

EA12-005

CHRYSLER

12-13-2012

Enclosure 3 – Public

Subject Vehicles

Lawsuits and Claims

Jeep Grand Cherokee (ZJ, WJ)

A		MM DD YYYY		12-0003819		000		Delete Change No Activity		NFIRS -1 Basic					
FDID 04302		State GA		Incident Date 03 06 2012		Station 1		Incident Number		Exposure					
<input type="checkbox"/> Check this box to Indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.															
B Location*															
<input type="checkbox"/> Street address <input checked="" type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions															
Hubert Dollar Drive Number/Milepost Prefix Street or Highway BAINBRIDGE Apt./Suite/Room City State GA Zip Code Highway 97 Connector Cross street or directions, as applicable															
C Incident Type *				E1 Date & Times				E2 Shift & Alarms							
131 Passenger vehicle fire Incident Type				Check boxes if dates are the same as Alarm Date. Alarm * 03 06 2012 15:45:36 Month Day Year Hr Min Sec ALARM always required ARRIVAL required, unless canceled or did not arrive X Arrival * 03 06 2012 15:48:24 CONTROLLED Optional, Except for wildland fires X Controlled 03 06 2012 15:58:11 LAST UNIT CLEARED, required except for wildland fires X Last Unit X Cleared 03 06 2012 22:49:32				Local Option 2 01 CITY Shift or Alarms District Platoon							
D Aid Given or Received*								E3 Special Studies							
1 X Mutual aid received 2 Automatic aid recv. 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None				04301 GA Their FDID Their State Their Incident Number				Local Option Special Study ID# Special Study Value							
F Actions Taken *				G1 Resources *				G2 Estimated Dollar Losses & Values							
11 Extinguishment by fire Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)				X Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0008 0016 EMS Other 0002 X Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 025,000 Contents \$ 001,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000							
Completed Modules				H1* Casualties				H3 Hazardous Materials Release				I Mixed Use Property			
X Fire-2 Structure-3 X Civil Fire Cas.-4 Fire Serv. Cas.-5 EMS-6 HazMat-7 Wildland Fire-8 X Apparatus-9 X Personnel-10 Arson-11				Deaths Injuries Fire Service Civilian 001 001 H2 Detector Required for Confined Fires. 1 Detector alerted occupants 2 Detector did not alert them U Unknown				N X None 1 Natural Gas: slow leak, no evacuation or HazMat actions 2 Propane gas: <21 lb. tank (as in home BBQ grill) 3 Gasoline: vehicle fuel tank or portable container 4 Kerosene: fuel burning equipment or portable storage 5 Diesel fuel/fuel oil: vehicle fuel tank or portable 6 Household solvents: home/office spill, cleanup only 7 Motor oil: from engine or portable container 8 Paint: from paint cans totaling < 55 gallons 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				NN X Not Mixed 10 Assembly use 20 Education use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Bus. & Residential 59 Office use 60 Industrial use 63 Military use 65 Farm use 00 Other mixed use			
J Property Use*				Structures				Outside							
131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school or kindergarten 215 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital				341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 419 1-or 2-family dwelling 429 Multi-family dwelling 439 Rooming/boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/barracks 519 Food and beverage sales				936 Vacant lot 938 Graded/care for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 961 X Highway/divided highway 962 Residential street/driveway				539 Household goods, sales, repairs 579 Motor vehicle/boat sales/repair 571 Gas or service station 599 Business office 615 Electric generating plant 629 Laboratory/science lab 700 Manufacturing plant 819 Livestock/poultry storage (barn) 882 Non-residential parking garage 891 Warehouse 981 Construction site 984 Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 961 Highway or divided highway			

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

BAINBRIDGE

City

GA

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner☐

Same as person involved? Then check this box and skip the rest of this section.

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

BAINBRIDGE

City

GA

State

Zip Code

L Remarks

Local Option

On 03-06-2012 at 15:45 hours, Bainbridge Public Safety Department was dispatched to Hubert Dollar Drive and the Highway 97 Connector in reference to a vehicle accident with injuries. Prior to arrival, dispatch advised one vehicle was on fire. Upon arrival of Georgia State Patrol 254 at 15:48 hours Brian Palmer advised the vehicle was fully involved with an entrapment. First arriving Public Safety units also arrived at 15:48 hours and advised of explosions from the vehicle. Engine 215 arrived on scene at 15:54 hours. Deputy Fire Chief Doyle Welch, Officer Jason Barlow and Officer Tim McCain used a 1 1/2" pre-connect line to attack the fire from the driver side of the vehicle. Captain Ryan Wimberley and Officer Pat Bryant used a 1 1/2" pre-connect line to attack the front of the vehicle. Decatur County Fire and Rescue was requested by Deputy Fire Chief Doyle Welch at 15:54 hours for Mutual Aid. Officer Shannon Dunaway transferred command to Director Miller at 15:56 hours and advised the fire was extinguished at 15:58 hours. Command requested the Coroner at 16:01 hours. The scene was secured by officers and units remained on scene until the Georgia State Patrol Crash Reconstruction Team arrived. After the investigation of the scene, Decatur County E.M.S was called back to the scene to take the victim to the county morgue at 18:03 hours. Command was terminated at 22:49 hours and all units became available.

L Authorization

158

Officer in charge ID

Miller, Eric

Signature

DI

Position or rank

Assignment

03

Month

08

Day

2012

Year

Check Box if same as Officer in charge.

