



STATE OF GEORGIA TRAFFIC CRASH REPORT

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

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000352654	Reporting Agency CAD Number GSPH15CAD057168
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CRASH IDENTIFIERS

County of Crash COFFEE	City or Place of Crash <input type="checkbox"/> City Limits	Crash Date/Time 09/01/2015 02:57 PM	Reported Date/Time 09/01/2015 03:09 PM	Dispatched Date/Time 09/01/2015 03:11 PM
On Scene Date/Time 09/01/2015 03:25 PM	Cleared Scene Date/Time 09/01/2015 04:26 PM	Complete Date/Time 09/01/2015 04:26 PM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Roadway Description for Location of Occurrence HARVEY VICKERS		Distance to City or Place of Crash	Latitude N 31 30.4120	Longitude W 82 51.1194
Intersecting Roadway Description for Location of Occurrence .10 MLES W OF AUTUMN TRL		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	Side Road Number of Lanes at Intersection		

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLOUDY	Roadway Surface Condition DRY	<input type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type NON-COLLISION		First Harmful Event Detail OVERTURN/ROLLOVER								
Total Counts	Vehicles 1	CMV 1	Motorists 49	Non-Motorists 0	Injured 14	Fatalities 0	Witnesses 0	Other Persons 2	Businesses 0	Violations 2
First Harmful Event's Relation to Junction NON-JUNCTION		Is First Harmful Event within Interchange Area NO		Type of Intersection NOT AT 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 PIC7822	Registration Expires 2015	<input type="checkbox"/> Permanent Registration	VIN 1HVBDBAN5SH601835
Year 1995	Make INTERNATIONAL	Model 3000 SERIES 36	Style BU	Color YEL	Body Type Category TRANSIT BUS	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use SHUTTLE		
Owner First Name WKI	Owner Middle Name OUTSOURCING	Owner Last Name SOLUTIONS	Owner Suffix	Owner Business (if not Person)		
Address 417 WARD ST E		Address Other		City DOUGLAS	State GA	Zip Code 31533-0002
Owner Phone Number	Owner Phone Number (other)	Insurance Company PROGRESSIVE	Insurance Policy Number ACTIVE			
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Vehicle Towed By JERRYS	Wrecker Selection Method ROTATION			
Direction of Travel Before Crash EASTBOUND	Speed: Estimated 35	Posted 35	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment CURVE LEFT	Roadway Grade LEVEL
Trafficway Description TWO-WAY NOT DIVIDED		Traffic Control Device Type NO CONTROLS		Working Properly		
Roadway Description for Vehicle Travel HARVEY VICKERS / AUTUMN TRL		Vehicle Maneuver Action (by this vehicle) NEGOTIATING A CURVE		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE
1st Sequence of Events Type (this vehicle) NON-COLLISION		1st Sequence of Events Detail (this vehicle) OVERTURN/ROLLOVER				
Most Harmful Event Type (this vehicle) NON-COLLISION		Most Harmful Event Detail (this vehicle) OVERTURN/ROLLOVER				
Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE				
Area of Initial Impact		Most Damaged Area				
<input checked="" type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown		<input type="checkbox"/> Non Collision <input checked="" type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				
<input checked="" type="checkbox"/> CMV	Gross Vehicle Weight Rating NOT APPLICABLE	Commercial Motor Vehicle Configuration BUS (SEATS FOR MORE THAN 15 OCCUPANTS INCLUDING DRIVER)				
Hazardous Materials Released From Cargo NO		Hazardous Materials Placard NO	Placard Hazardous Material Number	Placard Hazard Class Number		
Motor Carrier Name WKI OUTSOURCING SOLUTIONS	Address 417 WARD ST E	Address Other	US DOT Number 00000	Motor Carrier State	Motor Carrier State Number	
Phone Number	Source of Information	City DOUGLAS	State GA	Zip Code 31533		
		Motor Carrier Commercial / Non-Commercial NOT IN COMMERCE/OTHER TRUCK				

