

STATE OF GEORGIA TRAFFIC CRASH REPORT Georgia State Patrol Georgia Department of Public Safety P.O. Box 1456 Atlanta, Georgia 30371-1456

	Reporting Age GEORGIA D	DEPARTMENT C	OF PUBLIC SAFETY	1	Reporti C0003	ng Agency Case Num 352654	ber Repo GSI	orting Agency CAI PH15CAD0571	0 Number 68
CRASH IDENTIFIERS									
County of Crash COFFEE	City or	Place of Crash	City Lin	nits Crash Date/T 09/01/2015	me 02:57 PM	Reported Date/ 09/01/2015 0	3:09 PM	Dispatched Dat 09/01/2015 0	3:11 PM
On Scene Date/Time 09/01/2015 03:25 PM	Cleared Scene Date/ 09/01/2015 04:26	Time Com PM 09/0	nplete Date/Time 01/2015 04:26 PM	Reason (it	Investigation N	Not Complete)	Source of LAW EN	Information NFORCEMENT	AGENCY
ROADWAY INFORMATION									
Roadway Description for Location HARVEY VICKERS					•	or Place of Crash	Latitude N 31 30.		/ 82 51.1194
Intersecting Roadway Description .10 MLES W OF AUTUMN TI	RL					on from Crash Location	Roadway Blocked	Roadway Clear	red Date/Time
Part of National Highway System NO	RURAL	Class Type		Roadway Functi LOCAL	onal Class Deta				
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING		NONE	eway Facility		Signed Bicy NOT APP	LICABLE		
Traffic Control Type at Intersection NO CONTROL	1	Mainline Num	ber of Lanes at Interse	ction	e Road Number	of Lanes at Intersecti	on		
CRASH INFORMATION	[]4/4			ID	0				
Light Condition DAYLIGHT	CLOU	r Condition DY		DRY	Surface Conditi	lon		☐ Crash	Pictures Taken
First Harmful Event Type NON-COLLISION					I Event Detail RN/ROLLOVE	R			
Total Counts Vehicle		1 Motorists 4	9 Non-Motorists	Injured 14	Fatalities 0	Witnesses 0	Other Persons 2	Businesses 0	Violations 2
First Harmful Event's Relation to J NON-JUNCTION	unction	Is First Harmful Ev NO	vent within Interchange	Area	Type of In NOT AT	ntersection INTERSECTION			
Contributing Circumstances: Envir NONE	onment	Contri NON	buting Circumstances:	Environment	·	Contributing C	Circumstances: Env	vironment	
Contributing Circumstances: Road NONE			buting Circumstances:	Road		Contributing C	Circumstances: Ro	ad	
School Bus Related			Work Zone Related NO		Cras	h Location in Work Zo	ne		
VEHICLE V01			NO						
V01 Motor Vehicle Type MOTOR VEHICLE	IN TRANSPORT		State GA	E License Nur PIC7822	nber Reg			/IN 1HVBDABN5SI	H601835
Year Make 1995 INTERNATIONA	Model	SERIES 36	Style BU	1. 10.022	Color YEL	Body Type Cated	ory		100.000
Special Function of Motor Vehicle NO SPECIAL FUNCTION			nergency Motor Vehicle	Use			Bus Use		
Owner First Name	Owner Middle Nam	e (Owner Last Name SOLUTIONS	Owr	er Suffix Ov	vner Business (if not F			
Address 417 WARD ST E	TOUTSOURCING	Address			I	City			ip Code 31533-0002
Owner Phone Number									
Owner Priorie Number	Owner Phone N	Number (other)	Insurance Comp			DÓUGLAS	Insurance Pol		71000 0002
Vehicle Removal		Number (other)	PROGRESSÍ Vehicle Towed I	VE		IDOUGLAS	ACTIVE Wrecker	icy Number Selection Method	
Vehicle Removal TOWED DUE TO DISABLING Direction of Travel Before Crash	G DAMAGE Estimated	Posted Roadwa	PROGRESSÍ Vehicle Towed I JERRYS ay Type	VE 3y Total Lane		prizontal Alignment	ACTIVE Wrecker ROTAT	Selection Method TON way Grade	
Vehicle Removal TOWED DUE TO DISABLING Direction of Travel Before Crash EASTBOUND Trafficway Description	DAMAGE	Posted Roadwa	PROGRESSI Vehicle Towed I JERRYS ay Type VIDED HIGHWAY	VE Total Lane 2	CURVÉ LE	prizontal Alignment	ACTIVE Wrecker ROTAT	Selection Method TON way Grade	3
Vehicle Removal TOWED DUE TO DISABLING Direction of Travel Before Crash EASTBOUND Trafficway Description TWO-WAY NOT DIVIDED Roadway Description for Vehicle T	G DAMAGE Estimated Speed:	Posted Roadwa	PROGRESSI Vehicle Towed I JERRYS ay Type VIDED HIGHWAY	VE By Total Lane 2	CURVÉ LE	prizontal Alignment	ACTIVE Wrecker ROTAT	icy Number Selection Method ION way Grade EL	3
Vehicle Removal TOWED DUE TO DISABLING Direction of Travel Before Crash EASTBOUND Trafficway Description TWO-WAY NOT DIVIDED Roadway Description for Vehicle T HARVEY VICKERS / AUTUM Vehicle Maneuver Action (by this y	G DAMAGE Speed: Estimated	Posted Roadwa 35 UNDIV	PROGRESSI Vehicle Towed I JERRYS ay Type VIDED HIGHWAY Tra NC un (by this vehicle)	VE By Total Lane 2 Iffic Control Devic O CONTROLS	CURVÉ LE	orizontal Alignment EFT Damage Exte	ACTIVE Wrecker ROTAT Road LEVI	icy Number Selection Method TION way Grade EL Working Properl	3
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Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PU	BLIC SAFETY		Reporting Agency C000352654	Case Number	Reporting Agency CAD Number GSPH15CAD057168
Occupant Type	Person Name (First Middle Last Suf	fix)		Injury		
DRIVER PASSENGER	JESUS M RUBIO NEVAREZ MISDEL MANILLA				JURY(O) JURY(O)	
PASSENGER	SANTOS HERNANDEZ			NO IN	JURY(O)	
PASSENGER PASSENGER	ABIMAEL HERNANDEZ ALFREDO HERNANDEZ			-	JURY(O) JURY(O)	
PASSENGER	FILOMENO GASPAR			NO IN	JURY(O)	
PASSENGER PASSENGER	BERNALDINO HERNANDEZ JILNES MARTINEZ CRUZ				JURY(O) JURY(O)	
PASSENGER	RAUL PEREZ MARTINEZ				JURY(O)	
PASSENGER PASSENGER	OBISPO GASPAR HERNANDEZ WKI OUTSOURCING SOLUTIONS				JURY(O) JURY(O)	
PASSENGER	DARINEL GOMEZ				JURY(O)	
PASSENGER	ARTEMIO COBON				JURY(O)	
PASSENGER PASSENGER	GUILDER MATIAS GUELSI GOMEZ				JURY(O) JURY(O)	
PASSENGER	HENEVI PEREZ			NO IN	JURY(O)	
PASSENGER PASSENGER	NEVI GOMEZ JUAN GOMEZ				JURY(O) JURY(O)	
PASSENGER	NOELIO VILLOTORO				FATAL INJURY	
PASSENGER	PASCUAL HANTONIO				JURY(O)	
PASSENGER PASSENGER	DANIEL CRUZ JAIME PEREZ				JURY(O) JURY(O)	
PASSENGER	VICTOR CRUZ			NO IN	JURY(O)	
PASSENGER PASSENGER	ROYER LOPEZ RUBELIO DE LION				JURY(O) JURY(O)	
PASSENGER	JOCE MENDEZ			NO IN	JURY(O)	
PASSENGER PASSENGER	RODOLFO SALEZ MARIO CASTILLO				JURY(O) JURY(O)	
PASSENGER	ANTONIO RICOBERTO				FATAL INJURY	
PASSENGER	ANTONIO MIGEL				FATAL INJURY	
PASSENGER PASSENGER	MAVIN MENDEZ HEBER RAMIREZ				JURY(O) JURY(O)	
PASSENGER	HENRRI LUCAS			NO IN	JURY(O)	
PASSENGER PASSENGER	JOCE ANASTACIO DENY LOPEZ				JURY(O) JURY(O)	
PASSENGER	OBDELI RAMIREZ			NO IN	JURY(O)	
PASSENGER PASSENGER	HERUIN GOMEZ DAYSIE ZEPEDA				JURY(O) FATAL INJURY	
PASSENGER	HELIAS GOMEZ				JURY(O)	
PASSENGER	DELFINO LOPEZ				JURY(O)	
PASSENGER PASSENGER	SACARIAS HERNANDEZ JUAN REYES				FATAL INJURY FATAL INJURY	
PASSENGER	GUSTANO REYES			NON F	FATAL INJURY	
PASSENGER PASSENGER	MARTINIANO MARQUEZ EPOFANIO ANASTACIO				FATAL INJURY FATAL INJURY	
PASSENGER	FRANCISCO ANASTACIO			NON F	ATAL INJURY	
PASSENGER PASSENGER	JEREMIAS MENDES ZACARIAS HERNANDEZ				FATAL INJURY FATAL INJURY	
PASSENGER	STABIN MARCOS				FATAL INJURY	
DRIVER V01						
Person Type DRIVER	V01	on Type Detail				
First Name JESUS	Middle Name M	Last Nam	e NEVAREZ		Suffix	Date of Birth Age Sex M
Address	Address Other		INLVALLE	City DOU	_	State Zip Code
80 SOUTHERN WAY LOT 32 Phone Number	Phone Number (other)	Condition at Time of	Crash	IDOU	GLAS	GA 31534
	<u> </u>	APPARENTLY NO	ORMAL		To: :	
Driver License Number 059364318	Class Expires State A 2020 GA	Jurisdiction Type 02 COM	MERCIAL DRIV	/ER LICENSE (CD	Status DL) VALID LICE	NSE
Commercial Motor Vehicle Endorsement	nts			·	☐ Becommer	nd Driver ReExam
Drivers License Restrictions 1	Drivers Licer	nse Restrictions 2		Driv	vers License Restrict	
NONE	NONE		Driver Vision Ob		NE	
Driver Distracted By NOT DISTRACTED			VISION NOT	OBSCURED		
Driver Actions at Time of Crash 1 (base DROVE TOO FAST FOR CONDI	ed on judgement of investigation officer)		Driver Actions at	Time of Crash 2 (bas UTING ACTION	sed on judgement of	investigation officer)
Driver Actions at Time of Crash 3 (base	ed on judgement of investigation officer)		Driver Actions at	Time of Crash 4 (bas	sed on judgement of	investigation officer)
NO CONTRIBUTING ACTION Motor Vehicle Seating Position: Row	Mater Vehicle Continu Decition: Con	t Mateu Valsial		UTING ACTION		-
FRONT	Motor Vehicle Seating Position: Sea LEFT	NOT APPL	e Seating Positior LICABLE	n: Other		Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT US	FD		Helmet Use			
Air Bag Deployed			Ejection	_		
NOT DEPLOYED Trapped Extrication			NOT EJECTE	D		
NÖT TRAPPED					T= .	
Injury Severity Level Type NO INJURY(O)	Injury Severity Level De	etail			Primary or Most O	bvious of Body Area Injured During Crash
Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run N	umber	Medical Facility T	ransported To	
NOT TRANSPORTED Law Enforcement Suspected Alcohol U	Jse Alcohol Test Type	Alcohol Te	ested	Ald	cohol Test Result	BAC
NO Law Enforcement Suspected Drug Use	,,	TEST No	OT GIVEN		ug Test Result	
NO	. Diag isst type		OT GIVEN		ag root ricouit	
Violation Type Issued UNIFORM TRAFFIC CITATION UNIFORM TRAFFIC CITATION	E01974240	Violation Descriptio 40-6-180 TOO FAS 40-6-48 FAILURE T	T FOR CONDIT			

