



STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000204260-02	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPB13CAD058527
--------------------------------------	----------------------------------------------------------------	------------------------------	-------------------------------------------------------

CRASH IDENTIFIERS

County of Crash MADISON	City or Place of Crash COLBERT	<input type="checkbox"/> City Limits	Crash Date/Time 09/21/2013 04:15 PM	Reported Date/Time 09/21/2013 04:21 PM	Dispatched Date/Time 09/21/2013 04:22 PM
On Scene Date/Time 09/21/2013 04:56 PM	Cleared Scene Date/Time 09/21/2013 05:35 PM	Complete Date/Time 09/22/2013 07:20 AM	Reason (if Investigation Not Complete)		Source of Information LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Roadway Description for Location of Occurrence GARNETT WARD RD		Distance to City or Place of Crash	Latitude N 34 2.9893	Longitude W 83 18.2412
Intersecting Roadway Description for Location of Occurrence .1 S PEIDMONT PARK RD		Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System NO	Roadway Functional Class Type URBAN	Roadway Functional Class Detail COLLECTOR		
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE	
Traffic Control Type at Intersection NO CONTROL		Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection	

CRASH INFORMATION

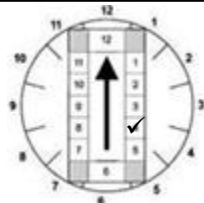
Light Condition DAYLIGHT	Weather Condition RAIN	Roadway Surface Condition WET	<input checked="" type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type COLLISION WITH FIXED OBJECT		First Harmful Event Detail TRAFFIC SIGN SUPPORT								
Total Counts	Vehicles 1	CMV 0	Motorists 5	Non-Motorists 0	Injured 2	Fatalities 1	Witnesses 0	Other Persons 1	Businesses 1	Violations 7
First Harmful Event's Relation to Junction NON-JUNCTION		Is First Harmful Event within Interchange Area NO		Type of Intersection NOT AT INTERSECTION						
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE						
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE						
School Bus Related NO		Work Zone Related NO		Crash Location in Work Zone						

VEHICLE V01

<input checked="" type="checkbox"/> V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number PDP5474	Registration Expires 2014	<input type="checkbox"/> Permanent Registration	VIN 3N1CB51D92L652971
Year 2002	Make NISSAN	Model SENTRA XE/GXE	Style 4S	Color GLD	Body Type Category PASSENGER CAR	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name MA	Owner Middle Name D	Owner Last Name ALPIZAR-SANCHEZ	Owner Suffix	Owner Business (if not Person)		
Address 1495 HIGHWAY 29 N LOT J15		Address Other		City ATHENS	State GA	Zip Code 30601-6302
Owner Phone Number	Owner Phone Number (other)	Insurance Company PROGRESSIVE MTN		Insurance Policy Number 606064086		
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Vehicle Towed By SEYMOUR'S		Wrecker Selection Method ROTATION		
Direction of Travel Before Crash NORTHBOUND	Speed: Estimated 35	Posted 35	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment CURVE LEFT	Roadway Grade DOWNHILL
Trafficway Description TWO-WAY NOT DIVIDED		Traffic Control Device Type NO CONTROLS		Working Properly		
Roadway Description for Vehicle Travel GARNETT WARD RD						
Vehicle Maneuver Action (by this vehicle) NEGOTIATING A CURVE		Hit & Run (by this vehicle) YES DRIVER OR CAR AND DRIVER LEFT SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE		
1st Sequence of Events Type (this vehicle) NON-COLLISION		1st Sequence of Events Detail (this vehicle) RAN OFF ROADWAY RIGHT				
2nd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT		2nd Sequence of Events Detail (this vehicle) TRAFFIC SIGN SUPPORT				
3rd Sequence of Events Type (this vehicle) NON-COLLISION		3rd Sequence of Events Detail (this vehicle) OVERTURN/ROLLOVER				
4th Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT		4th Sequence of Events Detail (this vehicle) TREE (STANDING)				
Most Harmful Event Type (this vehicle) COLLISION WITH FIXED OBJECT		Most Harmful Event Detail (this vehicle) TREE (STANDING)				
Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE				

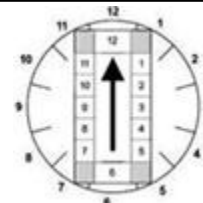
Area of Initial Impact

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Most Damaged Area

- ☐ Non Collision
☒ Top
☐ Undercarriage
☐ Unknown



Occupant Type DRIVER PASSENGER PASSENGER PASSENGER PASSENGER	Person Name (First Middle Last Suffix) EDWIN JUAREZ ALPIZAR UNK UNK DANNY CENICEROS JOSE FERNANDO CAVAZOS ANDRES JUAREZ	Injury Status NO INJURY(O) NO INJURY(O) FATAL INJURY (K) NON FATAL INJURY NON FATAL INJURY
----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------

