

| Accident Number<br>2010007584   |  | Agency NCIC No.<br>GA0605600   |  | GEORGIA UNIFORM<br>MOTOR VEHICLE ACCIDENT REPORT   |  |  | County<br>FULTON |   | Date Rec. By DMVS |  |  |
|---|--|--|--|--|--|--|------------------|---|-------------------|--|--|
| Date<br>06/09/2010  |  | Day Of Week<br><input type="checkbox"/> Sun <input type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat |  | Time<br>09:20  |  | Off. Arrived<br>09:23  |                  | Total Number Of:<br>Vehicles 4 Injuries 3 Fatalities 0                                  |                   | Inside City Or<br>SANDY SPRINGS  |  |
| Road of Occurrence 285 E<br>1 <input checked="" type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St   |  |  |  | At Its Intersection With NEW NORTHSIDE DR<br>1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input checked="" type="checkbox"/> City St |  |  |                  | Corrected Report?<br>Yes <input type="checkbox"/>                                       |                   |  |  |
| Not At Its Intersection But<br><input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East<br><input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West  |  |  |  | Of<br>1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line               |  |  |                  | Suppl. To Original?<br>Yes <input type="checkbox"/>                                     |                   |  |  |
| And continuing in the direction checked above,<br>the Next Reference Point is<br>1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line |  |  |  |  |  |  |                  | Hit and Run?<br>Yes <input type="checkbox"/>  |                   |  |  |
| Driver # 1<br>LAST NAME FIRST MIDDLE<br>Ped <input type="checkbox"/>  |  |  |  |  |  | Driver # 2<br>LAST NAME FIRST MIDDLE<br>Ped <input type="checkbox"/>   |                  |   |                   |  |  |
| 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 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female  |  |  |  |  |  | Driver's License No. Class C State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |                  |   |                   |  |  |
| Insurance Co. DISCOVER PROP Policy No. Telephone No.  |  |  |  |  |  | Insurance Co. ALLSTATE Policy No. Telephone No.  |                  |   |                   |  |  |
| Year 2007 Make VOLV Model SEMI Vehicle Color WHI  |  |  |  |  |  | Year 1999 Make LEXU Model GS400 Vehicle Color WHI  |                  |   |                   |  |  |
| State GA County Year 2011   |  |  |  |  |  | State GA County Year 2010  |                  |   |                   |  |  |
| <input type="checkbox"/> Same as Driver Owner's Last Name First Middle<br>FED-EX  |  |  |  |  |  | <input checked="" type="checkbox"/> Same as Driver Owner's Last Name First Middle                              |                  |   |                   |  |  |
| Address 710<br>City SANDY SPRINGS State GA Zip 30350  |  |  |  |  |  | Address 1177<br>City POWDER SPGS State GA Zip 30127  |                  |   |                   |  |  |
| Removed By WRECKER <input checked="" type="checkbox"/> Request <input type="checkbox"/> List  |  |  |  |  |  | Removed By WRECKER <input checked="" type="checkbox"/> Request <input type="checkbox"/> List                   |                  |   |                   |  |  |
| 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  |  |
| Veh Cond 1  |  | Veh Maneuver 5   |  | Ped. Maneuver  |  |  |                  | Veh Cond 1  |                   | Veh Maneuver 4   |  |
| Most Harmful Event 11   |  | Veh Class: 7   |  | Veh Type: 4  |  | Most Harmful Event 11  |                  | Veh Class: 1  |                   | Veh Type: 1  |  |
| Traffic Ctl 7   |  | Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |  |  | Traffic Ctl 7  |                  | Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |  |  |
| Injured Taken To: By:   |  |  |  |  |  |  |                  |   |                   |  |  |
| EMS Notified Time   |  | EMS Arrival Time   |  | Hospital Arrival Time  |  | Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |                  | By:   |                   |  |  |
| 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)  |  |  |  |  |  |  |                  |   |                   |  |  |
| <b>COMMERCIAL VEHICLES ONLY</b>   |  |  |  |  |  |  |                  |   |                   |  |  |
| Carrier Name<br>Vehicle # 1 FEDEX   |  |  |  |  |  | Carrier Name<br>Vehicle #  |                  |   |                   |  |  |
| Address<br>ATLANTA, ATLANTA State Zip   |  |  |  |  |  | Address<br>State Zip   |                  |   |                   |  |  |
| No. of Axes 6   |  | G.V.W.R. 80000   |  | Fed. Reportable 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No  |  | Cargo Body Type 9  |                  | No. of Axes   |                   | G.V.W.R.   |  |
| Vehicle Config 7  |  | I.C.C.M.C. #   |  | U.S. D.O.T. # 239039   |  | Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>  |                  | Vehicle Config  |                   | I.C.C.M.C. #   |  |
| C.D.L.? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No   |  | C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No  |  | Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No   |  | Released? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No                              |                  | C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                    |                   | C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |  |
| Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No  |  | Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No   |  | Released? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No  |  | Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                                |                  | Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No       |                   | Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No         |  |
| If YES, Name or 4 Digit Number from Diamond or Box:<br>1 Digit Number from Bottom of Diamond:   |  |  |  |  |  | If YES, Name or 4 Digit Number from Diamond or Box:<br>1 Digit Number from Bottom of Diamond:                  |                  |   |                   |  |  |
| ___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units  |  |  |  |  |  | ___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units                         |                  |   |                   |  |  |