Crash Number Re C000352654-01 GE	eporting Agency EORGIA DEPARTMENT OF PUBLIC SA	FETY	Reporting Agency Ca C000352654	ase Number	Reporting Agency (GSPH15CAD05	CAD Numbe 7168	er
PASSENGER V01							
Person Type PASSENGER	NM# Vehicle# Person Type De			Io #	In . (B):		To.
First Name MISDEL	Middle Name	Last Name MANILLA		Suffix	Date of Birth /1992	Age 22	Sex M
Address 424 MAINE ST N	Address Other	. T	City PEARS	SON	State GA	Zip Code 31642	
	` ´ APPAR	at Time of Crash ENTLY NORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat NNKNOWN	Motor Vehicle Seating Position: NOT APPLICABLE	Other		☐ Seatin	g Position L	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE OC	CUPANT	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 Obvio	ous of Body Area In	jured Durinç	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Trai	nsported To			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alco	hol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug	Test Result			
PASSENGER V01	INIM# Webisla# IDanses Time D	-4-11	·				
Person Type PASSENGER First Name	NM# Vehicle# Person Type De V01	Last Name		Suffix	Date of Birth	Λαο	Sex
SANTOS		HERNANDEZ	Ic:n.	Sullix	/1983	Age 31	M
Address 424 MAINE ST N Phone Number Pho	Address Other one Number (other) Condition	at Time of Crash	City PEARS	SON	State GA	Zip Code 31642	
Motor Vehicle Seating Position: Row	APPAR	ENTLY NORMAL Motor Vehicle Seating Position:	Othor				
UNKNOWN		NOT APPLICABLĔ	Other		☐ Seatin	g Position L	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE OC	CUPANT	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 Obvio	ous of Body Area In	jured Durinç	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Trai	nsported To			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alco	hol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug	g Test Result			
PASSENGER V01	NM# Vehicle# Person Type De	atail					
Person Type PASSENGER First Name		Last Name		Suffix	Date of Birth	Age	Sex
ABIMAEL Address	Address Other	HERNANDEZ	City		/1989 State	26 Zip Code	M
424 MAINE ST N		at Time of Crash	City PEARS	SON	GA	31642	
Motor Vehicle Seating Position: Row	APPAR	ENTLY NORMAL	Other				
UNKNOWN Restraint Systems	UNKNOWN	Motor Vehicle Seating Position: NOT APPLICABLE Helmet Use			☐ Seatin	g Position L	Jnknown
NONE USED - MOTOR VEHICLE OC	CUPANT	Ejection					
NOT DEPLOYED Trapped Extrication		NOT EJECTED)				
NOT TRAPPED Injury Severity Level Type	Injury Severity Level Detail			Primary or Most Obvio	ous of Rody Aroa In	iurod During	a Crach
NO INJURY(O)	1., .	EMS Run Number		<u>, </u>	Dus of body Alea III	jurea Darrin	JOIASII
Source of Transport to Medical Facility NOT TRANSPORTED	3. 1, 1. 1		Medical Facility Trai	<u>'</u>		IDAC	
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		hol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug	g Test Result			
PASSENGER V01 Person Type	NM# Vehicle# Person Type De	etail					
PASSENGER First Name	V01 Middle Name	Last Name		Suffix	Date of Birth	Age	Sex
ALFREDO Address	Address Other	HERNANDEZ	City		/1974 State	41 Zip Code	М
424 MAINE ST N	one Number (other) Condition	at Time of Crash	City PEARS	SON	State GA	31642	
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	ENTLY NORMAL Motor Vehicle Seating Position:	Other		П о	a Donition !	Inke sur
UNKNOWN Restraint Systems	UNKNOWN	NOT APPLICABLĚ Helmet Use			☐ Seatin	g Position L	JIKNOWN
NONE USED - MOTOR VEHICLE OCI Air Bag Deployed	CUPANT	Ejection					
NOT DEPLOYED Trapped Extrication		NOT EJECTED)				
NOT TRAPPED Injury Severity Level Type	Injury Severity Level Detail		Г	Primary or Most Obvio	ous of Rody Area In	iured During	n Crach
NO INJURY(O)	injury Seventy Level Detail			ary or wost Obvic	Jus of Body Alea III	ימיפט בייטוווו(, UI ASII

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBL	IC SAFETY	Reporting Agen C000352654	cy Case Number	Reporting Agency 0 GSPH15CAD05	CAD Numbe 7168	er
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility	y Transported To			
Law Enforcement Suspected Alcohol Use NO	e 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		TEST NOT GIVEN					
Person Type PASSENGER	V01	ype 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 PE	ARSON	State GA	Zip Code 31642	
	` ´ AF	ndition at Time of Crash PPARENTLY NORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Po	sition: Other		☐ Seatin	g Position L	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE	OCCUPANT	Helmet Use					
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJEC	CTED				
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail			Primary or Most O	bvious of Body Area In	jured Durino	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility	y Transported To			
Law Enforcement Suspected Alcohol Use NO	e 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	V01	ype Detail		Io #	[D : 15:::		10
First Name BERNALDINO	Middle Name	Last Name HERNANDEZ		Suffix	Date of Birth /1983	Age 32	Sex M
Address 424 MAINE ST N	Address Other	ndition at Time of Comb	City PE	ARSON	State GA	Zip Code 31642	
	` ´ AF	ndition at Time of Crash PPARENTLY NORMAL			<u> </u>		
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Po- NOT APPLICABLE	sition: Other		☐ Seatin	g Position L	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE	OCCUPANT	Helmet Use					
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJEC	CTED				
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail			Primary or Most O	bvious of Body Area In	jured Durinç	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility	y Transported To			
Law Enforcement Suspected Alcohol Use NO	e 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	INIME TOTAL TO T	ime Datail					
Person Type PASSENGER	NM# Vehicle# Person T	ype Detail Last Name		Suffix	Date of Birth	Λα.ο.	ICau
First Name JILNES		MARTINEZ CRUZ	Io:a		/1991	Age 24	Sex M
Address 424 MAINE ST N Phone Number	Address Other Phone Number (other) Co	ndition at Time of Crash	PE	ARSON	State GA	Zip Code 31642	
Motor Vehicle Seating Position: Row		PARENTLY NORMAL Motor Vehicle Seating Po	sition: Other		<u> </u>		
UNKNOWN Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use	Sition. Other		Seatin	g Position L	Jnknown
NONE USED - MOTOR VEHICLE	OCCUPANT						
NOT DEPLOYED		Ejection NOT EJEC	CTED				
Trapped Extrication NOT TRAPPED	li: 0 " l			- In:	(5.1.4.1		0 1
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail			, in the second second	bvious of Body Area In	jurea Durinç	g Crasn
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility	y Transported To			
Law Enforcement Suspected Alcohol Use NO	71	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	NM# Vehicle# Person T	ype Detail					
Person Type PASSENGER First Name	Middle Name	Last Name		Suffix	Date of Birth	Age	Sex
RAUL Address	Address Other	PEREZ MARTINEZ			/1991 State	Age 24 Zip Code	М
424 MAINE ST N		ndition at Time of Crash	PE	ARSON	GA	31642	
Motor Vehicle Seating Position: Row		PPARENTLY NORMAL Motor Vehicle Seating Po	sition: Other		I	D :::	
UNKNOWN Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use	****		☐ Seatin	g Position L	Jnknown
NONE LISED - MOTOR VEHICLE	OCCUPANT						

