



BUZ 5298





Accident Number

Agency NCIC No.
0440200

GEORGIA UNIFORM MOTOR VEHICLE
ACCIDENT REPORT

County
DEKALB

Date Rec. by DOT
8/23/2013 7:51:18 AM

Date 08/23/2013 Day Of Week FRIDAY Time 02:20 Off. Arrived 02:27 Vehicles 1 Injuries 3 Fatalities 0

Inside City Of:
Unincorporated

Hit And Run?
Suppl. To Original?
Private Property?

Road of Occurrence I-20 HWY 1.00 Miles From Its Intersection With PANOLA RD West

UNIT 1 - DRIVER	Last Name	First	Middle
Address 1400 SCENIC BROOK TRL SW			



[Redacted]			White
Tag #	State	County	Year
[Redacted]			
Trailer			



Alcohol Test No	Type	Results	Drug Test No	Type	Results
Driver Cond Not Known if U.I.	Direction of Travel E	Vision Obscured Not Obscured	Contributing Factors Driver Lost Control		
Vehicle Cond No Known Defects	Vehicle Maneuver Straight	Ped Maneuver			
Most Harmful Event Other - Fixed Object	Vehicle Class Privately Owned	Vehicle Type: Passenger Car			
Traffic Ctrl Lanes	Device Inoperative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Injured Taken To : GRADY MEMORIAL HOSPITAL			By: AM 68		
EMS Notified Time	EMS Arrival Time				
Hospital Arrival Time	Photos Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		By:	
Commercial Vehicles Only					
Carrier Name					
Vehicle # 1					
Address		City	State	Zip	
No. of Axles	G.V.W.R	Fed. Reportable <input type="checkbox"/> Yes <input checked="" 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"/>		
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					
If YES, Name or 4 Digit Number from Diamond					
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units					

Officer Information

Report By: C TRAMMELL	Department EAST UNIFORM	Report Date 8/23/2013 7:51:18 AM	Submitted By A B EVANS	Checked By A EVANS	Date Checked [Redacted]
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Witnesses

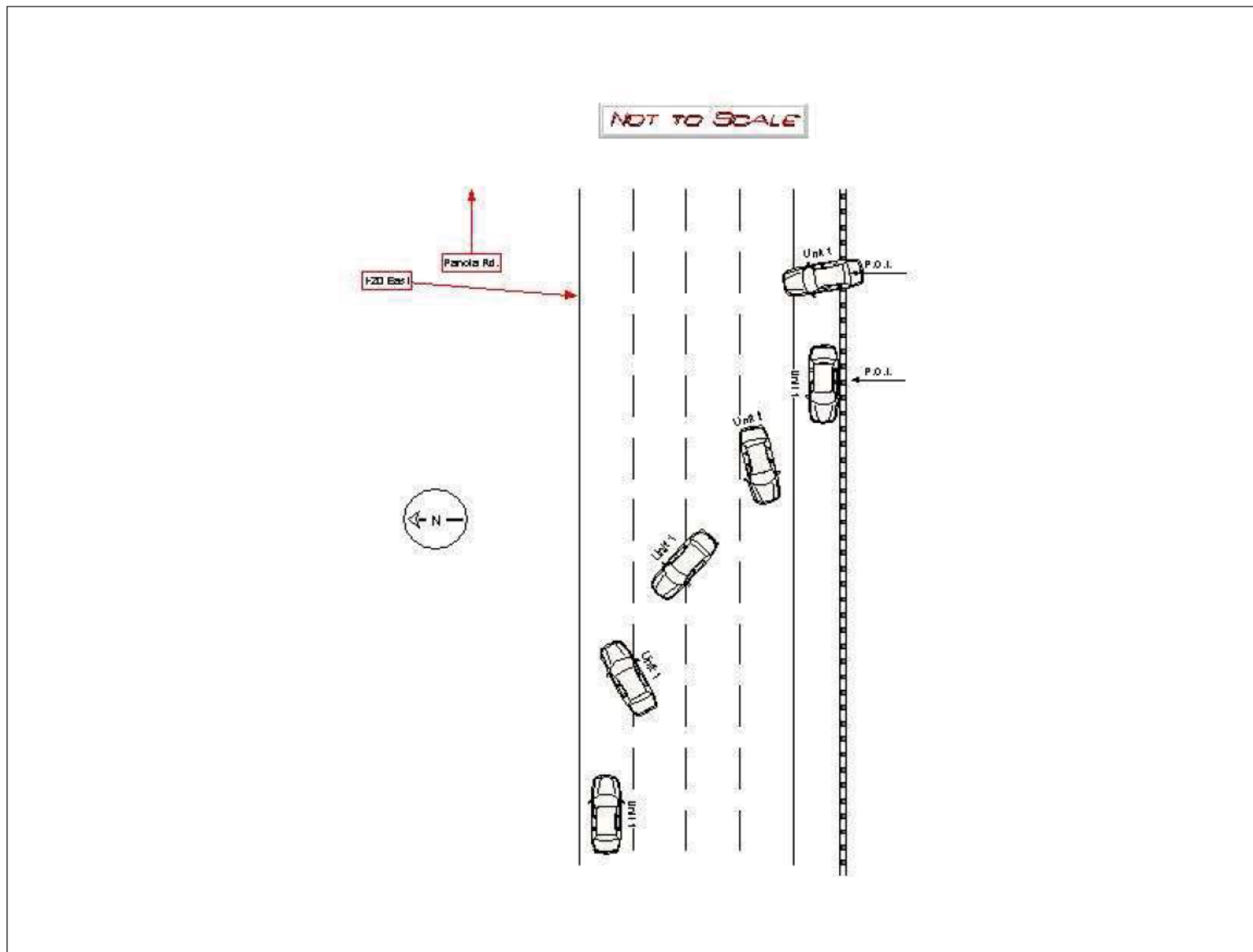
Witness Name	Address	City	State	Zip Code	Telephone No.
DERRICK SPIVEY	2141 BROOKVIEW DR NE	CONYERS	GA	30013	7708750915

Remarks



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Diagram



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 with 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

Involved Persons

Last Name	First	Address	City	State	Zip	Age	Sex	Vehicle #	Positions	Injury	Taken for treat.	Eject	Safety Equip.	Extric	Air Bag
[REDACTED]	[REDACTED] 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
[REDACTED] S	[REDACTED] 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
[REDACTED]	[REDACTED]	1400 SENIC BROOK TRL	CONYERS	GA	30034	26	F	1	Rear Seat-Middle	Visible	Yes	Not Ejected	None Used	No	Deployed Multiple Directions

EXIT  ONLY









MAXIMA

3.5 SE





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