

Agency Case Number C001044525-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County RABUN		Date Rec. by GDOT																					
Estimated Crash Date: 04/18/26 Time: 14:03		Dispatch Date: 04/18/26 Time: 14:11		Arrival Date: 04/18/26 Time: 14:34		Total Number of Vehicles: 2 Injuries: 1 Fatalities: 0		Inside City Of																							
Road of Occurrence <u>STEOA FALLS ROAD</u>								At Its Intersection With _____		<input type="checkbox"/> Corrected Report																					
Not At Its Intersection But <u>90</u> <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West								Of <u>SWORD LANE</u>		<input type="checkbox"/> Sup To Original																					
Latitude (Y) <u>34.8589996961078</u> (Format) 00.00000				Longitude (X) <u>-83.3987162310522</u> (Format) -00.00000				<input type="checkbox"/> Hit And Run?																							
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME GRAY FIRST STACY MIDDLE DOUGLAS			Unit # 2	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME WORLEY FIRST MICKEY MIDDLE																								
<input checked="" type="checkbox"/> Susp At Fault				Address <u>56 BOEN CREEK ROAD</u>				<input type="checkbox"/> Susp At Fault				Address <u>JB AND FRED LANE</u>																			
City <u>TIGER</u>		State <u>GA</u>		Zip <u>30576</u>		DOB <u>1991</u>		City <u>CLAYTON</u>		State <u>GA</u>		Zip <u>30525</u>		DOB <u>/2008</u>																	
Driver's License No. _____				Class <u>C</u>		State <u>GA</u>		Country <u>UNITED STATES</u>		Driver's License No. _____				Class <u>NONE</u>		State <u>NO</u>		Country <u>UNITED STATES</u>													
Insurance Co. <u>ACCG-IRMA</u>				Policy No. <u>5250</u>		Telephone No. _____				Insurance Co. <u>PROGRESSIVE</u>				Policy No. <u>869795004</u>		Telephone No. _____															
Year <u>2024</u>		Make <u>FORD</u>			Model <u>EXPLORER</u>			Year <u>2004</u>		Make <u>SUZUKI</u>			Model <u>DR650</u>																		
VIN <u>1FM5K8AC5RGA68513</u>				Vehicle Color <u>GRY</u>				VIN <u>JS1SP48A942100467</u>				Vehicle Color <u>CAM</u>																			
Tag # <u>GV5077U</u>		State <u>GA</u>		County <u>RABUN</u>		Year <u>2027</u>		Tag # <u>YTW870</u>		State <u>GA</u>		County <u>RABUN</u>		Year <u>2027</u>																	
Trailer Tag # _____		State _____		County _____		Year _____		Trailer Tag # _____		State _____		County _____		Year _____																	
<input type="checkbox"/> Same as Driver				Owner's Last Name <u>RABUN COUNTY BOAR</u>				First <u>_____</u>				Middle <u>_____</u>																			
<input type="checkbox"/> Same as Driver				Owner's Last Name <u>WORLEY</u>				First <u>ETHAN</u>				Middle <u>ZANE</u>																			
Address <u>25 COURTHOUSE SQ STE 201</u>								Address <u>JB AND FRED LANE</u>																							
City <u>CLAYTON</u>		State <u>GA</u>		Zip <u>30525-4114</u>				City <u>CLAYTON</u>		State <u>GA</u>		Zip <u>30525</u>																			
Removed By: <u>DRIVER</u>								<input type="checkbox"/> Request <input type="checkbox"/> List				Removed By: <u>OWNER</u>								<input type="checkbox"/> Request <input type="checkbox"/> List											
Alco Test: <u>2</u>		Type: <u>_____</u>		Results: <u>_____</u>		Drug Test: <u>2</u>		Type: <u>_____</u>		Results: <u>_____</u>		Alco Test: <u>2</u>		Type: <u>_____</u>		Results: <u>_____</u>		Drug Test: <u>2</u>		Type: <u>_____</u>		Results: <u>_____</u>									
First Harmful Event: <u>11</u>				Most Harmful Event: <u>11</u>				Operator/Ped Cond: <u>1</u>				First Harmful Event: <u>11</u>				Most Harmful Event: <u>11</u>				Operator/Ped Cond: <u>1</u>											
Operator Contributing Factors: <u>4</u>												Operator Contributing Factors: <u>0 0 0 0</u>																			
Vehicle Contributing Factors: <u>1</u>						Roadway Contributing Factors: <u>13</u>						Vehicle Contributing Factors: <u>1</u>						Roadway Contributing Factors: <u>1</u>													
Direction of Travel: <u>2</u>		Vehicle Maneuver: <u>12</u>			Non-Motor Maneuver: _____			Direction of Travel: <u>2</u>		Vehicle Maneuver: <u>10</u>			Non-Motor Maneuver: _____																		
Vehicle Class: <u>2</u>		Vehicle Type: <u>11</u>		Vision Obscured: <u>1</u>		Vehicle Class: <u>1</u>		Vehicle Type: <u>17</u>		Vision Obscured: <u>1</u>																					
Number of Occupants: <u>1</u>		Area of Initial Contact: <u>12</u>		Damage to Veh: <u>2</u>		Number of Occupants: <u>1</u>		Area of Initial Contact: <u>11</u>		Damage to Veh: <u>4</u>																					
Traffic-Way Flow: <u>1</u>		Road Comp: <u>2</u>		Road Character: <u>5</u>		Traffic-Way Flow: <u>1</u>		Road Comp: <u>2</u>		Road Character: <u>5</u>																					
Number of Lanes: <u>2</u>		Posted Speed: <u>25</u>		Work Zone: <u>0</u>		Number of Lanes: <u>2</u>		Posted Speed: <u>25</u>		Work Zone: <u>0</u>																					
Traffic Control: <u>6</u>				Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								Traffic Control: <u>6</u>				Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
Citation Information: Citation # <u>W02E240612</u> O.C.G.A. § <u>40-6-73</u>												Citation Information: Citation # <u>W02E240611</u> O.C.G.A. § <u>40-5-20</u>																			
Citation # _____ O.C.G.A. § _____												Citation # _____ O.C.G.A. § _____																			
Citation # _____ O.C.G.A. § _____												Citation # _____ O.C.G.A. § _____																			
COMMERCIAL MOTOR VEHICLES ONLY												COMMERCIAL MOTOR VEHICLES ONLY																			
Carrier Name: _____												Carrier Name: _____																			
Address _____				City _____				State _____				Zip _____				Address _____				City _____				State _____				Zip _____			
U.S. D.O.T. # _____				No. of Axles _____				G.V.W.R. _____				U.S. D.O.T. # _____				No. of Axles _____				G.V.W.R. _____											
Cargo Body Type _____		Vehicle Config. _____		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No				C.D.L. Suspended? <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																			
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No				Hazardous Materials? <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																			
Haz Mat Released? <input type="checkbox"/> Yes <input 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: _____ One Digit Number from Bottom of Diamond: _____												If YES: Name or four Digit Number from Diamond or Box: _____ 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:	1	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	1
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NARRATIVE