Crash Number Re C000352654-01 GI	eporting Agency EORGIA DEPARTMENT OF PUBLIC S	AFETY	Reporting Agency Case Number C000352654	Reporting Agency CAD Number GSPH15CAD057168
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED)	
Trapped Extrication NOT TRAPPED		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most C	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	<u> </u>
PASSENGER V01				
Person Type PASSENGER First Name	NM# Vehicle# Person Type I V01	Detail Last Name	Suffix	Date of Birth Age Sex
OBISPO Address	Address Other	GASPAR HERNANDEZ		Date of Birth Age Sex 1986 29 M
424 MAINE ST N		n at Time of Crash	PÉARSON	GA 31642
Motor Vehicle Seating Position: Row	APPAF	RENTLY NORMAL Motor Vehicle Seating Position:	Other	l-
UNKNOWN Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use		Seating Position Unknown
NONE USED - MOTOR VEHICLE OC Air Bag Deployed	CUPANT	Ejection		
NOT DEPLOYED Trapped Extrication		NOT EJECTED)	
NOT TRAPPED Injury Severity Level Type	Injury Severity Level Detail		Primary or Most C	Obvious of Body Area Injured During Crash
NO INJURY(O) Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To	bollous of Body Area Injured Duffing Crash
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use		Alcohol Tested	Alcohol Test Result	BAC
NO '	Alcohol Test Type	TEST NOT GIVEN		BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result	
Person Type	NM# Vehicle# Person Type [Petail		
PASSENGER First Name	Middle Name	Last Name	Suffix	Date of Birth Age Sex /1992 23 M
WKI Address	OUTSOURCING Address Other	SOLUTIONS	City	State Zip Code
Phone Number Pho		n at Time of Crash	DÓUGLAS	GA 31533-0002
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	RENTLY NORMAL Motor Vehicle Seating Position:	: Other	Seating Position Unknown
UNKNOWN Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use		
NONE USED - MOTOR VEHICLE OC	CUPANT	Ejection	`	
NOT DEPLÔYED Trapped Extrication		NOT EJECTED)	
NOT TRAPPED Injury Severity Level Type	Injury Severity Level Detail		Primary or Most C	Obvious of Body Area Injured During Crash
NO INJURY(O) Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To	
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use	Alcohol Test Type	Alcohol Tested	Alcohol Test Result	BAC
NO Law Enforcement Suspected Drug Use	Drug Test Type	TEST NOT GIVEN Drug Tested	Drug Test Result	
NO PASSENGER V01		TEST NOT GIVEN		
Person Type PASSENGER	NM# Vehicle# Person Type I	Petail		
First Name DARINEL	Middle Name	Last Name GOMEZ	Suffix	Date of Birth Age Sex /1992 23 M
Address 424 MAINE ST N	Address Other	•	City PEARSON	State Zip Code GA 31642
	` ´ APPAF	n at Time of Crash RENTLY NORMAL		
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: NOT APPLICABLE	: Other	Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OC	CUPANT	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 C	bvious 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	NIM# IVabiala# ID T		•	
Person Type PASSENGER First Name	NM# Vehicle# Person Type I V01	Last Name	Suffix	Date of Birth Age Sex
ARTEMIO	IVIIQUIE IVAITIE	COBON	Sullix	Date of Birth Age Sex /1967 48 M

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUB	SLIC SAFETY	Reporting Agency Case Number Reporting Agency C000352654 Reporting Agency		CAD Number 57168	
Address 424 MAINE ST N	Address Other		City	ARSON	State GA	Zip Code 31642
		Condition at Time of Crash APPARENTLY NORMAL		ANSON	IGA	131042
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Posi NOT APPLICABLE	ition: Other		Seating	Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE O	CCUPANT	Helmet Use			•	
Air Bag Deployed NOT DEPLOYED	000171111	Ejection NOT EJEC	TED			
Trapped Extrication		INOT ESEC	TLD			
NOT TRAPPED Injury Severity Level Type	Injury Severity Level Det	ail		Primary or Most C	Obvious of Body Area Inj	ured During Crash
NO INJURY(O) Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility	y Transported To		
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use	Alcohol Test Type	Alcohol Tested		Alcohol Test Result		BAC
NO Law Enforcement Suspected Drug Use	Drug Test Type	TEST NOT GIVEN Drug Tested		Drug Test Result		-
NO	3.6g 700. 1)p0	TEST NOT GIVEN		2.09 .00		
Person Type		Type Detail				
PASSENGER First Name	V01 Middle Name	Last Name		Suffix	Date of Birth	Age Sex
GUILDER Address	Address Other	MATIAS	City	,	/1991 State	Zip Code
424 MAINE ST N Phone Number	hone Number (other)	Condition at Time of Crash	PÉ	ARSON	GA	31642
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	APPARENTLY NORMAL Motor Vehicle Seating Position	ition: Other		По. ::	
UNKNOWN Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use			☐ Seating	Position Unknown
NONE UŚED - MOTOR VEHICLE O	CCUPANT					
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJEC	TED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Det	ail		Primary or Most C	Obvious of Body Area Inj	ured During Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility	y 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		TEST NOT GIVEN				
Person Type PASSENGER	NM# Vehicle# Person	Type Detail				
First Name GUELSI	Middle Name	Last Name GOMEZ		Suffix	Date of Birth /1996	Age Sex 19 M
Address 424 MAINE ST N	Address Other	·	City PE	ARSON	State GA	Zip Code 31642
Phone Number P		Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Posi NOT APPLICABLE	ition: Other		☐ Seating	Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE O	•	Helmet Use			<u> </u>	
Air Bag Deployed	000171141	Ejection NOT EJEC	TED			
NOT DEPLOYED Trapped Extrication		INOT EJEC	TED			
NOT TRAPPED Injury Severity Level Type	Injury Severity Level Det	ail		Primary or Most C	Obvious of Body Area Inj	ured During Crash
NO INJURY(O) Source of Transport to Medical Facility						
NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility	Transported To		
			Medical Facility			BAC
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Medical Facility	Alcohol Test Result		BAC
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO		Alcohol Tested	Medical Facility			BAC
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type	Alcohol Test Type Drug Test Type	Alcohol Tested TEST NOT GIVEN Drug Tested	Medical Facility	Alcohol Test Result		BAC
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name	Alcohol Test Type Drug Test Type	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN	Medical Facility	Alcohol Test Result	Date of Birth	
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENCER V01 Person Type PASSENGER First Name HENEVI	Alcohol Test Type Drug Test Type NM# Vehicle# Person Middle Name	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Type Detail		Alcohol Test Result Drug Test Result Suffix	Date of Birth	Age Sex 23 M
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name HENEVI Address 424 MAINE ST N	Alcohol Test Type Drug Test Type NM# Vehicle# Person V01 Middle Name Address Other	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Type Detail Last Name		Alcohol Test Result Drug Test Result	Date of Birth	
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name HENEVI Address 424 MAINE ST N Phone Number	Alcohol Test Type Drug Test Type NM# Vehicle# Person V01 Middle Name Address Other hone Number (other) 0	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Type Detail Last Name PEREZ Condition at Time of Crash APPARENTLY NORMAL	City	Alcohol Test Result Drug Test Result Suffix	Date of Birth /1992 State GA	Age Sex 23 M
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name HENEVI Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN	Alcohol Test Type Drug Test Type NM# Vehicle# Person Widdle Name Address Other hone Number (other)	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Type Detail Last Name PEREZ Condition at Time of Crash APPARENTLY NORMAL Motor Vehicle Seating Pos NOT APPLICABLE	City	Alcohol Test Result Drug Test Result Suffix	Date of Birth /1992 State GA	Age Sex 23 M Zip Code
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name HENEVI Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN NONE USED - MOTOR VEHICLE O	Alcohol Test Type Drug Test Type NM# Vehicle# Person V01 Middle Name Address Other hone Number (other) Motor Vehicle Seating Position: Seat UNKNOWN	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Type Detail Last Name PEREZ Condition at Time of Crash APPARENTLY NORMAL Motor Vehicle Seating Pos NOT APPLICABLE Helmet Use	City	Alcohol Test Result Drug Test Result Suffix	Date of Birth /1992 State GA	Age Sex 23 M
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name HENEVI Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NONE USED - MOTOR VEHICLE OF AIR Bag Deployed NOT DEPLOYED	Alcohol Test Type Drug Test Type NM# Vehicle# Person V01 Middle Name Address Other hone Number (other) Motor Vehicle Seating Position: Seat UNKNOWN	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Type Detail Last Name PEREZ Condition at Time of Crash APPARENTLY NORMAL Motor Vehicle Seating Pos NOT APPLICABLE	City PE ition: Other	Alcohol Test Result Drug Test Result Suffix	Date of Birth /1992 State GA	Age Sex 23 M
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name HENEVI Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NONE USED - MOTOR VEHICLE O Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED	Alcohol Test Type Drug Test Type NM# Vehicle# Person V01 Middle Name Address Other hone Number (other) Motor Vehicle Seating Position: Seat UNKNOWN	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Type Detail Last Name PEREZ Condition at Time of Crash APPARENTLY NORMAL Motor Vehicle Seating Pos NOT APPLICABLE Helmet Use Ejection	City PE ition: Other	Alcohol Test Result Drug Test Result Suffix	Date of Birth /1992 State GA	Age Sex 23 M
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name HENEVI Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NONE USED - MOTOR VEHICLE O Air Bag Deployed NOT DEPLOYED Trapped Extrication	Alcohol Test Type Drug Test Type NM# Vehicle# Person V01 Middle Name Address Other hone Number (other) Motor Vehicle Seating Position: Seat UNKNOWN	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Type Detail Last Name PEREZ Condition at Time of Crash APPARENTLY NORMAL Motor Vehicle Seating Pos NOT APPLICABLE Helmet Use Ejection NOT EJEC	City PE ition: Other	Alcohol Test Result Drug Test Result Suffix ARSON	Date of Birth /1992 State GA	Age Sex 23 M Zip Code 31642 g Position Unknown
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name HENEVI Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NONE USED - MOTOR VEHICLE OF Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type	Alcohol Test Type Drug Test Type NM# Vehicle# Person V01 Middle Name Address Other hone Number (other) (0) Motor Vehicle Seating Position: Seat UNKNOWN CCUPANT	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Type Detail Last Name PEREZ Condition at Time of Crash APPARENTLY NORMAL Motor Vehicle Seating Pos NOT APPLICABLE Helmet Use Ejection NOT EJEC	City PE ition: Other TED	Alcohol Test Result Drug Test Result Suffix ARSON	Date of Birth /1992 State GA	Age Sex 23 M Zip Code 31642 g Position Unknown
Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name HENEVI Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NONE USED - MOTOR VEHICLE O Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility	Alcohol Test Type Drug Test Type NM# Vehicle# Person V01 Middle Name Address Other hone Number (other) COUPANT Injury Severity Level Det	Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Type Detail Last Name PEREZ Condition at Time of Crash APPARENTLY NORMAL Motor Vehicle Seating Posi NOT APPLICABLE Helmet Use Ejection NOT EJEC	City PE ition: Other TED	Alcohol Test Result Drug Test Result Suffix ARSON Primary or Most C	Date of Birth 71992 State GA Seating	Age Sex 23 M Zip Code 31642 g Position Unknown

