Agency Case Number			Agency NCIC Number GEOR MOTOR VEHICLE							County			Date Rec. by GDOT		
Estimated Crash			Dispatch				Arrival			Total Nu		umber of		Insi	de City Of
Date	Time		Date	Tir	ne	Date		Time	Vehi	cles	Injuries	Fatalit	ies		,
Road of At Its Occurrence Intersection						With						_ [Corre	ected Report	
Not At Its ☐ Miles ☐ North ☐ East Intersection But ☐ Feet ☐ South ☐ West Of											_ [Sup	To Original		
Latitude (Y) _ (Format)						()		-00.00000] Hit a	nd Run	
Unit # □Drive	LAST NAME FIRS			IRST				□Driver	LAST N	AME		FII	RST		MIDDLE
□Ped □Bike							□Ped □Bike	Addres	•						
Susp At Fault					☐ Susp	At Fault	Addition	•							
City State Zip DOB					ОВ	City		_	Sta	ite	Zip			DOB	
Driver's License	No.	Class	State		Country			Driver's License No.			Class State			Country	
Insurance Co.	P	olicy No.		Telepi	Telephone No.			Insurance Co.			Policy No.			Геlephone No.	
Year	ı	Make		Mode	Model			Year Make				Mode			
VIN			Vehic	le Color			VIN					Vehicle	Color		
Tag #	State		County		Year		Tag #		State)	Coi	unty		Ye	ear
Trailer Tag # State County Year						Trailer T	ag#	State)	Co	unty		Ye	ear	
☐ Same as Drive	er Owner	's Last Nam	е	First		Middle	☐ Same	as Driver	Owne	r's Last I	Name		First		Middle
Address						Address									
City	State	е		Zip			City		Sta	te			Zip		
Removed By:						Request	Remove	d By:							☐ Request ☐ List
Alco Test:	Type:	Results:	Drug Test:	Туре	e: l	Results:	Alco Tes	st: Typ	pe: I	Results:	Dru	ıg Test:	Type:		Results:
First Harmful Eve	ent: I	Most Harmfu	ıl Event:	Ope	rator/Ped	Cond:	First Ha	mful Event:	: 1	Most Har	mful Ever	nt:	Opera	or/Ped	Cond:
Operator Contributing Factors:						Operato	r Contributii	ng Factors	S:			•			
Vehicle Contribu			Roadway Co	ontributin	a Factors		_	Contributing			Roa	adway Co	ntributin	a Facto	ors:
Direction of Travel: Vehicle Maneuver:				Non-Motor Maneuver:			n of Travel:			/laneuver:				aneuver:	
Vehicle Class:		Vehicle Type					Vehicle Class:			Vehicle Type:		Vision Obscured:			
										<u> </u>					
Number of Occup			Initial Contact:		Damage to Veh:		Number of Occupants:					act:	Damage to Veh:		
Traffic-Way Flow		Road Comp	-			ter:	Traffic-Way Flow:			Road Comp:		Road Character:			
Number of Lanes: Posted Speed: Work Zone					k Zone:		Number of Lanes: Posted Speed:				Work Zone:				
Traffic Control:			Device I	noperativ	e: 🗌 Ye	s 🗆 No	Traffic Control: Device Inoperative: ☐ Yes ☐ No								
Citation Informat								Information				_			
Citation #			O.C.G.A. § _					#							
Citation #			O.C.G.A. § _				Citation	#			_ 0.0	.G.A. §			
Citation #			O.C.G.A. § _					#			0.0	.G.A. §			
Carrier Name:					COMME	RCIAL MOT	Carrier I								
Address			City	S	tate	Zip	Address	·				City	St	ate	Zip
U.S. D.O.T. #			No. of A	cles	G.	V.W.R.	U.S. D.O	.T. #				No. of Ax	les		G.V.W.R.
Cargo Body Type Vehicle Confi		e Config.	☐ Inters		Fed. F	Reportable	Cargo E	ody Type	Vehic	le Config	J.	☐ Interst		Fed	. Reportable
C.D.L.?		□ No					C.D.L.?		Y	☐ Yes ☐ No C.		C.D.L. Suspended?			Yes 🗆 No
			Hazardous	Materials'	? 🗆 ነ	res □ No	Vehicle	Placarded?	□ Y	es 🗆 N	o Ha	zardous M	laterials	? [Yes □ No
Haz Mat Release	d? 🗆 Yes	□ No					Haz Mat Released?								