159

Member making report ID

Dunaway, Ray Shannon

Signature

PSO

Position or rank

Assignment

03

Month

08

Day

2012

Year

EA12-005- Chrysler -020461

04302

FDID

GA

State *

MM

DD

YYYY

3

6

2012

Incident Date *

1

Station

12-0003819

Incident Number *

000

Exposure *

Complete
Narrative**Narrative:**

On 03-06-2012 at 15:45 hours, Bainbridge Public Safety Department was dispatched to Hubert Dollar Drive and the Highway 97 Connector in reference to a vehicle accident with injuries. Prior to arrival, dispatch advised one vehicle was on fire. Upon arrival of Georgia State Patrol 254 at 15:48 hours Brian Palmer advised the vehicle was fully involved with an entrapment. First arriving Public Safety units also arrived at 15:48 hours and advised of explosions from the vehicle. Engine 215 arrived on scene at 15:54 hours. Deputy Fire Chief Doyle Welch, Officer Jason Barlow and Officer Tim McCain used a 1 ½" pre-connect line to attack the fire from the driver side of the vehicle. Captain Ryan Wimberley and Officer Pat Bryant used a 1 ½" pre-connect line to attack the front of the vehicle. Decatur County Fire and Rescue was requested by Deputy Fire Chief Doyle Welch at 15:54 hours for Mutual Aid. Officer Shannon Dunaway transferred command to Director Miller at 15:56 hours and advised the fire was extinguished at 15:58 hours. Command requested the Coroner at 16:01 hours. The scene was secured by officers and units remained on scene until the Georgia State Patrol Crash Reconstruction Team arrived. After the investigation of the scene, Decatur County E.M.S was called back to the scene to take the victim to the county morgue at 18:03 hours. Command was terminated at 22:49 hours and all units became available.

EA12-005- Chrysler -020462

A	FDID * 04302	State * GA	Incident Date * MM DD YYYY 03 06 2012	Station 1	Incident Number * 12-0003819	Exposure * 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire				
B Property Details B1 <input type="checkbox"/> <input checked="" type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved _____ B2 <input type="checkbox"/> <input checked="" type="checkbox"/> Buildings not involved Number of buildings involved _____ B3 <input type="checkbox"/> Acres burned (outside fires) <input type="checkbox"/> None <input checked="" type="checkbox"/> Less than one acre				C On-Site Materials <input checked="" type="checkbox"/> None or Products Enter up to three codes. Check one or more boxes for each code entered. On-site material (1) <input type="text"/> NNN <input type="text"/> None On-site material (2) <input type="text"/> <input type="text"/> On-site material (3) <input type="text"/> <input type="text"/>					Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service			
D Ignition D1 83 Engine area, running Area of fire origin * D2 12 Radiated, conducted Heat source * D3 62 Flammable liquid/gas - Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 23 Gasoline Type of material first ignited Required only if item first ignited code is 00 or <70				E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition 51 Collision, knock <input type="checkbox"/> None Factor Contributing To Ignition (1) Factor Contributing To Ignition (2)				E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved _____ 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female				
F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G Equipment Involved _____ Brand _____ Model _____ Serial # _____ Year _____				F2 Equipment Power Equipment Power Source _____ F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.		G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None Fire suppression factor (1) _____ Fire suppression factor (2) _____ Fire suppression factor (3) _____						
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input checked="" type="checkbox"/> Involved in ignition and burned				H2 Mobile Property Type & Make 11 Automobile, passenger Mobile property type JE Jeep Mobile property make				Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached				
GRAND CHEROKEE Mobile property model License Plate Number				1999 Year GA 1J4GW58S2XC State VIN Number				NFIRS-2 Revision 01/19/99				

EA12-005- Chrysler -020463

MM DD YYYY		NFIRS - 4 Civilian Fire Casualty	
A	04302	GA	3 6 2012
	FDIC *	State *	Incident Date *
		1	12-0003819
		Station	Incident Number *
			Exposure *
		Delete	Change
B Injured Person			C Casualty * Number
* 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female			
First Name [REDACTED] MI [REDACTED] Last Name [REDACTED] Suffix [REDACTED]			Casualty Number 1
D Age or date of birth *		E1 Race	F Affiliation
[REDACTED] Months (for Infants) <input type="checkbox"/> Age [REDACTED]		1 <input checked="" type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	1 <input checked="" type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other
OR		Midnight is 0000.	
[REDACTED] Month [REDACTED] Day [REDACTED] Year		G Date & Time of Injury	
		[REDACTED] 3 [REDACTED] 6 [REDACTED] 2012 [REDACTED] Month Day Year Hour Minutes	
H Severity *			
1 <input type="checkbox"/> Minor 2 <input checked="" type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death			
I Cause of Injury		J Human Factors Contributing to Injury	K Factors Contributing to Injury
1 <input checked="" type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		<input checked="" type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	<input type="checkbox"/> None Enter up to three contributing factors 35 <u>Clothing caught fire</u> Contributing factor (1) _____ Contributing factor (2) _____ Contributing factor (3) _____
L Activity When Injured	M1 Location at Time of Incident	M3 Story at Time of Incident	
1 <input checked="" type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input checked="" type="checkbox"/> In area of origin and involved U <input type="checkbox"/> Undetermined M2 General Location at Time of Injury Check ONE Box. If undetermined, leave blank and skip to Section N. 1 <input checked="" type="checkbox"/> In area of fire origin Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip to Section M5	Complete ONLY if injury occurred INSIDE Story at START of incident [REDACTED] 1 <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred Story where injury occurred, if different from M3 [REDACTED] 1 <input type="checkbox"/> Below Grade M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin 81 <u>Operator/passenger area</u> Specific location at time of injury	
N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition	
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up code only if the symptom is NOT found above UU <u>Undetermined</u> Primary apparent symptom	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input checked="" type="checkbox"/> Multiple body parts	<input checked="" type="checkbox"/> Transported to emergency care facility Remarks _____ Local option _____ _____ _____ _____ _____ NFIRS-4 Revision 11/17/98	

