

<p>Use: 00 Overturned 13 Top 14 Undercarriage</p> <p>POINTS OF INITIAL CONTACT (Use "P" for Pedestrians)</p> <p>SEATING POSITION</p>	AIR BAG FUNCTION 0 No Air Bag; Vehicle 1 Deployed Air Bag 2 Non-Deployed Air Bag	DAMAGE TO VEHICLE 1 None 2 Slight 3 Moderate 4 Extensive 5 Fire Present	MANNER OF COLLISION 1 Angle 2 Head On 3 Rear End 4 Sideways - Same Direction 5 Sideways - Opposite Direction 6 Not A Collision With A Motor Vehicle	
	EXTRICATION (EQUIPMENT USED) 1 - Yes 2 - No 3 Unknown 4 Motorcycle Helmet 5 Child Safety Seat (Improperly Used) 6 Child Safety Seat (Properly Used) 7 Motorcycle Helmet 8 Unknown	ROAD CHARACTER 1 Straight And Level 2 Straight On Grade 3 Straight On Hillcrest 4 Curve And Level 5 Curve On Grade 6 Curve On Hillcrest 7 Running Water 8 Other	CONTRIBUTING ROAD DEFECTS 1 No Defects 2 Defective Shoulders 3 Holes, Deep Ruts, Bumps 4 Loose Material On Surface 5 Water Standing 6 Road Under Construction 7 Other	LIGHT CONDITION 1 Daylight 2 Dusk 3 Dawn 4 Dark - Not Lighted 5 Dark - Lighted
	SAFETY EQUIPMENT 0 None Used 1 Shoulder Belt 2 Lap Belt 3 Lap And Shoulder Belt 4 Child Safety Seat (Improperly Used) 5 Child Safety Seat (Properly Used) 6 Motorcycle Helmet 7 Bicycle Helmet 8 Unknown	ROAD COMPOSITION 1 Concrete 2 Asphalt 3 Tar And Gravel 4 Dirt 5 Gravel 6 Other	WEATHER 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Fog 6 Ice 7 Other	SURFACE CONDITION 1 Dry 2 Wet 3 Snowy 4 Ice 5 Other
	EJECTION 1 Not Ejected 2 Trapped 3 Partially Ejected 4 Totally Ejected	TAKEN FOR TREATMENT 1 - Yes 2 - No 3 Visible 4 Complaint 5 Not Injured 6 Serious 7 Killed	LOCATION AT AREA OF IMPACT 1 On Roadway 2 On Shoulder 3 Off Roadway 4 Median 5 Ramp 6 Gro	TRAFFIC-WAY FLOW 1 Two-way Traffic With No Physical Separation 2 Two-way Traffic With A Physical Separation 3 One-way Traffic With A Physical Barrier 4 One-way Traffic

GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

Accident Number: 00-01-059 Agency NCIC No. 0570200 County: Floyd Date Rec. By DPS: _____

Date: 01/10/00 Day Of Week: Sun M T W Th F S Time: 1920 Off. Arrived: 1922 Total Number Of: Vehicles 1 Injuries 1 Fatalities 0 Inside City Of: Rome

Road of Occurrence: 275 GA 1 At Its Intersection: Primrose Corrected Report Yes Suppl. To Original Yes Sec: 5

Not At Its Intersection But: _____ Miles 1 North 3 East 0 Of: _____ Feet 2 South 4 West 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St. 5 Co. Line

And Continuing in the Direction Checked Above The Next Reference Point Is: 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St. 5 Co. Line