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Occupant Type	Person Name (First Middle Last Suffix)	Injury Status
DRIVER	JESUS M RUBIO NEVAREZ	NO INJURY(O)
PASSENGER	MISDEL MANILLA	NO INJURY(O)
PASSENGER	SANTOS HERNANDEZ	NO INJURY(O)
PASSENGER	ABIMAEI HERNANDEZ	NO INJURY(O)
PASSENGER	ALFREDO HERNANDEZ	NO INJURY(O)
PASSENGER	FILOMENO GASPAS	NO INJURY(O)
PASSENGER	BERNALDINO HERNANDEZ	NO INJURY(O)
PASSENGER	JILNES MARTINEZ CRUZ	NO INJURY(O)
PASSENGER	RAUL PEREZ MARTINEZ	NO INJURY(O)
PASSENGER	OBISPO GASPAS HERNANDEZ	NO INJURY(O)
PASSENGER	WKI OUTSOURCING SOLUTIONS	NO INJURY(O)
PASSENGER	DARINEL GOMEZ	NO INJURY(O)
PASSENGER	ARTEMIO COBON	NO INJURY(O)
PASSENGER	GUILDER MATIAS	NO INJURY(O)
PASSENGER	GUELSI GOMEZ	NO INJURY(O)
PASSENGER	HENEVI PEREZ	NO INJURY(O)
PASSENGER	NEVI GOMEZ	NO INJURY(O)
PASSENGER	JUAN GOMEZ	NO INJURY(O)
PASSENGER	NOELIO VILLOTORO	NON FATAL INJURY
PASSENGER	PASCUAL HANTONIO	NO INJURY(O)
PASSENGER	DANIEL CRUZ	NO INJURY(O)
PASSENGER	JAIME PEREZ	NO INJURY(O)
PASSENGER	VICTOR CRUZ	NO INJURY(O)
PASSENGER	ROYER LOPEZ	NO INJURY(O)
PASSENGER	RUBELIO DE LION	NO INJURY(O)
PASSENGER	JOCE MENDEZ	NO INJURY(O)
PASSENGER	RODOLFO SALEZ	NO INJURY(O)
PASSENGER	MARIO CASTILLO	NO INJURY(O)
PASSENGER	ANTONIO RICOBERTO	NON FATAL INJURY
PASSENGER	ANTONIO MIGEL	NON FATAL INJURY
PASSENGER	MAVIN MENDEZ	NO INJURY(O)
PASSENGER	HEBER RAMIREZ	NO INJURY(O)
PASSENGER	HENRRI LUCAS	NO INJURY(O)
PASSENGER	JOCE ANASTACIO	NO INJURY(O)
PASSENGER	DENY LOPEZ	NO INJURY(O)
PASSENGER	OBDELI RAMIREZ	NO INJURY(O)
PASSENGER	HERUIN GOMEZ	NO INJURY(O)
PASSENGER	DAYSIE ZEPEDA	NON FATAL INJURY
PASSENGER	HELIAS GOMEZ	NO INJURY(O)
PASSENGER	DELFINO LOPEZ	NO INJURY(O)
PASSENGER	SACARIAS HERNANDEZ	NON FATAL INJURY
PASSENGER	JUAN REYES	NON FATAL INJURY
PASSENGER	GUSTANO REYES	NON FATAL INJURY
PASSENGER	MARTINIANO MARQUEZ	NON FATAL INJURY
PASSENGER	EPOFANIO ANASTACIO	NON FATAL INJURY
PASSENGER	FRANCISCO ANASTACIO	NON FATAL INJURY
PASSENGER	JEREMIAS MENDES	NON FATAL INJURY
PASSENGER	ZACARIAS HERNANDEZ	NON FATAL INJURY
PASSENGER	STABIN MARCOS	NON FATAL INJURY

DRIVER V01

<input checked="" type="checkbox"/> Person Type DRIVER	NM#	Vehicle# V01	Person Type Detail				
First Name JESUS	Middle Name M	Last Name RUBIO NEVAREZ		Suffix	Date of Birth /1973	Age 41	Sex M
Address 80 SOUTHERN WAY LOT 32		Address Other		City DOUGLAS	State GA	Zip Code 31534	
Phone Number	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL				
Driver License Number 059364318	Class A	Expires 2020	State GA	Jurisdiction 02	Type COMMERCIAL DRIVER LICENSE (CDL)	Status VALID LICENSE	
Commercial Motor Vehicle Endorsements OTHER					<input type="checkbox"/> Recommend Driver ReExam		
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) DROVE TOO FAST FOR CONDITIONS				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 NOT DEPLOYED			Ejection NOT EJECTED				
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
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 NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN			Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN			Drug Test Result	
Violation Type Issued UNIFORM TRAFFIC CITATION		Number E01974240	Violation Description 40-6-180 TOO FAST FOR CONDITIONS				
UNIFORM TRAFFIC CITATION		E01974241	40-6-48 FAILURE TO MAINTAIN LANE				

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PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name MISDEL	Middle Name	Last Name MANILLA	Suffix	Date of Birth /1992	Age 22	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name SANTOS	Middle Name	Last Name HERNANDEZ	Suffix	Date of Birth /1983	Age 31	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name ABIMAEI	Middle Name	Last Name HERNANDEZ	Suffix	Date of Birth /1989	Age 26	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name ALFREDO	Middle Name	Last Name HERNANDEZ	Suffix	Date of Birth /1974	Age 41	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	

