

Agency Case Number C000745669-01		Agency NCIC Number GAGSP0000		<b>GEORGIA MOTOR VEHICLE CRASH REPORT</b>				County FULTON		Date Rec. by GDOT	
Estimated Crash Date: 01/22/21 Time: 20:52		Dispatch Date: 01/22/21 Time: 20:53		Arrival Date: 01/22/21 Time: 21:21		Total Number of Vehicles: 2 Injuries: 2 Fatalities: 0			Inside City Of COLLEGE PARK		
Road of Occurrence GA 279						At Its Intersection With GODBY ROAD					
Not At Its Intersection But _____						Of _____					
Latitude (Y) 33.6154103778771 (Format) 00.00000						Longitude (X) -84.4727252740394 (Format) -00.00000					
Unit # 1		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME FIRST MIDDLE WILLIAMS JEFONNE PATRICE		Unit # 2		<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME FIRST MIDDLE SCOTT LEROY GEORGE	
<input checked="" type="checkbox"/> Susp At Fault		3717 COLLEGE ST				<input type="checkbox"/> Susp At Fault		2780 LANTERN LN			
City ATLANTA		State GA		Zip 30337		DOB /1988		City ATLANTA		State GA	
Driver's License No. 058963485		Class C		State GA		Country UNITED STATES		Driver's License No. 060250919		Class C	
Insurance Co. LM INSURANCE		Policy No. AS5-Z51-292230-019		Telephone No. _____		Insurance Co. GEICO		Policy No. 4407232745		Telephone No. _____	
Year 2019		Make FORD		Model TAURUS		Year 2006		Make FORD		Model F150	
VIN 1FAHP2MK3KG115245		Vehicle Color WHI		VIN 1FTPX12V96NB17001		Vehicle Color BLA					
Tag # GV0565N		State GA		County FULTON		Year 2021		Tag # QBN8787		State GA	
Trailer Tag # _____		State _____		County _____		Year _____		Trailer Tag # _____		State _____	
<input type="checkbox"/> Same as Driver		Owner's Last Name First Middle CITY OF COLLEGE PAF		<input type="checkbox"/> Same as Driver		Owner's Last Name First Middle SCOTT PEARL AVERLYN					
Address 3667 MAIN ST		City COLLEGE PARK		State GA		Zip 30337-2614		Address 2780 LANTERN LN		City COLLEGE PARK	
Removed By: MOODY'S WRECKER		<input checked="" type="checkbox"/> Request <input type="checkbox"/> List		Removed By: MOODY'S WRECKER		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List					
Alco Test: 2		Type: _____		Results: _____		Drug Test: 2		Type: _____		Results: _____	
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1	
Operator Contributing Factors: 4		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Operator Contributing Factors: 1		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1	
Direction of Travel: 2		Vehicle Maneuver: 1		Non-Motor Maneuver: _____		Direction of Travel: 1		Vehicle Maneuver: 5		Non-Motor Maneuver: _____	
Vehicle Class: 2		Vehicle Type: 1		Vision Obscured: 1		Vehicle Class: 1		Vehicle Type: 2		Vision Obscured: 1	
Number of Occupants: 1		Area of Initial Contact: 1		Damage to Veh: 4		Number of Occupants: 1		Area of Initial Contact: 12		Damage to Veh: 4	
Traffic-Way Flow: 5		Road Comp: 2		Road Character: 2		Traffic-Way Flow: 5		Road Comp: 2		Road Character: 2	
Number of Lanes: 4		Posted Speed: 45		Work Zone: 0		Number of Lanes: 4		Posted Speed: 45		Work Zone: 0	
Traffic Control: 1		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: 1		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Citation Information:		Citation # _____ O.C.G.A. § _____		Citation # _____ O.C.G.A. § _____		Citation # _____ O.C.G.A. § _____		Citation # _____ O.C.G.A. § _____		Citation # _____ O.C.G.A. § _____	
<b>COMMERCIAL MOTOR VEHICLES ONLY</b>						<b>COMMERCIAL MOTOR VEHICLES ONLY</b>					
Carrier Name:		City		State		Zip		Carrier Name:		City	
Address		City		State		Zip		Address		City	
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #		No. of Axles		G.V.W.R.	
Cargo Body Type Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		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		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <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	
Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES: Name or four Digit Number from Diamond or Box: _____ One Digit Number from Bottom of Diamond: _____		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES: Name or four Digit Number from Diamond or Box: _____ One Digit Number from Bottom of 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		<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway	

**COLLISION FIELDS**

<b>Manner of Collision:</b>	1	<b>Location at Area of Impact:</b>	1	<b>Weather:</b>	1	<b>Surface Condition:</b>	1	<b>Light Condition:</b>	5
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**NARRATIVE**

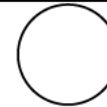
Vehicle #1 was turning left southbound in the center turn lane on GA 279. Vehicle #2 was traveling northbound in lane #2 on GA 279. Driver #1 failed to exercise due regard/failed to yield as she turned left and was struck on the right front fender area by vehicle #2, with the front left bumper area. The area of impact was in the northbound #2 lane of GA 279 and was determined by debris, driver and witness statements.

The witness stated he was stopped northbound in lane #1 on GA 279, due to traffic. The witness also stated he was directly beside vehicle #2, at impact. The witness then stated he noticed vehicle #1 southbound in the turning lane attempting to turn left. The witness further stated he observed vehicle #1's emergency blue lights flashing as it was turning. The witness advised he did not hear a siren. The witness continued advising that he flashed his headlights at driver #1, attempting to signal to her to go in front of him. The witness then stated he looked to his right and didn't see anything and all of a sudden, he noticed vehicle #2 traveling northbound in lane #2 and the impact occurred.

This cash investigation was digitally recorded.

**DIAGRAM**

INDICATE NORTH



**PROPERTY DAMAGE INFORMATION**

<b>Damage Other Than Vehicle</b>	<b>Owner</b>
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**WITNESS INFORMATION**

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
BELCHER, ANTHONY	TENTH STREET NM #1400	ATLANTA	GA	30309	

**OCCUPANT INFORMATION**

1	Name (Last, First): WILLIAMS, JEFONNE					Address: 3717 COLLEGE ST ATLANTA, GA 30337				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	32	F	1	1	3	1	2	2	4	2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
2	Name (Last, First): SCOTT, LEROY					Address: 2780 LANTERN LN ATLANTA, GA 30349-3860				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	67	M	2	1	3	1	2	2	4	2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	

**ADMINISTRATIVE**

<b>Photos Taken:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>By:</b>	<i>Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404)635-2963.</i>
<b>Report By:</b>	<b>Agency:</b>	<b>Report Date:</b>	<b>Checked By:</b>	<b>Date Checked:</b>
CAMPBELL, M #0462	GSPC\POST 47	01/22/21	FORREST, A. S. #0936	01/23/21