Crash Number Re C000352654-01 GI	eporting Agency SEORGIA DEPARTMENT OF PUBLIC SA	AFETY	Reporting Agency Cas C000352654	se Number I	Reporting Agency (GSPH15CAD05	CAD Numbe 7168	r
PASSENGER V01							
Person Type PASSENGER	NM# Vehicle# Person Type D			lo #	ID : (D: II		10
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 PEARSO	ON	State GA	Zip Code 31642	
	` ´ APPAF	n at Time of Crash RENTLY NORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: NOT APPLICABLE	: Other		☐ Seatin	g Position L	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE OC	CCUPANT	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		P	rimary or Most Obvio	us of Body Area In	jured During	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Trans	sported To			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcoh	ol 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# Person Type D			Io. #:	ID-to-of Birth	A	10
First Name JUAN	Middle Name	Last Name GOMEZ	La.	Suffix	Date of Birth /1977	Age 38	Sex M
Address 424 MAINE ST N	Address Other	a at Time of Owerh	City PEARSO	ON	State GA	Zip Code 31642	
	` ´ APPAF	n at Time of Crash RENTLY NORMAL	0.11				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: NOT APPLICABLE	: Other		☐ Seatin	g Position L	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE OC	CUPANT	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		P	rimary or Most Obvio	us of Body Area In	jured During	J Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Trans	sported To			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcoh	ol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug	Test Result			
PASSENGER V01	NIMU I Vakiala II I Daggar Tura F)-t-:I	·				
Person Type PASSENGER First Name	NM# Vehicle# Person Type D V01 Middle Name	Last Name		Suffix	Date of Birth	Λαο	Sex
NOELIO Address	Address Other	VILLOTORO	Icity		/1969 State	Age 45 Zip Code	M
424 MAINE ST N		n at Time of Crash	City PEARSO	ON	GA	31642	
Motor Vehicle Seating Position: Row	` ´ APPAF	RENTLY NORMAL	· Other		1_		
UNKNOWN Restraint Systems	UNKNOWN	Motor Vehicle Seating Position: NOT APPLICABLE Helmet Use	. Other		☐ Seatin	g Position L	Jnknown
NONE USED - MOTOR VEHICLE OC	CUPANT						
Air Bag Deployed NOT DEPLOYED Trapped Extrication		Ejection NOT EJECTED)				
NÓT TRAPPED	Inium Coverity Level Detail		I.e.	riman, as Maat Obvia	us of Dody Area In	iumad Dumina	- Craab
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level Detail NON-INCAPACITATING (B)	,	,	rimary or Most Obvio	us or body Area In	jurea Daring	J OI dSII
Source of Transport to Medical Facility EMS GROUND	COFFEE REGIONAL EMS	EMS Run Number 4341	Medical Facility Trans	IÄL MEDICAL CEI	NTER	IDAC	
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN		ol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug	Test Result			
PASSENGER V01 Person Type	NM# Vehicle# Person Type D	Detail					
PASSENGER First Name	V01 Middle Name	Last Name		Suffix	Date of Birth	Age	Sex
PASCUAL Address	Address Other	HANTONIO	City		/1968 State	47 Zip Code	М
424 MAINE ST N	one Number (other) Condition	n at Time of Crash	City PEARSO	ON	State GA	31642	
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	RENTLY NORMAL Motor Vehicle Seating Position:	: Other		Пост	a Docision 1	Inke a
UNKNOWN Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use			Seatin	g Position L	JIKIIOWN
NONE USED - MOTOR VEHICLE OC Air Bag Deployed	CUPANT	Ejection					
NOT DEPLOYED Trapped Extrication		NOT EJECTED)				
NOT TRAPPED Injury Severity Level Type	Injury Severity Level Detail		l e	rimary or Most Obvio	us of Rody Area In	iured During	n Crach
NO INJURY(O)	injury Severity Level Detail		P	mary or wost Obvio	us or body Area III	յսոես քաուին	, Olasii

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBL	LIC SAFETY	Reporting Agency Case C000352654	Number	Reporting Agency GSPH15CAD05	CAD Numbe 57168	er
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transp	oorted To			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcoho	Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug T	est Result		<u> </u>	
PASSENGER V01		TEST NOT GIVEN					
Person Type PASSENGER	V01	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 PEARSO	N	State GA	Zip Code 31642	
		ondition at Time of Crash PPARENTLY NORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Po NOT APPLICABLE			☐ Seatir	ng Position U	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE (OCCUPANT	Helmet Use					
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJE	CTED				
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Deta	il	Pri	mary or Most O	bvious of Body Area Ir	njured During	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transp	oorted To			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcoho	Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug T	est Result			
PASSENGER V01	INIM# TAYLET # TO						
Person Type PASSENGER First Name	NM# Vehicle# Person V01	Type Detail Last Name		Suffix	Date of Birth	۸۵۵	Sex
JAIME	Address Other	PEREZ	I City		/1997 State	Age 17 Zip Code	M
Address 424 MAINE ST N Phone Number		ondition at Time of Crash	City PEARSO	N	GA GA	31642	
Motor Vehicle Seating Position: Row		PPARENTLY NORMAL Motor Vehicle Seating Po	ssition: Other				
UNKNOWN Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use			☐ Seatir	ng Position U	Jnknown
NONE USED - MOTOR VEHICLE (Air Bag Deployed	OCCUPANT	Ejection					
NOT DEPLOYED Trapped Extrication		NOT EJE	CTED				
NOT TRAPPED Injury Severity Level Type	Inium Coverity Level Date	:1	l n.:	man, as Maat O	bvious of Body Area Ir	sirmed Druin	a Cuash
NO INJURY(O)	Injury Severity Level Deta				bylous of Body Area in	ijurea During	y Crasn
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transp			la.a	
Law Enforcement Suspected Alcohol Use NO	7,1	Alcohol Tested TEST NOT GIVEN		Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug 1	est Result			
PASSENGER V01 Person Type	NM# Vehicle# Person	Type Detail					
PASSENGER First Name	Middle Name	Last Name		Suffix	Date of Birth	Age 24	Sex M
VICTOR Address	Address Other	CRUZ	City PÉARSO		/1991 State GA	Zip Code	M
424 MAINE ST N Phone Number		ondition at Time of Crash	PEARSO	N	[GA	31642	
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	PPARENTLY NORMAL Motor Vehicle Seating Po	sition: Other		☐ Seatin	ng Position U	Inknown
Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use				.5 . 55111011 €	
NONE USED - MOTOR VEHICLE (Air Bag Deployed_	OCCUPANI	Ejection					
NOT DEPLOYED Trapped Extrication		NOT EJE	CTED				
NOT TRAPPED Injury Severity Level Type	Injury Severity Level Deta	il	Pri	mary or Most O	bvious of Body Area Ir	njured During	g Crash
NO INJURY(O) Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transp	oorted To			
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use	Alcohol Test Type	Alcohol Tested	Alcoho	Test Result		BAC	
NO Law Enforcement Suspected Drug Use	Drug Test Type	TEST NOT GIVEN Drug Tested		est Result			
PASSENGER V01	7 76	TEST NOT GIVEN					
Person Type PASSENGER PASSENGER	NM# Vehicle# Person	Type Detail					
First Name ROYER	Middle Name	Last Name LOPEZ		Suffix	Date of Birth	Age 23	Sex M
Address 424 MAINE ST N	Address Other	10, 12	City PEARSO	 N	State GA	Zip Code 31642	_
		ondition at Time of Crash PPARENTLY NORMAL	JI LANGO		Jun	101042	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Po	sition: Other		☐ Seatir	ng Position U	Jnknown
Restraint Systems		Helmet Use			t		

