GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

Accident Number	Agency NCIC No.	County	Date Rec. by DOT
14-01-0874	GA0290100	CLARKE	

Date	Day of Week	Time	Off. Arrived	Total Number of: Vehicles	Injuries	Fatalities	Inside City Of:
01-15-14	☐ Sun ☐ M ☐ T ☑ W ☐ Th ☐ F ☐ S	22:23	22:26	2	1	0	ATHENS

Road of Occurrence: GA 15 ALT/S MILLEDGE AVE — 1☐ Interstate 2☐ Lowest St. Rt. 3☑ Co. Road 4☐ City St.

At Its Intersection With: HABERSHAM DR — 1☐ Interstate 2☐ Lowest St. Rt. 3☑ Co. Road 4☐ City St.

Corrected Report? Yes ☐

Suppl. To Original? Yes ☐

Hit and Run? Yes ☐

Not At Its Intersection But: _____ ☐ Miles ☐ Feet 1☐ North 2☐ South 3☐ East 4☐ West Of: _____ 1☐ Interstate 2☐ Lowest St. Rt. 3☐ Co. Road 4☐ City St. 5☐ Co. Line

And Continuing in the direction checked above, the Next Reference Point is _____ 1☐ Interstate 2☐ Lowest St. Rt. 3☐ Co. Road 4☐ City St. 5☐ Co. Line

ZONE 09

Driver 1

Driver #	LAST NAME	FIRST	MIDDLE
1	[redacted]		

Ped # ☐ Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted] DOB: [redacted]

Driver's License No.: [redacted] Class: [redacted] State: [redacted] ☑ Male ☐ Female

Posted Speed: 40 Insurance Co.: [redacted] Policy No.: [redacted]

Year: [redacted] Make: [redacted] Model: [redacted] Telephone No.: [redacted]

VIN: [redacted] Vehicle Color: RED

Tag #: [redacted] State: [redacted] County: [redacted] Year: [redacted]

Trailer Tag # State County Year

☑ Same as Driver Owner's Last Name First Middle

Address

City State Zip

Removed By: SHUMANS ☐ Request ☑ List

Alcohol Test	Type	Results	Drug Test	Type	Results
1			1		

Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors
2	2	1	3

Veh Cond	Veh Maneuver	Ped. Maneuver
1	5	

Most Harmful Event	Veh Class:	Veh Type:
11	1	1

Traffic Ctrl: 7 Device Inoperative? ☐ Yes ☑ No

Driver 2

Driver #	LAST NAME	FIRST	MIDDLE
2	BEAHRINGER,	WILLIAM	

Ped # ☐ Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted] DOB: [redacted]

Driver's License No.: [redacted] Class: [redacted] State: [redacted] ☑ Male ☐ Female

Posted Speed: 45 Insurance Co.: [redacted] Policy No.

Year: [redacted] Make: [redacted] Model Telephone No.: [redacted]

VIN: [redacted] Vehicle Color: [redacted]

Tag #: [redacted] State County Year

Trailer Tag # State County Year

☑ Same as Driver Owner's Last Name First Middle

Address

City State Zip

Removed By: BULLDOG TOWING ☐ Request ☑ List

Alcohol Test	Type	Results	Drug Test	Type	Results
1			1		

Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors
2	2	1	1

Veh Cond	Veh Maneuver	Ped. Maneuver
1	4	

Most Harmful Event	Veh Class:	Veh Type:
11	1	17

Traffic Ctrl: 7 Device Inoperative? ☐ Yes ☑ No

Injured Taken To: ATHENS REGIONAL MEDICAL CENTER By: NATIONAL EMS

EMS Notified Time	EMS Arrival Time	Hospital Arrival Time	Photos Taken:	By:
22:24	22:34	22:51	☑ Yes ☐ No	ELDER, JAMISON R

Report By:	Department	Report Date	Checked By:	Date Checked
(6620) SANDERS	ATHENS-CLARKE COUNTY POLICE	01-15-14	(2666) ANDERSON	01-16-14

Witness(es): Name [redacted] Address [redacted] City State Zip Code Telephone No.

DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Vehicle 1

Carrier Name Vehicle # 1

Address City State Zip

No. of Axles	G.V.W.R.	Fed. Reportable 1☐ Yes 2☐ No	Cargo Body Type

Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1☐ Yes 2☐ No C.D.L. Suspended? 1☐ Yes 2☐ No

Vehicle Placarded? 1☐ Yes 2☐ No Hazardous Materials? 1☐ Yes 2☐ No

Released? 1☐ Yes 2☐ No

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

Vehicle 2

Carrier Name Vehicle # 2

Address City State Zip

No. of Axles	G.V.W.R.	Fed. Reportable 1☐ Yes 2☐ No	Cargo Body Type

Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1☐ Yes 2☐ No C.D.L. Suspended? 1☐ Yes 2☐ No

Vehicle Placarded? 1☐ Yes 2☐ No Hazardous Materials? 1☐ Yes 2☐ No

Released? 1☐ Yes 2☐ No

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

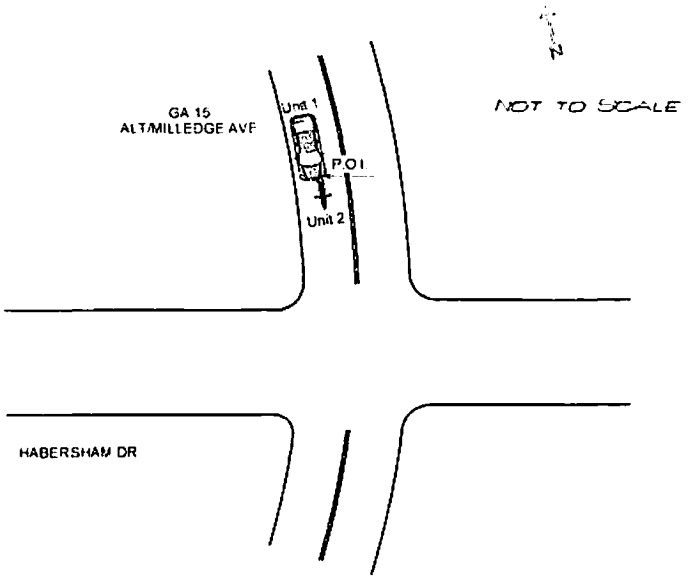
REMARKS:

Vehicle # 2 was South Bound on Ga 15 Alt/Milledge Ave slowed down, preparing to turn left into [redacted] Vehicle # 1 also South Bound failed to stop, rear ending vehicle # 2.

Driver of vehicle # 1 said that he had looked down at the clock in his car, looked at his speed and upon looking up noticed the moped and was unable to stop.

Witness # 1 advised that she was 2 vehicles behind the moped. W1 said that she noticed the left turn signal was on the moped.

INDICATE ON THIS DIAGRAM WHAT HAPPENED



CITATIONS - VEHICLE # 1

CITATIONS - VEHICLE # 2

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
11	1	1	1	4	3	1	2	1	1	0

	VEH. # 1	VEH. # 2
Number of Occupants	1	1
Point Of Initial Contact	12	06
Damage To Vehicles	03	04

SKID DISTANCE BEFORE IMPACT — VEH. _____ AFTER VEH. _____ — VEH. _____ VEH. _____

Width of Road: 24.00

Damage Other Than Vehicle:	Owner:	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
Occupants (list below):	Driver # 1 Or Pedestrian #	[redacted]				0	2	1	3	2	2
	Driver # 2 Or Pedestrian #					2	1	1	6	2	0
LAST NAME FIRST ADDRESS CITY STATE ZIP		X	X	X	X	XXXXX	XXXXX	XXXX	XXXXX	XXXXX	XXXX

Accident Number	Agency NCIC	Accident Date	Georgia Uniform Motor Vehicle Accident Report Continuation
14-01-0874	GA0290100	01-15-14	

OCCUPANTS:

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP	EXTRIC	AIRBAG

Injured Taken To By:

Witness - Name: Address:
Phone:

Additional Remarks:

[redacted] A [redacted] was performed on driver of vehicle # 2 due to the severity of the accident. He was unconscious at the time.

I asked for and received consent for a [redacted] and vehicle inspection.

Reported By: (6620) SANDERS ATHENS-CLARKE COUNTY POLICE DEPARTMENT Page 3 of 3

Attach to DOT-523 DOT-523C (12/03)