Crash Number C000204260-02	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPB13CAD058527
--------------------------------------	----------------------------------------------------------------	------------------------------	-------------------------------------------------------

DRIVER V01

<input checked="" type="checkbox"/> Person Type DRIVER		NM#	Vehicle# V01	Person Type Detail																									
First Name EDWIN		Middle Name		Last Name JUAREZ ALPIZAR																									
Address 1495 HIGHWAY 29 N LOT J15		Address Other		City ATHENS	Date of Birth 1995																								
Phone Number	Phone Number (other)		Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL																										
Driver License Number 056832917	Class C	Expires 2014	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE																								
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE																									
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED																										
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO KEEP IN PROPER LANE			Driver Actions at Time of Crash 2 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT O																										
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION																										
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown																								
Restraint Systems SHOULDER AND LAP BELT USED			Helmet Use																										
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED																										
Trapped Extrication NOT TRAPPED																													
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash																									
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type BLOOD		Alcohol Tested TEST REFUSED		Alcohol Test Result BAC																								
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result																								
<table border="0"> <tr> <td>Violation Type Issued</td> <td>Number</td> <td>Violation Description</td> </tr> <tr> <td>UNIFORM TRAFFIC CITATION</td> <td>E01317309</td> <td>40-6-48 FAILURE TO MAINTAIN LANE</td> </tr> <tr> <td>UNIFORM TRAFFIC CITATION</td> <td>E01317310</td> <td>40-5-121 DRIVING WHILE LICENSE SUSPENDED OR REVOKED</td> </tr> <tr> <td>UNIFORM TRAFFIC CITATION</td> <td>E01317311</td> <td>40-6-391(K)(1) DUI / ALCOHOL / UNDER 21 YOA / 0.02 GRAMS OR MORE</td> </tr> <tr> <td>UNIFORM TRAFFIC CITATION</td> <td>E01317312</td> <td>40-6-393(A) HOMICIDE BY VEHICLE (1ST DEGREE)</td> </tr> <tr> <td>UNIFORM TRAFFIC CITATION</td> <td>E01317313</td> <td>40-6-273 FAILURE TO REPORT ACCIDENT WITH INJURY/DEATH/DAMAGE</td> </tr> <tr> <td>UNIFORM TRAFFIC CITATION</td> <td>E01317314</td> <td>3-3-23(A)(2) POSSESSION OF ALCOHOLIC BEVERAGE WHILE OPERATING VEHICLE</td> </tr> <tr> <td>UNIFORM TRAFFIC CITATION</td> <td>E01317315</td> <td>40-6-394 SERIOUS INJURY BY VEHICLE</td> </tr> </table>						Violation Type Issued	Number	Violation Description	UNIFORM TRAFFIC CITATION	E01317309	40-6-48 FAILURE TO MAINTAIN LANE	UNIFORM TRAFFIC CITATION	E01317310	40-5-121 DRIVING WHILE LICENSE SUSPENDED OR REVOKED	UNIFORM TRAFFIC CITATION	E01317311	40-6-391(K)(1) DUI / ALCOHOL / UNDER 21 YOA / 0.02 GRAMS OR MORE	UNIFORM TRAFFIC CITATION	E01317312	40-6-393(A) HOMICIDE BY VEHICLE (1ST DEGREE)	UNIFORM TRAFFIC CITATION	E01317313	40-6-273 FAILURE TO REPORT ACCIDENT WITH INJURY/DEATH/DAMAGE	UNIFORM TRAFFIC CITATION	E01317314	3-3-23(A)(2) POSSESSION OF ALCOHOLIC BEVERAGE WHILE OPERATING VEHICLE	UNIFORM TRAFFIC CITATION	E01317315	40-6-394 SERIOUS INJURY BY VEHICLE
Violation Type Issued	Number	Violation Description																											
UNIFORM TRAFFIC CITATION	E01317309	40-6-48 FAILURE TO MAINTAIN LANE																											
UNIFORM TRAFFIC CITATION	E01317310	40-5-121 DRIVING WHILE LICENSE SUSPENDED OR REVOKED																											
UNIFORM TRAFFIC CITATION	E01317311	40-6-391(K)(1) DUI / ALCOHOL / UNDER 21 YOA / 0.02 GRAMS OR MORE																											
UNIFORM TRAFFIC CITATION	E01317312	40-6-393(A) HOMICIDE BY VEHICLE (1ST DEGREE)																											
UNIFORM TRAFFIC CITATION	E01317313	40-6-273 FAILURE TO REPORT ACCIDENT WITH INJURY/DEATH/DAMAGE																											
UNIFORM TRAFFIC CITATION	E01317314	3-3-23(A)(2) POSSESSION OF ALCOHOLIC BEVERAGE WHILE OPERATING VEHICLE																											
UNIFORM TRAFFIC CITATION	E01317315	40-6-394 SERIOUS INJURY BY VEHICLE																											