Air Bag Deployed NOT DEPLOYED	GÉORGIA DEPARTMENT OF PI	UBLIC SAFETY	Reporting Agency Case Number C000352654	Reporting Agency CAD Number GSPH15CAD057168
		Ejection NOT EJECTE	ED	
Trapped Extrication NOT TRAPPED		,		
Injury Severity Level Type NO INJURY(O)	Injury Severity Level D	Detail	Primary or Most O	bvious 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	e 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	NM# Vehicle# Pers	son Type Detail		
Person Type PASSENGER First Name	NM# Vehicle# Pers	Last Name	Suffix	Date of Birth Age Sex
RUBELIO Address	Address Other	DE LION	City	Date of Birth Age Sex /1988 27 M
424 MAINE ST N Phone Number	Phone Number (other)	Condition at Time of Crash	PÉARSON	GA 31642
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Sea	APPARENTLY NORMAL at Motor Vehicle Seating Position	n: Other	O cartina Desirta a Halassana
UNKNOWN Restraint Systems	UNKNOWN	NOT APPLICABLĔ Helmet Use		Seating Position Unknown
NONE USED - MOTOR VEHICLE Air Bag Deployed	OCCUPANT	Ejection		
NOT DEPLOYED Trapped Extrication		NOT EJECTE	ED .	
NOT TRAPPED Injury Severity Level Type	Injury Severity Level D	Detail Detail	Primary or Most O	obvious of Body Area Injured During Crash
NO INJURY(O) Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To	
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use		Alcohol Tested	Alcohol Test Result	BAC
NO Law Enforcement Suspected Drug Use	Drug Test Type	TEST NOT GIVEN Drug Tested	Drug Test Result	
NO		TEST NOT GIVEN		
PASSENGER V01 Person Type PASSENGER	NM# Vehicle# Pers	son Type Detail		
First Name JOCE	Middle Name	Last Name MENDEZ	Suffix	Date of Birth Age Sex /1993 22 M
Address 424 MAINE ST N	Address Othe		City PEARSON	State Zip Code GA 31642
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	I EMIOON	UN U1042
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Sea UNKNOWN		n: Other	Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE	OCCUPANT	Helmet Use		•
Air Bag Deployed				
		Ejection NOT EJECTE	ED	
NOT DEPLOYED Trapped Extrication NOT TRAPPED			ED	
NOT DEPLOYED Trapped Extrication	Injury Severity Level D	NOT EJECTE		obvious of Body Area Injured During Crash
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type	Injury Severity Level D	NOT EJECTE		obvious of Body Area Injured During Crash
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility	EMS Agency Name or ID	Detail EMS Run Number Alcohol Tested	Primary or Most C	Obvious of Body Area Injured During Crash
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use	EMS Agency Name or ID	Detail EMS Run Number	Primary or Most O	
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01	EMS Agency Name or ID e Alcohol Test Type Drug Test Type	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN	Primary or Most C Medical Facility Transported To Alcohol Test Result	
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers	Detail EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN son Type Detail	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result	BAC
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Ust NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name RODOLFO	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix	BAC Date of Birth Age Sex //1983 31 M
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO PASSENGER V01 Person Type PASSENGER First Name	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN son Type Detail Last Name SALEZ er Condition at Time of Crash	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result	BAC Date of Birth Age Sex
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO PASSENGER V01 PROSENGER First Name RODOLFO Address 424 MAINE ST N	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01 Middle Name Address Other	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ Er Condition at Time of Crash APPARENTLY NORMAL	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix City PEARSON	Date of Birth Age Sex /1983 31 M State Zip Code GA 31642
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name RODOLFO Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01 Middle Name Address Other Phone Number (other) Motor Vehicle Seating Position: Seature Seatu	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ er Condition at Time of Crash APPARENTLY NORMAL	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix City PEARSON	Date of Birth Age Sex /1983 31 M
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name RODOLFO Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NOT APPLICABLE (NON-MOTOR) Air Bad Denloved	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01 Middle Name Address Other Phone Number (other) Motor Vehicle Seating Position: Seature Seatu	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ er Condition at Time of Crash APPARENTLY NORMAL at Motor Vehicle Seating Positic NOT APPLICABLE	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix City PEARSON	Date of Birth Age Sex /1983 31 M State Zip Code GA 31642
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER V01 Person Type PASSENGER First Name RODOLFO Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN NOT APPLICABLE (NON-MOTOR Air Bag Deployed NOT DEPLOYED Transped Extrication	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01 Middle Name Address Other Phone Number (other) Motor Vehicle Seating Position: Seature Seatu	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ er Condition at Time of Crash APPARENTLY NORMAL at Motor Vehicle Seating Positic NOT APPLICABLE Helmet Use	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix City PEARSON on: Other	Date of Birth Age Sex /1983 31 M State Zip Code GA 31642
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Ust NO Law Enforcement Suspected Drug Use NO PASSENGER VOI PASSENGER First Name RODOLFO Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NOT APPLICABLE (NON-MOTOR Air Bag Deployed NOT DEPLOYED	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01 Middle Name Address Other Phone Number (other) Motor Vehicle Seating Position: Seature Seatu	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ er Condition at Time of Crash APPARENTLY NORMAL at Motor Vehicle Seating Positic NOT APPLICABLE Helmet Use Ejection NOT EJECTE	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix City PEARSON on: Other	Date of Birth Age Sex /1983 31 M State Zip Code GA 31642
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO PASSENGER VO1 Person Type PASSENGER First Name RODOLFO Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NOT APPLICABLE (NON-MOTOR Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01 Middle Name Address Other Phone Number (other) Motor Vehicle Seating Position: Security UNKNOWN	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ er Condition at Time of Crash APPARENTLY NORMAL at Motor Vehicle Seating Positic NOT APPLICABLE Helmet Use Ejection NOT EJECTE	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix City PEARSON on: Other	Date of Birth Age Sex M M State Zip Code GA 31642
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Ust NO Law Enforcement Suspected Drug Use NO PASSENGER VOI Person Type PASSENGER First Name RODOLFO Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NOT APPLICABLE (NON-MOTOR Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O)	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01 Middle Name Address Other Phone Number (other) Motor Vehicle Seating Position: Secunity Now New York Injury Severity Level Design EMS Agency Name or ID	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ er Condition at Time of Crash APPARENTLY NORMAL at Motor Vehicle Seating Positic NOT APPLICABLE Helmet Use Ejection NOT EJECTE Detail EMS Run Number Alcohol Tested	Primary or Most C Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix City PEARSON Primary or Most C	Date of Birth Age Sex M M State Zip Code GA 31642
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO PASSENGER VOI Person Type PASSENGER First Name RODOLFO Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NOT APPLICABLE (NON-MOTOR AIR Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01 Middle Name Address Other Phone Number (other) Motor Vehicle Seating Position: Sea UNKNOWN RIST) Injury Severity Level E	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ er Condition at Time of Crash APPARENTLY NORMAL at Motor Vehicle Seating Positic NOT APPLICABLE Helmet Use Ejection NOT EJECTE Detail EMS Run Number Alcohol Tested TEST NOT GIVEN	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix City PEARSON Primary or Most O Medical Facility Transported To	Date of Birth Age Sex // 1983 31 M State Zip Code GA 31642 Seating Position Unknown
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO PASSENGER V01 Person Type PASSENGER First Name RODOLFO Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NOT APPLICABLE (NON-MOTOR Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use NO Law Enforcement Suspected Drug Use NO	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01 Middle Name Address Other Phone Number (other) Motor Vehicle Seating Position: Security V	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ er Condition at Time of Crash APPARENTLY NORMAL at Motor Vehicle Seating Positic NOT APPLICABLE Helmet Use Ejection NOT EJECTE Detail EMS Run Number Alcohol Tested	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix City PEARSON In: Other Primary or Most O Medical Facility Transported To Alcohol Test Result	Date of Birth Age Sex // 1983 31 M State Zip Code GA 31642 Seating Position Unknown
NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO PASSENGER VO1 Person Type PASSENGER First Name RODOLFO Address 424 MAINE ST N Phone Number Motor Vehicle Seating Position: Row UNKNOWN Restraint Systems NOT APPLICABLE (NON-MOTOR Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NO INJURY(O) Source of Transport to Medical Facility NOT TRANSPORTED Law Enforcement Suspected Alcohol Use NO Law Enforcement Suspected Drug Use	EMS Agency Name or ID e Alcohol Test Type Drug Test Type NM# Vehicle# Pers V01 Middle Name Address Other Phone Number (other) Motor Vehicle Seating Position: Sea UNKNOWN RIST) Injury Severity Level E EMS Agency Name or ID e Alcohol Test Type Drug Test Type	EMS Run Number Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Son Type Detail Last Name SALEZ er Condition at Time of Crash APPARENTLY NORMAL at Motor Vehicle Seating Positic NOT APPLICABLE Helmet Use Ejection NOT EJECTE Detail EMS Run Number Alcohol Tested TEST NOT GIVEN	Primary or Most O Medical Facility Transported To Alcohol Test Result Drug Test Result Suffix City PEARSON In: Other Primary or Most O Medical Facility Transported To Alcohol Test Result	Date of Birth Age Sex // 1983 31 M State Zip Code GA 31642 Seating Position Unknown