Driver # <u>1</u> Last Name <u>Dawkins</u> First <u>ISAAC</u> Middle <u>Anthony</u> Address <u>1038 Old Rosedale Rd.</u> City <u>Armuchee</u> State <u>GA</u> Zip <u>30105</u> DOB <u>081379</u> Driver's License No. <u>0540R6647</u> Class <u>C</u> State <u>GA</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed <u>55</u> Insurance Co. <u>American Central Ins.</u> Policy No. <u>MZKA67058</u> Year <u>04</u> Make <u>Toyota</u> Model <u>Pickup</u> Telephone No. _____ VIN <u>4TARW02P5RZ288722</u> Vehicle Color <u>WHT</u> Tag # <u>347QH</u> State <u>GA</u> County <u>Floyd</u> Year <u>04</u> Trailer Tag # _____ State _____ County _____ Year _____ <input type="checkbox"/> Same as Driver Owner's Last Name <u>Dawkins</u> First <u>Sam</u> Middle _____ Address <u>1038 Old Rosedale Rd.</u> City <u>Armuchee</u> State <u>GA</u> Zip <u>30105</u> Removed By <u>Rabbits</u> <input checked="" type="checkbox"/> Request <input type="checkbox"/> List	Driver # _____ Last Name _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ DOB _____ Driver's License No. _____ Class _____ State _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed _____ Insurance Co. _____ Policy No. _____ Year _____ Make _____ Model _____ Telephone No. _____ VIN _____ Vehicle Color _____ Tag # _____ State _____ County _____ Year _____ Trailer Tag # _____ State _____ County _____ Year _____ <input type="checkbox"/> Same as Driver Owner's Last Name _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Removed By _____ <input type="checkbox"/> Request <input type="checkbox"/> List
Alcohol Test <u>1</u> Type _____ Results <u>PEND.</u> Drug Test <u>1</u> Type _____ Results <u>PEND.</u> Driver Condition <u>2</u> Direction of Travel <u>1</u> Vision Obscured <u>1</u> Contributing Factors <u>24</u> Vehicle Condition <u>1</u> Vehicle Maneuver <u>5</u> Pedestrian Maneuver _____ Most Harmful Event <u>19</u> Vehicle Class <u>1</u> Vehicle Type <u>2</u> Traffic Control <u>7</u> Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Alcohol Test _____ Type _____ Results _____ Drug Test _____ Type _____ Results _____ Driver Condition _____ Direction of Travel _____ Vision Obscured _____ Contributing Factors _____ Vehicle Condition _____ Vehicle Maneuver _____ Pedestrian Maneuver _____ Most Harmful Event _____ Vehicle Class _____ Vehicle Type _____ Traffic Control _____ Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Injured Taken To: <u>Floyd EL</u> By: <u>Floyd EMS</u> EMS Notified Time <u>1920</u> EMS Arrival Time <u>1924</u> Hospital Arrival Time <u>1943</u> Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No By: <u>Clyde Collier</u> Report By: <u>Michael Taylor</u> Department <u>Rome Police Dept.</u> Report Date <u>01/10/00</u> Checked By: <u>Sgt. Clark Pearson</u> Date Checked <u>01/10/00</u> Witness(es) Name: <u>Wayne Benson</u> Address <u>241 Bells Ferry Rd</u> City <u>Rome</u> State <u>GA</u> Zip Code <u>30161</u> Telephone No. <u>234-1240</u> <u>Tammy Perry</u> <u>1598 Gadsden Hwy.</u> <u>Cum Spis</u> <u>777-8065</u>	

