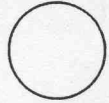


Accident Number 2009-029156		Agency NCIC No. GA0690100		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County HALL		Date Rec. by DMVS				
Date 05/19/2009		Day of Week <input type="checkbox"/> Sun <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 16:32		Off. Arrived 16:34		Total Number of: Vehicles 2 Injuries 1 Fatalities 0		Inside City Of: GAINESVILLE			
Road of Occurrence Ga.11 Bus. (Roney Green Pkwy.)						At its Intersection With Park Hill Dr.			Corrected Report? Yes <input type="checkbox"/>				
1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.						1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.			Suppl. To Original? Yes <input type="checkbox"/>				
Not At Its Intersection But 300 <input checked="" type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East <input type="checkbox"/> West						Of: Park Hill Dr. 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. 5 <input type="checkbox"/> Co. Line			Hit and Run? Yes <input type="checkbox"/>				
And continuing in the direction checked above, Ga.60 / Thompson Bridge Rd.						1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line							
Driver # 1		LAST NAME Cantrell, Anthony		FIRST Lee		MIDDLE		Driver # 2		LAST NAME Morris, Henry Bradford Jr.		FIRST MIDDLE	
Ped # <input type="checkbox"/>		Address						Ped # <input type="checkbox"/>		Address			
City Clermont		State GA		Zip 30527		DOB		City Mayesville		State GA		Zip 30558	
Driver's License No.		Class CM		State GA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Driver's License No.		Class C		State GA	
Posted Speed 35		Insurance Co. Nationwide Property & Casualty		Policy No. Unkown				Posted Speed 35		Insurance Co. Progressive		Policy No.	
Year 2007		Make Toyota		Model Tacoma		Telephone No.		Year 2006		Make Yamaha		Model Vino YJ125	
VIN 3TMJU62NX7M039156		Vehicle Color Red						VIN LPRSE13Y56A353445		Vehicle Color BLU			
Tag #		State GA		County HALL		Year 2009		Tag #		State GA		County HALL	
Trailer Tag #		State		County		Year		Trailer Tag #		State		County	
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name		First		Middle		<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name		First	
Address								Address					
City		State		Zip				City		State		Zip	
Removed By Patterson's		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List						Removed By Patterson's		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List			
Alcohol Test 2		Type		Results		Drug Test 2		Type		Results		Drug Test 2	
Driver Cond 1		Direction of Travel 4		Vision Obscured 1		Contributing Factors 4		Driver Cond 1		Direction of Travel 2		Vision Obscured 1	
Veh Cond 1		Veh Maneuver 1		Ped Maneuver ---				Veh Cond 1		Veh Maneuver 5		Ped Maneuver ---	
Most Harmful Event 11		Veh Class 1		Veh Type 2				Most Harmful Event 11		Veh Class 1		Veh Type 17	
Traffic Ctrl 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Ctrl 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Injured Taken To: Grady Memorial Hospital						By: Life Med (Helicopter)							
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By: Sgt. Staples					
Report By: D. Bright #98		Department Gainesville P.D.		Report Date 05/19/2009		Checked By: <i>[Signature]</i>		Date Checked 5-20-09					
Witness(es): Name Wampler, Caleen		Address				City Gainesville		State GA		Zip Code 30501		Telephone No.	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)													
COMMERCIAL VEHICLES ONLY													
Carrier Name None						Carrier Name None							
Vehicle #						Vehicle #							
Address						Address							
No. of Axles		G.V.W.R.		Fed. Reportable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type		No. of Axles		G.V.W.R.		Fed. Reportable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #	
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		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 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		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input 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		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input 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		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 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: _____						If YES, Name or 4 Digit Number from Diamond or Box: _____							
1 Digit Number from Bottom or Diamond: _____						1 Digit Number from Bottom or 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							

REMARKS: Vehicle -2 traveling south on Ga.11 bus. Driver veh-2 reports red truck turned in front of him .
 Vehicle-1 traveling north on Ga.11 turned left into the entrance of Dairy Queen in front of vehicle-2. Driver veh-1 report's traveling north on Ga.11 bus, when a white vehicle pulled onto the road from either Dairy Queen or Riverside Pharmacy into the central turn lane. Driver veh-2 reports he was getting into the central turn lane at the same time. Driver veh-2 reports he lost control of his vehicle turning in front of vehicle-1.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



CITATIONS - VEHICLE # 1 None CITATIONS - VEHICLE # 2 None

Pending None

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	1	1	1	1	1	1	2	1	1	0

VEH # 1		VEH # 2		SKID DISTANCE	AFTER		0		WIDTH OF ROAD
Number of Occupants	1	1	VEH. 1		VEH. 1	Approx. 36ft			
Point of Initial Contact	1	12	BEFORE IMPACT		0	0			
Damage to Vehicles	3	4	VEH. 2	VEH. 2					

Damage Other Than Vehicle: None Owner:

OCCUPANTS (LIST BELOW):	Driver # 1	Or Pedestrian # ---	A G E	S E X	V E H #	P O S	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG
	Driver # 2	Or Pedestrian # ---					0	2	1	8	2	2
							2	1	3	6	2	0

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP														
None																			



Park Hill Dr.

Ga.11 Bus. / Roney Green Pkwy.

Veh-2

P.O.I

Chiroprator

Veh.-1

Dairey Queen Entrance

City Park

Dairey Queen Exit

Riverside Pharmacy

White Vehicle

2009-029156

D. Bright #98

05/19/2009

16.32

Not to Scale