

Agency Case Number 21-002711		Agency NCIC Number GA0600600		GEORGIA MOTOR VEHICLE CRASH REPORT				County FULTON			Date Rec. by GDOT	
Estimated Crash Date 03/01/2021 Time 1215		Dispatch Date 03/01/2021 Time 1220		Arrival Date 03/01/2021 Time 1225		Total Number of Vehicles 2 Injuries 0 Fatalities 0			Inside City of UNION CITY			
Road of Occurrence 138				At Its Intersection With 85							<input type="checkbox"/> Corrected Report	
Not At Its Intersection But				Of							<input type="checkbox"/> Sup To Original	
Latitude (Y) 34.85654000 (Format) 00.00000				Longitude (X) -84.55577610 (Format) -00.00000							<input type="checkbox"/> Hit and Run	
Unit # 1	<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME TISDELL		FIRST SHANE	MIDDLE THOMAS	Unit # 2	<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME HOLMES		FIRST WILLIAM	MIDDLE MICHAEL	
<input type="checkbox"/> Susp At Fault		Address 1106 W LINE STREET				<input type="checkbox"/> Susp At Fault		Address 2458 WELCOME RD				
City LEESBURG		State FL		Zip 34748-	DOB 09/12/1988	City NEWMAN		State GA		Zip 30263-4272	DOB 11/09/1977	
Driver's License No. T23479888332		Class A		State FL	Country US	Driver's License No. 049474757		Class C		State GA	Country US	
Insurance Co. FLEET		Policy No. 980231		Telephone No. 800-969-9903		Insurance Co. EXEMPT		Policy No.		Telephone No. 678-251-6528		
Year 2021		Make FREIGHTLINER		Model TRACTOR		Year 2020		Make CHEVROLET		Model TAHOE MP		
VIN 3AKJHHR5MSMH8		Vehicle Color BEIGE				VIN 1GNLCDEC3LR148858		Vehicle Color GRAY				
Tag # YAJH756		State OR		County LEESBURG	Year 2021	Tag # GV3723N		State GA		County COWETA	Year 2021	
Trailer Tag # 4510TM		State ID		County CLANY	Year 2021	Trailer Tag #		State		County	Year	
<input type="checkbox"/> Same as Driver		Owner's Last Name MAY TRUCKING		First	Middle	<input type="checkbox"/> Same as Driver		Owner's Last Name COWETA COUNTY SO		First	Middle	
Address 4185 BROOKLAKE ROAD NE						Address 560 GREISON TRAIL						
City SALEM		State OR		Zip 97303-		City NEWMAN		State GA		Zip 30263-		
Removed By: Driver		<input type="checkbox"/> Request <input type="checkbox"/> List				Removed By: Driver		<input type="checkbox"/> Request <input type="checkbox"/> List				
Alco Test: 2	Type:	Results:	Drug Test: 2	Type:	Results:	Alco Test: 2	Type:	Results:	Drug Test: 2	Type:	Results:	
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		
Operator Contributing Factors: 26						Operator Contributing Factors: 1						
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1				Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1				
Direction of Travel: 3		Vehicle Maneuver: 1		Non-Motor Maneuver:		Direction of Travel: 1		Vehicle Maneuver: 4		Non-Motor Maneuver:		
Vehicle Class: 7		Vehicle Type: 4		Vision Obscured: 1		Vehicle Class: 2		Vehicle Type: 11		Vision Obscured: 1		
Number of Occupants: 1		Area of Initial Contact: 7		Damage to Veh: 1		Number of Occupants: 1		Area of Initial Contact: 11		Damage to Veh: 3		
Traffic-Way Flow: 1		Road Comp: 2		Road Character: 1		Traffic-Way Flow: 1		Road Comp: 2		Road Character: 1		
Number of Lanes: 5		Posted Speed: 45		Work Zone: 1		Number of Lanes: 5		Posted Speed: 45		Work Zone: 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				
Citation Information:						Citation Information:						
Citation # 189856		O.C.G.A. § 40-6-48				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. §				
<b>COMMERCIAL MOTOR VEHICLES ONLY</b>												
Carrier Name: May Trucking						Carrier Name:						
Address 4185 BROOKLAKE ROAD NE		City SALEM		State OR	Zip 97303-	Address		City		State	Zip	
U.S. D.O.T. # 094081		No. of Axles 5		G.V.W.R. 25000		U.S. D.O.T. #		No. of Axles		G.V.W.R.		
Cargo Body Type 1	Vehicle Config. 6	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cargo Body Type	Vehicle Config.	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No		
C.D.L.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Haz Mat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No						
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: _____						
<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: 5	Location at Area of Impact: 1	Weather: 2	Surface Condition: 2	Light Condition: 1
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## NARRATIVE

Driver two stated he was stopped waiting at the traffic light to turn left onto interstate 85 southbound when vehicle one was exiting 85 southbound making a left turn onto SR 138 hitting the right front side of his vehicle.

Driver one stated he was exiting 85 south to make a left turn onto SR138 when the rear left side of his vehicle made contact with vehicle two that was stopped waiting to turn left onto 85 southbound.

There were no reports of any injuries.

MAYS observed functional damage to vehicle two front right side and no damage to vehicle one.

Vehicles were removed by the drivers.

Driver one was issued a citation for Failure to Maintain Lane a violation of OCGA 40-6-48 and released on copy.

(continued...)

## DIAGRAM

## PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:	Owner:
None	

## WITNESS INFORMATION

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

## OCCUPANT INFORMATION

1	Name (Last, First): TISDELL, SHANE					Address: 1106 W LINE STREET LEESBURG, FL					
	Age: 32	Sex: M	Unit #: 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2	
	Injured Taken To:		By:		EMS Notified Time (Fatality Only): 0000		EMS Arrival Time (Fatality Only): 0000		Hospital Arrival Time (Fatality Only): 0000		
2	Name (Last, First): HOLMES, WILLIAM					Address: 2458 WELCOME RD NEWNAN, GA, 30263-4272					
	Age: 43	Sex: M	Unit #: 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2	
	Injured Taken To:		By:		EMS Notified Time (Fatality Only): 0000		EMS Arrival Time (Fatality Only): 0000		Hospital Arrival Time (Fatality Only): 0000		
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 (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):		
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 (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):		

## ADMINISTRATIVE

Photos Taken: <input type="checkbox"/> Yes By: <input type="checkbox"/> No					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.				
Report By:	Agency:	Report Date:	Checked By:	Date Checked:					
MAYS, JOHN	GA0600600	03/01/2021	CORRIDON, CHADWICK	03/19/2021					

**SUPPLEMENT**  
**GEORGIA MOTOR VEHICLE CRASH REPORT**

Agency Case Number: 21-002711

Estimated Crash Date: 03/01/2021

Officer Name: MAYS, JOHN

**NARRATIVE**

Both drivers were issued case numbers and advised how to receive a copy of the report.

No Further.

**ADDITIONAL CITATION INFORMATION**

Unit # ____:				Unit # ____:			
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. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____
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Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____
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Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____

**ADDITIONAL OCCUPANT INFORMATION**

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 (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:		By:		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:		By:		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:		By:		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:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	