



DPS INCIDENT REPORT

GEORGIA DEPARTMENT OF PUBLIC SAFETY
3029 MEMORIAL DR
WAYCROSS, GA 31503

Report Date / Time 5/19/2024 4:47:39 PM	Report Number DPS00156500 (01)	Report Case/CAD Number DPS00156500 / GSP124CAD035410	Reporting Officer Rank / ID TFC2 / 0723	Reporting Officer Name MIDDLETON, CHASE
Originating Agency ORI GAGSP0000	Reported to Agency Date 5/19/2024 1:17:08 PM	Occur Date Range 05/19/2024 13:17:08 -	Jurisdiction GADPS	Status: Clearance: ADMINISTRATIVE
Offense Description 50F ACCIDENT FATALITY				

LOCATION(S)

County PIERCE	Location Type REPORT LOCATION	Location Description						
Street Number 3319	Street TYRE BRIDGE RD	Apt/Lot/Bldg	City PATTERSON	State GA	Zip Code	Phone Number	Ext.	

Person: SUSPECT

First Name DALTON	Middle Name RAY	Last Name CASON	Suffix	Race WHITE	Sex MALE	Height 600	Weight 170	Hair BRO	Eyes BLU
MNI #	SSN	Date of Birth 05/04/1999	Age 25	ID Type	Drivers License or other ID	State	OCA / Agency ID		
Place of Birth:		,, UNITED STATES							
Addresses • RESIDENCE /									

Person: VICTIM

First Name LOGAN	Middle Name NOEL	Last Name SHARPE	Suffix	Race BLACK	Sex MALE	Height 400	Weight 45	Hair BRO	Eyes BRO
MNI #	SSN	Date of Birth 12/26/2016	Age 7	ID Type	Drivers License or other ID	State GA	OCA / Agency ID		
Place of Birth:		, GA, UNITED STATES							
Addresses • RESIDENCE / 3382 TYRE BRIDGE RD, PATTERSON, GA 31557 /									

Person: WITNESS

First Name CLIFTON	Middle Name LEO	Last Name SIMON	Suffix	Race BLACK	Sex MALE	Height 6'04"	Weight 260	Hair BLK	Eyes BRO
MNI #	SSN	Date of Birth 02/11/1944	Age 80	ID Type C	Drivers License or other ID 007338806	State GA	OCA / Agency ID		
Place of Birth:		,, UNITED STATES							
Addresses • RESIDENCE / 3308 TYRE BRIDGE RD, PATTERSON, GA / 912-282-1948									

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Vehicle: USED IN CRIME

Year 2015	Make FORD	Model F150	Style	Color GRE	State GA	License Plate # SBY7734	Tag Expiration	VIN 1FTEW1CG3FFB11389
Vehicle Owner Type PERSON	Vehicle Value (\$)	<input type="checkbox"/> CMV <input type="checkbox"/> HAZMAT	DOT Number		Placard Hazardous Material #		Placard Hazard Class #	
Vehicle Owner DALTON RAY CASON (SUSPECT)		Vehicle Released to Person				Vehicle Released by Officer		

Narrative: INITIAL

Narrative Date/Time 5/19/2024 7:57:17 PM	Narrative Synopsis FATAL CRASH		
Reporting Officer MIDDLETON, CHASE	Officer Rank TFC2	Officer ID No 0723	Officer Org/Unit GSP11POST 22
Officer Signature <i>C Middleton</i>		Officer Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	

On May 19, 2024, I was requested by the Pierce County Sheriff's Office to assist in a vehicle versus pedestrian crash on Tyre Bridge Road at 1323 hours. I arrived on scene at 1331 hours. Upon arrival, I spoke with Deputy Courson of the Pierce County Sheriff's Office who advised me that the crash involved a single vehicle and a juvenile. He advised me that the juvenile was in the ambulance at this time and that the juvenile was deceased due to injuries sustained in the crash. Time of Death was called by Deputy Coroner Wesley Howard at 1351. The family was notified at this time as well. The juvenile was identified by his mother as Logan Noel Sharpe DOB 12-26-2016. Deputy Courson pointed out the other involved party who was still on scene. The vehicle was a green 2015 Ford F150 with Georgia tag SBY7734. The driver of the truck was identified by his Georgia license as Dalton Ray Cason DOB [REDACTED].

I then went and spoke to Cason. Cason stated that he was going to his parent's house but had turned around due to the road being closed approximately .5 miles north of the crash scene. After he turned around, he was heading south on Tyre Bridge Road just south of Smiley Street. He stated that he saw a large group of kids on the sidewalk. As he approached the kids, he stated that he did not see Sharpe run into the roadway but saw him in the road just prior to impact. He applied the brakes but could not stop in time. After impact, Cason stated he got out of the vehicle to check on Sharpe. He then called 911. At this time, he moved his truck to the shoulder of the roadway as a large crowd began to gather around Sharpe. As first responders arrived, Cason stayed on scene, standing next to his truck with a deputy present during the investigation. I asked Cason if he would give a voluntary blood draw. He agreed to do so. Due to rising emotions, I asked Deputy Courson take Cason to the EMS station in Blackshear to complete the blood draw and then to the sheriff's office. The blood draw was completed by Tiffany Walker at the Blackshear EMS Station located on Carter Avenue. Deputy Courson then took the blood kit and Cason back to the sheriff's office until CPL Siena and I could speak with Cason.