If YES: Name or four Digit Number from Diamond or Box:						If YES: Name or four Digit Number from Diamond or Box:									
One Digit Number from Bottom of Diamond:						One Digit Number from Bottom of Diamond:									
□ Ran Off Road □ Down Hill Runaway □ Cargo Loss or Shift □ Separation of Units					s ☐ Ran Off Road ☐ Down Hill Runaway ☐ Cargo Loss or Shift ☐ Separation of Units										

				COLLI	SION FIELDS														
Manı	ner of Collision:	Location at A	rea of Impact:	Weather:		Surface Conditio	n:	Light Condition:											
	NARRATIVE																		
				D	IAGRAM														
	nage Other Than Vehi ne (Last, First)	cle:	P		MAGE INFORMATION S INFORMATION City		ate Zip (INDICATE NORTH Code Telep	phone Number										
Nam	ne (Last, First)		Address		City	City State Zip C			Code Telephone Number										
				OCCUPAN	IT INFORMATION	OCCUPANT INFORMATION													
N	Name (Last, First):																		
1 A	Age: Sex:	Unit #			Address:	1	1	T											
Ir			Position:	Safety Eq:	Address: Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:										
	njured Taken To:	By:	Position:			Extricated: EMS Arrival Time (F:		Injury: Hospital Arrival Time	Treatment:										
N	njured Taken To: Name (Last, First):	By:	Position:		Ejected:				Treatment:										
A			Position:		Ejected: Time (Fatality Only):				Treatment: e (Fatality Only): Taken for										
2 A	Name (Last, First):			EMS Notified Safety Eq:	Ejected: Time (Fatality Only): Address:	EMS Arrival Time (Fa	atality Only): Air Bag:	Hospital Arrival Time	Treatment: e (Fatality Only): Taken for Treatment:										
2 A	Name (Last, First): Age: Sex: njured Taken To:	Unit #		EMS Notified Safety Eq:	Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only):	EMS Arrival Time (Fa	atality Only): Air Bag:	Hospital Arrival Time	Treatment: e (Fatality Only): Taken for Treatment:										
2 A Ir	Name (Last, First): Age: Sex:	Unit #		EMS Notified Safety Eq:	Ejected: Time (Fatality Only): Address: Ejected:	EMS Arrival Time (Fa	atality Only): Air Bag:	Hospital Arrival Time	Treatment: e (Fatality Only): Taken for Treatment: e (Fatality Only): Taken for										
2 Irr	Name (Last, First): Age: Sex: njured Taken To: Name (Last, First):	Unit #	Position:	EMS Notified Safety Eq: EMS Notified Safety Eq:	Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only): Address:	EMS Arrival Time (Fa	Air Bag: Air Bag:	Hospital Arrival Time Injury: Hospital Arrival Time	Treatment: e (Fatality Only): Taken for Treatment: e (Fatality Only): Taken for Treatment:										
2 A Ir	Name (Last, First): Age: Sex: njured Taken To: Name (Last, First): Age: Sex: njured Taken To:	Unit # By: Unit #	Position:	EMS Notified Safety Eq: EMS Notified Safety Eq:	Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only):	EMS Arrival Time (Fa	Air Bag: Air Bag:	Hospital Arrival Time Injury: Hospital Arrival Time Injury:	Treatment: e (Fatality Only): Taken for Treatment: e (Fatality Only): Taken for Treatment:										
2 Irr	Name (Last, First): Age: Sex: njured Taken To: Name (Last, First): Age: Sex:	Unit # By: Unit #	Position:	EMS Notified Safety Eq: EMS Notified Safety Eq:	Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only): Address: Ejected:	EMS Arrival Time (Fa	Air Bag: Air Bag:	Hospital Arrival Time Injury: Hospital Arrival Time Injury:	Treatment: e (Fatality Only): Taken for Treatment: e (Fatality Only): Taken for Treatment: e (Fatality Only):										