|   |  |   |  |   |                       |   |                               |                   |
|---|--|---|--|---|-----------------------|---|-------------------------------|-------------------|
| Accident Number<br>2010007584   |  | Agency NCIC No.<br>GA0605600  |  | GEORGIA UNIFORM<br>MOTOR VEHICLE ACCIDENT REPORT  |                       |   | County<br>FULTON              | Date Rec. By DMVS |
| Date<br>06/09/2010  |  | Day Of Week<br><input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S |  | Time<br>09:20   | Off. Arrived<br>09:23 | Vehicles<br>4                                       | Total Number Of Injuries<br>3 | Fatalities<br>0   |
| Road of Occurrence<br>285 E   |  | At Its Intersection With<br>NEW NORTHSIDE DR  |  | Inside City Of<br>SANDY SPRINGS   |                       | Corrected Report?<br>Yes <input type="checkbox"/>   |                               |                   |
| Not At Its Intersection But<br><input type="checkbox"/> Miles <input type="checkbox"/> Feet |  | <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West   |  | Of<br><input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line |                       | Suppl. To Original?<br>Yes <input type="checkbox"/> |                               |                   |
| And continuing in the direction checked above, the Next Reference Point is                  |  | <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line   |  | Hit and Run?<br>Yes <input type="checkbox"/>  |                       |   |                               |                   |

