

GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL CHANGE OF STATUS FORM

➔ SECTION A MUST BE COMPLETED

Last Name	FURR	First Name	ARICK	MI	J.
SSN	██████████	DOB	██████/1983	Race	B
Agency Name	ALPHARETTA POLICE DEPARTMENT			Agency ID #	1005

➔ SECTION B MUST BE COMPLETED

Type of Change: check one box and complete the corresponding sections below.					
<input checked="" type="checkbox"/>	New Hire	<input type="checkbox"/>	Promotion	<input type="checkbox"/>	Rank Change (COMPLETE SECTIONS C AND F)
<input type="checkbox"/>	Separation (COMPLETE SECTIONS D AND F)				
<input type="checkbox"/>	Name Change	<input type="checkbox"/>	Education Change	(COMPLETE SECTIONS E AND F)	
<input type="checkbox"/>	Deceased (COMPLETE SECTIONS C AND F)				

➔ SECTION C

Date:	8/14/2006	Rank/Position	POLICE OFFICER
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➔ SECTION D

Date:		Type of Separation:		
If resignation in lieu of dismissal, dismissal, suspension, or demotion is checked, reason for disciplinary action must be indicated below.		<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Career Retirement	<input type="checkbox"/> Layoff
		<input type="checkbox"/> Resignation in Lieu of Dismissal	<input type="checkbox"/> Dismissal	
		<input type="checkbox"/> Medical Disability Retirement		
		<input type="checkbox"/> Suspension	Number of Days Suspended:	
		<input type="checkbox"/> Demotion	From:	To:
Reason for Disciplinary Action:				
Officer's Last Known Address:				

➔ SECTION E

Legal Name Change To:	Note: Legal document of change must be attached.
Education Change To:	Note: Copy of degree or transcript showing degree conferred must be attached.

➔ SECTION F

Authorizing Signature	Date	Telephone Number
	8/16/2006	678-297-6302



PERSONNEL/PAYROLL ACTION FORM

Name: FURR, ARICK JUSTIN
(Last) (First) (Middle)

Date: AUGUST 11, 2006

Address: [REDACTED]
(No.) (Street)

New Hires Only

[REDACTED]
(City) (State) (Zip Code)

Phone: [REDACTED]

Position Number _____ Employee File No.: 11067 Hire Date: AUGUST 14, 2006

(FOR FINANCE USE ONLY)

Effective Date of Action: AUGUST 14, 2006

- REGULAR - FULL TIME
- REGULAR - PART TIME
- TEMPORARY - PART TIME
- INTERIM
- OTHER

- NEW HIRE
- Merit Increase
Percent: _____
- Demotion
- Promotion
- Reclassification
- Title Change
- Transfer
- Administrative
- FMLA
- Medical Leave
- Military Leave
- Personal Leave
- Suspension
- Termination

Department Name/ Number: POLICE/3223 Grade Level: D

Date of Birth: [REDACTED] 1983 Position Title: POLICE OFFICER

Previously Employed: Yes No Exempt Non-Exempt

New Position Replacement

Pay Rate: Annual: \$36,000 Job Code: 455

BI-Weekly: \$1,384.6154 Supervisor Name: E. DENSMORE

Hourly: \$17.3077

Department Name/ Number: (from) _____ (to) _____

Grade Level: (from) _____ (to) _____

Position Title: (from) _____ (to) _____

Pay Rate: Annual: (from) _____ (to) _____

BI-Weekly: (from) _____ (to) _____

Hourly: (from) _____ (to) _____

Department Name/Number: _____

Date: (from) _____ (to) _____

Reason: _____

Department Name/Number: _____ Grade Level: _____

Position Title: _____

Pay Rate - Annual: _____ PTO Due: _____

Reason: _____

Did employee give notice? _____ How much? _____ Termination Code: _____

Approval Signatures:

Date Next Performance Evaluation Due:

10-1-06

Date Eligible for Next Increase:

10-1-06

Payroll Effective Date
RR 8-14-06

[Signature]
Department Director

08-11-06
Date

[Signature]
Employment/Recruitment Specialist

8-14-06
Date

Director of Finance

Date

[Signature]
City Administrator

8/14/06
Date

ALPHARETTA POLICE DEPARTMENT

OATH OF OFFICE

GEORGIA, FULTON COUNTY, CITY OF ALPHARETTA

MAYOR
Arthur Letchas

COUNCIL
D.C. Aiken
David Belle Isle
Douglas J. DeRito
Debbie Gibson
John Monson
Jim Paine

