

Agency Case Number 2022-04300088		Agency NCIC Number GA0290100		GEORGIA MOTOR VEHICLE CRASH REPORT				County Clarke			Date Rec. by GDOT
Estimated Crash Date 04/30/2022 Time 09:35		Dispatch Date 04/30/2022 Time 09:48		Arrival Date 04/30/2022 Time 09:59		Total Number of Vehicles 2		Injuries 0	Fatalities 0	Inside City Of Athens	
Road of Occurrence GA 10 LOOP RD				At Its Intersection With NORTH AVE				<input type="checkbox"/> Corrected Report			
Not At Its Intersection But <input type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Feet <input type="checkbox"/> South <input type="checkbox"/> West				Of _____				<input type="checkbox"/> Sup To Original			
Latitude (Y) (Format) 33.981192762 00.00000				Longitude (X) (Format) -83.362502386 -00.00000				<input type="checkbox"/> Hit and Run			
Unit # 01		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME MARTINEZ, MIGUEL		FIRST MIDDLE		Unit # 02		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	
Address [REDACTED]		Address [REDACTED]		LAST NAME COLLIER, DEBORRAH TODD		FIRST MIDDLE		Address [REDACTED]			
<input checked="" type="checkbox"/> Susp At Fault		<input type="checkbox"/> Susp At Fault		City ATHENS		State GA		Zip 30601		DOB [REDACTED] 1973	
Driver's License No. [REDACTED]		Class C		State GA		Country UNITED STATES		Driver's License No. [REDACTED]		Class C	
State GA		County Clarke		Year 2023		State GA		County Clarke		Year 2022	
Trailer Tag #		State		County		Year		Trailer Tag #		State	
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name		First		Middle		<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name	
Address		Address		City		State		City		State	
Removed By: DRIVER		<input type="checkbox"/> Request <input type="checkbox"/> List		Removed By: DRIVER		<input type="checkbox"/> Request <input type="checkbox"/> List		Alco Test: 2		Type: 2	
First Harmful Event: 35		Most Harmful Event: 35		Operator/Ped Cond: 1		First Harmful Event: 13		Most Harmful Event: 13		Operator/Ped Cond: 1	
Operator Contributing Factors: 26		Operator Contributing Factors: 1		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Direction of Travel: 1		Vehicle Maneuver: 5	
Vehicle Class: 1		Vehicle Type: 10		Vision Obscured: 1		Vehicle Class: 1		Vehicle Type: 2		Vision Obscured: 1	
Number of Occupants: 1		Area of Initial Contact: 15		Damage to Veh: 1		Number of Occupants: 1		Area of Initial Contact: 11		Damage to Veh: 3	
Traffic-Way Flow: 2		Road Comp: 2		Road Character: 2		Traffic-Way Flow: 2		Road Comp: 2		Road Character: 2	
Number of Lanes: 4		Posted Speed: 55		Work Zone: 2		Number of Lanes: 4		Posted Speed: 55		Work Zone: 2	
Citation Information: Citation # E0048528		O.C.G.A. § 40-6-254		Citation Information: Citation # E0048527		O.C.G.A. § 40-5-121(a)		Citation # _____		O.C.G.A. § _____	
Citation # _____		O.C.G.A. § _____		Citation # _____		O.C.G.A. § _____		Citation # _____		O.C.G.A. § _____	
COMMERCIAL MOTOR VEHICLES ONLY						COMMERCIAL MOTOR VEHICLES ONLY					
Carrier Name:						Carrier Name:					
Address						Address					
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #		No. of Axles		G.V.W.R.	
Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	
C.D.L.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended?		<input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Haz Mat Released?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Haz Mat Released?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES: Name or four Digit Number from Diamond or Box: _____		One Digit Number from Bottom of Diamond: _____	
If YES: Name or four Digit Number from Diamond or Box: _____		One Digit Number from Bottom of Diamond: _____		If YES: Name or four Digit Number from Diamond or Box: _____		One Digit Number from Bottom of Diamond: _____		<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway	
<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway		<input type="checkbox"/> Cargo Loss or Shift		<input type="checkbox"/> Separation of Units		<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway	
<input type="checkbox"/> Cargo Loss or Shift		<input type="checkbox"/> Separation of Units		<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway		<input type="checkbox"/> Cargo Loss or Shift		<input type="checkbox"/> Separation of Units	

**COLLISION FIELDS**

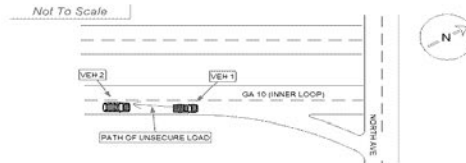
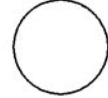
Manner of Collision: 6	Location at Area of Impact: 7	Weather: 1	Surface Condition: 1	Light Condition: 1
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**NARRATIVE**

DRIVER 1 HAD METAL ITEMS ON THE TOP OF THE VAN WITH THE LADDER. ONE OR MORE ITEMS FLEW OFF OF THE VAN AND HIT VEHICLE 2 RESULTING IN DAMAGE ON THE DRIVER SIDE OF VEHICLE 2 FRONT AND FRONT QUARTER. NO INJURIES.

**DIAGRAM**

INDICATE NORTH



**PROPERTY DAMAGE INFORMATION**

Damage Other Than Vehicle:	Owner:
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**WITNESS INFORMATION**

Name (Last, First)	Address	City	State	Zip Code	Telephone Number

**OCCUPANT INFORMATION**

1	Name (Last, First): <b>MARTINEZ, MIGUEL</b>					Address: <b>135 ASHMORE DR ATHENS GA 30601</b>				
	Age: <b>48</b>	Sex: <b>M</b>	Unit #: <b>01</b>	Position: <b>1</b>	Safety Eq: <b>3</b>	Ejected: <b>5</b>	Extricated: <b>2</b>	Air Bag: <b>2</b>	Injury: <b>0</b>	Taken for Treatment: <b>2</b>
	Injured Taken To:		By:		EMS Notified Time		EMS Arrival Time		Hospital Arrival Time	
2	Name (Last, First): <b>COLLIER, DEBORRAH</b>					Address: <b>435 ROCKY DR ATHENS GA 30607</b>				
	Age: <b>58</b>	Sex: <b>F</b>	Unit #: <b>02</b>	Position: <b>1</b>	Safety Eq: <b>3</b>	Ejected: <b>5</b>	Extricated: <b>2</b>	Air Bag: <b>2</b>	Injury: <b>0</b>	Taken for Treatment: <b>2</b>
	Injured Taken To:		By:		EMS Notified Time		EMS Arrival Time		Hospital Arrival Time	
3	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time		EMS Arrival Time		Hospital Arrival Time	
4	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time		EMS Arrival Time		Hospital Arrival Time	

**ADMINISTRATIVE**

Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	By:	Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963.			
Report By: <b>Gilchrist, Gregory</b>	Agency: <b>Athens-Clarke PD</b>	Report Date: <b>04/30/2022</b>	Checked By: <b>Butt, John</b>	Date Checked: <b>04/30/2022</b>	