

Accident Number  
14-12

Agency NCIC No.  
0440200

GEORGIA UNIFORM MOTOR VEHICLE  
ACCIDENT REPORT

County  
DEKALB

Date Rec. by DOT

Date 12/25/2014 Day Of Week THURSDAY Time 21:05 Off. Arrived 21:05

Vehicles 2 Injuries 2 Fatalities 0

Inside City Of:  
Unincorporated

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

Road of Occurrence

At Its Intersection With

UNIT 1 - DRIVER				Last Name		First		Middle D	
City DECATUR				State GA		Zip 30032		DOB 06/0	
Driver's License No 04976		Class CLASS C		State GA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
Posted Speed 45		Insurance Co. PROGRESSIVE PREMIER INSURANCE		Policy No. PROGRESSIVE PREMIER INSURANCE					
Year 2011		Make FORD		Model F150		Telephone No.			
VIN 1FTFW1CF6E				Vehicle Color Blue					
Tag #		State GA		County DEKALB		Year 2015			
Trailer									
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name		First		Middle D			
Address									
City DECATUR				State GA		Zip 30032			
Removed By STATEWIDE				<input type="checkbox"/> Request <input checked="" type="checkbox"/> List					
Alcohol Test No		Type		Results		Drug Test No		Type Results	
Driver Cond Not Drinking		Direction of Travel W		Vision Obscured Not Obscured		Contributing Factors Following too Close			
Vehicle Cond No Known Defects		Vehicle Maneuver Straight		Ped Maneuver					
Most Harmful Event Motor Vehicle In Motion			Vehicle Class Privately Owned			Vehicle Type: Pickup Truck			
Traffic Ctrl Lanes			Device Inoperative?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Injured Taken To :				By:					
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		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			

UNIT 2 - DRIVER				Last Name		First L		Middle S	
City LITHONIA				State GA		Zip 30038		DOB 11/09/1	
Driver's License No 0496		Class CLASS C		State GA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
Posted Speed 45		Insurance Co. GARRISON PROPERTY & CASUALTY I		Policy No. GARRISON PROPERTY & CASUALTY I					
Year 2006		Make FORD		Model EXPLORER		Telephone No.			
VIN 1FMEU73E6				Vehicle Color Silver					
Tag #		State GA		County DEKALB		Year 2015			
Trailer									
<input type="checkbox"/> Same as Driver		Owner's Last Name		First		Middle			
Address									
City LITHONIA				State GA		Zip 30038			
Removed By STATEWIDE				<input type="checkbox"/> Request <input checked="" type="checkbox"/> List					
Alcohol Test No		Type		Results		Drug Test No		Type Results	
Driver Cond Not Drinking		Direction of Travel W		Vision Obscured Not Obscured		Contributing Factors No Contributing Factors			
Vehicle Cond No Known Defects		Vehicle Maneuver Stopped		Ped Maneuver					
Most Harmful Event Motor Vehicle In Motion			Vehicle Class Privately Owned			Vehicle Type: Utility Passenger Vehicle			
Traffic Ctrl Lanes			Device Inoperative?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Injured Taken To : GRADY				By:		M57			
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 # 2									
Address		City		State		Zip			
No. of Axles		G.V.W.R		Fed. Reportable		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