COMMERCIAL VEHICLES ONLY

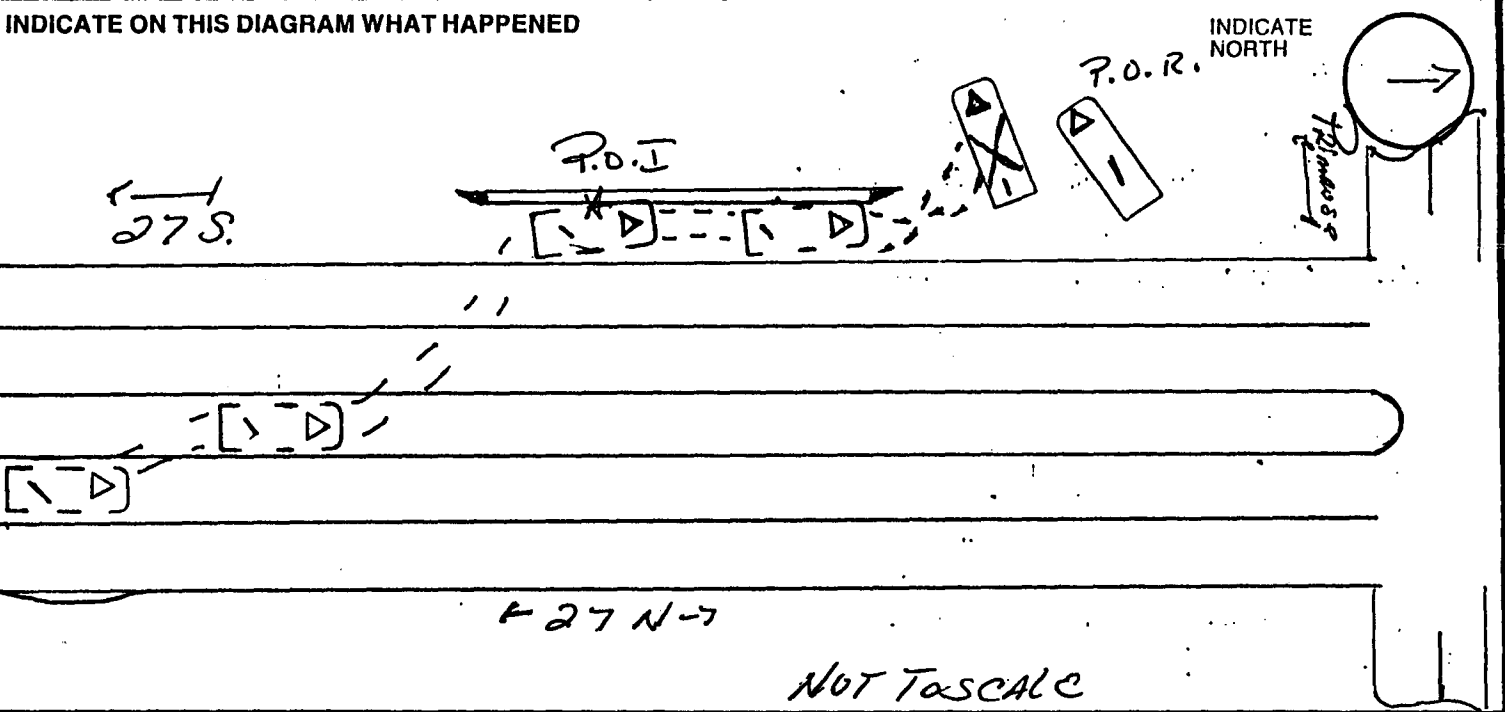
Carrier Name _____ Vehicle # _____ Address _____ City _____ State _____ Zip _____ Number of Axles _____ G.V.W.R. _____ Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No Cargo Body Type _____ Vehicle Config. _____ I.C.C.M.C. # _____ U.S. D.O.T. # _____ Interstate <input type="checkbox"/> Intra-state <input type="checkbox"/>	Carrier Name _____ Vehicle # _____ Address _____ City _____ State _____ Zip _____ Number 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"/> Intra-state <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 Vehicle 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 of Diamond: _____ Ran Off Road _____ Down Hill Runaway _____ Cargo Loss Or Shift _____ Separation of Units _____	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 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 of Diamond: _____ Ran Off Road _____ Down Hill Runaway _____ Cargo Loss Or Shift _____ Separation of Units _____

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

DPS-523 (2/94)