I then began to mark the scene and obtain measurements. SGT Cox arrived to assist in the investigation and took photos. CPL Siena with the Specialized Collision Reconstruction Team then arrived a short time later to assist with the investigation as well. The ambulance took Sharpe to Memorial Satilla Hospital to the morgue. Most of the family and bystanders on scene

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left at this time. Mark's Body Shop arrived on scene by Cason's request and towed the vehicle to their business with a 5 day hold on the vehicle. Once the scene was photographed and marked, the roadway was opened back up. CPL Siena and I then went to the Pierce County Sheriff's Office. I retrieved the sealed blood kit from Deputy Courson and CPL Siena interviewed Cason. After the interview, Cason left with family members.

Due to the family members leaving, I gave a copy of the crash report to Chief Strickland of the Patterson Police. He advised he knew the family and would be in touch with them and give them the report.

Recorded on 723 4RE patrol car camera.

Related reports: C000926813, SCRT-39-24

There are no pending charges at this time.

Officer: Approving Supervisor (Supplement 01)

Officer Name COX, H. B.	Officer Rank SERGEANT	Officer ID No 0866	Officer Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY
Approval Date / Time 5/22/2024 9:05:03 AM	Officer Signature <i>H B Cox</i>		

RELATED REPORT(S)

Report Name	Report Number / Description
Traffic Crash	C000926813

Sup #	Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
01	COURSON, TRAVIS DEPUTY P34	ASSISTING OFFICER	PIERCE COUNTY SHERIFFS OFFICE PCSO
01	MIDDLETON, CHASE TFC2 0723	REPORTING OFFICER / REPORTING OFFICER	GEORGIA DEPARTMENT OF PUBLIC SAFETY GSP1POST 22
01	C. SIENA CORPORAL 0392	ASSISTING OFFICER	GEORGIA DEPARTMENT OF PUBLIC SAFETY GSPJISCRT I
01	COX, H. B. SERGEANT 0866	ASSISTING OFFICER / APPROVING SUPERVISOR	GEORGIA DEPARTMENT OF PUBLIC SAFETY GSP1POST 22

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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the narratives associated with this report:

Officer: Reporting Officer (Supplement01)

Officer Name MIDDLETON, CHASE	Office Rank TFC2	Officer ID No 0723	
Officer Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY			
Officer Signature <i>C Middleton</i>			

Agency Case Number C000926813-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County PIERCE		Date Rec. by GDOT	
Estimated Crash Date 05/19/24 Time 13:16		Dispatch Date 05/19/24 Time 13:23		Arrival Date 05/19/24 Time 13:23		Vehicles 1		Total Number of Injuries 0		Fatalities 1	
Road of Occurrence <u>TYRE BRIDGE RD</u>				At Its Intersection With _____				<input type="checkbox"/> Corrected Report <input type="checkbox"/> Sup To Original <input type="checkbox"/> Hit And Run?			
Not At Its Intersection But <u>450</u>				Of <u>SMILEY ST</u>							
Latitude (Y) <u>31.39361</u> (Format) <u>00.00000</u>				Longitude (X) <u>-82.14043</u> (Format) <u>-00.00000</u>							
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME CASON		FIRST DALTON	MIDDLE RAY	Unit # 2	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME SHARPE		FIRST LOGAN	MIDDLE NOEL
<input type="checkbox"/> Susp At Fault						<input type="checkbox"/> Susp At Fault					
City PATTERSON		State GA		Zip 31557-5045		DOB 0		City PATTERSON		State GA	
Driver's License No.		Class C		State GA		Country UNITED STATES		Driver's License No.		State GA	
Insurance Co. PROGRESSIVE MOUNTAIN I		Policy No. 966612729		Telephone No. 912-286-2188		Insurance Co.		Policy No.		Telephone No. 254-447-6153	
Year 2015		Make FORD		Model F150		Year		Make		Model	
VIN 1FTEW1CG3FFB11389		Vehicle Color GRE		VIN		Vehicle Color		VIN		Vehicle Color	
Tag # SBY7734		State GA		County PIERCE		Year 2024		Tag #		State GA	
Trailer Tag #		State		County		Year		Trailer Tag #		State GA	
<input type="checkbox"/> Same as Driver		Owner's Last Name CASON		First JULIE		Middle SUZANNE		<input type="checkbox"/> Same as Driver		Owner's Last Name CASON	
Address 6350 CREEK RD		City PATTERSON		State GA		Zip 31557-2255		Address		City PATTERSON	
Removed By: MARK'S BODY SHOP		<input checked="" type="checkbox"/> Request <input type="checkbox"/> List		Removed By:		<input type="checkbox"/> Request <input type="checkbox"/> List		Alco Test: 1		Type: 1	
Results: PEND		Drug Test: 1		Type: 1		Results:		Alco Test: 2		Type: 2	
First Harmful Event: 6		Most Harmful Event: 6		Operator/Ped Cond: 1		First Harmful Event: 11		Most Harmful Event:		Operator/Ped Cond: 1	
Operator Contributing Factors: 0		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Operator Contributing Factors: 1		Vehicle Contributing Factors:		Roadway Contributing Factors: 1	
Direction of Travel: 2		Vehicle Maneuver: 5		Non-Motor Maneuver:		Direction of Travel: 1		Vehicle Maneuver:		Non-Motor Maneuver: 7	
Vehicle Class: 1		Vehicle Type: 2		Vision Obscured: 1		Vehicle Class:		Vehicle Type:		Vision Obscured:	
Number of Occupants: 1		Area of Initial Contact: 12		Damage to Veh: 2		Number of Occupants:		Area of Initial Contact:		Damage to Veh:	
Traffic-Way Flow: 1		Road Comp: 2		Road Character: 1		Traffic-Way Flow: 1		Road Comp: 2		Road Character: 1	
Number of Lanes: 2		Posted Speed: 35		Work Zone: 0		Number of Lanes:		Posted Speed:		Work Zone: 0	
Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: 7		Device Inoperative: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Citation Information:		Citation Information:	
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. § _____		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		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		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:	6	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	1
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NARRATIVE

