Accident Numb	oor		Walland -		Welling of							PAGE_	1 of		
20100	07584		NCIC No. 0605600	MOT	GEOR(OR VEHICL	GIA UNIFOR E ACCIDEN	M T REPO	RT	County			Date R	ec. By DMVS		
Date		Day Of		Time		Arrived		Total Numb	or O6	FULT					
06/09/201 Road of	LO Sun M		Th F S	09:20		9:23	Vehicle 4	s Injurie	s Fata	lities (nside City Of:	SPRING	c		
Occurrence 28	B5 E Interstate 2 🗆	Lowest St. I	Rt. 3 Co. Road		At Its Intersection	With NEW	NORT	HSIDE I	DR .			Co	rrected Repo		
Not At Its Intersection But		D Mile	c 4 mNorth	3 □ East 4 □ West	Of:	nterstate 2 🗆						Su	ppl. To Origin		
And continuing the Next Refere	in the direction once Point is	checked a	bove,	Interstate 2 🗆						4 LI City :		Hit	and Run?		
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itv		4(B		7in		Address 1177		LADOW	DR						
SANDY SPAIR Removed By WRECKER	ies g	A	⊠ Reque	Zip 30350	•	City POWDER SPGS GA 30127									
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Date Control Date	Accident Num		Agency	y NCIC No.		0500	OIL COMMENTS	A STATE OF THE STATE OF			PAGE_	3 of 4	
Day Of View		007584	GA	0605600	МОТ	OR VEHIC	GIA UNIFORM LE ACCIDENT RE	PORT	County	ETIT MON	Date Re	c. By DMVS	
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The tend for the control checked above The tend for the checked above The tend for				-=	4 □ West	1 🗆 II	nterstate 2 D Lowes	t St. Rt. 3 D C	o. Road 4	□ City St 5 □ C			
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REMARKS

INDICATE ON THIS DIAGRAM WHAT HAPPENED

D1 stated he was traveling eastbound on I 285 when his vehicle struck D2's back rear bumper area. D1 stated that he noticed several vehicles in front of him came to a complete stop and that's when he applied his brakes but wasn't able to stop in time. After D1 struck D2's vehicle it caused D2's vehicle to move forward and strike D3's vehicle. After D2's vehicle struck D3's vehicle, it caused D3's vehicle to move forward and strike D4's vehicle. D2 and D3 were transported by RMA 8313 to Northside hospital for neck and back complaints. D4 complained of neck and back pains but refused EMS. D2 and D3's vehicles were towed by A-tow towing company. D1 was issued a citation.

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Accident Investigation Sit	-	ONS - VEHICL	LE# <u>1</u> _1	37354				CITATIONS - VEHICLE #										
Site Number:		LOWING T	CONTRACTOR AND ADDRESS.															
Event Flow			Weather Surface Cond. Light Cor			d. Manner of Collision		Location at Area of Impact		Ro	ad R	oad Def.	Road Charac	ter Constr	Construction/Maintenance Zone			
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man venicle:								A	SEX	H	PO	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG	
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