EA12-005- Chrysler -020464

EA12-005- Chrysler -020465

A

FDID	04302	State	GA	MM	DD	YYYY	3	6	2012	Station	1	Incident Number	12-0003819	Exposure	000	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	Vehicle Accident Information			
Mobile Property Type	11 Automobile, passenger car,										Accident Type	8 Other									
Vehicle Found	1 Upright										Position in vehicle	23 2nd Row-Right Passenger									
Ejection/Entrapment	4 Trapped																				
Vehicle Make	Jeep										vehicle license	[REDACTED]							State	GA	
VIN	1J4GW58S2XC [REDACTED]										Drivers's License#	[REDACTED]							State		
Extrication Required?	No										Minutes Required								Extrication Agency		

EA12-005- Chrysler -020466

A	FDID 04302 *	State GA *	Incident Date MM DD YYYY 3 6 2012 *	Station 1	Incident Number 12-0003819 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
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B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID FC Type 92	Dispatch <input checked="" type="checkbox"/> 3 6 2012 15:45	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Arrival <input checked="" type="checkbox"/> 3 6 2012 15:48			<input type="checkbox"/> EMS	
	Clear <input checked="" type="checkbox"/> 3 6 2012 22:49			<input type="checkbox"/> Other	
2 ID FT200 Type 71	Dispatch <input checked="" type="checkbox"/> 3 6 2012 15:45	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Arrival <input checked="" type="checkbox"/> 3 6 2012 15:48			<input type="checkbox"/> EMS	
	Clear <input checked="" type="checkbox"/> 3 6 2012 22:49			<input type="checkbox"/> Other	
3 ID FT215 Type 11	Dispatch <input checked="" type="checkbox"/> 3 6 2012 15:45	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Arrival <input checked="" type="checkbox"/> 3 6 2012 15:48			<input type="checkbox"/> EMS	
	Clear <input checked="" type="checkbox"/> 3 6 2012 22:49			<input type="checkbox"/> Other	
4 ID FT355 Type 11	Dispatch <input checked="" type="checkbox"/> 3 6 2012 15:45	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> 76
	Arrival <input checked="" type="checkbox"/> 3 6 2012 15:48			<input type="checkbox"/> EMS	
	Clear <input checked="" type="checkbox"/> 3 6 2012 22:49			<input type="checkbox"/> Other	
5 ID HM100 Type 93	Dispatch <input checked="" type="checkbox"/> 3 6 2012 15:45	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Arrival <input checked="" type="checkbox"/> 3 6 2012 15:48			<input type="checkbox"/> EMS	
	Clear <input checked="" type="checkbox"/> 3 6 2012 22:49			<input type="checkbox"/> Other	
6 ID PSU Type 10	Dispatch <input checked="" type="checkbox"/> 3 6 2012 15:45	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/> Suppression	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Arrival <input checked="" type="checkbox"/> 3 6 2012 15:48			<input type="checkbox"/> EMS	
	Clear <input checked="" type="checkbox"/> 3 6 2012 22:49			<input type="checkbox"/> Other	
7 ID Type 	Dispatch <input type="checkbox"/> 	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Arrival <input type="checkbox"/> 			<input type="checkbox"/> EMS	
	Clear <input type="checkbox"/> 			<input type="checkbox"/> Other	
8 ID Type 	Dispatch <input type="checkbox"/> 	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Arrival <input type="checkbox"/> 			<input type="checkbox"/> EMS	
	Clear <input type="checkbox"/> 			<input type="checkbox"/> Other	
9 ID Type 	Dispatch <input type="checkbox"/> 	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Arrival <input type="checkbox"/> 			<input type="checkbox"/> EMS	
	Clear <input type="checkbox"/> 			<input type="checkbox"/> Other	

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?

Use Additional
Sheets

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

NN None

UU Undetermined

NFIRS-9 Revision 11/17/98

A		FDID 04302 *		State GA *		Incident Date MM DD YYYY 3 6 2012 *		Station 1		Incident Number 12-0003819 *		Exposure 000 *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
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B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small>				Sent <input checked="" type="checkbox"/>	Number of People <div style="border: 1px solid black; width: 30px; text-align: center;">1</div>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
		Month	Day	Year	Hours/mins				

<div style="border: 1px solid black; width: 20px; text-align: center;">1</div>	ID FC	Dispatch <input checked="" type="checkbox"/> 3 6 2012 15:45	Arrival <input checked="" type="checkbox"/> 3 6 2012 15:48	Clear <input checked="" type="checkbox"/> 3 6 2012 22:49	Sent <input checked="" type="checkbox"/>	<div style="border: 1px solid black; width: 30px; text-align: center;">1</div>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
158	Miller, Eric	DI	X				

<div style="border: 1px solid black; width: 20px; text-align: center;">2</div>	ID FT200	Dispatch <input checked="" type="checkbox"/> 3 6 2012 15:45	Arrival <input checked="" type="checkbox"/> 3 6 2012 15:48	Clear <input checked="" type="checkbox"/> 3 6 2012 22:49	Sent <input checked="" type="checkbox"/>	<div style="border: 1px solid black; width: 30px; text-align: center;">1</div>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
174	Bryant, Patrick	PSO	X				

<div style="border: 1px solid black; width: 20px; text-align: center;">3</div>	ID FT215	Dispatch <input checked="" type="checkbox"/> 3 6 2012 15:45	Arrival <input checked="" type="checkbox"/> 3 6 2012 15:48	Clear <input checked="" type="checkbox"/> 3 6 2012 22:49	Sent <input checked="" type="checkbox"/>	<div style="border: 1px solid black; width: 30px; text-align: center;">1</div>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>
--	-----------------	--	---	---	--	--	---	---