CITY ADMINISTRATOR
Robert Regus

City Hall
Two South Main Street
Alpharetta, Georgia 30004

678 / 297-6000
Fax 678 / 297-6001

<http://www.alpharetta.ga.us>

24-Hour Information
678 / 297-6015

I, ARICK JUSTIN FURD, do swear that I will faithfully and impartially, and without fear, favor or affection, discharge my duties as an Alpharetta Police Officer, and will take only my lawful compensation. I do further solemnly swear and affirm that I am not the holder of any unaccounted public money due this State or any political subdivision; that I am not the holder of any office of trust under the government of the United States (except postmaster), nor any one of the several States, nor of any Foreign State; and, that I am otherwise qualified to hold said office according to the Constitution and Laws of Georgia. I will support the Constitution of the United States and the State of Georgia, and the Charter and Ordinances of the City of Alpharetta against all enemies, domestic or foreign. I will bear true faith, loyalty and allegiance to the same.

It is my goal to protect lives and property; prevent and detect crime; maintain order; apprehend those preying upon the unsuspecting; and to safeguard the constitutional liberties of all. I shall not persecute the innocent nor shield the guilty.

I understand the badge I wear is a symbol of public faith and trust charging me to perform my duties impartially, without favor or ill will, and without regard to race, religion, political beliefs, or aspirations. I will afford all people dignity and respect and will abide by the Law Enforcement Code of Ethics.

So help me God.

Arick Justin Furd
Signature

Sworn to and Subscribed before me this

20th Day of September, 2006

[Signature]
Director of Public Safety, Alpharetta, Georgia

Marilyn DeBay Frank
Notary Public



Alpharetta

GEORGIA USA



MAYOR

Arthur Letchas

COUNCIL

D.C. Aiken

David Belle Isle

Douglas J. DeRito

Debbie Gibson

John Monson

Jim Paine

CITY ADMINISTRATOR

Robert Regus

City Hall

Two South Main Street

Alpharetta, Georgia 30004

678 / 297-6000

Fax 678/ 297-6001

<http://www.alpharetta.ga.us>

24-Hour Information

678 / 297-6015



TO: Officer Arick Furr

FROM: Reynolds E. Densmore, Chief of Police

SUBJECT: Assignment

DATE: September 23, 2006

Effective Saturday, September 23, 2006 you will be assigned to Uniform Patrol "B" Squad under the command of Captain John Ballard. Please report to Captain Ballard for your assignment.

Best of luck in your new assignment!

Reynolds E. Densmore
Chief of Police

cc: Director Gary George
Major Tom Patton
Captain John Ballard
Adam Montgomery
Communications
Human Resources
File

CITY OF ALPHARETTA EMPLOYEE PERFORMANCE EVALUATION



EMPLOYEE NAME: Furr, Arick **Purpose of Evaluation:** Annual
DEPARTMENT: Police Department **REVIEW PERIOD FROM:** 08/14/06
JOB TITLE: Police Officer **REVIEW PERIOD TO:** 09/23/06
IMMEDIATE SUPERVISOR: Curry, J. N.

Please note: Total rating points will be used in the calculation of the merit percent increase.

RATE ON PERFORMANCE FACTORS LISTED BELOW	1 - MARGINAL 0.0 - 0.5	2 - MEETS 0.6 - 2.2	3 - EXCEEDS 2.3 - 3.9	4 - OUTSTANDING 4.0 to 5.0
1. JOB KNOWLEDGE			2.70	
2. QUALITY OF WORK			2.70	
3. QUANTITY OF WORK			2.70	
4. COOPERATION			4.40	
5. INITIATIVE			4.00	
6. DEPENDABILITY			4.40	
7. USE OF WORK TIME			3.00	
8. SKILL AND ABILITY			4.00	
9. ATTENDANCE AND PUNCTUALITY			4.40	
Complete item 10 only if the employee is in a supervisory or management position				
10. LEADERSHIP (Req'd for Supv/Mgr)	0.00	0.00	11.10	21.20
SUB-TOTALS FOR COLUMNS 1-10	32.30			
GRAND TOTAL FOR COLUMNS 1-10	3.59			
REMARKS SECTION				

AGGCOMPLISHMENTS: (attach additional sheet for further comments):
 Officer Furr is new to the department and his performance in Field Training has been good. Officer Furr worked a hit and run investigation from start to finish and completed his GCIC workbook since starting. Arick demonstrates calmness in many stressful situations.

AREAS OF IMPROVEMENT: (attach additional sheet for further comments):
 N/A


GOALS & OBJECTIVES: (attach additional sheet for further comments):
 1. Graduate from the FTQ program and begin to work on his own. 2. Further his knowledge of City policy and its geographical boundaries. 3. Work toward his intermediate and advanced certification.