VEHICLE TYPE 1 Passenger Car 2 Pickup Truck 3 Truck/Tractor (Bobtail) 4 Tractor/Trailer 5 Logging Truck 6 Logging Tractor 7 Motorcycle, Scooter, Vehicle, Moped 8 Single Unit Truck 9 Panel Truck 10 Van 11 Utility Passenger Veh. 12 All Terrain Vehicle 13 Farm or Const. Equip. 14 Moped 15 Motorcycle, Bicycle 16 Motorized Recreational Vehicle 17 Ambulance 18 Motorized Recreational Vehicle 19 Motorcycle, Scooter, Vehicle, Moped 20 Farm or Const. Equip. 21 All Terrain Vehicle 22 Other	VEHICLE CONFIGURATION 1 Bus (Seating For More Than 15 Passengers) 2 Single Unit Truck: 2 Axles 3 Single Unit Truck: 3 Or More Axles 4 Truck/Tractor (Bobtail) 5 Truck/Tractor (Bobtail) 6 Tractor/Trailer 7 Tractor With Twin Trailers 8 Unknown Heavy Truck (Cannot Classify)	CARGO BODY TYPE 1 Van (Enc. Box) 4 Dump 2 Auto Carrier 3 Bus 4 Warning Sign 5 Garbage/Refuse 8 Concrete Mixer 6 Flatbed 7 Cargo Tanker 8 Other	VEHICLE CLASS 1 Privately Owned 2 Police 3 Commercial 4 School 5 Other Govt. 6 Other 7 Military 8 Other 9 Other 10 Other 11 Other 12 Other 13 Other 14 Other 15 Other 16 Other 17 Other 18 Other 19 Other 20 Other 21 Other 22 Other 23 Other 24 Other 25 Other 26 Other 27 Other 28 Other	CONTRIBUTING FACTORS 1 No Contributing Factors 2 Overtaking Too Close 3 Following Too Close 4 Failed To Yield 5 Exceeded Speed Limit 6 Exceeded Speed Limit 7 Wrong Side Of Road 8 Weather Conditions 9 Improper Passing 10 Driver Lost Control 11 Changed Lanes Improperly 12 Object Or Animal 13 Object Or Animal 14 Improper Turn 15 Mechanical Or Vehicle Failure 16 Parked Improperly 17 Surface Defects 18 Surface Defects 19 Mismatched Clearance 20 Improper Backing 21 Driver Condition 22 Diverless Vehicle 23 Too Fast For Conditions 24 Improper Passing Of School Bus 25 Impaired Police Officer 26 Disregard 27 Other 28 Other	PEDESTRIAN MANEUVER 1 Crossing 2 Crossing At Crosswalk 3 Walking In Roadway 4 Not At Crosswalk 5 Playing In Roadway 6 Other Working In Roadway 7 Crossing At Crosswalk 8 Standing In Roadway 9 On Roadway 10 Other 11 Working Against Traffic 12 Working On Vehicle 13 Working On Vehicle 14 Working On Vehicle 15 Working On Vehicle 16 Working On Vehicle 17 Working On Vehicle 18 Working On Vehicle 19 Working On Vehicle 20 Working On Vehicle 21 Working On Vehicle 22 Working On Vehicle 23 Working On Vehicle 24 Working On Vehicle 25 Working On Vehicle 26 Working On Vehicle 27 Working On Vehicle 28 Working On Vehicle	COLLISION WITH OBJECT NOT FIXED 1 Motor Vehicle In Motion 