					_									PAGE_	<u>1 of</u>	_2_			
Accident Number Agency NCIC No. GEORGI, 13-02-1034 GA0290100 MOTOR VEHICLE A								A UNIFOR			ounty	CLARKE	=	Date	Rec. by	DOT			
Date Day of Week			f Week	Time		Off. Arriv				umber of:		e City Of:	<u> </u>						
02-16-13		Sun M T W Th F S 03:05 03:			05	Vehick	es Inju 1	ries Fatali O	lles	•	THENS								
Road of Occurrence	OAK S	T				Corrected Report?													
10 (intersta	le 22 Lo	west 5	St. Rt. 30 Co. Road	4□ CI	inte ty St.	/ith 10 Inters	4 City S	Yes										
Not Al Its Intersection Bu	000		Miles 1□ North : Feet 2□ South 4	1□ Interstate 2□ Lowest St. Rt. 3□ Co. Road 4□ City St. T							pl. To Or	iginal?							
			ate 2 Lowest St. Rt. 3 Co. Road 4 City St. 5 Co. Line							nd Run	?								
And Continuit the Next Refe			n che				Rt. 3⊠ Co. Road 4□ City St. 5□ Co. Line							Yes ZONE 09					
Driver# LA	AST NA	AE .		FIRST	iiilei su	M:	Driver#		ZON	ZONE 09									
1	_					••••	2	BOV		MIDD	LE								
Ped #□ Add			Ped #☑																
City State Zip DOB								City			2	nte	Zio		DOB -93	,			
Driver's License No. Class State ☐ Male ☐ Female								UNIVERS.	med and	WO.		Class	State	D Ma	ile Ø F				
Posted 40 Insurance Co. Policy No. Speed 40 ALLSTATE VALID PER GCIC										Insultine	e Co.		Policy I	No.					
Speed 40 ALLSTATE VALID PER GCIC Year Make Model Telephone No.										Make		·							
1997	4		B2300	Year		Make	Tel	Telephone No.											
VIN 4F4CR12A	3VTM	06723		RED Ve	hicle C	cior	VIN Venice Color												
Tag# PGU3440	Sta		County	Tag#			State	Cou	inty		'ear								
Trailer Tag #		G/ Sta		OCONEE County		20 Year	13	Traller T	an #		State	Cou	intu						
							lalala.							,	Year				
Same as Driver Owner's Last Name First Middle									☐ Same as Driver Owner's Last Name First Middle										
Address									Address										
City State Zip									City State Zip										
Removed By					☐ Re	quest	☑ List	Removed By Request List											
BARRETTS Alcohol Test	Туре	Resu	tto I	Drug Test	T +	- I B		A1	·			·							
	•••						sults	Alcohol 2	est	Туре	Resuits	Drug	7 Test	Туре	Resul	lts			
Driver Cond	Direction	on Of Tra	vel	Vision Obscured		ntributing 11	Factors	Driver C	ond Di	irection (Vision Obscured	d 1		outing Fa	ctors			
	Veh Maneuver Ped. Maneuver							Veh Cond Veh Man				Ped. Man	·						
1 Most Harmful	Event	<u>5</u>	Vob	Class: 1	<u>-</u>			***			44 1	<u> </u>	9	_	=				
Traffic Ctrl		7		ce Inoperative?	□ Ye	Type:	2 No	Most Ha				Class:	ative?	Veh Typ □ Yes	e: Ø No	_			
Injured Taken	To AT	HENS	REG	ONAL MEDICAL	CEN	TFR		Bv: NA	TION	AL EMS	<u> </u>				E 110				
EMS Notified 1	Time	EMS	Arriv	al Time Hosp		vai Time			otos Ta		Yes [□ No	By:						
03:0 Report By:	18		0	3:12		3:25							SCHULTZ						
(5702) SCHULTE ATHENS-CLARKE COUNTY POLICE									ort Date 02-16-	1	Checked By 156) ECK			D	ite Checi -02-16				
Witness(es): N EDWARDS,		LEE		Add	0.00			City.		24-1									
SAUCEDO,																			
SAUCEDO.	_															-			
DOT MICROFIL	LM NUN	IBER (D	TON C	WRITE IN THIS SEA	JE,											_			
