

Accident Number 2010007584 Agency NCIC No. GA0605600 GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT County FULTON Date Rec. By DMVS

Date 06/09/2010 Day Of Week Sun M T W Th F S Time 09:20 Off. Arrived 09:23 Vehicles 4 Total Number Of Injuries 3 Fatalities 0 Inside City Of SANDY SPRINGS

Road of Occurrence 285 E At Its Intersection With NEW NORTHSIDE DR Corrected Report? Yes

Not At Its Intersection But Miles 1 North 3 East 2 South 4 West Of: 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St 5 Co. Line

And continuing in the direction checked above, the Next Reference Point is 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St 5 Co. Line

Driver # 1 LAST NAME FIRST MIDDLE Driver # 2 LAST NAME FIRST MIDDLE

City FAYETTEVILLE State GA Zip 30215 DOB 10/15/ City POWDER SPGS State GA Zip 30127 DOB 07/22/

Driver's License No. Class A State GA Male Female Driver's License No. Class C State GA Male Female

Insurance Co. DISCOVER PROP Policy No. Insurance Co. ALLSTATE Policy No. Year 2007 Make VOLV Model SEMI Telephone No. Year 1999 Make LEXU Model GS400 Telephone No.

Vehicle Color WHI Vehicle Color WHI

Owner's Last Name First Middle Owner's Last Name First Middle

Address 710 Address 1177

City SANDY SPRINGS State GA Zip 30350 City POWDER SPGS State GA Zip 30127

Removed By WRECKER Request List Removed By WRECKER Request List

Alcohol Test 2 Type Results Drug Test 2 Type Results Alcohol Test 2 Type Results Drug Test 2 Type Results

Driver Cond 1 Direction Of Travel 3 Vision Obscured 1 Contributing Factors 3 Driver Cond 1 Direction Of Travel 3 Vision Obscured 1 Contributing Factors 1

Veh Cond 1 Veh Maneuver 5 Ped. Maneuver 1 Veh Cond 1 Veh Maneuver 4 Ped. Maneuver 1

Most Harmful Event 11 Veh Class: 7 Veh Type: 4 Most Harmful Event 11 Veh Class: 1 Veh Type: 1

Traffic Ctrl 7 Device Inoperative? Yes No Traffic Ctrl 7 Device Inoperative? Yes No

Injured Taken To: EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken: Yes No

Report By: PHILSON, D. L. Department SANDY SPRINGS POLICE Report Date 06/09/2010 Checked By: RAUSCH, A. D. Date Checked 06/09/2010

Witness(es): Name Address City State Zip Code Telephone No.

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Carrier Name Vehicle # 1 FEDEX Carrier Name Vehicle #

Address ATLANTA, ATLANTA State Zip Address State Zip

No. of Axles 6 G.V.W.R. 80000 Fed. Reportable 1 Yes 2 No Cargo Body Type 9

Vehicle Config. 7 I.C.C.M.C. # U.S. D.O.T. # 239039 Interstate Intrastate

C.D.L.? 1 Yes 2 No C.D.L. Suspended? 1 Yes 2 No Vehicle Placarded? 1 Yes 2 No Hazardous Materials? 1 Yes 2 No

Released? 1 Yes 2 No If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:

Ran Off Road Down Hill Runaway Cargo Loss or Shift Separation of Units

DMVS-523 (12/03) MAIL TO: GEORGIA DEPT. OF MOTOR VEHICLE SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 80447, CONYERS, GA 30013-8447

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Road of Occurrence 285 E At Its Intersection With NEW NORTHSIDE DR Corrected Report? Yes No

Driver # 3 LAST NAME FIRST MIDDLE Ped City MARIETTA State GA Zip 30008 DOB 11/09/ Insurance Co. LIBERTY MUTUAL FIRE Year 2004 Make ISU Model ASCENDER Vehicle Color SIL Year 2010

Driver # 4 LAST NAME FIRST MIDDLE Ped City MARIETTA State GA Zip 30062 DOB 11/30/ Insurance Co. PROGRESSIVE PREMIER Year 2007 Make CHEV Model TAHOE Vehicle Color BLK Year 2010

Alcohol Test 2 Type Results Drug Test 2 Type Results Driver Cond 1 Direction Of Travel 3 Vision Obscured 1 Contributing Factors 1 Veh Cond 1 Veh Maneuver 4 Ped. Maneuver

Most Harmful Event 11 Veh Class: 1 Veh Type: 11 Traffic Ctrl 7 Device Inoperative? No

Report By: PHILSON, D. L. Department SANDY SPRINGS POLICE Report Date 06/09/2010 Checked By: RAUSCH, A. D. Date Checked 06/09/2010

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

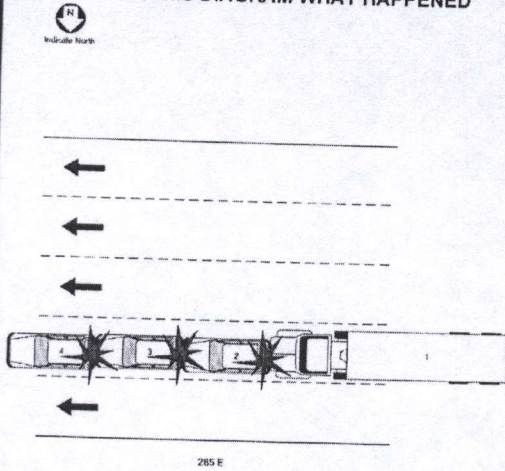
COMMERCIAL VEHICLES ONLY Carrier Name Vehicle # Address State Zip No. of Axles G.V.W.R. Fed. Reportable Cargo Body Type

REMARKS

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.

\* \* E N D \* \*

INDICATE ON THIS DIAGRAM WHAT HAPPENED



Drawing Not To Scale

Accident Investigation Site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CITATIONS - VEHICLE # <u>1</u> <u>137354</u>				CITATIONS - VEHICLE # _____									
Site Number: _____		FOLLOWING TOO CLOSELY													
First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area of Impact	Road Comp.	Road Def.	Road Character	Construction/Maintenance Zone					
11	3	1	1	1	3	1	2	1	1	0					
Number of Occupants		VEH. # <u>1</u>		VEH. # <u>2</u>		SKID DISTANCE BEFORE IMPACT		AFTER		Width Of Road					
Point Of Initial Contact		1		1		VEH. 1 <u>0.00</u>		VEH. 1 <u>0.00</u>		_____					
Damage To Vehicles		3		4		VEH. 2 <u>0.00</u>		VEH. 2 <u>0.00</u>		72					
Damage Other Than Vehicle:		Owner: _____													
Occupants (list below):		Driver # 1 Or Pedestrian #		Driver # 2 Or Pedestrian #		A G E	S E X	V E H #	P O S	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
LAST NAME		FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	XXXXX	XXXXX	XXXX	XXXXX	XXXXX
_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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