2 Pedestrian 3 Bicycle 4 Railway Train 5 Animal 6 Parked Motor Veh. 7 Other Object (Not Fixed)	COLLISION WITH FIXED OBJECT 1 Impact Attenuator 2 Luminaire/Light Support 3 Utility Pole 4 Other Post 5 Other Post 6 Other Post 7 Other Post 8 Other Post 9 Other Post 10 Other Post 11 Other Post 12 Other Post 13 Other Post 14 Other Post 15 Other Post 16 Other Post 17 Other Post 18 Other Post 19 Other Post 20 Other Post 21 Other Post 22 Other Post 23 Other Post 24 Other Post 25 Other Post 26 Other Post 27 Other Post 28 Other Post	VEHICLE MANEUVER 1 No Known Defects 2 Tire Failure 3 Brake Failure 4 Improper Lights 5 Steering Failure 6 Slick Tires 7 Other 8 Other 9 Other 10 Other 11 Other 12 Other 13 Other 14 Other 15 Other 16 Other 17 Other 18 Other 19 Other 20 Other 21 Other 22 Other 23 Other 24 Other 25 Other 26 Other 27 Other 28 Other	VEHICLE CONDITION 1 Not Observed 2 Headlights 3 Sunlight 4 Parked Vehicle 5 Tires, Bushes 6 Rain, Snow, Ice 7 On Windshield 8 Other 9 Other 10 Other 11 Other 12 Other 13 Other 14 Other 15 Other 16 Other 17 Other 18 Other 19 Other 20 Other 21 Other 22 Other 23 Other 24 Other 25 Other 26 Other 27 Other 28 Other	VISION OBSERVED BY 1 North 2 South 3 East 4 West	DIRECTION OF TRAVEL 1 Not Observed 2 Apparently Fall Asleep 3 Drunk 4 U.I. Alcohol 5 U.I. Drugs 6 U.I. Alcohol & Drugs 7 Physical Impairment 8 Apparently Fall Asleep 9 U.I. Alcohol 10 U.I. Drugs	TYPE TEST 1 Blood 2 Urine 3 Other 4 Other 5 Other 6 Other 7 Other 8 Other 9 Other 10 Other 11 Other 12 Other 13 Other 14 Other 15 Other 16 Other 17 Other 18 Other 19 Other 20 Other 21 Other 22 Other 23 Other 24 Other 25 Other 26 Other 27 Other 28 Other	ALCOHOL AND/OR DRUG TEST GIVEN 1 - Yes 2 - No 3 - Refused 4 - Other
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REMARKS
 DRIVER OF VEHICLE 1 WAS TRAVELING N. Bound on 27 just past intersection of 27 & valley rd. The witness, traveling behind Driver 1 stated he veered off into the median just past the coke plant. The witness stated that vehicle 1 stayed in media for a while then veered up into the southbound lanes. Vehicle 1 then veered over to side of the road to guard rail. Vehicle 1 slid down guard rail to the end where truck slid sideways into ditch becoming airborne, plucky one one time, the landing in wood lanes. Driver was trapped inside vehicle with serious visible injuries. Driver transported to Floyd ER for medical attention - 3rd witness Mark Rayford 7 Anders Rd. Rome GA 30161 535-6657.



