

Accident Number 101220372-00	Agency NCIC NO. GAAPD0000	<b>GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT</b>	County FULTON	Date Rec. by DMVS.
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Date 5/2/2010	Day of Week <input checked="" type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S	Time 0250	Off. Arrived 5/2/2010 0300	Total number of: Vehicles: 2, Injuries: 0, Fatalities: 0	Inside City of: Atlanta
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Road of Occurrence 44 12TH ST NE <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input checked="" type="checkbox"/> City St.	At Its Intersection With PEACHTREE WALK NE <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input checked="" type="checkbox"/> City St.	Corrected Report Yes <input type="checkbox"/>
Not At Its Intersection But _____ <input type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Of _____ <input type="checkbox"/> Feet <input type="checkbox"/> South <input type="checkbox"/> West <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 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 Yes <input type="checkbox"/>

Driver # 1	Driver # 2
LAST NAME: GILLIS FIRST: APRIL MIDDLE: DIANNE Address: 10170 BASALT LN City: MENTONE State: CA Zip: 92359 DOB: 10/10/1986 Driver's License No. D4861738 Class: C State: CA <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Posted Speed: 15 Insurance Co. ALLSTATE Policy No. 024765663 Year: 2000 Make: HOND Model: ACC Telephone: (909) 855-3603 VIN: 1HGCG1659YA013015 Vehicle Color: GRAY Tag #: 5XVC803 State: CA County: Year: Year Trailer Tag #: State: County: Year: Year	LAST NAME: VEHICLE FIRST: PARKED MIDDLE: _____ Address: _____ City: _____ State: _____ Zip: _____ DOB: _____ Driver's License No. _____ Class: _____ State: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed: 15 Insurance Co. ENTERPRISE Policy No. FLEET Year: 2010 Make: FORD Model: FOC Telephone: _____ VIN: 1FAHP3FN4AW194099 Vehicle Color: RED Tag #: S993UA State: FL County: Year: Year Trailer Tag #: State: County: Year: Year
<input checked="" type="checkbox"/> Same as driver Owner's Last Name: _____ First: _____ Middle: _____ Address: _____ City: _____ State: _____ Zip: _____ Removed By: PRIVATE TOWING COMPANY <input type="checkbox"/> Request <input type="checkbox"/> List	<input type="checkbox"/> Same as driver Owner's Last Name: HOLDING CORP First: PV Middle: _____ Address: 8600 HANGER BLVD City: ORLANDO State: FL Zip: 32827 Removed By: <input type="checkbox"/> Request <input type="checkbox"/> List
Alcohol Test: 2 Type: _____ Results: _____ Drug Test: 2 Type: _____ Results: _____ Driver Condition: 1 Direction of Travel: 1 Vision Obscured: 1 Contributing Factors: 18 Vehicle Condition: 7 Vehicle Maneuver: 7 Pedestrian Maneuver: _____	Alcohol Test: 2 Type: _____ Results: _____ Drug Test: 2 Type: _____ Results: _____ Driver Condition: 2 Direction of Travel: 4 Vision Obscured: 1 Contributing Factors: 1 Vehicle Condition: 7 Vehicle Maneuver: 8 Pedestrian Maneuver: _____
Most Harmful Event: 10 Vehicle Class: 1 Vehicle Type: 1 Traffic Control: 7 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Most Harmful Event: 10 Vehicle Class: 1 Vehicle Type: 1 Traffic Control: 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: 4448 Department: ATLPD Report Date: 5/2/2010	Checked By: 2371 Date Checked: 5/2/2010	
Witness(es): Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone No. _____		

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

**COMMERCIAL VEHICLES ONLY**

Carrier Name	Carrier Name
Vehicle #: _____ Address: _____ State: _____ Zip: _____	Vehicle #: _____ Address: _____ State: _____ Zip: _____
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 Cargo Body Type: _____
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. #: _____ Interstate: <input type="checkbox"/> Intrastate: <input type="checkbox"/>
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Veh. Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No Released? <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 Veh. Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No Released? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom Diamond: _____	If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom Diamond: _____
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Downhill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units	<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Downhill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units

**REMARKS**

Driver #1 stated that she was removing her vehicle from the parking space at the location and placed her vehicle in drive. The vehicle started rolling backwards and fell off the retaining wall striking vehicle #2 which was parked at the location. Vehicle #2 was unoccupied at the time of the accident.  
 No injuries were reported at the scene of the accident. A-Tow Inc was requested to the scene to remove vehicle #1 off of the retaining wall. Vehicle #1 was removed from the scene by a private tow company. Vehicle #2 was removed from the scene by the driver.

**INDICATE ON THIS DIAGRAM WHAT HAPPENED**

Diagram on Last Page

**INDICATE NORTH**



Accident Investigation Site? <input type="checkbox"/> Yes <input type="checkbox"/> No		CITATIONS - VEHICLE # <u>1</u> None					CITATIONS - VEHICLE # <u>2</u> 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	
10	1	1	1	4	1	1	2	1	2	0	

VEH # <u>1</u>		VEH # <u>2</u>		SKID DISTANCE BEFORE IMPACT	AFTER		Width of Road <u>24</u>
Number of Occupants	1	1	VEH. <u>1</u>		VEH. <u>1</u>		
Point Of Initial Contact	14	9	VEH. <u>2</u>		VEH. <u>2</u>		
Damage To Vehicles	4	3					

Damage Other Than Vehicle:		Owner:		AGE	SEX	VEH #	POS	Injury	Taken For Treat.	Eject	Safety Equip.	Extric.	Air Bag
Occupants		Driver # <u>1</u> Or Pedestrian #						0	2	1	3	2	2
		Driver # <u>2</u> Or Pedestrian #						0	2	1	0	2	2
LAST NAME	FIRST	ADDRESS		City	STATE	ZIP							

Accident Number 101220372-00	Agency NCIC NO. GAAPD0000	Accident Date 5/2/2010	Georgia Uniform Motor Vehicle Accident Report Continuation
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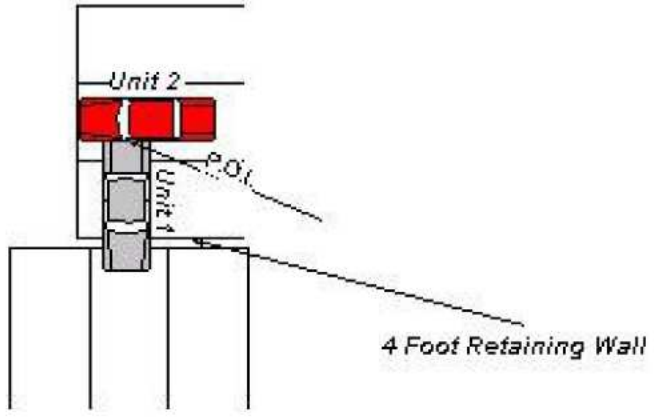
INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Peachtree Walk NE

12th St NE



NOT TO SCALE