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
211	Boyett, Brian	PSO	X				

EA12-005- Chrysler -020468

NFIRS-10 Revision 11/17/98

A		FDID 04302		State GA		MM 3 DD 6 YYYY 2012		Station 1		Incident Number 12-0003819		Exposure 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel			
B Apparatus or Resource		Date and Times <small>Check if same as alarm date</small>						Sent <input checked="" type="checkbox"/>		Number of People 1		Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>		Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>					
<small>Use codes listed below</small>		Month Day Year Hours/mins																	
1 ID FT355 Type 11		Dispatch <input checked="" type="checkbox"/>		3 6 2012 15:45		Arrival <input checked="" type="checkbox"/>		3 6 2012 15:48		Clear <input checked="" type="checkbox"/>		3 6 2012 22:49		Sent <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		76 <input type="text"/> <input type="text"/> <input type="text"/>	
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken			
684		Kelly, Jeff				AC		X											
2 ID HM100 Type 93		Dispatch <input checked="" type="checkbox"/>		3 6 2012 15:45		Arrival <input checked="" type="checkbox"/>		3 6 2012 15:48		Clear <input checked="" type="checkbox"/>		3 6 2012 22:49		Sent <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken			
264		Welch, Doyle				MA		X											
3 ID PSU Type 10		Dispatch <input checked="" type="checkbox"/>		3 6 2012 15:45		Arrival <input checked="" type="checkbox"/>		3 6 2012 15:48		Clear <input checked="" type="checkbox"/>		3 6 2012 22:49		Sent <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken			
110		Carter, Jerry				CP		X											
150		Dollar, James				CP		X											
151		McCain, Timothy				PSO		X											
159		Dunaway, Ray				CP		X											
202		Barlow, Jason				PSO		X											
225		Heard, Darin				PSO		X											
271		Wimberley, Ryan				CP		X											

EA12-005- Chrysler -020469

NFIRS-10 Revision 11/17/98

FDID 04302	State GA	Incident Date 3 6 2012	Station 1	Incident Number 12-0003819	Exposure 000	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
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FC FIRE CHIEFS CAR	15:45:36	15:45:36	15:48:24	22:49:32
Staff ID\Staff Name	Activity	Rank	Position	Role
158 Miller, Eric	VEHICLE FIRE	Director	DIRECTOR	Duty Officer

FT200 FIRE RESCUE TRUCK	15:45:36	15:45:36	15:48:24	22:49:32
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Staff ID\Staff Name	Activity	Rank	Position	Role
174 Bryant, Patrick M	VEHICLE FIRE	Public Safe	Fire Fighter	Firefighter-

FT215 ENGINE 215	15:45:36	15:45:36	15:48:24	22:49:32
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Staff ID\Staff Name	Activity	Rank	Position	Role
211 Boyett, Brian	VEHICLE FIRE	Public Safe	Fire Fighter	Driver

FT355 ENGINE 355	15:45:36	15:45:36	15:48:24	22:49:32
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Staff ID\Staff Name	Activity	Rank	Position	Role
684 Kelly, Jeff R	VEHICLE FIRE	Assistant C	ASST CHIEF	

HM100 Hazmat Truck	15:45:36	15:45:36	15:48:24	22:49:32
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Staff ID\Staff Name	Activity	Rank	Position	Role
264 Welch, Doyle	VEHICLE FIRE	Major	DEPUTY FIRE	Duty Officer

PSU PUBLIC SAFETY UNIT	15:45:36	15:45:36	15:48:24	22:49:32
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Staff ID\Staff Name	Activity	Rank	Position	Role
110 Carter, Jerry W	VEHICLE FIRE	Captain	CAPTAIN	Duty Officer
150 Dollár, James	VEHICLE FIRE	Captain	SERGEANT	Fire Police
151 McCain, Timothy Brian	VEHICLE FIRE	Public Safe	Fire Fighter	Firefighter-
159 Dunaway, Ray Shannon	VEHICLE FIRE	Captain	Scene Office	Fire Police
202 Barlow, Jason Shawn	VEHICLE FIRE	Public Safe	Fire Fighter	Firefighter-
225 Heard, Darin	VEHICLE FIRE	Public Safe	Police Offic	Fire Police
271 Wimberley, Ryan E	VEHICLE FIRE	Captain	CAPTAIN	Firefighter-

EA12-005- Chrysler -020470

FDID	04302	State	GA	MM	3	DD	6	YYYY	2012	Station	1	Incident Number	12-0003819	Exposure	000	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
158 Miller, Eric	FC	VF VEHICLE FIRE	DR	DI		7.07	7.07	1.00
174 Bryant, Patrick M	FT200	VF VEHICLE FIRE	FF	PSO		7.07	7.07	1.00
211 Boyett, Brian	FT215	VF VEHICLE FIRE	FF	PSO		7.07	7.07	1.00
684 Kelly, Jeff R	FT355 X	VF VEHICLE FIRE	AC	AC		7.07	7.07	1.00
264 Welch, Doyle	HM100	VF VEHICLE FIRE	DC	MA		7.07	7.07	1.00
110 Carter, Jerry W	PSU	VF VEHICLE FIRE	C	CP		7.07	7.07	1.00
150 Dollar, James	PSU	VF VEHICLE FIRE	SG	CP		7.07	7.07	1.00
151 McCain, Timothy Brian	PSU	VF VEHICLE FIRE	FF	PSO		7.07	7.07	1.00
159 Dunaway, Ray Shannon	PSU	VF VEHICLE FIRE	SC	CP		7.07	7.07	1.00
202 Barlow, Jason Shawn	PSU	VF VEHICLE FIRE	FF	PSO		7.07	7.07	1.00
225 Heard, Darin	PSU	VF VEHICLE FIRE	PO	PSO		7.07	7.07	1.00
271 Wimberley, Ryan E	PSU	VF VEHICLE FIRE	C	CP		7.07	7.07	1.00

Total Participants: 12

Total Personnel Hours: 84.84

EA12-005- Chrysler -020471

An 'X' next to the unit denotes driver.