Accident Investigation Site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CITATIONS - VEHICLE # 1 3002	CITATIONS - VEHICLE #
Site Number:		
First Harmful Event: 9	Traffic-Way Flow: 2	Weather: 1
Surface Cond.: 1	Light Condition: 5	Manner Of Collision: 6
Location At Area Of Impact: 2	Road Comp.: 2	Road Defects: 1
Road Character: 1		
VEH. # 1	VEH. #	
Number of Occupants: 1	SKID DISTANCE BEFORE IMPACT: 0	AFTER APPROX. 200 FT
Point Of Initial Contact: 11	VEH. 1	VEH. 1
Damage To Vehicles: 4	VEH.	VEH.
Damage Other Than Vehicle: Guardrail 27S Past Pimento	Owner:	
Occupants	Driver # 1 Or Pedestrian #	2 1 2 0 2 2
Last Name	First	Address
	City	State
	Zip	

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

INCIDENT REPORT

SA GA 0570200

INCIDENT TYPE: Homicide

INCIDENT LOCATION: Hwy 27 South - North of Primrose Rd.

INCIDENT DATE: 01-11-00 1920 TO [] [] [] []

COMPLAINANT: Moser, Jim

ADDRESS: C/O Rome Police Department

PHONE NUMBER: 238-5111

VICTIM NAME: Dawkins, Isaac

RACE: W SEX: M AGE: 20

RESIDENCE PHONE: 234-8416 BUSINESS PHONE: 802-2000

ADDRESS: 1038 Rosedale Rd., Armuchee, GA

EMPLOYER OR OCCUPATION: FMC

STUDENT? YES NO IF YES, NAME VICTIM'S SCHOOL: Floyd College

WARRANT CHARGES

ARREST

TOTAL NUMBER ARRESTED: []

ARREST AT OR NEAR OFFENSE SCENE: YES NO

DATE OF OFFENSE: [] [] [] []

VEHICLE INFORMATION

STOLEN TAG NUMBER: [] STATE: [] YEAR: [] V.I.N.: []

RECOVD YEAR: [] MAKE: [] MODEL: [] STYLE: [] COLOR: []

SUSPECTS: []

MOTOR SIZE (CID): []

AUTO TRANS. MAN. SPD

INSURED BY: []

PROPERTY RECOVERY INFO ONLY

THEFT/RECOVERY: JURISDICTION CODES: 1. CITY, 2. COUNTY, 3. STATE, 4. OUT OF STATE, 5. UNKNOWN

DATE OF THEFT: [] [] [] []

VEHICLES, CLOTHING, FIREARMS, CURRENCY, NOTES, ETC, OFFICE EQUIP, CONSUMABLE GOODS, LIVESTOCK, JEWELRY, PREC METALS, TV, RADIO, ETC, OTHER, FURS, HOUSEHOLD GOODS, TOTAL

GCIC ENTRY WARRANT MISSING PERSONS VEHICLE ARTICLE BOAT GUN SECURITIES

DRUG: DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? YES NO

IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER:

1 - AMPHETAMINE, 2 - BARBITURATE, 3 - COCAINE, 4 - HALLUCINOGEN, 5 - HEROIN, 6 - MARIJUANA, 7 - METHAMPHETAMINE, 8 - OPIUM, 9 - SYNTHETIC NARCOTIC, U - UNKNOWN

CLEAR: REQUIRED DATA FIELDS FOR CLEARANCE REPORT CLEARED BY ARREST EXCEPTIONALLY CLEARED UNFOUNDED

DATE OF CLEARANCE: [] [] [] [] ADULT JUVENILE

On January 11, 2000 at approximately 7:20 p.m., above victim was driving a 1994 Toyota pickup truck North on Hwy 27 near Primrose at which approximate time victim was shot in the back of his head on his right side. Victim wrecked his truck and was transported to Floyd Medical Center where victim died of his wounds on January 12, 2000.

REPORTING OFFICER: *Det. Moser* NUMBER: -58- APPROVING OFFICER: [] NUMBER: []

AGENCY ID (ORI)

SA #GA 0570200

INCIDENT REPORT

30

CASE NUMBER

01110000255

INCIDENT TYPE

Homicide

COUNTS

Table with 2 columns: COUNTS, INCIDENT CODE. Incident code 1 is marked.

PREMISE TYPE

Table with 2 columns: PREMISE TYPE, counts. Highway (1), Svc Station (2), Convenience Store (3), Bank (4), Commercial (5), Residence (6), School/Campus (7), All Other (8). Residence (6) is marked.

EVENT

INCIDENT LOCATION

Hwy 27 South - North of Primrose Rd.

LOC CODE

ST 15

INCIDENT DATE

011100 1920

TIME

DATE

TIME

STRANGER TO STRANGER

YES NO UNK

GUN

3 HANDS/FIST. ETC.

WEAPON TYPE

2 KNIFE CUTTING TOOL, 4 OTHER

COMPLAINANT

Moseley, Lin

ADDRESS

c/o Rome Police Dept.

PHONE NUMBER

2385111

VICTIM NAME

DAWKINS, ISAAC

RACE

W

SEX

M

AGE

20

RESIDENCE PHONE

2348416

BUSINESS PHONE

802.2000

ADDRESS

1038 ROSEDALE Rd. ARMUCHEE, GA

CENSUS TRACT

EMPLOYER OR OCCUPATION

FMC

STUDENT?