EMPLOYEE COMMENTS: (attach additional sheet for further comments):

SIGNATURE (employee signature)		SIGNATURE (eval supervisor, if applicable)	
	Date: 10/13/06		Date: 09/16/06
SIGNATURE (immediate supervisor)		SIGNATURE (department director)	
	Date: 9/17/06		Date: 09-18-06

EVALUATION COMPLETE EVALUATION NOT COMPLETE

Memo

To: Officer A.J. Furr
From: Sgt. R.J. Myers 
CC: Capt. Ballard, Sgt. Dier & Chief Densmore
Date: March 27, 2007
Re: Officer involved Auto Accident (0702-0027)

On Friday, February 02, 2007 at 0932 hours Officer Furr was involved in an auto accident at the intersection of Haynes Bridge Road and North Point Drive. Officer Furr was responding to an assistance call put out by Officer Wessel. Officer Furr was traveling south on North Point Drive, with emergency equipment activated, stopped at the red traffic light and then turned right onto Haynes Bridge Road. Officer Furr's patrol vehicle was struck by another vehicle that was headed west on Haynes Bridge Road. The accident review board found **Negligence** on Officer Furr's part for failure to use due care, as outlined by State Law and Departmental Policy.

Action Plan: As a result of the finding of the accident review board, I recommend that Officer Furr should receive training on State Law and Departmental Policy concerning the operation on patrol cars in emergency mode. Officer Furr's driving habits should also be closely monitored for the next three (3) months. It should be noted that Officer Furr has attended and successfully passed the State mandated E.V.O.C.. This action plan will be reviewed in three (3) months (June 27, 2007) by Capt. Ballard, Sgt. Dier and myself to see if any further action is needed.

APPROVED

RSD
03-28-07

**City of Alpharetta
Accident/Injury Investigation Report**

Employee Name: A.J. Furr #300

Employee work department name and telephone number: Police/678-297-6306

Date of Accident/Injury: 02/02/2007

Nature of Accident/Injury: Auto Accident

Location of Accident/Injury: Haynes Bridge Road @ North Point Drive

Investigating Officer: Ofc. Wessel

Name of Supervisor notified: Sgt. Myers

Name of Supervisor on scene: Sgt. Myers

Police Report/Case Number (if applicable): 0702-0027

Police Agency where report was filed: Alpharetta Police Dept

Photographs taken and number of prints: Yes

Name of photographer: Sgt. Myers

Alcohol/Drugs suspected: Yes: No:

Location of Drug Test:

Did employee return to work: Yes: No:

If no, please state reason:

Was employee at fault? Yes: No:

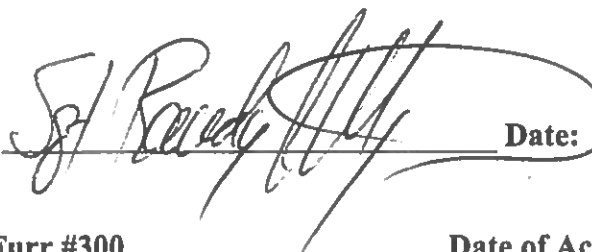
State your reason for your opinion: Both drivers share the fault in this accident. Ofc. Furr had a duty to use due care and the other driver had a duty to yield to an emergency vehicle.

Any citations issued? Yes: No:

In your opinion, could employee have prevented accident? Yes: No:

If yes, please explain: Ofc. Furr should have proceeded slower and took a little more time in entering the intersection, he stated that he never saw the other vehicle.

Investigator signature:

 Date: 02/02/07

Employee Name: A.J. Furr #300
02/02/2007

Date of Accident Injury:

This form must be completed within three working days of accident/injury. The information on this form will be used by the Accident Review Board. Failure to complete this form will require your presence at the next Board meeting. *The Board reserves the right for personal interviews regarding all accidents/injuries.*

Describe accident/incident/injury: *To be completed by employee and/or supervisor. Include cause(s), parts of body injured, equipment or substance inflicting involved injury, how event occurred, who were present as witnesses. Feel free to draw sketches. Use additional pages if necessary*

Officer Furr was responding to a assistance call from Officer Wessel. Officer Furr was responding in emergency mode (blue lights & siren activated). Officer Furr was traveling south on North Point Drive and as he approached the intersection of Haynes Bridge Road, he noticed that the right turn lane was clogged with traffic. Officer Furr entered the straight lane and came up to the intersection. He advised that he looked to his left and saw a vehicle stopped in lane #1, and lane #2 and didn't see anything coming in lane #3. Officer Furr then made a right hand turn onto Haynes Bridge Road and was struck by a 1993 Acura, which was traveling west on Haynes Bridge Road in lane #3. The driver of the acura said that she didn't see the light or hear the siren until it was to late

Recommendations: How could this incident be prevented—now and in the future. *Indicate skills, training, and equipment needs as well as environmental conditions.*

Officer Furr needs to always make sure that all lanes of traffic have stopped and that the path is clear before he proceeds. Police Officers in emergency mode have a duty to proceeded with due care.