FDID	04302	State	GA	MM	DD	YYYY	3	6	2012	Station	1	Incident Number	12-0003819	Exposure	000	NFIRS - Involvement User Fields
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Involvement	Involvement	Owner:	Occupant:
Name:	Type:		
		X	

Involvement	Involvement	Owner:	Occupant:
Name:	Type:		
			X

EA12-005- Chrysler -020472



STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
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
Intersecting Roadway Description for Location of Occurrence HUBERT DOLLAR DR.	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 Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection 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	

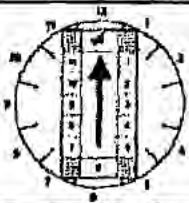
VEHICLE V01

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 DODGE	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	Address Other		City BAINBRIDGE	State GA	Zip Code	
Owner Phone Number	Owner Phone Number (other)	Insurance Company THE GENERAL AUTO INS SVCS GA	Insurance Policy Number			
Vehicle Removal TOWED DUE TO DISABLING DAMAGE	Vehicle Towed By MYERS	Wrecker Selection Method ROTATION				
Direction of Travel Before Crash NORTHBOUND	Speed: Estimated 55	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
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		

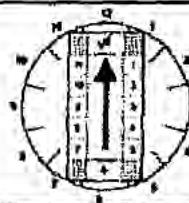
Area of Initial Impact

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Most Damaged Area

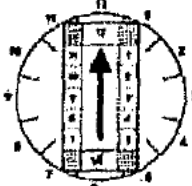
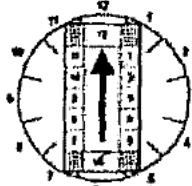
- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Occupant Type DRIVER	Damage Name (First Middle Last Suffix)	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 1J4GW58S2XC
Year 1999	Make JEEP	Model GRAND CHEROKEE	Style MP	Color GLD	Body Type Category (SPORT) UTILITY VEHICLE	VIN 1J4GW58S2XC
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO	Type of Bus Use NOT A BUS				

Crash Number C000078901-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000078901		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	
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE		Insurance Policy Number UNK	
Vehicle Removal TOWED DUE 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 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		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		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 <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 PASSENGER		Person Name (First Middle Last Suffix) [REDACTED]		Injury Status NON FATAL INJURY FATAL INJURY (K)			
DRIVER V01							
Person Type DRIVER		NM#		Vehicle# V01		Person Type Detail	
First Name		Middle Name		Last Name		Suffix	
Date of Birth		Age		Sex M			
Address		Address Other		City BAINBRIDGE		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash UNKNOWN			
Driver License Number		Class C		Expires 08/23/2014		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		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) RAN OFF ROADWAY					
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 System SHOULDER AND LAP BELT USED		Helmets 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	
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	
First Name		Middle Name		Last Name		Suffix	
Date of Birth		Age		Sex F			
Address		Address Other		City BAINBRIDGE		State GA	
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					


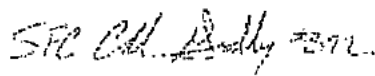
FM12-885-1 Chapter 020474

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

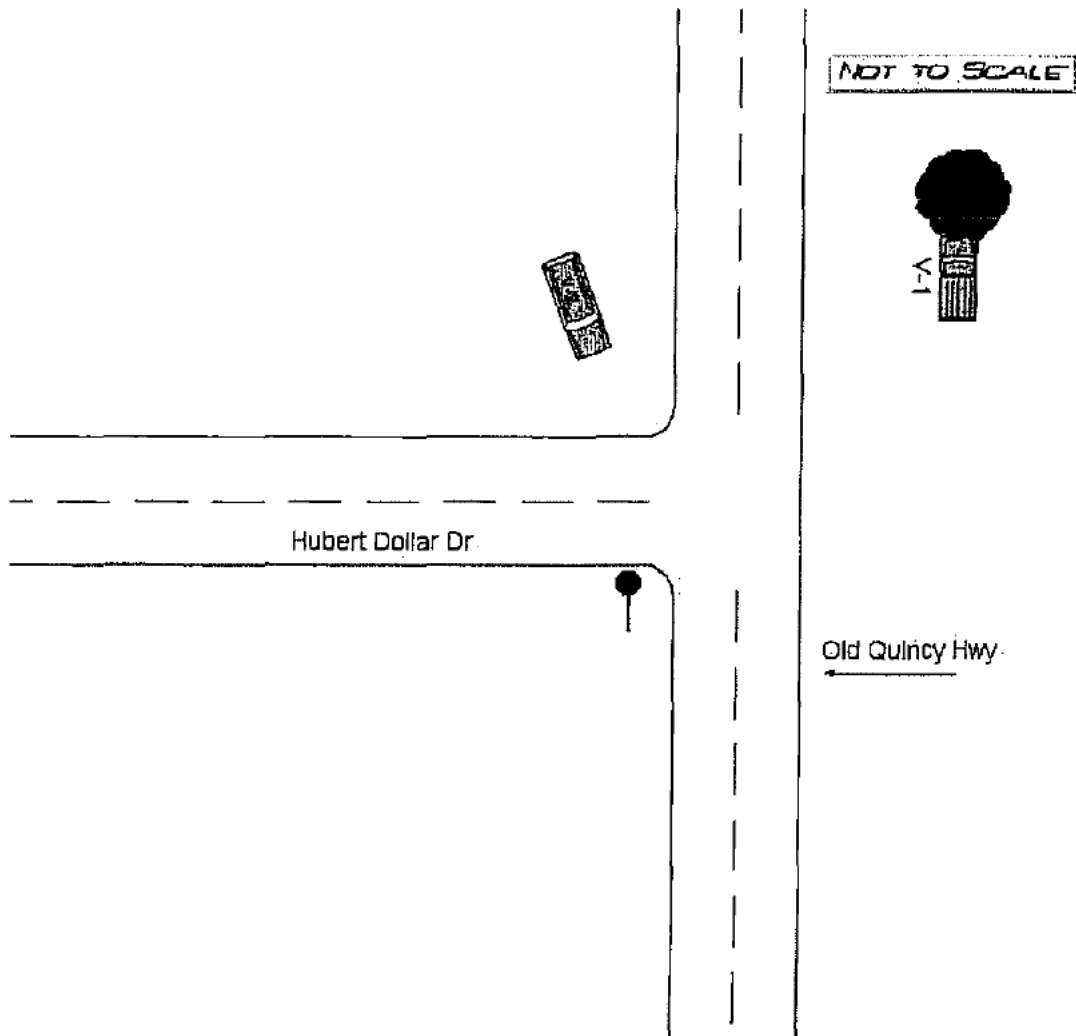
Note: Further investigation being conducted by SCRT Team 5.

