

Agency Case Number C000759314-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County MILLER		Date Rec. by GDOT	
Estimated Crash Date: 04/26/21 Time: 16:29		Dispatch Date: 04/26/21 Time: 16:39		Arrival Date: 04/26/21 Time: 16:58		Total Number of Vehicles: 2 Injuries: 0 Fatalities: 1		Inside City Of			
Road of Occurrence GA 1 / US 27						At Its Intersection With 4TH STREET					
Not At Its Intersection But _____						Of _____					
Latitude (Y) 31.1679730429786 (Format) 00.00000						Longitude (X) -84.725417644442 (Format) -00.00000					
Unit # 1		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME FIRST MIDDLE		Unit # 2		<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME FIRST MIDDLE	
Address		Address		Address		Address		Address		Address	
<input checked="" type="checkbox"/> Susp At Fault						<input type="checkbox"/> Susp At Fault				7006 BEAVER CREEK RD	
City COLQUITT		State GA		Zip 39837-3805		DOB /1963		City ALPHARETTA		State GA	
Driver's License No.		Class C		State GA		Country UNITED STATES		Driver's License No.		Class E	
Insurance Co. NO INSURANCE		Policy No. NO INSURANCE		Telephone No.		Insurance Co. STATE FARM		Policy No. 1129885377		Telephone No.	
Year UNK		Make ATLAS		SCOOTER		Year 2017		Make FORD		FUSION	
VIN NO VIN		Vehicle Color BLU		VIN		Vehicle Color WHI		Tag # CLJ7853		State GA	
Tag # NO TAG		State		County		Year 2021		County FULTON		Year 2021	
Trailer Tag #		State		County		Year		Trailer Tag #		State	
<input checked="" type="checkbox"/> Same as Driver		Last Name				<input type="checkbox"/> Same as Driver		Last Name			
Address		Address		Address		Address		Address		Address	
City COLQUITT		State GA		Zip 39837		City ALPHARETTA		State GA		Zip 30022-8322	
Removed By:		<input type="checkbox"/> Request <input type="checkbox"/> List		Removed By:		HALLS 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: 2		First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1	
Operator Contributing Factors: 4		1		1		Operator Contributing Factors: 1		1		1	
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Direction of Travel: 4		Vehicle Maneuver: 5	
Direction of Travel: 4		Vehicle Maneuver: 5		Non-Motor Maneuver:		Direction of Travel: 1		Vehicle Maneuver: 5		Non-Motor Maneuver:	
Vehicle Class: 1		Vehicle Type: 22		Vision Obscured: 1		Vehicle Class: 1		Vehicle Type: 1		Vision Obscured: 1	
Number of Occupants: 1		Area of Initial Contact: 8		Damage to Veh: 4		Number of Occupants: 1		Area of Initial Contact: 12		Damage to Veh: 4	
Traffic-Way Flow: 1		Road Comp: 2		Road Character: 1		Traffic-Way Flow: 1		Road Comp: 2		Road Character: 1	
Number of Lanes: 5		Posted Speed: 35		Work Zone: 0		Number of Lanes: 5		Posted Speed: 35		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 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. §		Citation #		O.C.G.A. §	
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COMMERCIAL MOTOR VEHICLES ONLY						COMMERCIAL MOTOR VEHICLES ONLY					
Carrier Name:						Carrier Name:					
Address City State Zip						Address City State Zip					
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: _____		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 <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units					

COLLISION FIELDS

Manner of Collision:	1	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	1
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NARRATIVE

The driver of Vehicle #1 (motorized scooter) was exiting the parking lot of the Circle K convenient store attempting to cross the North bound lanes of Ga 1. Vehicle #2 was traveling North on Ga 1 in the left lane. Vehicle #1, traveled into the path of Vehicle #2. Vehicle #2 struck Vehicle #1 in the left side with the left front of Vehicle #2. After impact, the driver of Vehicle #1 was ejected and came to final rest in the Southbound lanes of Ga 1 face down facing West. Vehicle #2 came to a controlled final rest on the East shoulder of Ga 1 facing North.

This scene was recorded on Watchguard 952-4re

DIAGRAM



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle	Owner
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WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
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OCCUPANT INFORMATION

1	Name (Last, First): GLASS, ROGER					Address: 309 BETHEL ST COLQUITT, GA 39837-3805				
	Age: 57	Sex: M	Unit # 1	Position: 2	Safety Eq: 0	Ejected: 3	Extricated: 2	Air Bag: 0	Injury: 1	Taken for Treatment: 1
	Injury Taken To: MILLER COUNTY HOSPITAL		By: MILLER COUNTY EMS		EMS Notified Time: 16:30		EMS Arrival Time: 16:35		Hospital Arrival Time: 17:10	
2	Name (Last, First): CASSANO, MIRA					Address: 7006 BEAVER CREEK RD ALPHARETTA, GA 30022				
	Age: 22	Sex: F	Unit # 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	

ADMINISTRATIVE

Photos Taken:	<input type="checkbox"/> Yes	By:	<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>		
	<input checked="" type="checkbox"/> No		Report By: MARCHANT, MARCUS #0952	Agency: GSPG\POST 14	Report Date: 04/26/21
			Checked By: SWANNER, J #0777		Date Checked: 05/03/21