Employee signature: Arick Fun Date: 2/2/07

Supervisor signature: J. H. [Signature] Date: 02/02/07

Accident Number 0702-0027 Agency NCIC No. GA0600400 GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT County FULTN Date Rec. by DMVS

Date 02/02/2007 Day of Week Sun M T W Th F S Time 09:32 Off. Arrived 09:46 Vehicles 2 Injuries 1 Fatalities 0 Inside City Of: 7013 ALPHARETTA

Road of Occurrence HAYNES BR RD At Its Intersection With NORTH POINT DR 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St. Corrected Report? Yes

Not At Its Intersection But Miles 1 North 3 East Of: 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St. 5 Co. Line Suppl. To Original? Yes

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 Hit and Run? Yes

Driver # 1 LAST NAME FIRST MIDDLE LEE-HEW NATALIE ELIZABETH Driver # 2 LAST NAME FIRST MIDDLE FURR A J

Ped # 0 Address 5760 TERREMONT CIR Ped # 0 Address 2565 OLD MILTON PKWY City NORCROSS State GA Zip 30093-1956 City ALPHARETTA State GA Zip 30004-1983

Driver's License No. Class State GA Male Female Driver's License No. Class State GA Male Female

Posted Speed 45 Insurance Co. STATE FARM Policy No. 2779178B1411 Posted Speed 35 Insurance Co. ST PAUL MERCURY Policy No. GP09313759

Year 1993 Make ACUR Model VIGOR Telephone No. Year 2007 Make CHEV Model IMPALA Telephone No. 678-297-6300

VIN JH4CC2567PC004633 Vehicle Color WHITE VIN 2G1WS55RX79204936 Vehicle Color GREY/BLACK

Tag # AGN9038 State GA County FULTON Year 2007 Tag # GV16297 State GA County FULTON Year

Trailer Tag # State County Year Trailer Tag # State County Year

Same as Driver Owner's Last Name First Middle LEE-HEW NATALIE ELIZABETH Same as Driver Owner's Last Name First Middle CITY OF ALPHARETTA

Address 5760 TERREMONT CIR Address 2565 OLD MILTON PKWY City NORCROSS State GA Zip 30093- City ALPHARETTA State GA Zip

Removed By UNITED TOWING Request List Removed By UNITED TOWING Request List

Alcohol Test 2 Type Results Drug Test 2 Type Results Alcohol Test 1 2 3 Type Results

Driver Cond 1 Direction Of Travel 4 Vision Obscured 1 Contributing Factors 24 Driver Cond 1 Direction Of Travel 2 Vision Obscured 1 Contributing Factors 4

Veh Cond 1 Veh Maneuver 5 Ped. Maneuver Veh Cond 1 Veh Maneuver 2 Ped. Maneuver

Most Harmful Event 11 Veh Class: 1 Veh Type: 2 Most Harmful Event 11 Veh Class: 2 Veh Type: 1

Traffic Ctrl 2 Device Inoperative? Yes No Traffic Ctrl 2 Device Inoperative? Yes No

Injured Taken To: REFUSED AT SCENE By: AFES EMS Notified Time 09:33 EMS Arrival Time 09:36 Hospital Arrival Time Photos Taken: Yes No By: SGT MYERS

Report By: WESSEL, ROBERT J Department ALPHARETTA PD Report Date 02/02/2007 Checked By: Date Checked

Witness(es): Name Address City State Zip Code Telephone No.

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY Carrier Name Vehicle # 1 Address State Zip Carrier Name Vehicle # 2 Address State Zip

No. of Axles G.V.W.R. Fed. Reportable 1 Yes 2 No Cargo Body Type No. of Axles G.V.W.R. Fed. Reportable 1 Yes 2 No Cargo Body Type

Vehicle Config. I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate Vehicle Config. I.C.C.M.C. # U.S. D.O.T. # Interstate Intrastate

C.D.L.? 1 Yes 2 No C.D.L. Suspended? 1 Yes 2 No Vehicle Placarded? 1 Yes 2 No Hazardous Materials? 1 Yes 2 No Released? 1 Yes 2 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

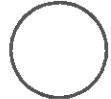
REMARKS:

Narrative Title: TRAFFIC CRASH #0702-0027
 Date Entered: 02/02/2007 11:04:34

Vehicle #1 was traveling west on Haynes Br Rd near North Point Dr in the outside lane.
 Vehicle #2 was traveling south on North Point Dr near Haynes Br Rd attempting to turn right onto

