

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

Howell, Rosa (NHTSA)

From: Clarence Ditlow <cmdiii@autosafety.org>
Sent: Tuesday, April 03, 2012 11:26 AM
To: Yon, Scott (NHTSA); Hershman, Larry (NHTSA); Borris, Frank (NHTSA)
Cc: Michael Brooks
Subject: 1999 Jeep Cherokee Fire Crash - 4 Year Old in Child Seat
Attachments: 2012-03-06 Accident Report.pdf

Classic rear end impact into stopped vehicle. Note no other occupants had incapacitating injuries. PAR marked child as entrapped which likely means doors jammed. Do not know if vehicle is still available for examination. PAR states Fire/Explosion MHE. Please include in PE10-031.

Clarence Ditlow
Executive Director
Center for Auto Safety
1825 Connecticut Avenue NW Ste 330
Washington DC 20009-5725



STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
 Georgia Department of Public Safety
 P.O. Box 145E
 Atlanta, Georgia 30371-1456

Crash Number C000078901-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000078901	Reporting Agency CAD Number GSPG12CAD008592
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CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash BAINBRIDGE	<input checked="" type="checkbox"/> City Limits	Crash Date/Time 03/08/2012 03:45 PM	Reported Date/Time 03/08/2012 03:52 PM	Dispatched Date/Time 03/08/2012 03:53 PM
On Scene Date/Time 03/08/2012 04:39 PM	Cleared Scene Date/Time 03/08/2012 07:45 PM	Complete Date/Time	Reason (if investigation Not Complete) PENDING SCRT INV	Source of Information LAW ENFORCEMENT AGENCY	

ROADWAY INFORMATION

Roadway Description for Location of Occurrence OLD QUINCY HWY	Distance to City or Place of Crash	Latitude N 30 53 28.25	Longitude W 84 35 23.48
Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time	
Part of National Highway System NO	Roadway Functional Class Type RURAL	Roadway Functional Class Detail LOCAL	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bkwy Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersector NO CONTROL	Mainline Number of Lanes at Intersection TWO LANES	Side Road Number of Lanes at Intersection TWO LANES	

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input checked="" type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type COLLISION NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT									
Total Counts	Vehicles 2	CMV 0	Motorists 3	Non-Motorists 0	Injured 2	Fatalities 1	Witnesses 2	Other Persons 0	Businesses 0	Violations 0
First Harmful Event's Relation to Junction NON-JUNCTION	Is First Harmful Event within interchange Area NO		Type of Intersection T-INTERSECTION							
Contributing Circumstances: Environment NONE			Contributing Circumstances: Environment NONE			Contributing Circumstances: Environment NONE				
Contributing Circumstances: Road NONE			Contributing Circumstances: Road NONE			Contributing Circumstances: Road NONE				
School Bus Related NO	Work Zone Related NO		Crash Location in Work Zone							

VEHICLE V01

V01 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number	Registration Expires 09/23/2012	<input type="checkbox"/> Permanent Registration	VIN 1B7GL23Y2VS
Year 1997	Make ODGE	Model DAKOTA DAKOTA	Style TK	Color BLK	Body Type Category PICKUP
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix	Owner Business (if not Person)	
Address Other			City BAINBRIDGE	State GA	Zip Code
Owner Phone Number	Owner Phone Number (other)	Insurance Company THE GENERAL AUTO INS SVCS GA			

Vehicle Removal TOWED DUE TO DISABLING DAMAGE	Vehicle Towed By MYERS	Wrecker Selection Method ROTATION			
Direction of Travel Before Crash NORTHBOUND	Speed: Estimated 55 Posted	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY NOT DIVIDED	Traffic Control Device Type NO CONTROLS		Working Property		

Roadway Description for Vehicle Travel OLD QUINCY HIGHWAY @ HUBERT DOLLAR	Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) DISABLING DAMAGE
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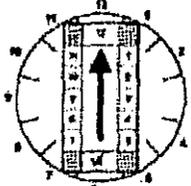
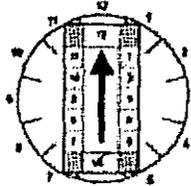
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
2nd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT	2nd Sequence of Events Detail (this vehicle) TREE (STANDING)
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events Detail (this vehicle)
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events Detail (this vehicle)
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT

Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown	Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown

Occupant Type DRIVER	Person Name (First Middle Last Suffix) BRYAN LAMAR HARRELL	Injury Status NON FATAL INJURY
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VEHICLE V02

V02 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number	Registration Expires 07/17/2012	<input type="checkbox"/> Permanent Registration	VIN 1J4GW58S2XC831075
Year 1999	Make JEEP	Model GRAND CHEROKEE	Style MP	Color GLD	Body Type Category (SPORT) UTILITY VEHICLE
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		

Crash Number C00078901-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY			Reporting Agency Case Number C00078901		Reporting Agency CAD Number GSPG12CAD008592	
Owner First Name		Owner Middle Name		Owner Last Name		Owner Suffix	Owner Business (if not Person)	
Address Other		City BAINBRIDGE		State GA		Zip Code		
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE		Insurance Policy Number UNK		
Vehicle Removal TOWED TO DISABLING DAMAGE				Vehicle Towed By MYERS		Wrecker Selection Method ROTATION		
Direction of Travel Before Crash NORTHBOUND		Estimated Speed 55		Roadway Type UNDIVIDED HIGHWAY		Total Lanes 2		
Roadway Description TWO-WAY NOT DIVIDED				Roadway Horizontal Alignment STRAIGHT		Roadway Grade LEVEL		
Trafficway Description TWO-WAY NOT DIVIDED				Traffic Control Device Type NO CONTROLS		Working Property		
Roadway Description for Vehicle Travel OLD QUINCY HWY @ HUBERT DOLLAR DR				Vehicle Maneuver Action (by this vehicle) TURNING LEFT		Damage Extent (for this vehicle) DISABLING DAMAGE		
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT		2nd Sequence of Events Type (this vehicle) NON-COLLISION		2nd Sequence of Events Detail (this vehicle) FIRE/EXPLOSION		
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)		4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)		
Most Harmful Event Type (this vehicle) NON-COLLISION		Most Harmful Event Detail (this vehicle) FIRE/EXPLOSION		Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE		
Area of Initial Impact				Most Damaged Area				
<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				
Occupant Type DRIVER		Person Name (First Middle Last Suffix) EMILY CATHERINE NEWSOME				Injury Status NON FATAL INJURY		
PASSENGER		REMINGTON COLE WALDON				FATAL INJURY (K)		

