				GEORGIA	UNIFORM I	MOTOR VEHICLE REPORT		County DEKALB	<b>Date Rec</b> 8/23/2013 7:5
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Traffic Ctrl Lanes Device Inoperative?												
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Hospital Arrival Time   Photos Taken   Yes  \( \sqrt{No} \)   By:    Commercial Vehicles Only	Injured Tak	en To : (	GRADY I		-			VIO				
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Department

EAST UNIFORM

Report Date

8/23/2013 7:51:18 AM

Submitted By

A B EVANS

Checked By

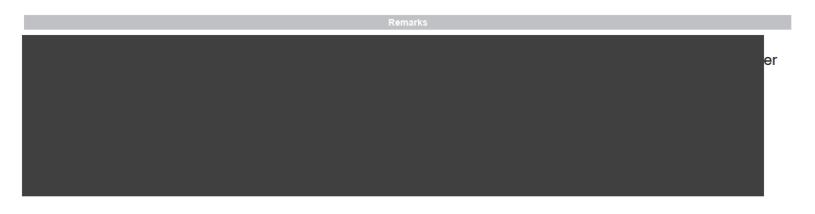
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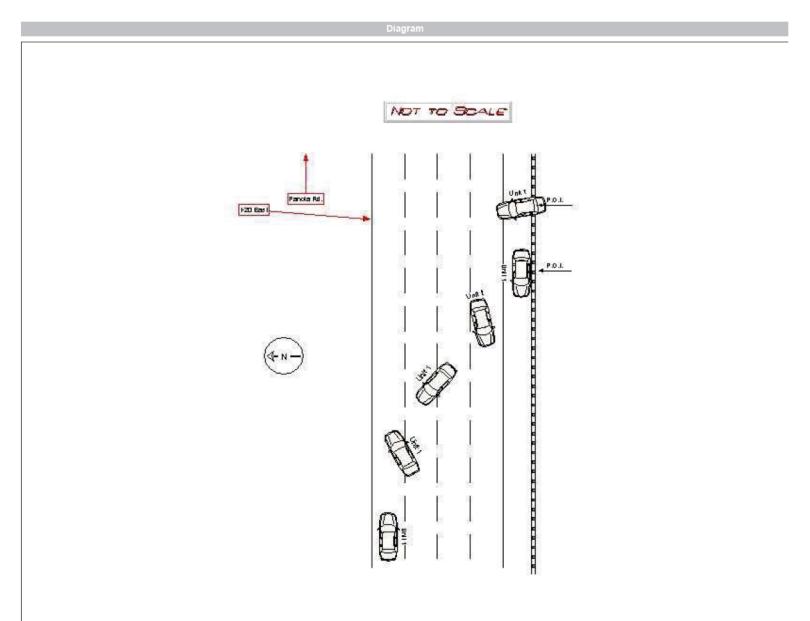
Report By:

C TRAMMELL

**Date Checked** 

		Witnesses			
Witness Name	Address	City	State	Zip Code	Telephone No.
DERRICK SPIVEY	2141 BROOKVIEW DR NE	CONYERS	GA	30013	7708750915





## Citations

None Listed

	Collision Information											
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		
Other - Fixed Object	Two-Way Trafficway with a physical barrier	Clear	Dry	Dark-Not Lighted	Not A Collision wi h Motor Vehicle	Off Roadway	Black Top	No Defects	Straight and Level	None		

			Vehicle Information			
VEH#	Number of Occupants	Point of Initial Contact	Damage To Vehicles	Skid Distance Before Impact	After	Width of Road
1	3	Unknown	Extensive			48

## Property Damage

None Listed

								Invo	olved Persons						
Last Name	First	Address	City	S t a t e	Zip	A g e	S e x	V e h #	P o s	Injury	Taken for treat.	Eject	Safety Equip.	Extric	Air Bag
	HIA	1400 SCENIC BROOK TRL SW	CONYERS	GA		30	F	1	Front Seat-Left Side	Serious	Yes	Not Ejected	None Used	Yes	Deployed Multiple Directions
S	S HA	1504 SUGARPLUM PL	CONYERS	GA	30094	30	F	1	Front Seat-Right Side	Complaint	Yes	Not Ejected	Lap and Shoulder Belt	No	Deployed Multiple Directions
		1400 SENIC BROOK TRL	CONYERS	GA	30034	26	F	1	Rear Seat-Middle	Visible	Yes	Not Ejected	None Used	No	Deployed Multiple Directions