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



CITATIONS - VEHICLE # 1 NONE

CITATIONS - VEHICLE # 2 NONE

First Harmful Event 11	Traffic-Way Flow 2	Weather 2	Surface Cond. 2	Light Cond. 1	Manner of Collision 1	Location at Area Of Impact 1	Road Comp. 2	Road Def. 1	Road Character 1	Construction / Maintenance Zone 0
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VEH # 1		VEH # 2		SKID DISTANCE BEFORE IMPACT	0	AFTER	0	Width of Road
Number of Occupants		1			VEH. 1	0	VEH. 1	
Point of Initial Contact		12			0	0	96	
Damage To Vehicles		3			VEH. 2	VEH.2		

Damage Other Than Vehicle: NO PROPERTY DAMAGE						Owner:						AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG	
Driver # 1 Or Pedestrian #																4	NI	1	3	NI	1	
Driver # 2 Or Pedestrian #																0	NI	1	3	NI	2	
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	

Haynes Br Rd.

The driver of vehicle #1 said that she was traveling west on Haynes Br Rd in the outside lane near North Point Dr with the green traffic signal. The driver of vehicle #1 said that she did not see vehicle #2's lights or hear its siren until it was too late to stop. The driver of vehicle #2 said that he was traveling south on North Point Dr near Haynes Br Rd with his lights and siren activated. The driver of vehicle #2 said as he approached the intersection the right turn lane from North Point Dr to Haynes Br Rd was clogged with traffic so he attempted to make a right turn from the straight lane. The driver of vehicle #2 said that he did not see vehicle #1 until after the impact.

The driver of vehicle #1 was examined by Alpharetta Fire Rescue and refused medical treatment at the scene.

Both vehicles were removed from the scene by United Towing.

See attached diagram.

Ofc R.J. Wessel #216

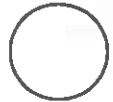
Narrative Title: 0702-0022 A. FURR #300 (SUPPLEMENTAL)
Date Entered: 02/02/2007 11:20:24

I was responding to Extended Stay at 1950 Rock Mill Rd in reference to a assistance call by Ofc. R. Wessel who had a unknown subject trying to run from him. I was eastbound on SR 120/ Morris Rd when he called for assistance. I activated my blue lights and audible siren continuing eastbound on SR 120 to North Point Pkwy. As I approached Haynes Bridge Rd from North Point Dr. I slowed for traffic and hit the air horn. I looked eastbound on Haynes Bridge Rd and saw vehicles in lane 1 and 2 stopped, but no vehicle in lane 3. As I entered the intersection to make a right hand turn I heard a vehicle sliding and I felt an impact on the drivers side of my marked patrol vehicle. The impact spun my vehicle around and it came to rest facing eastbound in the westbound lanes of Haynes Bridge Rd. I notified dispatch of the incident at 0932 hours and called for a supervisor. I was uninjured Capt. Ballard took me to Cadeuceus for a drug screen, and then to APD HQ for an intox test. (Intox forms are attached to the city accident report)

REMARKS:

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



CITATIONS - VEHICLE # _____

CITATIONS - VEHICLE # _____

First Harmful Event 11	Traffic-Way Flow 2	Weather 2	Surface Cond. 2	Light Cond. 1	Manner of Collision 1	Location at Area Of Impact 1	Road Comp. 2	Road Def. 1	Road Character 1	Construction / Maintenance Zone 0
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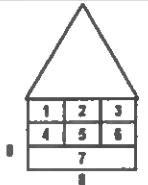

VEH # _____		VEH # _____		SKID DISTANCE BEFORE IMPACT	_____	AFTER	_____	Width of Road
Number of Occupants			VEH.		VEH.			
Point of Initial Contact			VEH.		VEH.			
Damage To Vehicles								

Damage Other Than Vehicle:	Owner:	A G E	S E X	V E H #	P O S	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP	EXTRIC.	AIR BAG
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Occupants (list below):	Driver #	Or Pedestrian #									
	Driver #	Or Pedestrian #									

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	X000X	X000X	X00X	X000X	X000X	X00X