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY			Reporting Age C000352654	Reporting Agency Case Number C000352654		Reporting Agency CAD Number GSPH15CAD057168	
Address 424 MAINE ST N		Address Other		Cit	TY EARSON	State GA	Zip Code 31642	
	Phone Number (other)		on at Time of Crash RENTLY NORMAL	11.	LANGON	Jun	101042	
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating UNKNOWN		Motor Vehicle Seating Po NOT APPLICABLE	sition: Other		Seation	ng Position l	Unknown
Restraint Systems NONE USED - MOTOR VEHICLE C			Helmet Use			<u> </u>		
Air Bag Deployed NOT DEPLOYED	DOOD! AIVI		Ejection NOT EJEC	DTED.				
Trapped Extrication			INOTEJEC	JIED				
NOT TRAPPED Injury Severity Level Type	Injury Se	everity Level Detail			Primary or Most O	bvious of Body Area I	njured Durin	g Crash
NO INJURY(O) Source of Transport to Medical Facility	EMS Agency Na	me or ID	EMS Run Number	Medical Facili	ty Transported To			
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use	Alcohol Test Type		Alcohol Tested		Alcohol Test Result		BAC	
NO Law Enforcement Suspected Drug Use	Drug Test Type		TEST NOT GIVEN Drug Tested		Drug Test Result			
NO	Jing rook type		TEST NOT GIVEN		2.tag root rioodit			
PASSENGER V01 Person Type PASSENGER		hicle# Person Type	Detail					
First Name	Middle Name	01	Last Name		Suffix	Date of Birth	Age 29	Sex
ANTONIO Address		Address Other	RICOBERTO	Cit	y L	/1986 State	Zip Code	М
424 MAINE ST N Phone Number	Phone Number (other)		on at Time of Crash	PE	ÉARSON	GA	31642	
Motor Vehicle Seating Position: Row	Motor Vehicle Seating		RENTLY NORMAL Motor Vehicle Seating Po	sition: Other		По ::	· · · ·	
UNKNOWN Restraint Systems	UNKNOWN		NOT APPLICABLE Helmet Use			☐ Seatii	ng Position I	Unknown
NONE USED - MOTOR VEHICLE C Air Bag Deployed	OCCUPANT		Ejection					
NOT DEPLÔYED			NOT EJEC	CTED				
Trapped Extrication NOT TRAPPED								
Injury Severity Level Type NON FATAL INJURY		everity Level Detail NCAPACITATING (E			Primary or Most O	bvious of Body Area I	njured Durin	g Crash
Source of Transport to Medical Facility EMS GROUND	EMS Agency Nat COFFEE REG		EMS Run Number 4341		ty Transported To EGIONAL 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			<u>.</u>					
Person Type PASSENGER	V	hicle# Person Type)1			La m			10
First Name ANTONIO	Middle Name		Last Name MIGEL		Suffix	Date of Birth /1994	Age 21	Sex M
Address 424 MAINE ST N		Address Other		Cit PE	EARSON	State GA	Zip Code 31642	
Phone Number F	Phone Number (other)		on at Time of Crash RENTLY NORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating UNKNOWN	Position: Seat	Motor Vehicle Seating Po NOT APPLICABLE	sition: Other		☐ Seatin	ng Position l	Unknown
Restraint Systems NONE USED - MOTOR VEHICLE O	OCCUPANT		Helmet Use					
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJEC	CTED				
Trapped Extrication NOT TRAPPED			1.10. 202					
Injury Severity Level Type NON FATAL INJURY	Injury Se	everity Level Detail NCAPACITATING (I	2)		Primary or Most O	bvious of Body Area I	njured Durin	g Crash
Source of Transport to Medical Facility	EMS Agency Na	ne or ID	EMS Run Number	Medical Facili	ty Transported To	OFNITED		
EMS GROUND Law Enforcement Suspected Alcohol Use	COFFEE REG Alcohol Test Type	IIONAL EMS	Alcohol Tested	[COFFEE RI	EGIONAL MEDICAL Alcohol Test Result	CENTER	BAC	
NO Law Enforcement Suspected Drug Use	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result			
PASSENGER V01			TEST NOT GIVEN					
Person Type PASSENGER		hicle# Person Type	Detail					
First Name MAVIN	Middle Name) i	Last Name MENDEZ		Suffix	Date of Birth	Age 32	Sex M
Address		Address Other	MENDEZ	Cit	Y EARSON	State	Zip Code	
424 MAINE ST N Phone Number	Phone Number (other)		on at Time of Crash	[Pi	EARSON	GA	31642	
Motor Vehicle Seating Position: Row	Motor Vehicle Seating		RENTLY NORMAL Motor Vehicle Seating Po	sition: Other		□ Seatio	ng Position l	Inknown
UNKNOWN Restraint Systems	UNKNOWN		NOT APPLICABLÉ Helmet Use			Geatin	ig i osition t	OTIKITOWIT
NONE USED - MOTOR VEHICLE C Air Bag Deployed	OCCUPANT		Ejection					
NOT DEPLOYED Trapped Extrication			NOT EJEC	CTED				
NOT TRAPPED Injury Severity Level Type	Hairas Co	everity Level Detail			Primary or Most O	Obvious of Body Area I	niured Durin	a Crach
NO INJURÝ(O)			LEMO Dura Nicoral	I paries de la		Douy Area II	ijarea Darin	y Orasii
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Na	ne or ID	EMS Run Number	Medical Facili	ty 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	Drug Test Type		Drug Tested		Drug Test Result			

Crash Number C000352654-01	Reporting Agency GEORGIA DEPAR	RTMENT OF	PUBLIC SA	AFETY		Reporting Ager C000352654	ncy Case Number I	Reporting Agency GSPH15CAD05	CAD Numbe 57168	er
PASSENGER V01										
Person Type PASSENGER	NM#	Vehicle# P V01	erson Type D							
First Name HEBER	Middle Name			Last Nan RAMIR			Suffix	Date of Birth 1992	Age 23	Sex M
Address 424 MAINE ST N		Address C				Cit PE	y EARSON	State GA	Zip Code 31642	
Phone Number	Phone Number (other)		APPAR	n at Time of ENTLY N	ORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Sea UNKNOWN	ating Position:	Seat I	Motor Vehic NOT APP	le Seating Position LICABLE	: Other		Seation	ng Position I	Jnknown
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)	Injur	y Severity Leve	el Detail				Primary or Most O	bvious of Body Area I	njured Durin	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency	Name or ID		EMS Run N	lumber	Medical Facilit	ty Transported To			
Law Enforcement Suspected Alcohol Use NO	e Alcohol Test Typ	е		Alcohol T	ested IOT GIVEN		Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type			Drug Test			Drug Test Result		<u>I</u>	
PASSENGER V01					OT GIVEIV		Į.			
Person Type PASSENGER	NM#	Vehicle# P V01	erson Type D							
First Name HENRRI	Middle Name			Last Nan			Suffix	Date of Birth /1994	Age 21	Sex M
Address 424 MAINE ST N		Address C				Cit PE	y EARSON	State GA	Zip Code 31642	
Phone Number	Phone Number (other)		APPAR	n at Time of ENTLY N	ORMAL					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Sea UNKNOWN	ating Position:	Seat N	Motor Vehic NOT APP	le Seating Position LICABLE	: Other		☐ Seation	ng Position I	Jnknown
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)	Injur	y Severity Leve	el Detail				Primary or Most O	bvious of Body Area I	njured Durin	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency	Name or ID		EMS Run N	lumber	Medical Facili	ty Transported To			
Law Enforcement Suspected Alcohol Use NO	e Alcohol Test Typ	е	<u> </u>	Alcohol T	ested IOT GIVEN	<u>.</u>	Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type			Drug Test			Drug Test Result		<u>.</u>	
PASSENGER V01										
Person Type PASSENGER	NM#	Vehicle# P	erson Type D				Io #	In (n:		10
First Name JOCE	Middle Name			Last Nan ANAST		T	Suffix	Date of Birth /1991	Age 24	Sex M
Address 424 MAINE ST N	Dhara Niverbay (Albay)	Address C		t T: f	Overalla	Cit PE	Y EARSON	State GA	Zip Code 31642	
Phone Number	Phone Number (other)		APPAR	ENTLY N	ORMAL	011				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Sea UNKNOWN	ating Position:	Seat I	NOT APP		: Other		Seation	ng Position I	Jnknown
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)		y Severity Leve					,	bvious of Body Area I	njured Durin	g Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency			EMS Run N		Medical Facili	ty Transported To			
Law Enforcement Suspected Alcohol Use NO	,,	oe			OT GIVEN		Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type			Drug Test TEST N	ted IOT GIVEN		Drug Test Result			
PASSENGER - Parson Type	NM#	Vehicle# P	erson Type De	otail						
Person Type PASSENGER First Name	Middle Name	venicie# F	erson Type Di	Last Nan	ne		Suffix	Date of Birth	Age	Sex
EMANUEL Address	Wilduig Name	Address C	Other	HERNA	ÄNDEZ	Ic:		/1995 State	Zip Code	M
424 MAINE ST N Phone Number	Phone Number (other)			n at Time of	Crash	PE	Y EARSON	GA	31642	
Motor Vehicle Seating Position: Row	Motor Vehicle Sea		APPAR	ENTLY N	ORMAL	: Other		1_		
UNKNOWN	UNKNOWN			NOT APP	le Seating Position LICABLE Helmet Use	. 50.01		☐ Seation	ng Position I	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE	OCCUPANT				Ejection					
Air Bag Deployed NOT DEPLOYED					NOT EJECTED)				
Trapped Extrication NOT TRAPPED	Tu		-1 D-1 "				India -	hudana (D.)		O :
Injury Severity Level Type NO INJURY(O)	Injur	y Severity Leve	ei Detail				Primary or Most O	bvious of Body Area I	njured Durin	g Crash