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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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name FILOMENO	Middle Name	Last Name GASPAR	Suffix
Date of Birth /1989	Age 26	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name BERNALDINO	Middle Name	Last Name HERNANDEZ	Suffix
Date of Birth /1983	Age 32	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name JILNES	Middle Name	Last Name MARTINEZ CRUZ	Suffix
Date of Birth /1991	Age 24	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name RAUL	Middle Name	Last Name PEREZ MARTINEZ	Suffix
Date of Birth /1991	Age 24	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	

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Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail	Primary or Most Obvious of Body Area Injured During Crash
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	Medical Facility Transported To
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type	Alcohol Test Result
Law Enforcement Suspected Drug Use NO		Drug Test Type	Drug Test Result

PASSENGER V01											
Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail							
First Name OBISPO		Middle Name		Last Name GASPAR HERNANDEZ			Suffix	Date of Birth 1986	Age 29	Sex M	
Address 424 MAINE ST N			Address Other			City PEARSON		State GA	Zip Code 31642		
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL							
Motor Vehicle Seating Position: Row UNKNOWN		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other NOT APPLICABLE				<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use							
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED									
Trapped Extrication NOT TRAPPED				Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
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 NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN			Alcohol Test Result		BAC		
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN			Drug Test Result				

PASSENGER V01											
Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail							
First Name WKI		Middle Name OUTSOURCING		Last Name SOLUTIONS			Suffix	Date of Birth 1992	Age 23	Sex M	
Address 417 WARD ST E			Address Other			City DOUGLAS		State GA	Zip Code 31533-0002		
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL							
Motor Vehicle Seating Position: Row UNKNOWN		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other NOT APPLICABLE				<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use							
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED									
Trapped Extrication NOT TRAPPED				Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
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 NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN			Alcohol Test Result		BAC		
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN			Drug Test Result				

PASSENGER V01											
Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail							
First Name DARINEL		Middle Name		Last Name GOMEZ			Suffix	Date of Birth 1992	Age 23	Sex M	
Address 424 MAINE ST N			Address Other			City PEARSON		State GA	Zip Code 31642		
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL							
Motor Vehicle Seating Position: Row UNKNOWN		Motor Vehicle Seating Position: Seat UNKNOWN		Motor Vehicle Seating Position: Other NOT APPLICABLE				<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use							
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED									
Trapped Extrication NOT TRAPPED				Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
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 NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN			Alcohol Test Result		BAC		
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN			Drug Test Result				

PASSENGER V01										
Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail						
First Name ARTEMIO		Middle Name		Last Name COBON			Suffix	Date of Birth 1967	Age 48	Sex M

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Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use		
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED						
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Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result		

PASSENGER V01						
<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name GUILDER	Middle Name	Last Name MATIAS		Suffix	Date of Birth /1991	Age 24
Sex M	Address 424 MAINE ST N		Address Other		City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use		
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash		
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result		

PASSENGER V01						
<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name GUELSI	Middle Name	Last Name GOMEZ		Suffix	Date of Birth /1996	Age 19
Sex M	Address 424 MAINE ST N		Address Other		City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use		
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash		
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result		

PASSENGER V01						
<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name HENEVI	Middle Name	Last Name PEREZ		Suffix	Date of Birth /1992	Age 23
Sex M	Address 424 MAINE ST N		Address Other		City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use		
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash		
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result		

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail			
First Name NEVI	Middle Name	Last Name GOMEZ		Suffix	Date of Birth /1973	Age 42	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642	
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown		
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail			
First Name JUAN	Middle Name	Last Name GOMEZ		Suffix	Date of Birth /1977	Age 38	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642	
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown		
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail			
First Name NOELIO	Middle Name	Last Name VILLOTORO		Suffix	Date of Birth /1969	Age 45	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642	
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown		
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use			
Air Bag Deployed NOT DEPLOYED				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		
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID COFFEE REGIONAL EMS	EMS Run Number 4341	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail			
First Name PASCUAL	Middle Name	Last Name HANTONIO		Suffix	Date of Birth /1968	Age 47	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642	
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown		
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		

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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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name DANIEL	Middle Name	Last Name CRUZ	Suffix
Date of Birth /1985	Age 29	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name JAIME	Middle Name	Last Name PEREZ	Suffix
Date of Birth /1997	Age 17	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name VICTOR	Middle Name	Last Name CRUZ	Suffix
Date of Birth /1991	Age 24	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name ROYER	Middle Name	Last Name LOPEZ	Suffix
Date of Birth /1991	Age 23	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	