ALCOHOL AND / OR DRUG TEST GMBH 1 - Yes 2 - No 3 - Refused TYPE TEST 1 - Blood 2 - Breath 3 - Urine 4 - Other DRIVER CONDITION 1 - Not Drinking 5 - U.I. Drugs 2 - Not Known If U.I. 6 - U.I. Alcohol & Drugs 3 - Drinking Not Impaired 7 - Physical Impairment 4 - U.I. Alcohol 8 - Apparently Fell Asleep	PEDESTRIAN MANEUVER 1 - Crossing, Not At Crosswalk 2 - Crossing at Crosswalk 3 - Walking with Traffic 4 - Walking Against Traffic 5 - Pushing Or Working on Vehicle 6 - Other Working In Road 7 - Playing Roadway 8 - Standing In Roadway 9 - Off Roadway 10 - Other 11 - Daring Into Traffic FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION 1 - Overtaken 4 - Jackknife 2 - Fire/Explosion 5 - Other Non-Collision 3 - Immersion COLLISION WITH OBJECT NOT FIXED 6 - Pedestrian 11 - Motor Vehicle In Motion 7 - Pedalcycle 12 - Motor Vehicle In Motion In Other Roadway 8 - Railway Train 9 - Animal 13 - Other Object (Not Fixed) 10 - Parked Motor Vehicle 14 - Deer COLLISION WITH FIXED OBJECT 15 - Impact Attenuate 25 - Utility Pole 16 - Bridge Pier/Abutment 26 - Other Post 17 - Bridge Parapet End 27 - Culvert 18 - Bridge Rail 28 - Culvert 19 - Guardrail Face 29 - Ditch 20 - Guardrail End 30 - Embankment 21 - Median Barrier 31 - Fence 22 - Highway Traffic Sign Post 32 - Mailbox 23 - Overhead Sign Support 33 - Tree 24 - Luminaire Light Support 34 - Other - Fixed Object	CONTRIBUTING FACTORS 1 - No Contributing Factors 2 - D.U.I. 3 - Following Too Close 4 - Failed to Yield 5 - Exceeding Speed Limit 6 - Disregard Stop Sign/Signal 7 - Wrong Side Of Road 8 - Weather Conditions 9 - Improper Passing 10 - Driver Lost Control 11 - Changed Lanes Improperly 12 - Object Or Animal 13 - Improper Turn 14 - Parked Improperly 15 - Mechanical Or Vehicle Failure 16 - Surface Defects 17 - Misjudged Clearances 18 - Improper Backing 19 - No Signal/Improper Signal 20 - Driver Condition 21 - Driver's Vehicle 22 - Too Fast For Conditions 23 - Improper Passing Of School Bus 24 - Disregard Police Officer 25 - Distracted 26 - Other 27 - Cell Phone 28 - Inattention VEHICLE CLASS 1 - Privately Owned 6 - Military 2 - Police 7 - Commercial Vehicle (For Acc. Reporting Purposes Only) 3 - Fire 4 - School 5 - Other Govt. Owned 8 - Other	VEHICLE TYPE 1 - Passenger Car 12 - Vehicle With Trailer 2 - Pickup Truck 13 - Bus 3 - Truck Tractor (Bobtail) 14 - Truck Towing House Trailer 4 - Tractor/Trailer 15 - Ambulance 5 - Tractor With Twin Trailers 16 - Motorized Recreational Vehicle 6 - Logging Truck 17 - Motorcycle, Scooter, Moped 7 - Logging Tractor/Trailer 18 - Moped 8 - Single Unit Truck 19 - Pedalcycle, Bicycle 9 - Panel Truck 20 - Farm or Construction Equip. 10 - Van 21 - All Terrain Vehicle 11 - Utility Passenger Vehicle 22 - Other 23 - Go cart TRAFFIC CONTROL 0 - Gates 5 - Stop Or Yield Sign 1 - No Control Present 6 - No Passing Zone 2 - Traffic Signal 7 - Lanes 3 - RR Signal/Sign 8 - Other 4 - Warning Sign 9 - Flashing Lights CARGO BODY TYPE 1 - Van (Encl. Box) 4 - Dump 7 - Cargo Tanker 2 - Auto Carrier 5 - Garbage/Refuse 8 - Concrete Mixer 3 - Bus 6 - Flatbed 9 - 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 Trailer 5 - Truck Tractor (Bobtail) 6 - Tractor Trailer 7 - Tractor With Twin Trailers 8 - Unknown Heavy Truck (Cannot Classify)
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TRAFFIC-WAY FLOW 1 - Two-way Traffic-way With No Physical Separation 2 - Two-way Traffic-way With a Physical Separation 3 - Two-way Traffic-way With a Physical Barrier 4 - One-way Traffic-way 5 - Continuous Turning Lane WEATHER 1 - Clear 5 - Sleet 2 - Cloudy 6 - Fog 3 - Rain 7 - Other 4 - Snow SURFACE CONDITION 1 - Dry 6 - Mud 2 - Wet 7 - Sand 3 - Snowy 8 - Slush 4 - Icy 8 - Oil 5 - Other	LOCATION AT AREA OF IMPACT 1 - On Roadway 4 - Median 2 - On Shoulder 5 - Ramp 3 - Off Roadway 6 - Goe ROAD COMPOSITION 1 - Concrete 4 - Dirt 2 - Black Top 5 - Gravel 3 - Tar And Gravel 6 - 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 - Running Water 8 - Other 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	AGE 00 - Up To One Year 01 - 97 Actual Age 98 - Ninety-eight Or Older 99 - Unknown SEX M - Male F - Female TAKEN FOR TREATMENT 1 - Yes 2 - No INJURY CODE 0 - Not Injured 3 - Visible 1 - Killed 4 - Complaint 2 - Serious CONSTRUCTION / MAINTENANCE ZONE CODES 0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Unknown type EJECTION 1 - Not Ejected 3 - Totally Ejected 2 - Trapped 4 - Partially Ejected SAFETY EQUIPMENT 0 - None Used 6 - Motorcycle Helmet 1 - Shoulder Belt 7 - Bicycle Helmet 2 - Lap Belt 8 - Unknown 3 - Lap and Shoulder Belt 4 - Child Safety Seat (Properly Used) 5 - Child Safety Seat (Improperly Used)	 <p>SEATING POSITION</p>
MANNER OF COLLISION 1 - Angle 2 - Head On 3 - Rear End 4 - Sideswipe - Same Direction 5 - Sideswipe - Opposite Direction 6 - Not A Collision With a Motor Vehicle	DAMAGE TO VEHICLE 1 - None 4 - Extensive 2 - Slight 5 - Fire Present 3 - Moderate	EXTRICATION (Equipment Used) 1 - Yes 2 - No AIR BAG FUNCTION 0 - No Air Bag In This Seat 5 - Deployed Multiple Directions 1 - Deployed Air Bag 6 - Non-Deployed Front 2 - Non-Deployed Air Bag 7 - Non-Deployed Side 3 - Deployed Side 8 - Non-Deployed Other Direction 4 - Deployed other Directions 9 - Non-Deployed Multiple Directions	 <p>POINTS OF INITIAL CONTACT</p> 00 - Overtaken 13 - Top 14 - Undercarriage 15 - Non-Contact Vehicle