		-				COMM	ERCIAL V	EHICI ES	ONLY	-	_								
Commercial Vi								Carrier Name											
Vehicle # 1 Address City State					State	Zip		Vehicle #	2										
		- i				Zip		Address				City	St	ate	Zip				
No. of Axles		G.V.W.F	ι.	Fed. Reportable 1□ Yes 2□ No	,]	Cargo B	ody Type	No. of	Axles	G.	V.W.R.		leportable es 2 No	Ca	rgo Body	Type			
Vehicle Config. I.C.C.M.C		C.C.M.C.	M.C. # U.S. D.O.T. #		_	Intersta	ite 🗆	Vehicle C	onfig.	1.0.0	C.M.C. #		S. D.O.T. #	Interstate 🗆					
Intrastate 🗆										<u> </u>			trastate						
C.D.L.? 1 Yes 2 No C.D.L. Suspended? 1 Yes 2 No Vehicle Placarded? 1 Yes 2 No Hazardeus Materials? 1 Yes 2 No											es 2 🗆 No		C.D.L. Suspend						
Vehicle Piscarded? 1 Yes 2 No Hazardous Materials? 1 Yes 2 No Released? 1 Yes 2 No										es 2 No		zardous Materi	ais? 1	Yes 2□	3 No				
If YES, Name or 4 Digit Number from Diamond or Box:											es 20 No								
1 Digit Number from Bottom of Diamond:								153, N3			er from Dian om Bottom o								
												•							
Ran Off RoadDown Hill RunawayCargo Loss or ShiftSeparation of Units DOT-623 (12/03) fifAll YO: Georgia Department of Transportations								Ran Off	Road	Down	Hill Runawa	yCarg	o Loss or Shift	Sep	aration of	Units			

REMARKS:															
V-1 WAS EAST BOUND ON OAK ST BETWEEN CARR ST AND OCONEE ST. P-1 WAS WALKING EAST BOUND IN															
THE GRASS JUST OFF THE ROADWAY IN FRONT OF 410 OAK ST. V-1 LEFT THE ROADWAY AND WENT UP															
INTO THE GRASS AND THEN BACK INTO THE ROAD AND STRUCK P-1 AS IT WAS COMING BACK INTO THE															
ROAD. V-1 LEFT THE SCENE BUT WAS LOCATED A SHORT TIME LATER. P-1 WAS TRANSPORTED TO ARMC															
WITH SERIOUS HEAD TRAMA. D-1 HAS NOT YET BEEN LOCATED.															
ADDITIONAL WITNESS: VARGAS, JORGE SANCHEZ															
	······································														
INDICATE ON THIS DIAGRAM WHAT HAPPENED															
NOT TO SCALE		ACL	AND PARKING I	Y REC PAY											
CITATIONS - VEHICLE # 1		CITATIONS - VEHICLE #2_													
First Harmful Traffic-Way	Weather	Surface C	ond, Light Cond.		Manner of	Location a	i I	Road	Ro	ad Def. R	load Chara	cter i	Construction	/ Maintenas	ise Zone
Event Flow	1				Collision	Area Of Im		Comp.		1					
6 1 1	1 1		5		6	3		2		1	1			0	
Number of Occupants	VEH. # 1		H.#2	SKII DISTA	ALTED AMELIA A.S. A.										
					RE	VEH.	Н.			VEH.					
Point Of Initial Contact 12 IMP Damage To Vehicles 03					ст _	T 48.0								48.00	
<u>.</u>			Owner:			VEN.	Τ-	ΨĪ	-	VEN.	TAKEN				
Damage Other Than Vehicle:		A G E	S E X	Ě H #	P O S	INJURY	FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG				
Occuments (Blat hatered)															
Occupants (list below):	6745			u u	,, l	v	2	1	VVV	VVVVV	2				
LAST NAME FIR		ADDRESS	CITY	STAT	E ZIP	X	X	X	<u> </u>	XXXXX	XXXXX	XXXX	XXXXX	XXXXX	XXXX
						\dashv	\top	\vdash							
							1	\vdash	_					-	
								\square							
							\vdash	$\vdash \vdash$		ļ		<u> </u>	<u> </u>		
						1.	1	, ,				l _	l	l	