|  |  |                             |                           |  |  |                             |  |
|--|--|-----------------------------|---------------------------|--|--|-----------------------------|--|
| Driver #<br>3                                      | LAST NAME<br>[REDACTED]  | FIRST<br>[REDACTED]         | MIDDLE<br>[REDACTED]      | Driver #<br>4  | LAST NAME<br>[REDACTED]  | FIRST<br>[REDACTED]         | MIDDLE<br>[REDACTED]   |
| Ped <input type="checkbox"/>                       | City<br>MARIETTA GA Zip 30008 DOB 11/09/ [REDACTED]  |                             |                           | Ped <input type="checkbox"/>   | City<br>MARIETTA GA Zip 30062 DOB 11/30/ [REDACTED]            |                             |  |
| Class<br>55  | Insurance Co.<br>LIBERTY MUTUAL FIRE   | Class<br>ASCENDER           | Year<br>2004              | Class<br>55  | Insurance Co.<br>PROGRESSIVE PREMIER                           | Class<br>TAHOE              | Year<br>2007   |
| Make<br>ISU  | Model<br>ASCENDER  | Telephone No.<br>[REDACTED] | VIN<br>[REDACTED]         | Make<br>CHEV   | Model<br>TAHOE   | Telephone No.<br>[REDACTED] | VIN<br>[REDACTED]  |
| State<br>GA  | County<br>[REDACTED]   | Year<br>2010                | State<br>GA               | County<br>[REDACTED]   | Year<br>2010   | State<br>GA                 | County<br>[REDACTED]   |
| Same as Driver <input checked="" type="checkbox"/> | Owner's Last Name<br>[REDACTED]  | First<br>[REDACTED]         | Middle<br>[REDACTED]      | Same as Driver <input checked="" type="checkbox"/>   | Owner's Last Name<br>[REDACTED]                                | First<br>[REDACTED]         | Middle<br>[REDACTED]   |
| Address<br>1839 [REDACTED]                         | City<br>MARIETTA GA Zip 30008  |                             |                           | Address<br>506 [REDACTED]  | City<br>MARIETTA GA Zip 30062                                  |                             |  |
| Removed By<br>WHEELER                              | <input checked="" type="checkbox"/> Request <input type="checkbox"/> List                  |                             |                           | Removed By<br>DRIVER   | <input type="checkbox"/> Request <input type="checkbox"/> List |                             |  |
| Alcohol Test<br>2                                  | Type   | Results                     | Drug Test<br>2            | Type   | Results  | Alcohol Test<br>2           | Type   |
| Driver Cond<br>1                                   | Direction Of Travel<br>3   | Vision Obscured<br>1        | Contributing Factors<br>1 | Driver Cond<br>1   | Direction Of Travel<br>3                                       | Vision Obscured<br>1        | Contributing Factors<br>1  |
| Veh Cond<br>1                                      | Veh Maneuver<br>4  | Ped. Maneuver               |                           | Veh Cond<br>1  | Veh Maneuver<br>4  | Ped. Maneuver               |  |
| Most Harmful Event<br>11                           | Veh Class<br>1   | Veh Type<br>11              | Most Harmful Event<br>11  | Veh Class<br>1   | Veh Type<br>11   | Most Harmful Event<br>11    | Veh Class<br>1   |
| Traffic Ctrl<br>7                                  | Device Inoperative?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Traffic Ctrl<br>7         | Device Inoperative?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Traffic Ctrl<br>7           | Device Inoperative?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                            |                                    |                           |                             |                            |   |     |
|----------------------------|------------------------------------|---------------------------|-----------------------------|----------------------------|---|-----|
| Injured Taken To:          | By:                                | EMS Notified (Time)       | EMS Arrival Time            | Hospital Arrival Time      | Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | By: |
| Report By<br>WELSON, D. L. | DEPARTMENT<br>SANDY SPRINGS POLICE | Report Date<br>06/09/2010 | Checked By<br>RAUSCH, A. D. | Date Checked<br>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<br>Vehicle #  | Address  | State   | Zip  | Carrier Name<br>Vehicle #  | Address  | State   | Zip  |
| No. of Axles   | G.V.W.R.   | Fed. Reportable<br>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No   | Cargo Body Type  | No. of Axles   | G.V.W.R.   | Fed. Reportable<br>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No   | Cargo Body Type  |
| Vehicle Config   | I.C.C.M.C. #   | U.S. D.O.T. #   | Interstate <input type="checkbox"/><br>Intrastate <input type="checkbox"/> | Vehicle Config   | I.C.C.M.C. #   | U.S. D.O.T. #   | Interstate <input type="checkbox"/><br>Intrastate <input type="checkbox"/> |
| C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                         | C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No     | C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                         | C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No     |
| If YES, Name or 4 Digit Number from Diamond or Box:<br>1 Digit Number from Bottom of Diamond |  |   |  | If YES, Name or 4 Digit Number from Diamond or Box:<br>1 Digit Number from Bottom of Diamond |  |   |  |
| ___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units       |  |   |  | ___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units       |  |   |  |

DMVS-523 (12/03)