City of Alpharetta
 Human Resources Department
 Personal Information Update

ARICK JUSTIN FARR
 Employee Name (Please Print)

 Employee File Number

CHANGE OF ADDRESS

CHANGE MY ADDRESS TO:

Street Address	City	State	Zip Code
_____	_____	_____	_____

CHANGE OF TELEPHONE NUMBER

CHANGE MY PHONE NUMBER TO:

() —

CHANGE OF NAME

A copy of your new Social Security card *must* be included with this form for processing.

FORMER NAME:

Last	First	Middle
_____	_____	_____

CHANGE TO:

Last	First	Middle
_____	_____	_____

CHANGE OF EMERGENCY CONTACT

CHANGE MY EMERGENCY CONTACT(S) TO:

(HR Only)

Name (Primary Contact)	Name (Secondary Contact)
_____	_____
Phone Number () —	Phone Number () —

Unless otherwise noted, the above changes will be made on your payroll records, benefit plans and deferred compensation plan. Note: Beneficiary designation changes must be made on your retirement system, life insurance and deferred compensation plan. For the appropriate forms call: Betty-Ann Busby, Benefits Coordinator at 678/297-6042.

Arick J. Farr
 Employee's Signature

3/07/07
 Date

 Employment/Recruitment Specialist

 Date

PLEASE FORWARD TO HUMAN RESOURCES, ATTN: KATHY BOTT AND RETAIN A COPY FOR YOUR RECORDS.

For HR Use Only

Distribution: _____ ADP _____ UnitedHealthcare _____ Def Comp

**City of Alpharetta
Accident/Injury Investigation Report**

Employee Name: A.J. Furr # 300

Employee work department name and telephone number: Police 678-297-6306

Date of Accident/Injury: 03/21/2007

Nature of Accident/Injury: Auto Accident

Location of Accident/Injury: Greenway System

Investigating Officer: Sgt. R.J. Myers

Name of Supervisor notified: Sgt. R.J. Myers

Name of Supervisor on scene: Sgt. R.J. Myers

Police Report/Case Number (if applicable): 0703-0413

Police Agency where report was filed: Alpharetta P.D.