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name LANDRUM JR, W.R.	Signature 	Approving Officer Name GODBY, C	Signature 
ID Number 0308	Rank TFC2	ID Number 0372	Rank SFC
Org / Unit G-14		Org / Unit G-14	

EA12-005- Chrysler -020475

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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DIAGRAM OF ACCIDENT



EA12-005- Chrysler -020476

EA12-005

CHRYSLER

12-13-2012

Enclosure 3 – Public

Subject Vehicles

Lawsuits and Claims

Jeep Grand Cherokee (ZJ, WJ)



EA12-005- Chrysler -020421



EA12-005- Chrysler -020422



EA12-005 - Chrysler - 020423



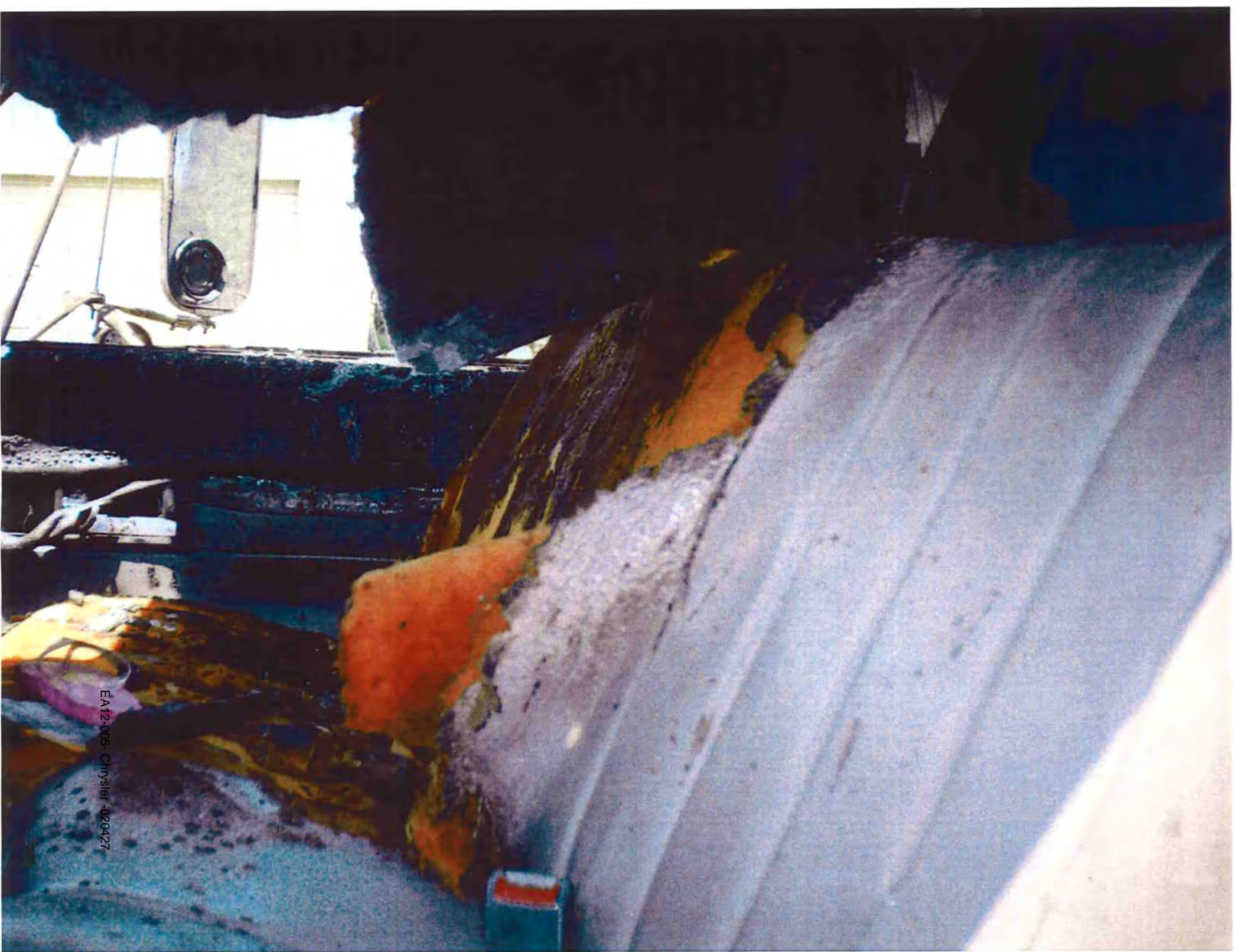
EA12-005- Chrysler-020424



EA12-005- Chrysler -020425



EA12-005-Chrysler-020426



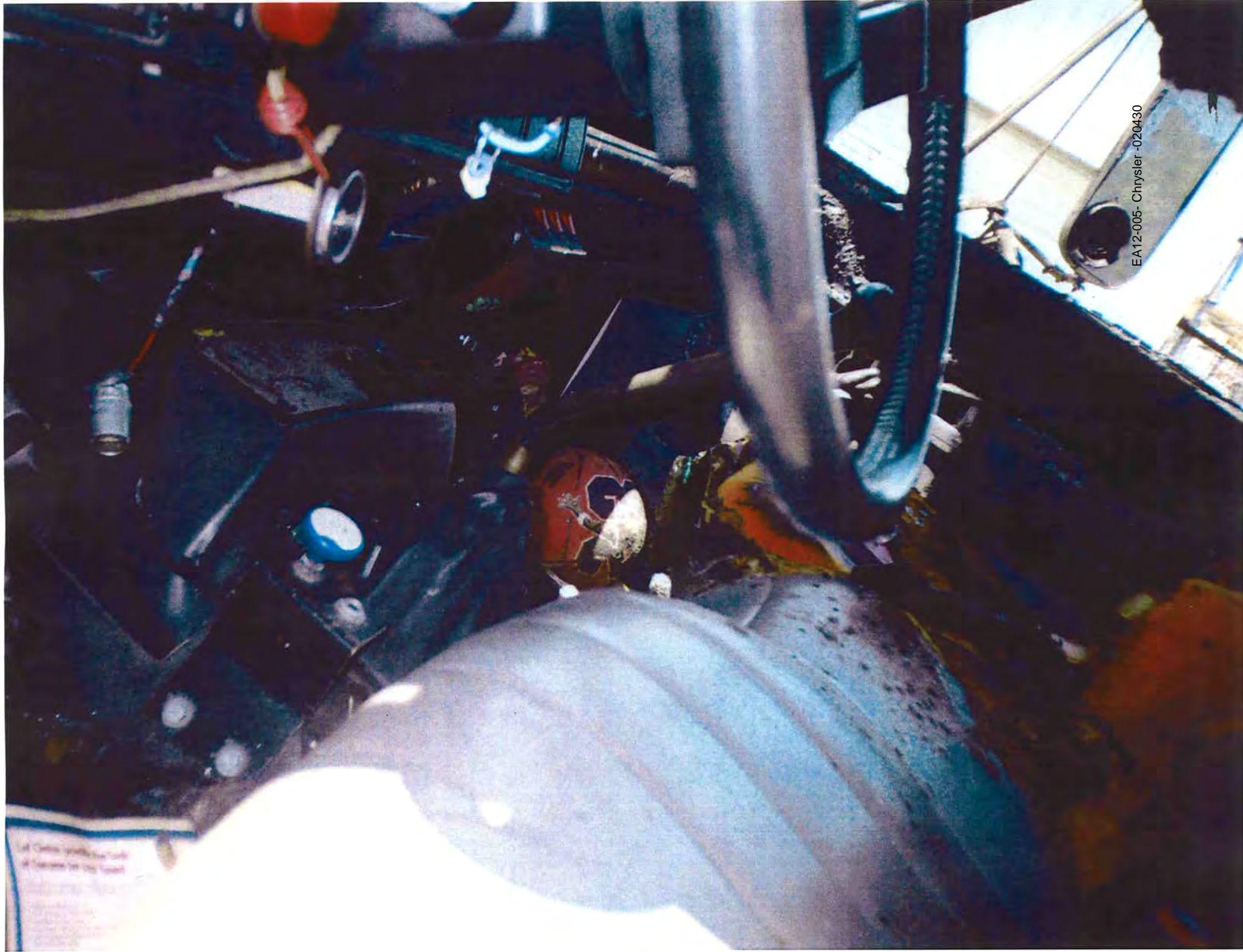
EA12-005- Chrysler -020427



EA12-005- Chrysler-020428



EA12-005- Chrysler -020429



EA12-005- Chrysler -020430

of Certain products made
of certain materials

DALLAS FIRE



to Terry
Franching



Hill Rd 1/2
1
r Blvd 3 3/4

ICE

110













MI 100 1/2
1
Blvd 3 1/4



D.S. Iowing

DALLAS & FORT WORTH
(214)213-5098 (214)428-2526
DOT # 005719007C











DALLAS POLICE

DALLAS









ROADSIDE 1000 1000 1000
1000 1000 1000

Cochran Hill Rd. 1/2
McArthur Blvd. 3 1/4

Cockrell Hill Rd 1/2
1
MacArthur Blvd 3 1/2

1/2
1/2













EA12-005

CHRYSLER

12-13-2012

Enclosure 3 – Public

Subject Vehicles

Lawsuits and Claims

Jeep Grand Cherokee (ZJ, WJ)









 **TRUCK DRIVER TRAINING**
A Workforce Development Initiative of
Wallace Community College













TRUCK DRIVER TRAINING

A Workforce Development Initiative of
Wallace Community College













Jeep









3880













































TRUCK DRIVER TRAINING
A Workforce Development Initiative of
Wallace Community College















TRUCK DRIVER TRAINING
A Workforce Development Initiative of
Wallace Community College