YES

NO

IF YES, NAME VICTIM'S SCHOOL

CLAYTON COLLEGE

NAME

Empty name field

RACE

SEX

DATE OF BIRTH

AGE

WANTED ADDRESS

Empty wanted address field

CENSUS TRACT

HEIGHT

WEIGHT

HAIR

EYES

WARRANT CHARGES

Empty warrant charges field

COUNTS

OFFENSE CODE

OFFENSE/ARREST

JURIS

ARREST

Empty arrest field

TOTAL NUMBER ARRESTED

Empty field

ARREST AT OR NEAR OFFENSE SCENE

YES NO

DATE OF OFFENSE

Empty field

TAG NUMBER

Empty field

STATE

YEAR

V.I.N.

Empty VIN field

PLATE ONLY

Empty field

VIN PLATE ONLY

Empty field

RECOVD

Empty field

YEAR

MAKE

Empty field

MODEL

Empty field

STYLE

Empty field

COLOR

Empty field

MOTOR SIZE (CID)

Empty field

AUTO

MAN.

SPD

INSURED BY

Empty field

NAMES

Empty names field

ADDRESS

Empty address field

PHONE NUMBER

Empty phone number field

OFFENDER

VEHICLE

WITNESS

PROPERTY

ADM.

DRUG

CLEAR

NARRATIVE

VEHICLES

STOLEN, RECOVERED

CURRENCY, NOTES, ETC.

Empty field

JEWELRY, PREC METALS

Empty field

FURS

Empty field

CLOTHING

STOLEN, RECOVERED

OFFICE EQUIP

Empty field

TV, RADIO, ETC.

Empty field

HOUSEHOLD GOODS

Empty field

FIREARMS

STOLEN, RECOVERED

CONSUMABLE GOODS

Empty field

LIVESTOCK

Empty field

OTHER

Empty field

TOTAL

Empty field

PROPERTY RECOVERY INFO ONLY

JURISDICTION CODES

THEFT/RECOVERY

DATE OF THEFT

Empty field

GCIC ENTRY

WARRANT

MISSING PERSONS

VEHICLE

ARTICLE

BOAT

GUN

SECURITIES

DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? YES NO

IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER.

1 - AMPHETAMINE, 2 - BARBITURATE, 3 - COCAINE, 4 - HALLUCINOGEN, 5 - HEROIN, 6 - MARIJUANA, 7 - METHAMPHETAMINE, 8 - OPIUM, 9 - SYNTHETIC NARCOTIC, U - UNKNOWN

REQUIRED DATA FIELDS FOR CLEARANCE REPORT

CLEARED BY ARREST

EXCEPTIONALLY CLEARED

UNFOUNDED

REPORT DATE

011100

DATE OF CLEARANCE

Empty field

ADULT

JUVENILE

ON JAN 11, 2000 AT APPROXIMATELY 7:30 PM, ABOVE VICTIM WAS DRIVING A 1994 TOYOTA PICKUP TRUCK NORTH ON HWY 27 NEAR PRIMROSE AT WHICH APPROXIMATE TIME VICTIM WAS SHOT IN THE BACK OF HIS HEAD ON HIS RIGHT SIDE. VICTIM WRECKED HIS TRUCK AND WAS TRANSPORTED TO GLOYD MEDICAL CTR. ABOVE VICTIM DIED OF HIS WOUNDS ON JAN. 12 @ 2000.