2 Irr N A A A	Name (Last, First): Age: Sex: njured Taken To: Name (Last, First): Age: Sex: njured Taken To: Name (Last, First):	Unit # By: Unit # By:	Position: Position:	EMS Notified Safety Eq: EMS Notified Safety Eq: EMS Notified	Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only): Address:	EMS Arrival Time (F: Extricated: EMS Arrival Time (F: Extricated: EMS Arrival Time (F:	Air Bag: Air Bag: Air Bag: Air Bag:	Injury: Hospital Arrival Time Injury: Hospital Arrival Time Injury:	Treatment: 2 (Fatality Only): Taken for Treatment: 2 (Fatality Only): Taken for Treatment: 2 (Fatality Only): Taken for Treatment:										
2 Irr N A A A	Name (Last, First): Age: Sex: njured Taken To: Name (Last, First): Age: Sex: njured Taken To: Name (Last, First): Age: Sex:	Unit # By: Unit # By:	Position: Position:	EMS Notified Safety Eq: EMS Notified Safety Eq: EMS Notified Safety Eq:	Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only):	EMS Arrival Time (F: Extricated: EMS Arrival Time (F: Extricated: EMS Arrival Time (F:	Air Bag: Air Bag: Air Bag: Air Bag:	Injury: Hospital Arrival Time Injury: Hospital Arrival Time Injury: Injury:	Treatment: 2 (Fatality Only): Taken for Treatment: 2 (Fatality Only): Taken for Treatment: 2 (Fatality Only): Taken for Treatment:										
2 Irr	Name (Last, First): Age: Sex: njured Taken To: Name (Last, First): Age: Sex: njured Taken To: Name (Last, First): Age: Sex:	Unit # By: Unit # By:	Position: Position:	EMS Notified Safety Eq: EMS Notified Safety Eq: EMS Notified Safety Eq:	Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only): Address: Ejected: Time (Fatality Only): NISTRATIVE Officer Note: If colliss	EMS Arrival Time (F: Extricated: EMS Arrival Time (F: Extricated: EMS Arrival Time (F: Extricated: EMS Arrival Time (F:	Air Bag: Air Bag: Air Bag: Air Bag: atality Only): Air Bag: atality Only):	Injury: Hospital Arrival Time Injury: Hospital Arrival Time Injury: Hospital Arrival Time Injury:	Treatment: (Fatality Only): Taken for Treatment: (Fatality Only): Taken for Treatment: (Fatality Only): Taken for Treatment: (Fatality Only):										

	SUPPLEMENT GEORGIA MOTOR VEHICLE CRASH REPORT										
Ag	jency Case Numb	er:			Crash Date:			icer Name:			
					NARRATIVE C	ONTINUED					
_											
<u> </u>											
											
_											
				ADDI	TIONAL CITATIO	ON INFORMATIO	N				
	nit #:				Unit #:						
									A. §		
						Citation # O.C.G.A. §					
Citation #						Citation # O.C.G.A. §					
Cit	ation #						Citation # O.C.G.A. §				
Cit	ation #		O.C.G.A. §			Citation #		O.C.G.A	A. §		
Cit	ation #		O.C.G.A. §			Citation # O.C.G.A. §					
Cit	tation #		O.C.G.A.	§		Citation #		O.C.G.A	A. §		
	Name (Last, First):			ADDIT	IONAL OCCUPA	ANT INFORMATION Address:	ON				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for	
	Injured Taken To:		By:		EMS Notified Time (I	Fatality Only):	EMS Arrival Time	Fatality Only):	Hospital Arrival Time	Treatment: e (Fatality Only):	
$\vdash \mid$	Name (Last, First):					Address:					
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:	
	Injured Taken To:		Ву:		EMS Notified Time (I	Fatality Only):	EMS Arrival Time	Fatality Only):	Hospital Arrival Time		
Name (Last, First):					Address:						
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:	
	Injured Taken To:		Ву:		EMS Notified Time (I	Fatality Only):	EMS Arrival Time	Fatality Only):	Hospital Arrival Time	(Fatality Only):	
Name (Last, First):				Address:							
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:	
	Injured Taken To:		Ву:		EMS Notified Time (Fatality Only):		EMS Arrival Time	Fatality Only):	Hospital Arrival Time (Fatality Only):		
	Name (Last, First):					Address:					
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:	
	Injured Taken To:	njured Taken To: By:		EMS Notified Time (I	Fatality Only):	EMS Arrival Time	Fatality Only):	Hospital Arrival Time (Fatality Only):			

	Page	_ of
ADDITIONAL or FULL PAGE DIAGRAM		