Vehicle #1, a marked Rabun County Sheriff's Office patrol vehicle, was entering Stekoa Falls Road from 464 Stekoa Falls Road. Vehicle #2 was negotiating a series of S-curves while traveling south on Stekoa Falls Road. The driver of Vehicle #1 failed to observe Vehicle #2 and yield to its established right-of-way. Vehicle #1 entered Stekoa Falls Road and into the travel lane of Vehicle #2. The driver of Vehicle #2 abruptly applied the brakes and steered into the opposite lane to avoid the collision, but was unsuccessful. The driver of Vehicle #1 suddenly stopped to avoid the collision, but was unsuccessful. Vehicle #2 struck the front bumper of Vehicle #1 with its left side. The collision caused the driver of Vehicle #2 to separate from Vehicle #2. The driver of Vehicle #2 then traveled over Vehicle #1 and came to rest on the opposite side of Vehicle #1 in the northbound lane.

The driver of Vehicle #1 stated that prior to the collision, he was traveling northbound on Stekoa Falls Road when he observed a southbound motorcycle traveling at a high rate of speed. He turned around and no longer observed the motorcycle. He pulled over at 464 Stekoa Falls Road to observe traffic after receiving speeding complaints involving motorcycles. After roughly 20 minutes, he decided to depart the area. As he slowly entered the roadway, he looked left and right, as he was positioned between two curves with limited sight distance. Once in the roadway, he observed Vehicle #2 and applied his brakes.

A steep embankment on the roadway's northern shoulder limited sight distance for Driver #1 and Driver #2. The sight distance for the driver of Vehicle #1 on the roadway shoulder was measured at 111 feet.

Witness Speed provided a written statement, which is attached to this report.

A caution sign for the curves that Vehicle #2 was negotiating was posted on both shoulders of the roadway and read "20 MPH." This crash was recorded on a dash camera from the Rabun County Sheriff's Office. (Deputy Gray, Badge #613)

This crash investigation was recorded on Perm #2336.

A point-of-view recording for Driver #2 was made on WatchGuard Perm #2336.

DIAGRAM

INDICATE NORTH



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle	Owner
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WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
SPEED, BOYCE	37 COALLEY LN	TIGER	GA	30576-0000	

OCCUPANT INFORMATION

1	Name (Last, First): GRAY, STACY				Address: 56 BOEN CREEK ROAD TIGER, GA 30576						
	Age: 34	Sex: M	Unit #: 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2	
Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:			
2	Name (Last, First): WORLEY, MICKEY				Address: 88 JB AND FRED LANE CLAYTON, GA 30525						
	Age: 17	Sex: M	Unit #: 2	Position: 1	Safety Eq: 6	Ejected: 5	Extricated: 2	Air Bag: 0	Injury: 2	Taken for Treatment: 1	
Injury Taken To: NGMC		By: RABUN CO EMS		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:			

ADMINISTRATIVE

Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By: CPL. RAY #704	<i>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.</i>		
Report By: RAY #0704	Agency: GSPB\POST 07	Report Date: 04/18/26	Checked By: R. FULLER #0133	Date Checked: 04/22/26