REPORTING OFFICER

DET. MOSELEY

NUMBER

-58-

APPROVING OFFICER

Det. [Signature]

NUMBER

016

AGENCY ID
1A05710200
011100

SUPPLEMENTAL REPORT

CASE NUMBER
011110000255

ORIGINAL REPORT

SUPPLEMENTAL REPORT

PAGE 1 OF 2

ON 011100 AT APPROXIMATELY 1920 HRS OFC TAYLOR AND I WERE DISPATCHED TO AN ACCIDENT WITH INJURIES ON HWY 27, MARTHA BERRY BLVD, SRI AROUND THE COCA COLA COMPANY LOCATED ON SANDERS DRIVE. AT APPROXIMATELY 1922 HRS, MYSELF AND OFC TAYLOR ARRIVED ON SCENE ON HWY 27 AROUND MILE MARKER #8. RIO PULLED AND PARKED APPROXIMATELY 100 FEET BEHIND ROME FIRE DEPARTMENT ENGINE COMPANY #2 IN THE OUTSIDE LANE OF SOUTH BOUND TRAFFIC LANE. RIO TRAVELED ON FOOT, TRAVELING SOUTH, TO THE ACCIDENT SCENE. RIO OBSERVED A WHITE TOYOTA PICKUP ON THE SIDE OF AN EMBANKMENT FACING SOUTH, SOUTH WEST. RIO TRAVELED AROUND THE TRUCK WHICH WAS RESTING IN A GROUP OF SMALL PINE TREES, FROM THE BACK ALONG THE DRIVERS SIDE TO THE FRONT AND THEN TO THE PASSENGER SIDE. RIO LOOKED ^{IN} THE TRUCK FROM THE PASSENGER SIDE OF THE VEHICLE AND OBSERVED A WHITE MALE INSIDE. RIO OBSERVED THAT THE WHITE MALE SUBJECT HAD HIS ARM BEHIND THE SEAT AND THE (EXTRIOR) OF THE TRUCK. THE SUBJECT WAS RESTING ON HIS KNEES IN THE SEAT AS WELL AS FEET WERE IN THE SEAT AS THOUGH SOMEONE WOULD BE ON ALL FOURS. THE SUBJECT'S FACE WAS FACING TO THE BACK OF THE SEAT. RIO TRIED TO GET A VERBAL RESPONSE FROM THE SUBJECT AND WAS NOT ABLE TO GET ANY VERBAL RESPONSE. ROME FIRE DEPT PERSONNEL BEGAN TRYING TO FREE THE SUBJECT FROM THE VEHICLE. RIO MOVED TO THE REAR OF THE VEHICLE AND ENCOUNTERED TWO WHITE MALES STANDING APPROXIMATELY 15 TO 20 FEET FROM THE VEHICLE. RIO ADVISED THE TWO TO MOVE DOWN THE EMBANKMENT NEAR THE ROADWAY AND GIVE A STATEMENT OF WHAT THEY OBSERVED. RIO OBSERVED A CROWD OF 10 (TEN) TO 15 (FIFTEEN) PEOPLE STANDING ALONG THE ROADWAY SOUTH OF THE VEHICLE'S LOCATION. RIO RADIODED (019) SGT ROGER POWELL TO RESPOND TO THE ACCIDENT SINCE IT WAS A SERIOUS INJURY ACCIDENT, TO DETERMINE IF A MEMBER OF THE ACCIDENT RECONSTRUCTION TEAM WISHED TO RESPOND TO THE ACCIDENT. PFC LEE CARTER RESPONDED TO THE SCENE TO ASSIST IN THE ACCIDENT INVESTIGATION. RIO BEGAN TO TRY AND LOCATE THE POINT WHERE THE DRIVER OF THE TOYOTA HAD CROSSED OVER THE MEDIAN OF HWY 27 FROM THE NORTHBOUND LANES TO THE SOUTHBOUND LANES. RIO COULD NOT LOCATE THE POINT WHERE THE VEHICLE HAD CROSSED OVER THE MEDIAN.

RIO RADIODED E911 TO HAVE CLYDE COLLIER RESPOND TO THE SCENE, IF THEY HAD NOT ALREADY DONE SO.

CASE STATUS:

OPEN

CLEARED BY ARREST

EX. CLEARED

UNFOUNDED

01111000