DRIVER V01										
Person Type DRIVER		NM#	Vehicle# V01	Person Type Detail						
Address Other		City BAINBRIDGE		State GA		Zip Code		Suffix	Date of Birth	
Age 26		Sex M	Phone Number		Phone Number (other)		Condition at Time of Crash UNKNOWN			
Driver License Number		Class C	Expires 09/23/2014	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE		
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE				
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED			Driver Actions at Time of Crash 1 (based on judgement of investigation officer); OPERATED MOTOR VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 2 (based on judgement of investigation officer); NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 3 (based on judgement of investigation officer); NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 4 (based on judgement of investigation officer); NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown			
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use						
Air Bag Deployed DEPLOYED-FRONT				Ejection NOT EJECTED						
Trapped Extrication NOT TRAPPED				Injury Severity Level Type NON FATAL INJURY						
Injury Severity Level Detail NON-INCAPACITATING (B)				Primary or Most Obvious of Body Area Injured During Crash LOWER EXTREMITY						
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To				
Law Enforcement Suspected Alcohol Use UNKNOWN		Alcohol Test Type BLOOD		Alcohol Testec TEST GIVEN		Alcohol Test Result PENDING		BAC		
Law Enforcement Suspected Drug Use UNKNOWN		Drug Test Type BLOOD		Drug Testec TEST GIVEN		Drug Test Result PENDING				

DRIVER V02									
Person Type DRIVER		NM#	Vehicle# V02	Person Type Detail					
Address Other		City BAINBRIDGE		State GA		Zip Code 39819		Suffix	Date of Birth
Age 20		Sex F	Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		
Driver License Number		Class D	Expires 11/02/2012	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE	
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer); NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer); NO CONTRIBUTING ACTION					

Crash Number C000078901-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000078901		Reporting Agency CAD Number GSPG12CAD008592	
Driver Actions at Time of Crash 3 (based on judgement of investigation officer); NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer); NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed DEPLOYMENT UNKNOWN				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UNSPECIFIED			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR EMS		EMS Run Number 0661		Medical Facility Transported To BAINBRIDGE ER	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Testec TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Testec TEST NOT GIVEN		Drug Test Result	

PASSENGER V02									
Person Type PASSENGER		NM#	Vehicle# V02	Person Type Detail					
First Name		Middle Name		Last Name		Suffix	Date of Birth	Age	Sex
								4	M
				City BAINBRIDGE		State GA	Zip Code		
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Motor Vehicle Seating Position: Row SECOND		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other		<input checked="" type="checkbox"/> Seating Position Unknown			
Restraint Systems BOOSTER SEAT				Helmet Use					
Air Bag Deployed NOT APPLICABLE				Ejection NOT EJECTED					
Trapped Extrication TRAPPED									
Injury Severity Level Type FATAL INJURY (K)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash UNSPECIFIED					
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID		EMS Run Number UNK		Medical Facility Transported To DECATUR MORGUE			

WITNESS									
Person Type WITNESS		NM#	Vehicle#	Person Type Detail					
First Name		Middle Name		Last Name		Suffix	Date of Birth	Age	Sex
		Address Other		City BAINBRIDGE		State GA	Zip Code		
Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL							

WITNESS									
Person Type WITNESS		NM#	Vehicle#	Person Type Detail					
First Name		Middle Name		Last Name		Suffix	Date of Birth	Age	Sex
		Address Other		City BAINBRIDGE		State GA	Zip Code		
Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL							

NON VEHICLE PROPERTY DAMAGE							
Description of Damaged Property CITY OF BAINBRIDGE ROAD SIGN						Estimated Damage	
Property Linked to Person / Business							

NARRATIVE: C000078901

Vehicle 1 was traveling north on Old Quincy Hwy. Vehicle 2 was attempting to make a left turn onto Hubert Dollar Drive from Old Quincy Hwy. As vehicle 2 was making left turn on Hubert Dollar Drive, vehicle 1 struck vehicle 2 in the rear. Vehicle 1 ran off the right side of road into the east ditch of Old Quincy Hwy striking a tree. Vehicle 2 spun to a uncontrolled stop into the west ditch of Old Quincy Hwy.
 Note: Further investigation being conducted by SCRT Team 5.

REPORTING OFFICER				APPROVING OFFICER (SUPERVISOR)			
Reporting Officer Name LANDRUM JR, W.R.		Signature 		Approving Officer Name GOBBY, C		Signature 	
ID Number 0306	Rank TFC2			ID Number 0372	Rank SFC		
Org / Unit G-14				Org / Unit G-14			

Crash Number
C000078901-01

Reporting Agency
GEORGIA DEPARTMENT OF PUBLIC SAFETY

Reporting Agency Case Number
C000078901

Reporting Agency CAD Number
GSPG12CAD008592

DIAGRAM OF ACCIDENT