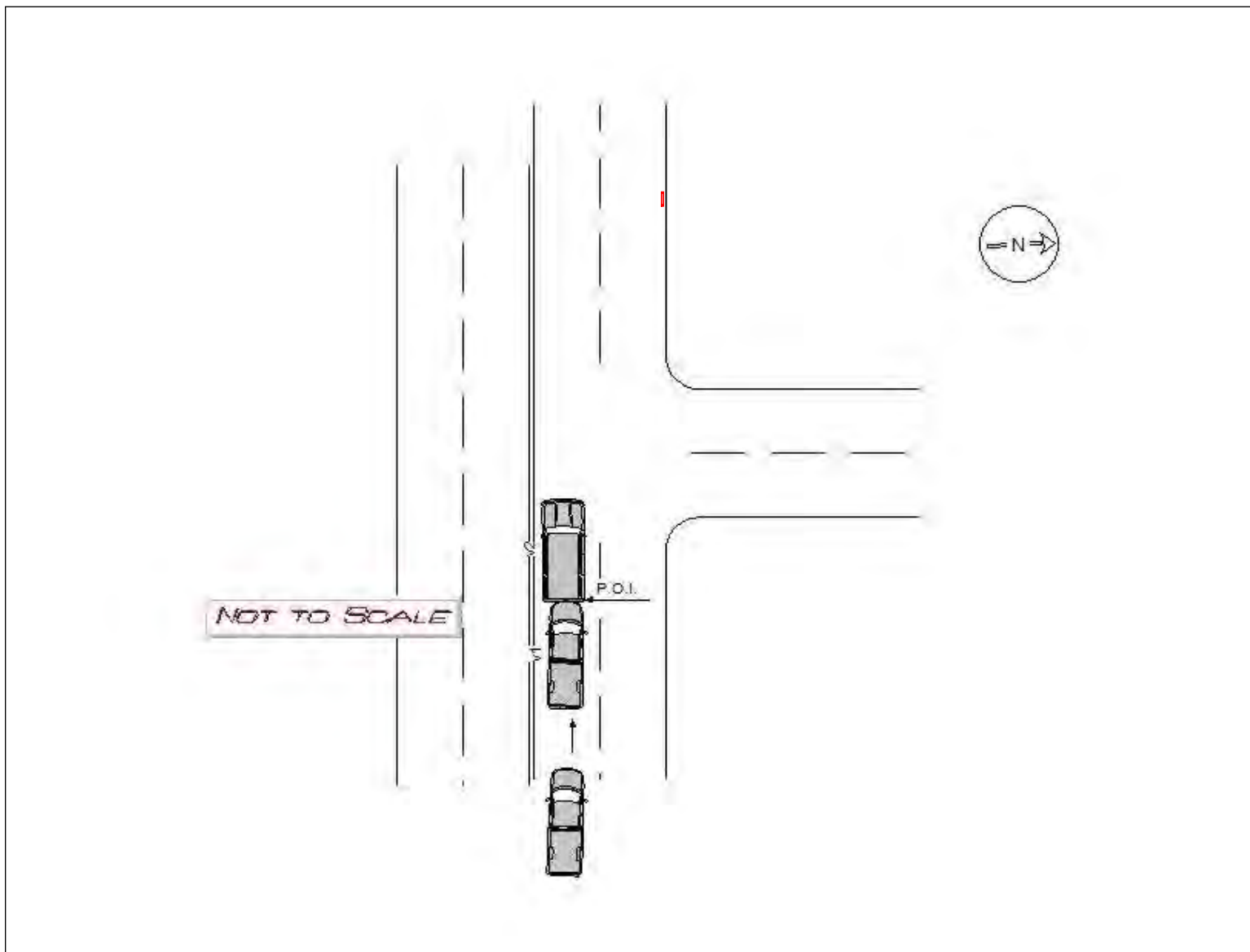
Report By:	Badge #	Department	Report Date	Submitted By	Checked By	Date Checked
		DEKALB POLICE EAST	12/25/2014 10:44:19			12/25/2014 10:44:19

None Listed


Remarks

Based on the physical evidence at the scene and testimonies of driver #1 and driver #2 the following was determined. Vehicle #1 was traveling westbound on Covington Hwy. Vehicle #2 was stopped at the red light at the intersection of Covington Hwy and Wellborn Rd. Vehicle #1 struck the rear end of vehicle #2. Driver and passenger of vehicle #2 were transported to Grady with complaints. Vehicle #1 and vehicle #2 were removed from the scene by Statewide Wrecker Service. All parties involved were given a case number and advised on how to obtain a copy of the police report.

Diagram



Citations

Unit	Name	Violation
1	[REDACTED]	FOLLOWING TOO CLOSLEY 40-6-49 #10516497ET 

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
Motor Vehicle In Motion	Two-Way Trafficway with no physical separation	Clear	Dry	Dark-Lighted	Rear End	On 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	1	Front End	Extensive			48
2	2	Rear End	Extensive			48

Property Damage

None Listed

Involved Persons 

Last Name	First	Address	City	State	Zip	Age	Sex	Vehicle #	Position	Injury	Taken for treat.	Eject	Safety Equip.	Extric	Air Bag
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	GA	30032	33	M	1	Front Seat-Left Side	Not Injured	No	Not Ejected	Unknown	No	Deployed Air Bag
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	GA	30038	29	M	2	Front Seat-Left Side	Complaint	Yes	Not Ejected	Unknown	No	Deployed Air Bag
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	GA	30058	29	M	2	Front Seat-Right Side	Complaint	Yes	Not Ejected	Unknown	No	Deployed Air Bag