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUB	LIC SAFETY	Reporting Age C000352654	ncy Case Number 4	Reporting Agency CAD Number GSPH15CAD057168
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facili	ity 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		TEST NOT GIVEN			
Person Type PASSENGER	V01	Type Detail			
First Name DENY	Middle Name	Last Name LOPEZ		Suffix	Date of Birth Age Sex /1988 27 M
Address 424 MAINE ST N	Address Other		Ci P	ty EARSON	State Zip Code GA 31642
	Ā	ondition at Time of Crash APPARENTLY NORMAL			
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Po			Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE (OCCUPANT	Helmet Use	•		
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJE	CTED		
Trapped Extrication NOT TRAPPED					
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Deta	ail		Primary or Most O	bvious of Body Area Injured During Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facili	ity 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	INIM" IV-III " IS				
Person Type PASSENGER First Name	NM# Vehicle# Person V01	Type Detail Last Name		Suffix	Date of Birth Age Sex
OBDELI Address	Address Other	RAMIREZ	Ic:		1994 21 M
424 MAINE ST N		ondition at Time of Crash	P	ty EARSON	GA 31642
Motor Vehicle Seating Position: Row		NPPARENTLY NORMAL Motor Vehicle Seating Po	osition: Other		
UNKNOWN Restraint Systems	UNKNOWN Control of the control of th	NOT APPLICABLE Helmet Use			Seating Position Unknown
NONE USED - MOTOR VEHICLE (Air Bag Deployed	OCCUPANT	Ejection	· 		
NOT DEPLOYED Trapped Extrication		NOT EJE	CTED		
NOT TRAPPED Injury Severity Level Type	I Indiana Consoriita I annal Data	.:1		Drimon, or Most O	huisus of Rody Avec Injured During Crook
NO INJURY(O)	Injury Severity Level Deta		I Madical Facili	, i	bvious of Body Area Injured During Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facili	ity Transported To	la c
Law Enforcement Suspected Alcohol Use NO	37.	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	NM# Vehicle# Person	Type Detail			
PASSENGER First Name	Middle Name	Last Name		Suffix	Date of Birth Age Sex
HERUIN Address	Address Other	GOMEZ	Ci	ty EARSON	State Zip Code
424 MAINE ST N Phone Number		ondition at Time of Crash	<u> </u>	EARSON	GA 31642
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	MOTO VEHICLE SEATING PO	osition: Other		Seating Position Unknown
Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use)		
NONE USED - MOTOR VEHICLE (Air Bag Deployed	JCCUPAN I	Ejection	0750		
NOT DEPLOYED Trapped Extrication		NOT EJE	CTED		
NOT TRAPPED Injury Severity Level Type	Injury Severity Level Deta	iil		Primary or Most O	bvious of Body Area Injured During Crash
NO INJURY(O) Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facili	ity Transported To	
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use	Alcohol Test Type	Alcohol Tested		Alcohol Test Result	BAC
NO Law Enforcement Suspected Drug Use	Drug Test Type	TEST NOT GIVEN Drug Tested		Drug Test Result	
PASSENGER V01		TËST NOT GIVEN			
Person Type PASSENGER PASSENGER	NM# Vehicle# Person	Type Detail			
First Name DAYSIE	Middle Name	Last Name ZEPEDA		Suffix	Date of Birth Age Sex /1997 18 F
Address 424 MAINE ST N	Address Other	122. 257	Ci	ty EARSON	State Zip Code GA 31642
		ondition at Time of Crash			S/1 0107£
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Po	osition: Other		Seating Position Unknown
Restraint Systems		Helmet Use	1		<u> </u>

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC	C SAFETY	Reporting Agency Case Number C000352654	Reporting Agency CAD Number GSPH15CAD057168
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTE	ED	
Trapped Extrication NOT TRAPPED		1	-	
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level Detail NON-INCAPACITATING	G (B)	Primary or Most O	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 Person Type PASSENGER	NM# Vehicle# Person Ty	pe Detail		
First Name	Middle Name	Last Name	Suffix	Date of Birth Age Sex 1/1990 24 M
HELIAS Address	Address Other	GOMEZ	City PEARSON	State Zip Code
424 MAINE ST N Phone Number		dition at Time of Crash PARENTLY NORMAL	PEARSON	GA 31642
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Positio	n: Other	Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE	•	Helmet Use		
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTE	ED	
Trapped Extrication NOT TRAPPED		·		
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most C	bvious 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	NM# Vehicle# Person Ty	pe Detail		
Person Type PASSENGER First Name	V01 Middle Name	Last Name	Suffix	Date of Birth Age Sex
DELFINO Address	Address Other	LOPEZ	City	State Zip Code
424 MAINE ST N Phone Number	Phone Number (other) Con	dition at Time of Crash PARENTLY NORMAL	PEARSON	GA 31642
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Positio	n: Other	Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE	-	Helmet Use		<u> </u>
Air Bag Deployed NOT DEPLOYED	OCCOPAINT	Ejection NOT EJECTE	:n	
Trapped Extrication NOT TRAPPED		THOT EULOTE		
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most C	bvious 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	e 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	NM# Vehicle# Person Ty		·	
Person Type PASSENGER First Name	NM# Vehicle# Person Ty Middle Name	Last Name	Suffix	Date of Birth Age Sex
MAUSICIO Address	Address Other	MENDEZ		/1990 24 M
424 MAINE ST N	Phone Number (other) Con	dition at Time of Crash	City PEARSON	State Zip Code GA 31642
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	PARENTLY NORMAL Motor Vehicle Seating Positio	n: Other	Seating Position Unknown
Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use		Godding Footion Children
NONE USED - MOTOR VEHICLE	OCCUPANI	Ejection	- n	
NOT DEPLÔYED Trapped Extrication		NOT EJECTE	:U	
NOT TRAPPED Injury Severity Level Type NON FATAL INJURY	Injury Severity Level Detail NON-INCAPACITATING	3 (R)	Primary or Most O	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 4341B	Medical Facility Transported To COFFEE REGIONAL MEDICAL	CENTER
Law Enforcement Suspected Alcohol Use NO		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	hune liver to			
Person Type PASSENGER	NM# Vehicle# Person Ty	·	Io.us	Date of Birth Are IC
First Name SACARIAS	Middle Name	Last Name HERNANDEZ	Suffix	Date of Birth Age Sex 1983 32 M