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail	
First Name UNK		Middle Name		Last Name UNK	
Address UNK		Address Other		City UNK	Date of Birth 09/21/2013
Phone Number	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED			Helmet Use		
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED					
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash	
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result

PASSENGER V01

<input checked="" type="checkbox"/> Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail	
First Name DANNY		Middle Name		Last Name CENICEROS	
Address 1465 HWY 29 N LOT G30		Address Other		City ATHENS	Date of Birth 1982
Phone Number	Phone Number (other)		Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL		
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use		
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED					
Injury Severity Level Type FATAL INJURY (K)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash NECK	
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result

Crash Number C000204260-02	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPB13CAD058527
--------------------------------------	----------------------------------------------------------------	------------------------------	-------------------------------------------------------

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name JOSE	Middle Name FERNANDO	Last Name CAVAZOS	Suffix	Date of Birth 1991	Age 22	Sex M
Address 1495 HWY 29N LOT 18		Address Other		City ATHENS	State GA	Zip Code 30601
Phone Number	Phone Number (other)	Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL				
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle Seating Position: Seat RIGHT	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY		
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID MADISON EMS		EMS Run Number 13-27-27		Medical Facility Transported To ARMC
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	

PASSENGER V01

<input type="checkbox"/> Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name ANDRES	Middle Name	Last Name JUAREZ	Suffix	Date of Birth 1994	Age 18	Sex M
Address 125 E PIEDMONT RD		Address Other		City HULL	State GA	Zip Code 30601
Phone Number	Phone Number (other)	Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL				
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle Seating Position: Seat MIDDLE	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Helmet Use			
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash THORAX (CHEST)		
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID MADISON COUNTY EMS		EMS Run Number 13-27-27		Medical Facility Transported To ARMC
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	

PROPERTY OWNER

<input type="checkbox"/> Person Type PROPERTY OWNER	NM#	Vehicle#	Person Type Detail			
First Name RACHEL	Middle Name	Last Name BETTS	Suffix	Date of Birth	Age	Sex M
Address 726 GARNETTE WARD RD		Address Other		City HULL	State GA	Zip Code 30646
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				

BUSINESS RECORD

<input type="checkbox"/> Business Name DOT	Phone Number 404-631-1990	Phone Number (other)
Address 600 PEACHTREE ST	Address Other	City ATLANTA
		State GA
		Zip Code 30308

NON VEHICLE PROPERTY DAMAGE

Description of Damaged Property DOT SIGN	Estimated Damage
Property Linked to Person / Business DOT	

NON VEHICLE PROPERTY DAMAGE

Description of Damaged Property FENCE	Estimated Damage
Property Linked to Person / Business Betts, Rachel	

NARRATIVE: C000204260

Vehicle 1 was traveling north on Garnet Ward Road negotiating a curve to the left. The driver of vehicle 1 failed to maintain his lane and traveled onto the east roadside. Vehicle 1 began to rotate counter clockwise 90 degrees. Vehicle 1 then struck a sign and a tree with its right side. After initial impact vehicle 1 began to overturn onto its right side and traveled through a fence. Vehicle 1 then struck a large tree with its top and came to an uncontrolled rest on its right side facing west. After the crash, the front two occupants fled the scene. The driver was apprehended a short time thereafter (I100125124). The front passenger was never located. A passenger in the rear sustained fatal injuries and was pronounced deceased by the Madison County Coroner. This crash was also investigated by SCRTB, CPL S. Smith #580.

Video was recorded on GSP 169-034-2013

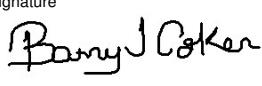
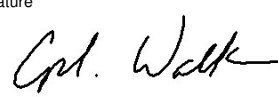
REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name COKER, BARRY	Signature 	Approving Officer Name WALKER, J.	Signature 
ID Number 0169	Rank TPR	ID Number 0678	Rank CORPORAL
Org / Unit POST 32 B		Org / Unit B-32	

DIAGRAM OF ACCIDENT