TRUCK DRIVER
A Workforce Development
Wallace Commu

6673

POLICE

To Protect and Serve













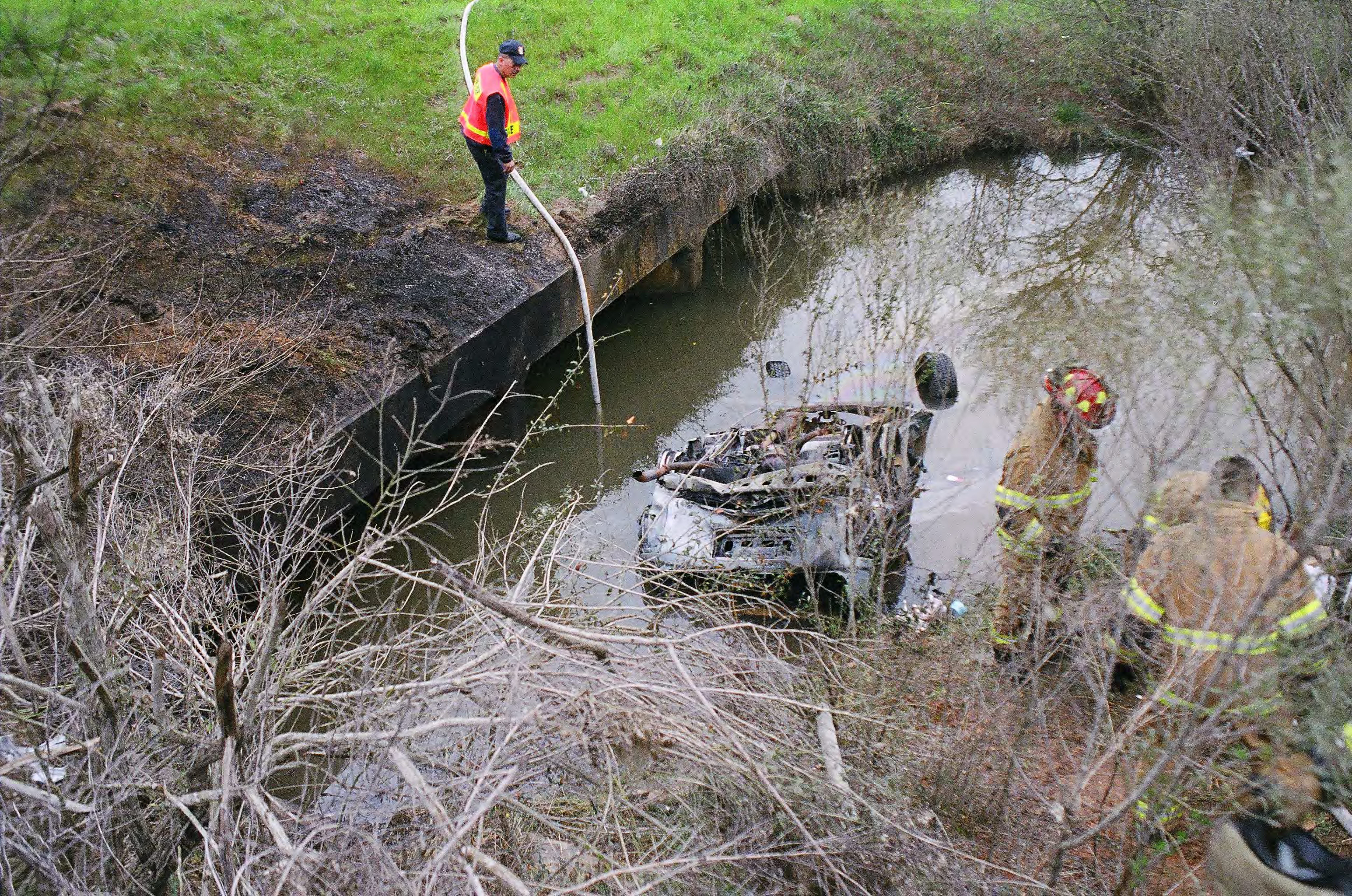
















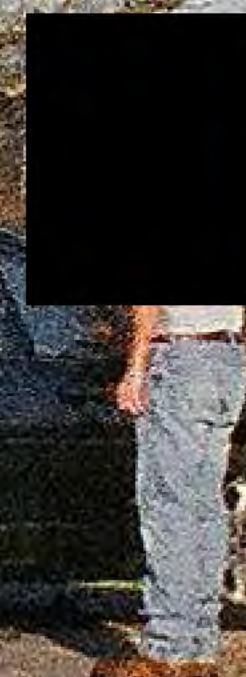




Taylor
CITY LIMIT







MATTER #	1178525
FILE TYPE	Lawsuit
FILE NAME	[REDACTED])
CAIR #	
DATE OF INCIDENT	03/01/2007
DATE OF NOTICE	4/16/2007
MODEL/MODEL YEAR	1998 Jeep Grand Cherokee (ZJ)
VIN	1J4FX58S9WC [REDACTED]
MILEAGE	
OWNER	[REDACTED] [REDACTED] Daleville, Alabama [REDACTED] [REDACTED]
COURT	Circuit Court of Houston County, Alabama
DOCKET #	CV07154H
FIRE ALLEGED	Yes
DESCRIPTION	On March 1, 2007, [REDACTED], was driving a 1998 Jeep Grand Cherokee (ZJ) on Highway 431 North with a posted speed limit of 65 mph when she slowed the vehicle almost to a stop while turning right into a DOT training facility. The Jeep Grand Cherokee (ZJ) was struck in the rear by a 2005 Dodge Caravan minivan driven by [REDACTED], who failed to see the Jeep Grand Cherokee (ZJ) until shortly before striking it. A fire ensued after the impact and the Jeep Grand Cherokee (ZJ) was pushed off the road and overturned into a small creek, where it was 3/4 submerged under water. The portion of the vehicle that was not under water was burning.
PROPERTY DAMAGE ALLEGED	No
INJURIES	2
FATALITIES	0
ANALYSIS	Based on the inspection of the 1998 Jeep Grand Cherokee (ZJ) and other available information, including the police accident report, witness statements and vehicle photographs , Chrysler Group concludes that the Dodge minivan struck the rear of the Jeep Grand Cherokee (ZJ) at an approximate relative velocity of 50-60 mph. This is based on the determination of the investigating police officer that the Dodge minivan was travelling 60 mph at the time of the accident and witness testimony that the Dodge minivan was travelling 60-65

mph and did not appear to slow down.¹ Further, the driver of the Dodge minivan stated that she does not recall braking and she looked up and the Jeep Grand Cherokee (ZJ) was in front of her. As a result of the extremely severe, high-energy impact, the front end of the Dodge minivan penetrated almost to the rear differential of the Jeep Grand Cherokee (ZJ) resulting in approximately 30 inches of dynamic crush. The front end of the Dodge minivan likely directly contacted the fuel tank of the Jeep Grand Cherokee (ZJ) rupturing the fuel tank resulting in the fire. Damage to the rear of the Jeep Grand Cherokee (ZJ) is depicted in the photographs in Enclosure 4 to PE10-031, Bates Nos. PE10-031-Chrysler-000707-708.

¹ An investigation was conducted at the request of counsel in connection with litigation and a summary is being withheld under a claim of attorney work-product privilege.