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|---|--------------|--|----------------------|---|--|--|--------------|---|----------------------|
| Agency Case Number 19-054909 | | Agency NCIC No. 0440200 | | GEORGIA MOTOR VEHICLE CRASH REPORT | | County DEKALB | | Date Rec. by DOT 6/12/2019 | |
| Estimated Crash Date 6/12/2019 Time 19:10 | | Dispatch Date 6/12/2019 Time 19:25 | | Arrival Date 6/12/2019 Time 19:35 | | Total Number of Vehicles 2 Injuries 0 Fatalities 0 | | Inside City Of Unincorporated | |
| Road of Occurrence VALLEY BROOK RD | | | | At Its Intersection With HOLLYWOOD DR | | | | <input type="checkbox"/> Suppl. To Original? <input type="checkbox"/> Private Property? <input type="checkbox"/> Hit And Run? | |
| 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 | | | | | |
| Latitude (Y) 33.804801 (Format) 00.00000 | | | | Longitude (X) -84.267603 (Format) -00.00000 | | | | | |
| Unit # 1 <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike | | LAST NAME BARRECA FIRST AILEEN MIDDLE | | Unit # 2 <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike | | LAST NAME KING FIRST JOSEPH MIDDLE | | | |
| <input checked="" type="checkbox"/> Susp At Fault | | Address 983 SAINT CHARLES AVE | | <input type="checkbox"/> Susp At Fault | | Address 2680 FREEMANS WALK DR | | | |
| City ATLANTA (DEKALB) | | State GA Zip 30306 DOB 7/22/1964 | | City DACULA (GWINNETT) | | State GA Zip 30019 DOB 2/7/1991 | | | |
| Driver's License No 052254870 | | Class CLASS C State GA Country USA | | Driver's License No 053330221 | | Class CLASS C State GA Country USA | | | |
| Insurance Co. USAA | | Policy No. 003832965 C 07103 | | Insurance Co. GEICO | | Policy No. 4381968777 | | Telephone No. 6787259011 | |
| Year 2008 Make MAZDA Model 3 | | | | Year 2001 Make CHEVROLET Model SILVERADO 1500 | | | | | |
| VIN 776205092643001 | | Vehicle Color Gray | | VIN 1GCHC24U01E256338 | | Vehicle Color Green | | | |
| Tag # CB1424 State GA County FULTON Year 2019 | | | | Tag # RGC8776 State GA County HALL Year 2020 | | | | | |
| Trailer Tag # | | State County Year | | Trailer Tag # | | State County Year | | | |
| <input checked="" type="checkbox"/> Same as Driver | | Owner's Last Name BARRECA First AILEEN Middle | | <input type="checkbox"/> Same as Driver | | Owner's Last Name MCGUIRE First NICHOLAS Middle | | | |
| Address 983 SAINT CHARLES AVE | | | | Address 6357 WILMINGTON WAY | | | | | |
| City ATLANTA (DEKALB) | | State GA Zip 30306 | | City FLOWERY BRANCH (HALL) | | State GA Zip 30542 | | | |
| Removed By: DRIVER | | <input type="checkbox"/> Request <input type="checkbox"/> List | | Removed By: DRIVER | | <input type="checkbox"/> Request <input type="checkbox"/> List | | | |
| Alcohol Test: No | Type: | Results: | Drug Test: No | Type: | Results: | Alcohol Test: No | Type: | Results: | Drug Test: No |
| First Harmful Event: Motor Vehicle In Motion | | Most Harmful Event: Motor Vehicle In Motion | | Operator/Ped Cond: Not Drinking | | First Harmful Event: Motor Vehicle In Motion | | Most Harmful Event: Motor Vehicle In Motion | |
| Operator Factors: Changed Lanes Improperly | | | | Operator Factors: No Contributing Factors | | | | | |
| Vehicle Factors: No Contributing Factors | | Roadway Factors: No Contributing Factors | | Vehicle Factors: No Contributing Factors | | Roadway Factors: No Contributing Factors | | | |
| Direction of Travel: South | | Vehicle Maneuver: Changing Lanes | | Non-Motor Maneuver: | | Direction of Travel: South | | Vehicle Maneuver: Straight | |
| Vehicle Class: Privately Owned | | Vehicle Type: Passenger Car | | Vision Obscured: Not Obscured | | Vehicle Class: Privately Owned | | Vehicle Type: Pickup Truck | |
| Number of Occupants: 1 | | Area of Initial Contact: Left Side-Near Rear | | Damage to Vehicle: Minor Damage | | Number of Occupants: 1 | | Area of Initial Contact: Left Side-Far Front | |
| Traffic Way Flow: Two-Way Trafficway with a physical barrier | | Road Composition: Black Top | | Road Character: Straight and Level | | Traffic Way Flow: Two-Way Trafficway with a physical barrier | | Road Composition: Black Top | |
| Number of Lanes: 6 | | Posted Speed: 35 | | Work Zone: None | | Number of Lanes: 6 | | Posted Speed: 35 | |
| Traffic Control: Lanes | | Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Traffic Control: Lanes | | Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Citation Information: | | | | Citation Information: | | | | | |
| Citation # 24969846 | | O.C.G.A. § 40-6-123A | | Citation # | | O.C.G.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 | | City | | State | | Zip | | | |
| U.S. D.O.T. # | | No. of Axles | | G.V.W.R | | U.S. D.O.T. # | | No. of Axles | |
| Cargo Body Type | | Vehicle Config. | | <input type="checkbox"/> Interstate <input type="checkbox"/> Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No | | Cargo Body Type | | Vehicle Config. | |
| | | | | <input type="checkbox"/> Intrastate <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 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 | | C.D.L. Suspended? <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 | | Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Hazmat Released? <input type="checkbox"/> Yes <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: | | | | |
| One Digit Number from Bottom of Diamond: | | | | | One Digit Number from Bottom of Diamond: | | | | |
| <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: Sideswipe-Same Direction | Location at Area of Impact: On Roadway - Non-Intersection | Weather: Cloudy | Surface Condition: Dry | Light Condition: Daylight |
|--|--|------------------------|-------------------------------|----------------------------------|