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number Reporting Agency CAD Number GSPH15CAD057168	
Address 424 MAINE ST N	Address Other		City PEARSON	State Zip Code GA 31642
		ondition at Time of Crash PPARENTLY NORMAL	j. 27.11.001.1	0.7.
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Positi NOT APPLICABLE	on: Other	Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE O	OCCUPANT	Helmet Use		
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECT	FD.	
Trapped Extrication NOT TRAPPED		1.10. 2020.		
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level Deta NON-INCAPACITATIN		Primary or Most C	Obvious of Body Area Injured During Crash
Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To	CENTER
EMS GROUND Law Enforcement Suspected Alcohol Use	HOPE EMS Alcohol Test Type	Alcohol Tested	Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use	Drug Test Type	Drug Tested	Drug Test Result	
PASSENGER V01		TEST NOT GIVEN		
Person Type PASSENGER	NM# Vehicle# Person V01	Type Detail		
First Name JUAN	Middle Name	Last Name REYES	Suffix	Date of Birth Age Sex /1995 20 M
Address 424 MAINE ST N	Address Other	[112.20	City PEARSON	State Zip Code GA 31642
		ondition at Time of Crash PPARENTLY NORMAL	T EARLOON	G/1 01042
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Positi NOT APPLICABLE	on: Other	Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE C		Helmet Use		
Air Bag Deployed NOT DEPLOYED	JOOGI AIVI	Ejection	ED	
Trapped Extrication		NOT EJECT	EU	
NÓT TRAPPED Injury Severity Level Type NON FATAL INJURY	Injury Severity Level Deta NON-INCAPACITATIN	il	Primary or Most C	Obvious of Body Area Injured During Crash
Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To	
EMS GROUND Law Enforcement Suspected Alcohol Use	HOPE EMS Alcohol Test Type	4344A Alcohol Tested	COFFEE RÉGIONAL MEDICAL Alcohol Test Result	CENTER BAC
NO Law Enforcement Suspected Drug Use	Drug Test Type	TEST NOT GIVEN Drug Tested	Drug Test Result	
PASSENGER V01		Drug Tested TEST NOT GIVEN		
Person Type PASSENGER	NM# Vehicle# Person	Type Detail		
First Name GUSTANO	Middle Name	Last Name REYES	Suffix	Date of Birth Age Sex /1992 22 M
Address 424 MAINE ST N	Address Other	[City PEARSON	State Zip Code GA 31642
		ondition at Time of Crash PPARENTLY NORMAL	TI EMILOGIA	G/K O O E
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Positi	on: Other	Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE C		Helmet Use		
Air Bag Deployed NOT DEPLOYED	7000171111	Ejection NOT EJECT	ED	
Trapped Extrication NOT TRAPPED		[NOT ESECT	LD	
Injury Severity Level Type	Injury Severity Level Deta	il	Primary or Most C	Obvious of Body Area Injured During Crash
NON FATAL INJURY Source of Transport to Medical Facility	NON-INCAPACITATIN	EMS Run Number	Medical Facility Transported To	
EMS GROUND Law Enforcement Suspected Alcohol Use	ATKINSON EMS Alcohol Test Type	4344B Alcohol Tested	COFFEE RÉGIONAL MEDICAL Alcohol Test Result	BAC
NO Law Enforcement Suspected Drug Use	Drug Test Type	TEST NOT GIVEN Drug Tested	Drug Test Result	
PASSENGER V01		TEST NOT GIVEN		
Person Type PASSENGER		Type Detail		
First Name MARTINIANO	Middle Name	Last Name MARQUEZ	Suffix	Date of Birth Age Sex /1990 25 M
Address 424 MAINE ST N	Address Other	IWATIQUEZ	City PEARSON	State Zip Code
		ondition at Time of Crash PPARENTLY NORMAL	FEANSON	GA 31642
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	Motor Vehicle Seating Positi	on: Other	Seating Position Unknown
Restraint Systems	UNKNOWN	NOT APPLICABLE Helmet Use		1
NONE USED - MOTOR VEHICLE C Air Bag Deployed	OCCUPANT	Ejection		
NOT DEPLÓYED Trapped Extrication		NOT EJECT	EU	
NOT TRAPPED Injury Severity Level Type	Injury Severity Level Deta NON-INCAPACITATIN	il	Primary or Most C	Obvious of Body Area Injured During Crash
NON FATAL INJURY Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To	
EMS GROUND Law Enforcement Suspected Alcohol Use	ATKINSON EMS Alcohol Test Type	4344B Alcohol Tested	COFFEE RÉGIONAL MEDICAL Alcohol Test Result	CENTER BAC
NO				
Law Enforcement Suspected Drug Use	Drug Test Type	TEST NOT GIVEN Drug Tested TEST NOT GIVEN	Drug Test Result	

Crash Number C000352654-01	Reporting Agency GEORGIA DEPARTMENT OF PU	JBLIC SAFETY	Reporting C00035	g Agency Case Number 52654	Reporting Agency (GSPH15CAD05	CAD Numbe 7168	er
PASSENGER V01							
Person Type PASSENGER	V01	on Type Detail					
First Name EPOFANIO	Middle Name	Last Name ANASTACIO	0	Suffix	Date of Birth /1974	Age 41	Sex M
Address 424 MAINE ST N	Address Othe			City PEARSON	State GA	Zip Code 31642	
Phone Number	Phone Number (other)	Condition at Time of Cras APPARENTLY NORM					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Sea UNKNOWN	at Motor Vehicle Se NOT APPLICA	eating Position: Other ABLE		☐ Seatin	g Position U	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE	OCCLIPANT		met Use		•		
Air Bag Deployed NOT DEPLOYED	000171111		ction DT EJECTED				
Trapped Extrication NOT TRAPPED		Į NO	71 LOLOTED				
Injury Severity Level Type	Injury Severity Level D	Detail		Primary or Most Ob	ovious of Body Area In	jured During	g Crash
NON FATAL INJURY Source of Transport to Medical Facility	NOŃ-INCAPACITA EMS Agency Name or ID	EMS Run Numbe		Facility Transported To			
EMS GROUND Law Enforcement Suspected Alcohol Use	HOPE EMS Alcohol Test Type	4344C Alcohol Tested		EE RÉGIONAL MEDICAL (Alcohol Test Result	CENTER	BAC	
NO Law Enforcement Suspected Drug Use	Drug Test Type	TEST NOT (Drug Tested	GIVEN	Drug Test Result			
NO		TEST NOT (GIVEN				
PASSENGER V01 Person Type PASSENGER		on Type Detail					
First Name	Middle Name	Last Name		Suffix	Date of Birth	Age 47	Sex
FRANCISCO Address	Address Other	ANASTACIO er	0	City	1967 State	Zip Code	M
424 MAINE ST N Phone Number	Phone Number (other)	Condition at Time of Cras		PEARSON	GA	31642	
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Sea		ating Position: Other		□ Contin	a Decition I	Inleneum
UNKNOWN Restraint Systems	UNKNOWN	NOT APPLICA	ABLÉ met Use		Seaun	g Position L	JIKHOWH
NONE UŚED - MOTOR VEHICLE Air Bag Deployed	OCCUPANT	Fier	ction				
NOT DEPLOYED Trapped Extrication			T EJECTED				
NÖT TRAPPED	Lister Constitutional D	N-4-1		I Duissess and March Ol	oriens of Darks Assaula	in and Donate	O
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level D NON-INCAPACITA	TING (B)			ovious of Body Area In	jurea During	g Grasn
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID COFFEE REGIONAL EMS		COFF	Facility Transported To EE REGIONAL MEDICAL (CENTER		
Law Enforcement Suspected Alcohol Use NO	e Alcohol Test Type	Alcohol Tested TEST NOT (I GIVEN	Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT (GIVEN	Drug Test Result			
PASSENGER V01	NIA# Webiele# Dece	an Time Datail					
Person Type PASSENGER First Name	NM# Vehicle# Pers	on Type Detail Last Name		Suffix	Date of Birth	Λ	To av
JEREMIAS		MENDES			/1972	Age 43	Sex M
Address 424 MAINE ST N	Address Other	er Condition at Time of Cras	.h	City PEARSON	State GA	Zip Code 31642	
	Phone Number (other)	APPARENTLY NORM	/AL				
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Sea UNKNOWN		eating Position: Other ABLE		☐ Seatin	g Position L	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE	OCCUPANT		met Use				
Air Bag Deployed NOT DEPLOYED			ction OT EJECTED				
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level D NON-INCAPACITA			Primary or Most Of	ovious of Body Area In	jured During	g Crash
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID COFFEE REGIONAL EMS	EMS Run Numbe		Facility Transported To EE REGIONAL MEDICAL (CENTER		
Law Enforcement Suspected Alcohol Use NO		Alcohol Tested TEST NOT (<u> </u>	Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT (Drug Test Result			
PASSENGER V01		TEOTINOT	GIVEIV				
Person Type PASSENGER	V01	on Type Detail					
First Name ZACARIAS	Middle Name	Last Name HERNANDE	EZ	Suffix	Date of Birth 1985	Age 30	Sex M
Address 424 MAINE ST N	Address Othe			City PEARSON	State GA	Zip Code 31642	
Phone Number	Phone Number (other)	Condition at Time of Cras APPARENTLY NORM					
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Sea UNKNOWN	Motor Vehicle Se NOT APPLICA	ating Position: Other		☐ Seatin	g Position U	Jnknown
Restraint Systems NONE USED - MOTOR VEHICLE	•		met Use		•		
Air Bag Deployed NOT DEPLOYED			ction OT EJECTED				
Trapped Extrication NOT TRAPPED		THE					
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level D NON-INCAPACITA			Primary or Most Ob	ovious of Body Area In	jured During	g Crash
MONTA ATAL INJUNT	INOIN-IINGAFAGITA	(ם)					

	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC S	AFETY	Reporting Agency Case Number C000352654	Reporting Agency CAD Number GSPH15CAD057168
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 C	ENTER
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# Person Type I			
First Name STABIN	Middle Name	Last Name MARCOS	Suffix	Date of Birth Age Sex 1986 29 M
Address 424 MAINE ST N	Address Other	-	City PEARSON	State Zip Code GA 31642
Phone Number Ph		n at Time of Crash RENTLY NORMAL		
Motor Vehicle Seating Position: Row UNKNOWN	Motor Vehicle Seating Position: Seat UNKNOWN	Motor Vehicle Seating Position: NOT APPLICABLE	Other	Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OF	CCUPANT	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 Ob	vious 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 C	ENTER
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 ID Number Rank 0597 TFC Org / Unit GSPH/36	Approving Officer Name WOODS, C ID Number Rank 0149 SFC Org / Unit GSPH\POST

DIAGRAM OF ACCIDENT