Vehicle 1 was traveling south on Tyre Bridge Road just south of Smiley Street. Pedestrian 1 was in the southbound lane of travel in front of 3319 Tyre Bridge Road. Vehicle 1 struck pedestrian 1 with its front bumper. Vehicle 1 came to a controlled rest south of the area of impact in the south bound lane of travel in front of residence 3332 Tyre Bridge Road. Pedestrian 1 came to an uncontrolled rest in the south bound lane of travel in front of residence 3319 Tyre Bridge Road.

The pedestrian was wearing a white long sleeve shirt and dark pants at the time of the collision.

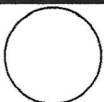
Recorded on 723 patrol car camera.

Witness 1, who was on the front porch of 3319 Tyre Bridge Road, stated that kids were playing in the roadway. He stated that he did not see initial impact but did see the truck traveling through the neighborhood. He stated that the truck did not appear to be driving excessively or recklessly.

Related Reports: DPS000156500 & SCRTI-039-24

DIAGRAM

INDICATE
NORTH



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle	Owner
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WITNESS INFORMATION

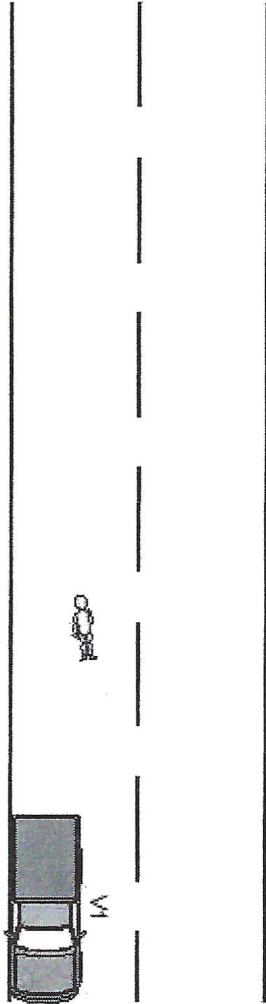
Name (Last, First)	Address	City	State	Zip Code	Telephone Number
SIMON, CLIFTON	3308 TYRE BRIDGE RD	PATTERSON	GA	31557-5083	912-282-1948

OCCUPANT INFORMATION

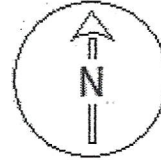
1	Name (Last, First): CASON, DALTON					Address: 5684 WYLLY STREET PATTERSON, GA 31557-5045				
	Age: 25	Sex: M	Unit # 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
2	Name (Last, First): [REDACTED]					Address: 3382 TYRE BRIGDE RD PATTERSON, GA 31557				
	Age: 7	Sex: M	Unit # 2	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury: 1	Taken for Treatment: 1
	Injury Taken To: MEMORIAL SATILLA HOSPITA		By: PIERCE COUNTY EMS		EMS Notified Time: 13:14		EMS Arrival Time: 13:16		Hospital Arrival Time: 14:41	

ADMINISTRATIVE

Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By: TFC MIDDLETON 723/SGT COX 866	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: MIDDLETON, CHASE #0723	Agency: GSP/POST 22	Report Date: 05/19/24	Checked By: COX, H. B. #0866	Date Checked: 05/20/24	



Tyre Bridge
Road



Not To Scale