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Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail	Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name RUBELIO	Middle Name	Last Name DE LION	Suffix
Date of Birth /1988	Age 27	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Zip Code 31642	Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail	Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name JOCE	Middle Name	Last Name MENDEZ	Suffix
Date of Birth /1993	Age 22	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Zip Code 31642	Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail	Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name RODOLFO	Middle Name	Last Name SALEZ	Suffix
Date of Birth /1983	Age 31	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Zip Code 31642	Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NOT APPLICABLE (NON-MOTORIST)		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail	Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name MARIO	Middle Name	Last Name CASTILLO	Suffix
Date of Birth /1973	Age 42	Sex M	

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Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use		
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash		
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result		

PASSENGER V01						
<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name ANTONIO	Middle Name	Last Name RICOBERTO		Suffix	Date of Birth /1986	Age 29
Sex M	Address 424 MAINE ST N		Address Other		City PEARSON	State GA
Zip Code 31642	Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL			
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use		
Air Bag Deployed NOT DEPLOYED				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		
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID COFFEE REGIONAL EMS	EMS Run Number 4341	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER		
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result		

PASSENGER V01						
<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name ANTONIO	Middle Name	Last Name MIGEL		Suffix	Date of Birth /1994	Age 21
Sex M	Address 424 MAINE ST N		Address Other		City PEARSON	State GA
Zip Code 31642	Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL			
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use		
Air Bag Deployed NOT DEPLOYED				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		
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID COFFEE REGIONAL EMS	EMS Run Number 4341A	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER		
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result		

PASSENGER V01						
<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name MAVIN	Middle Name	Last Name MENDEZ		Suffix	Date of Birth /1982	Age 32
Sex M	Address 424 MAINE ST N		Address Other		City PEARSON	State GA
Zip Code 31642	Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL			
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use		
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash		
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN		Drug Test Result		

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PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name HEBER	Middle Name	Last Name RAMIREZ	Suffix	Date of Birth 1992	Age 23	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name HENRRI	Middle Name	Last Name LUCAS	Suffix	Date of Birth /1994	Age 21	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name JOCE	Middle Name	Last Name ANASTACIO	Suffix	Date of Birth /1991	Age 24	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle#	Person Type Detail			
First Name EMANUEL	Middle Name	Last Name HERNANDEZ	Suffix	Date of Birth /1995	Age 20	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000352654	Reporting Agency CAD Number GSPH15CAD057168
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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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name DENY	Middle Name	Last Name LOPEZ	Suffix
Date of Birth /1988	Age 27	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name OBDELI	Middle Name	Last Name RAMIREZ	Suffix
Date of Birth /1994	Age 21	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name HERUIN	Middle Name	Last Name GOMEZ	Suffix
Date of Birth /1991	Age 24	Sex M	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash
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 NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
First Name DAYSIE	Middle Name	Last Name ZEPEDA	Suffix
Date of Birth /1997	Age 18	Sex F	
Address 424 MAINE ST N	Address Other	City PEARSON	State GA
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use	

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000352654	Reporting Agency CAD Number GSPH15CAD057168
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Air Bag Deployed NOT DEPLOYED	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 [REDACTED]	
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID COFFEE REGIONAL EMS	EMS Run Number 4341A	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01										
<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail							
First Name HELIAS	Middle Name	Last Name GOMEZ	Suffix	Date of Birth [REDACTED]/1990	Age 24	Sex M				
Address 424 MAINE ST N			Address Other		City PEARSON	State GA	Zip Code 31642			
Phone Number	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL							
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE					<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT					Helmet Use					
Air Bag Deployed NOT DEPLOYED					Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED										
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail					Primary or Most Obvious of Body Area Injured During Crash				
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 NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC			
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result					

PASSENGER V01										
<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail							
First Name DELFINO	Middle Name	Last Name LOPEZ	Suffix	Date of Birth [REDACTED]/1978	Age 37	Sex M				
Address 424 MAINE ST N			Address Other		City PEARSON	State GA	Zip Code 31642			
Phone Number	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL							
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE					<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT					Helmet Use					
Air Bag Deployed NOT DEPLOYED					Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED										
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail					Primary or Most Obvious of Body Area Injured During Crash				
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 NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC			
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result					