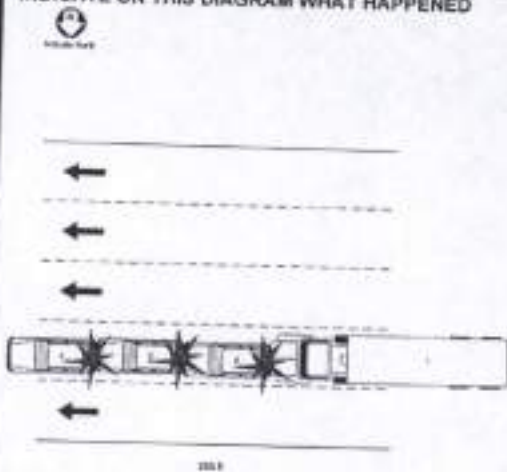
MAIL TO: GEORGIA DEPT. OF MOTOR VEHICLE SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 86647, CONYERS, GA 30013-8447

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



|   |                  |   |               |                |                    |                             |                             |                   |               |                               |  |         |  |       |  |                 |  |       |  |               |  |        |  |         |  |
|---|------------------|---|---------------|----------------|--------------------|-----------------------------|-----------------------------|-------------------|---------------|-------------------------------|--|---------|--|-------|--|-----------------|--|-------|--|---------------|--|--------|--|---------|--|
| Accident Investigation Site?  |                  | CITATIONS - VEHICLE # <u>1</u> - 137354   |               |                |                    |                             | CITATIONS - VEHICLE # _____ |                   |               |                               |  |         |  |       |  |                 |  |       |  |               |  |        |  |         |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                  | Site Number: <u>FOLLOWING TOO CLOSELY</u> |               |                |                    |                             |                             |                   |               |                               |  |         |  |       |  |                 |  |       |  |               |  |        |  |         |  |
| First Hazardous Event   | Traffic-Way Flow | Weather                                   | Surface Cond. | Light Cond.    | Minor of Collision | Location of Area of Impact  | Road Comp.                  | Road Det.         | Post Obstacle | 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                 |  |         |  |       |  |                 |  |       |  |               |  |        |  |         |  |
|   |                  | 1   |               | 1              |                    | VEH <u>1</u> 0.00           |                             | VEH <u>1</u> 0.00 |               | 72                            |  |         |  |       |  |                 |  |       |  |               |  |        |  |         |  |
| Point Of Initial Contact  |                  | 12  |               | 6              |                    | VEH <u>2</u> 0.00           |                             | VEH <u>2</u> 0.00 |               |                               |  |         |  |       |  |                 |  |       |  |               |  |        |  |         |  |
| Damage To Vehicles  |                  | 3   |               | 4              |                    |                             |                             |                   |               |                               |  |         |  |       |  |                 |  |       |  |               |  |        |  |         |  |
| Damage Other Than Vehicle:  |                  | Owner:                                    |               |                |                    |                             |                             |                   |               |                               |  |         |  |       |  |                 |  |       |  |               |  |        |  |         |  |
|   |                  |   |               |                |                    |                             |                             |                   |               |                               |  |         |  |       |  |                 |  |       |  |               |  |        |  |         |  |
| Occupants (list below):   |                  | Driver # <u>1</u> Or Pedestrian #         |               |                |                    | A G E                       |                             | S E C K           |               | V E H #                       |  | P O S   |  | BLARY |  | TAKEN FOR TREAT |  | EJECT |  | SAFETY EQUIP. |  | EETRIC |  | AIR BAG |  |
|   |                  | Driver # <u>2</u> Or Pedestrian #         |               |                |                    |                             |                             |                   |               |                               |  |         |  | 0     |  | 2               |  | 1     |  | 3             |  | 2      |  | 2       |  |
| LAST NAME   |                  | FIRST                                     |               | ADDRESS        |                    | CITY                        |                             | STATE             |               | ZIP                           |  | X X X X |  | XXXXX |  | XXXXX           |  | XXXXX |  | XXXXX         |  | XXXXX  |  | XXXXX   |  |

MAIL TO: GEORGIA DEPT. OF MOTOR VEHICLE SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 80447, CONYERS, GA 30013-6447