

Accident Number 03-111890		Agency NCIC No.		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County Fulton		Date Rec. By DMVS		
Date 06/04/2003	Day Of Week 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 17:35	Off. Arrived 17:50	Total Number Of: Vehicles 2 Injuries 0 Fatalities 0		Inside City Of: Atlanta			
Road of Occurrence Garnett St SW						At Its Intersection Peachtree St SW			Corrected Report Yes <input type="checkbox"/> Suppl. To Original Yes <input type="checkbox"/>		
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.						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.					
Not At Its Intersection But _____ <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West						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					
And Continuing in the Direction Checked Above The Next Reference Point is						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					
Driver # 1 Last Name Thomlin First Lee Middle Address 2500 Pleasant Hill Rd Ped <input type="checkbox"/>			Driver # 2 Last Name Brown First Chris Middle Address 4378 River Rd Ped <input type="checkbox"/>								
City Atlanta State GA Zip 30349 DOB 07/08/56			City Atlanta State GA Zip 30301 DOB 03/15/1970								
Driver's License No. 50257025 Class C State AZ <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			Driver's License No. 38927562 Class C State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female								
Posted Speed 35 Insurance Co. State Farm Ins Policy No. 03-189983			Posted Speed 35 Insurance Co. State Farm Policy No. 03-8900001								
Year 00 Make Dodge Model Sedan Telephone No. 473-1254			Year 90 Make Ford Model Coupe Telephone No. 343-9251								
VIN 1879-AG1789-FB-23764 Vehicle Color Green			VIN 1753-DL2356-AB-28567 Vehicle Color Red								
Tag # DWX 835 State AZ County Fulton Year 2004			Tag # FDW 908 State AZ County Fulton Year 2004								
Trailer Tag # State County Year			Trailer Tag # State County Year								
<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 Middle								
Address			Address								
City State Zip			City State Zip								
Removed By AAA Club Tow ing <input checked="" type="checkbox"/> Request <input type="checkbox"/> List			Removed By Ace Tow ing <input checked="" type="checkbox"/> Request <input type="checkbox"/> List								
Alcohol Test 2	Type	Results	Drug Test 2	Type	Results	Alcohol Test 1	Type	Results	Drug Test	Type	Results
Driver Condition 1	Direction of Travel 4	Vision Obscured 1	Contributing Factors 5	Driver Condition 1	Direction of Travel 4	Vision Obscured 1	Contributing Factors 1	Vehicle Condition 1	Vehicle Maneuver 1	Pedestrian Maneuver	Contributing Factors
Most Harmful Event 11	Vehicle Class 1	Vehicle Type 1	Most Harmful Event 11	Vehicle Class 1	Vehicle Type 1	Traffic Control 2	Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Traffic Control 2	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By: L.D. Barnett							
Report By: L.D. Barnett			Department Atlanta Police Department			Report Date 06/04/03		Checked By: D.G. Arnold		Date Checked 06/04/03	
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 #						Carrier Name Vehicle #					
Address						Address					
City State Zip						City State Zip					
Number of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type		Number of Axles		G.V.W.R.	
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. #	
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 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	
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 of Diamond: _____						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	

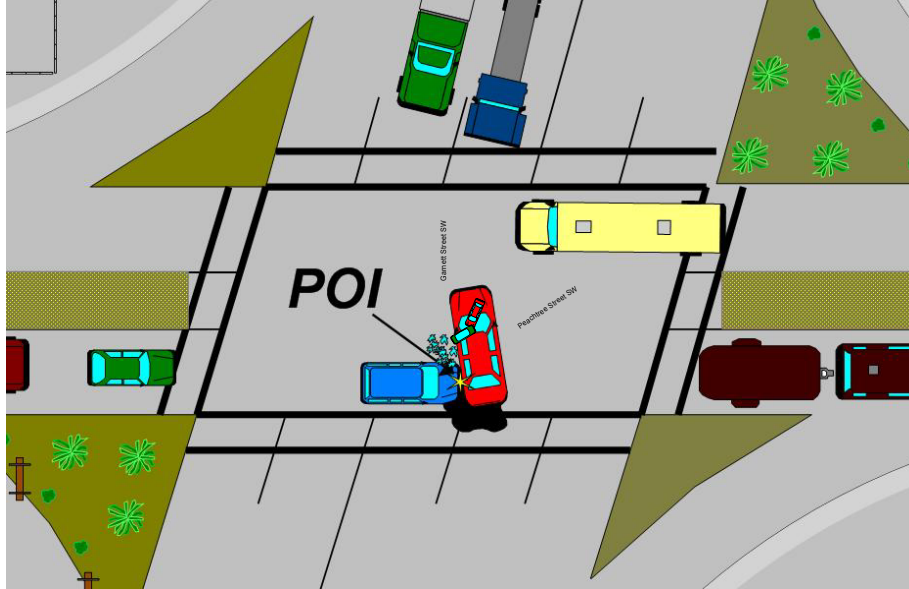
MAIL TO: GEORGIA DEPARTMENT OF MOTOR VEHICLE SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 80447, CONYERS GA 30013-8447

DMVS - 523 (1/101)

REMARKS

Lee Thomlin was speeding excessively. He turned left and collided with Chris Brow n's Ford Coupe

INDICATE ON THIS DIAGRAM WHAT HAPPENED



Accident Investigation Site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CITATIONS - VEHICLE # _	CITATIONS - VEHICLE # _
Site Number:		

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character
11	1	1	1	1	1	1	2	1	1
VEH. # _1		VEH. # _2		SKID DISTANCE BEFORE IMPACT		AFTER		Width Of Road	
Number of Occupants									
1		0							
Point Of Initial Contact									
Damage To Vehicles									
3		3							

Damage Other Than Vehicle:	Owner:	AGE	SEX	VEH NO.	POS.	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
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Occupants						Driver # 1	Or Pedestrian #								
						Driver # 2	Or Pedestrian #								
Last Name	First	Address	City	State	Zip	AGE	SEX	VEH NO.	POS.	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
Thomlin	Susan	2500 Pleasant Hill Rd	Atlanta	GA	30349	37	F	1	2	1	2	1	3	2	2

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