NARRATIVE

Driver #1 advised that she was driving southbound on Lawrenceville Hwy south of Orion Dr. Driver #1 advised that she was in the middle lane, attempting to merge into the right lane. Driver #1 advised that as she began to change lanes, she did not observe vehicle #2 in the right hand lane. Driver #1 advised that she struck the front end of vehicle #2.

Driver #2 advised that he was in the far right lane on Lawrenceville Hwy when vehicle #1 merged into his lane and struck his vehicle.

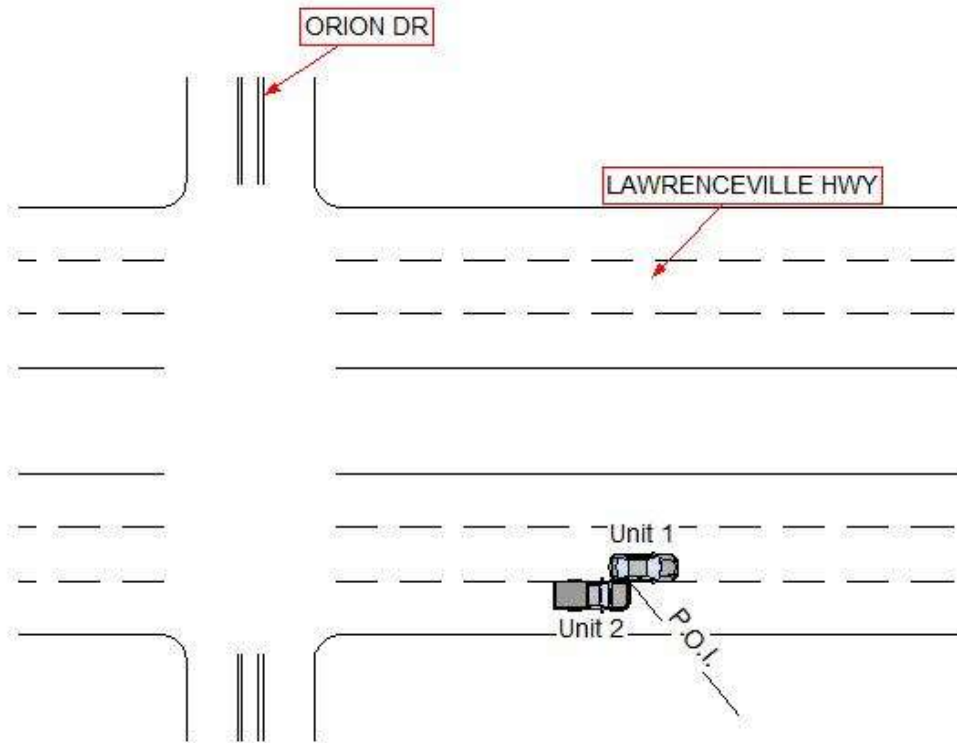
No injuries were reported while on scene.

Driver #1 was cited for improper lane change.

Both drives were given a case number and information on how to obtain a copy of the accident report.

BWC AVAILABLE.

DIAGRAM



Not To Scale

PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:

Owner:

WITNESS INFORMATION

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

OCCUPANT INFORMATION

| | | | | | | | | | | |
|---|-------------------------------------|----------------|-------------|-----------------------------------|--|--|-------------------|------------------------------|--------------------------------------|----------------------------|
| 1 | Name (Last, First): BARRECA, AILEEN | | | | | Address: 983 SAINT CHARLES AVE ATLANTA (DEKALB), GA 30306 | | | | |
| | Age: 54 | Sex: Female | Unit # 1 | Position: Front Seat-Left Side | Safety Eq: Lap and Shoulder Belt Used | Ejected: Not Ejected | Extricated: No | Air Bag: Non-Deployed Air | Injury: No Apparent Injury (O) | Taken for Treatment: No |
| | Injured Taken To: | | By: | | EMS Notified Time: | | EMS Arrival Time: | | Hospital Arrival Time: | |
| 2 | Name (Last, First): KING, JOSEPH | | | | | Address: 2680 FREEMANS WALK DR DACULA (GWINNETT), GA 30019 | | | | |
| | Age: 28 | Sex: Male | Unit # 2 | Position: Front Seat-Left Side | Safety Eq: Lap and Shoulder Belt Used | Ejected: Not Ejected | Extricated: No | Air Bag: Non-Deployed Air | Injury: No Apparent Injury (O) | Taken for Treatment: No |
| | 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: | | | | | <i>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.</i> | | | | |
| Report By: | | Agency: | | Report Date: | | Checked By: | | Date Checked: | | | | | | |
| RAMSEY, R | | DeKalb Co Police Department | | 06/12/2019 22:24 | | HOULROYD, C | | 6/12/2019 | | | | | | |