To: U. S. Dept of Transportation
NHTSA
National Highway Transportation Safety Administration
Office of Defects Investigation
NSA-10.01, 400 7th Street SW
Washington, DC
20590

evoq
Odd 6
10130818

2005 DEC 12 AM 9:23

[redacted]
La Grange GA.

Margaret
12/15/05

Accident Number: 02 - 631 - 05 | Agency NCIC No.: GAGSP0200 | DPS 8234 (1/2004) GEORGIA MOTOR VEHICLE ACCIDENT REPORT | County: TROUP | Date Received | Page 1 Of 2

Date: 07/17/2005 | Day Of Week: Su M T W Th F S | Time: 1012 | Off. Arrived: 1041 | Total Number Of: Vehicles 2, Injuries 0, Fatalities 0 | Inside City Of

Road Of Occurrence: Overbrook Drive | At Its Intersection With: Ga. 14

Not At Its Intersection But: ____ Miles/Feet 1 North 2 South 3 East 4 West Of

And Continuing In the Direction Checked Above

The Next Reference Point Is

Corrected Report: Yes ☐

Suppl. To Original: Yes ☐

Hit and Run? Yes ☐

Driver 1

Driver #: 1 | Ped. ☐ | Last Name: [redacted] | First | Middle

City: LaGrange, Ga. [redacted] | State | Zip

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

Posted Speed: 50 | Insurance Co. | Policy No.: [redacted]

Year: 05 | Make: Honda | Model: Accord | Telephone No.: [redacted]

VIN: JHMLN36485C [redacted] | Vehicle Color: Gold

Tag #: [redacted] | State: Ga | County: TROUP | Year: 06

Trailer Tag # | State | County | Year

☑ Same as Driver | Owner's Last Name | First | Middle

Address: [redacted]

City: LaGrange, Ga. [redacted] | State | Zip

Removed By: Moore's | ☐ Request ☑ List

Alcohol Test: 2	Type	Results	Drug Test: 2	Type	Results

Driver Condition: 1	Direction of Travel: 2	Vision Obscured: 1	Contributing Factors: 1 ___
Vehicle Condition: 1	Vehicle Maneuver: 5	Pedestrian Maneuver: ___	___ ___

Most Harmful Event: 11 | Vehicle Class: 1 | Vehicle Type: 1

Traffic Control: 7 | Device Inoperative? ☐ Yes ☑ No

Driver 2

Driver #: 2 | Ped. ☐ | Last Name: [redacted] | First | Middle

City: LaGrange, Ga. [redacted] | State | Zip | DOB

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

Posted Speed: 50 | Insurance Co. | Policy No.: [redacted]

Year: 2000 | Make: Volkswagen | Model: Beetle | Telephone No.: [redacted]

VIN: 3VWCA21C8YM [redacted] | Vehicle Color: Blue

Tag #: [redacted] | State: Ga | County: TROUP | Year: 06

Trailer Tag # | State | County | Year

☐ Same as Driver | Owner's Last Name | First | Middle

Address: [redacted]

City | State | Zip

Removed By: Alexander Wrecker Service | ☐ Request ☑ List

Alcohol Test: 2	Type	Results	Drug Test: 2	Type	Results

Driver Condition: 1	Direction of Travel: 3	Vision Obscured: 1	Contributing Factors: 4 ___
Vehicle Condition: 1	Vehicle Maneuver: 1	Pedestrian Maneuver: ___	___ ___

Most Harmful Event: 11 | Vehicle Class: 1 | Vehicle Type: 1

Traffic Control: 5 | Device Inoperative? ☐ Yes ☑ No

Injured Taken To | By

EMS Notified Time | EMS Arrival Time | Hospital Arrival Time | Photos Taken ☐ Yes ☑ No By:

Report By: STPR H.L. DYAL #340 | Department: GSP Lagrange | Report Date | Checked By: [signature] #998 | Date Checked: 7-18-05

Witness(es) Name | Address | City | Zip Code | Telephone No.

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

Carrier — Vehicle 1

Carrier Name / Vehicle #

Address

City | State | Zip

Number Of Axles	G.V.W.R.	Fed. Reportable 1 ☐ Yes ☐ 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 ___ Cargo Loss Or Shift ___ Separation Of Units

Carrier — Vehicle 2

Carrier Name / Vehicle #

Address

City | State | Zip

Number Of Axles	G.V.W.R.	Fed. Reportable 1 ☐ Yes ☐ 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 ___ Cargo Loss Or Shift ___ Separation Of Units

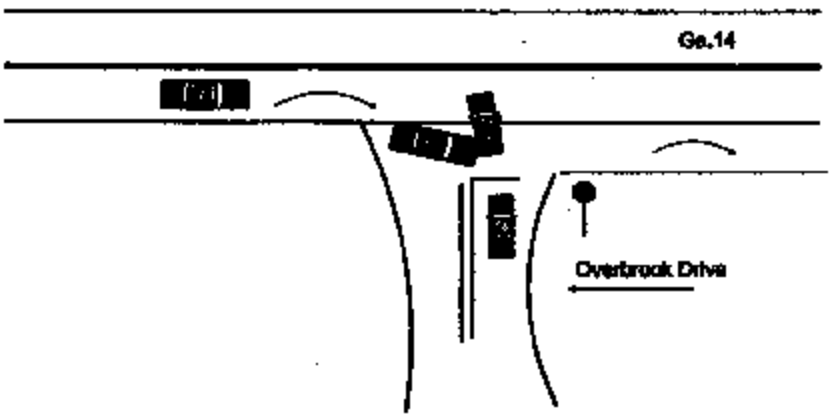
REMARKS Accident Number 02 - 631 - 05 Date 07/17/2005 Time 1012 PAGE 2 OF 2

Vehicle #1 was traveling south on Ga.14. Vehicle #2 was traveling east on Overbrook Drive. Vehicle #2 stopped at the intersection,but failed to yield while attempting to make a left turn onto Ga.14, and was struck by vehicle #1.

INDICATE ON THIS DIAGRAM WHAT HAPPENED Reported By: STPR H.L. DYAL #340

N

NOT TO SCALE



Accident Investigation Site ?	Citations - Vehicle # 1	Citations - Vehicle # 2
☐ Yes ☑ No	None	Failure to yield 40-6-70
Site Number		

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Arr Of Impact	Road Comp.	Road Defects	Road Character	Construction Maint. Zone
11	2	1	1	1	1	1	2	1	5	0

	VEH # 1	VEH # 2
Number of Occupants	1	1
Point Of Initial Contact	12	8
Damage To Vehicles	3	3

SKID DISTANCE BEFORE IMPACT -0- VEH # 1 -0- VEH # 2 AFTER -0- VEH # 1 -0- VEH # 2 Width Of Road 24'

Damage Other Than Vehicle	Owner	AGE	SEX	VEH NO	POS	INJURY	TAKEN FOR TREAT	EJEC	SAFETY EQUIP	EXTRI	AIR BAG
Occupants	Driver # 1 Or Pedestrian #	48				0	2	1	3	2	2
	Driver # 2 Or Pedestrian #	18				0	2	1	3	2	2

Last Name	First	Address	City	State	Zip