

07-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPE13CAD024391
Address BURNT MILL ROAD		Address Other	City ROCKY MOUNT
Phone Number 252-903-2444	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	State NC
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat RIGHT	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 DEPLOYED-FRONT		Ejection NOT EJECTED	
Trapped Extrication TRAPPED & EXTRICATED WITH JOL			
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail INCAPACITATING (A)	Primary or Most Obvious of Body Area Injured During Crash FACE
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID GREENE COUNTY EMS	EMS Run Number 033	Medical Facility Transported To ATHENS REGIONAL HOSPITAL
Injury Description (Type of injury inflicted to Primary or Most Obvious Body Area Injured during Crash. Can come from EMS / Hospital records). Visible abrasions on face.			
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 V02			
Person Type PASSENGER	NM#	Vehicle# V02	Person Type Detail
First Name ANNALEAH	Middle Name	Last Name KARTH	Suffix
Date of Birth 05/15/1995	Age 17	Sex F	
Address 1617 BURNT MILL ROAD		Address Other	City ROCKY MOUNT
Phone Number 252-903-2444	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	State NC
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 SHOULDER AND LAP BELT USED		Helmet Use	
Air Bag Deployed NOT APPLICABLE		Ejection NOT EJECTED	
Trapped Extrication TRAPPED & EXTRICATED WITH JOL			
Injury Severity Level Type FATAL INJURY (K)		Injury Severity Level Detail	Primary or Most Obvious of Body Area Injured During Crash HEAD
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID GREENE COUNTY EMS	EMS Run Number 034	Medical Facility Transported To ST. MARYS HOSPITAL
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 V02			
Person Type PASSENGER	NM#	Vehicle# V02	Person Type Detail
First Name MARY	Middle Name	Last Name KARTH	Suffix
Date of Birth 08/06/1999	Age 13	Sex F	
Address 1617 BURNT MILL ROAD		Address Other	City ROCKY MOUNT
Phone Number 252-903-2444	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	State NC
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 SHOULDER AND LAP BELT USED		Helmet Use	
Air Bag Deployed NOT APPLICABLE		Ejection NOT EJECTED	
Trapped Extrication TRAPPED & EXTRICATED WITH JOL			
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail INCAPACITATING (A)	Primary or Most Obvious of Body Area Injured During Crash HEAD
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID GREENE COUNTY EMS	EMS Run Number 031	Medical Facility Transported To MCG AUGUSTA
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

DRIVER V03			
Person Type DRIVER	NM#	Vehicle# V03	Person Type Detail
First Name JEROME	Middle Name SCOTT	Last Name BIXBY	Suffix
Date of Birth 05/27/1957	Age 55	Sex M	
Address 6290 SE 126TH LN		Address Other	City BELLEVUE
Phone Number 386-288-4134	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	State FL
Driver License Number B210437571870	Class A	Expires 05/27/2015	Status VALID LICENSE
Commercial Motor Vehicle Endorsements X-COMBINED TANK/HAZ-MAT	State FL	Jurisdiction 02	Type COMMERCIAL DRIVER LICENSE (CDL)
<input type="checkbox"/> Recommend Driver ReExam			
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) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION	
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	