PASSENGER										
<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle#	Person Type Detail							
First Name MAUSICIO	Middle Name	Last Name MENDEZ	Suffix	Date of Birth [REDACTED]/1990	Age 24	Sex M				
Address 424 MAINE ST N			Address Other		City PEARSON	State GA	Zip Code 31642			
Phone Number	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL							
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE					<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT					Helmet Use					
Air Bag Deployed NOT DEPLOYED					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 [REDACTED]				
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID COFFEE REGIONAL EMS		EMS Run Number 4341B		Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER					
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC			
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result					

PASSENGER V01									
<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail						
First Name SACARIAS	Middle Name	Last Name HERNANDEZ	Suffix	Date of Birth [REDACTED]1983	Age 32	Sex M			

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000352654	Reporting Agency CAD Number GSPH15CAD057168
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Address 424 MAINE ST N	Address Other	City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL		

Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
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Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT	Helmet Use
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Air Bag Deployed NOT DEPLOYED	Ejection NOT EJECTED
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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
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Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID HOPE EMS	EMS Run Number 4344A	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER
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Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC
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Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result
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PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
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First Name JUAN	Middle Name	Last Name REYES	Suffix	Date of Birth /1995	Age 20	Sex M
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Address 424 MAINE ST N	Address Other	City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL		

Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
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Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT	Helmet Use
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Air Bag Deployed NOT DEPLOYED	Ejection NOT EJECTED
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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
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Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID HOPE EMS	EMS Run Number 4344A	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER
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Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC
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Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result
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PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
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First Name GUSTANO	Middle Name	Last Name REYES	Suffix	Date of Birth /1992	Age 22	Sex M
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Address 424 MAINE ST N	Address Other	City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL		

Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
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Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT	Helmet Use
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Air Bag Deployed NOT DEPLOYED	Ejection NOT EJECTED
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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
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Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID ATKINSON EMS	EMS Run Number 4344B	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER
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Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC
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Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result
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PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail
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First Name MARTINIANO	Middle Name	Last Name MARQUEZ	Suffix	Date of Birth /1990	Age 25	Sex M
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Address 424 MAINE ST N	Address Other	City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL		

Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
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Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT	Helmet Use
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Air Bag Deployed NOT DEPLOYED	Ejection NOT EJECTED
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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
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Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID ATKINSON EMS	EMS Run Number 4344B	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER
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Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC
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Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result
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Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000352654	Reporting Agency CAD Number GSPH15CAD057168
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PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name EPOFANIO	Middle Name	Last Name ANASTACIO	Suffix	Date of Birth /1974	Age 41	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			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		
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID HOPE EMS	EMS Run Number 4344C	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER		
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name FRANCISCO	Middle Name	Last Name ANASTACIO	Suffix	Date of Birth /1977	Age 47	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			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		
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID COFFEE REGIONAL EMS	EMS Run Number 4344C	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER		
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name JEREMIAS	Middle Name	Last Name MENDES	Suffix	Date of Birth /1972	Age 43	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			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		
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID COFFEE REGIONAL EMS	EMS Run Number 4344C	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER		
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC		
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name ZACARIAS	Middle Name	Last Name HERNANDEZ	Suffix	Date of Birth /1985	Age 30	Sex M
Address 424 MAINE ST N		Address Other		City PEARSON	State GA	Zip Code 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			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		

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000352654	Reporting Agency CAD Number GSPH15CAD057168
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Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID COFFEE REGIONAL EMS	EMS Run Number 4344A	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result

PASSENGER V01										
<input type="checkbox"/>	Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail						
First Name STABIN	Middle Name	Last Name MARCOS	Suffix	Date of Birth 1986	Age 29	Sex M				
Address 424 MAINE ST N	Address Other	City PEARSON	State GA	Zip Code 31642						
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL								
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown							
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use						
Air Bag Deployed NOT DEPLOYED				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			
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID HOPE EMS	EMS Run Number 4344C	Medical Facility Transported To COFFEE REGIONAL MEDICAL CENTER							
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result BAC							
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result							

NARRATIVE: C000352654

Vehicle #1 was traveling east bound on Harvey Vickers Road. Vehicle #1 was attempting to negotiate a curve too fast for the driver to maintain control. Vehicle #1 traveled off the roadway onto the south shoulder. The driver of vehicle #1 over corrected the steering wheel, causing vehicle #1 to overturn and come to an uncontrolled rest on its roof in a creek. This crash investigation was audio and video recorded via: DVD #597-041-2015.

Note: Vehicle #1 traveled approximately 230 after traveling off the right shoulder, before coming to rest in the creek.



REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name GUEST, CLINT	Signature 	Approving Officer Name WOODS, C	Signature 
ID Number 0597	Rank TFC	ID Number 0149	Rank SFC
Org / Unit GSPH/36		Org / Unit GSPH/POST	

DIAGRAM OF ACCIDENT