Photographs taken and number of prints: No

Name of photographer:

Alcohol/Drugs suspected: Yes: No:

Location of Drug Test: North Fulton Regional Lab

Did employee return to work: Yes: No:

If no, please state reason:

Was employee at fault? Yes: No:


State your reason for your opinion: Office Furr should have made sure that the vehicle was in park

Any citations issued? Yes: No:

In your opinion, could employee have prevented accident? Yes: No:

If yes, please explain: By making sure that the vehicle was in park and setting the emergency brake

Investigator signature:

 115 Date: 3/21/07

Employee Name: A.J. Furr # 300
03/21/2007

Date of Accident Injury:

This form must be completed within three working days of accident/injury. The information on this form will be used by the Accident Review Board. Failure to complete this form will require your presence at the next Board meeting. *The Board reserves the right for personal interviews regarding all accidents/injuries.*

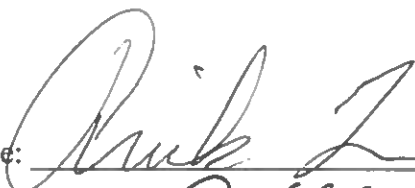
Describe accident/incident/injury: *To be completed by employee and/or supervisor. Include cause(s), parts of body injured, equipment or substance inflicting involved injury, how event occurred, who were present as witnesses. Feel free to draw sketches. Use additional pages if necessary*

Officer Furr while patrolling the greenway system had stopped to do a foot patrol on a bathroom building. When he returned to his patrol car, he found the rear bumper resting against a tree.

Recommendations: *How could this incident be prevented—now and in the future. Indicate skills, training, and equipment needs as well as environmental conditions.*

Officer Furr should always make sure that the vehicle is in park and get into the habit of setting the emergency brake.

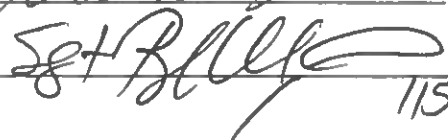
Employee signature:



Date:

3/21/07

Supervisor signature:


115

Date:

03/21/07

Accident Number 0703-0413	Agency NCIC No. GA0600400	GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT	County 060 FULTON	Date Rec. by DMV
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Date 03/21/2007	Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S	Time 06:41	Off. Arrived 06:42	Vehicles 1	Total Number of Injuries 0	Total Number of Fatalities 0	Inside City Of: 7013 ALPHARETTA
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Road of Occurrence Greenway Noerth Point Pkwy	At Its Intersection With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input checked="" type="checkbox"/> City St.	Corrected Report? Yes <input type="checkbox"/>
Not At Its Intersection But <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East 4 <input type="checkbox"/> West 5 <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line		Suppl. To Original? Yes <input type="checkbox"/>
And continuing in the direction checked above, the Next Reference Point is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line		Hit and Run? Yes <input type="checkbox"/>

Driver # 1 LAST NAME FIRST MIDDLE FURR A J	Driver # LAST NAME FIRST MIDDLE
Ped # <input type="checkbox"/> Address 2565 OLD MILTON PKWY	Ped # <input type="checkbox"/> Address

City ALPHARETTA State GA Zip 30004- DOB 1983	City State Zip DOB
--	--------------------

Driver's License No. Class State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female
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Posted Speed Insurance Co. Policy No. Telephone No. St Paul Mercury GP09313759 678-297-6300	Posted Speed Insurance Co. Policy No. Telephone No.
Year Make Model 2007 CHEV IMPALA	Year Make Model Telephone No.

VIN 2G1WS55RX79204936 Vehicle Color GREY/BLACK	VIN Vehicle Color
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Tag # State County Year GV16297 GA Fulton 2007	Tag # State County Year
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Trailer Tag # State County Year	Trailer Tag # State County Year
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<input type="checkbox"/> Same as Driver Owner's Last Name First Middle CITY OF ALPHARETTA	<input type="checkbox"/> Same as Driver Owner's Last Name First Middle
Address 2565 OLD MILTON PKWY	Address
City State Zip GA	City State Zip

Removed By Driver <input type="checkbox"/> Request <input type="checkbox"/> List	Removed By <input type="checkbox"/> Request <input type="checkbox"/> List
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Alcohol Test 1	Type	Results 00	Drug Test 1	Type 3	Results	Alcohol Test	Type	Results	Drug Test	Type	Results
Driver Cond 1	Direction Of Travel 1	Vision Obscured 1	Contributing Factors 21			Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors		
Veh Cond 1	Veh Maneuver 8	Ped. Maneuver				Veh Cond	Veh Maneuver	Ped. Maneuver			

Most Harmful Event 33	Veh Class: 2	Veh Type: 1	Most Harmful Event	Veh Class:	Veh Type:
Traffic Ctrl 1	Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Ctrl	Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Injured Taken To: _____ By: _____				
EMS Notified Time	EMS Arrival Time	Hospital Arrival Time	Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	By: _____

Report By: MYERS, RANDY J	Department Alpharetta Police De	Report Date 03/21/2007	Checked By: Sgt. R.J. Myers	Date Checked 03/21/2007
Witness(es): Name _____ Address _____		City State Zip Code Telephone No. _____		

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

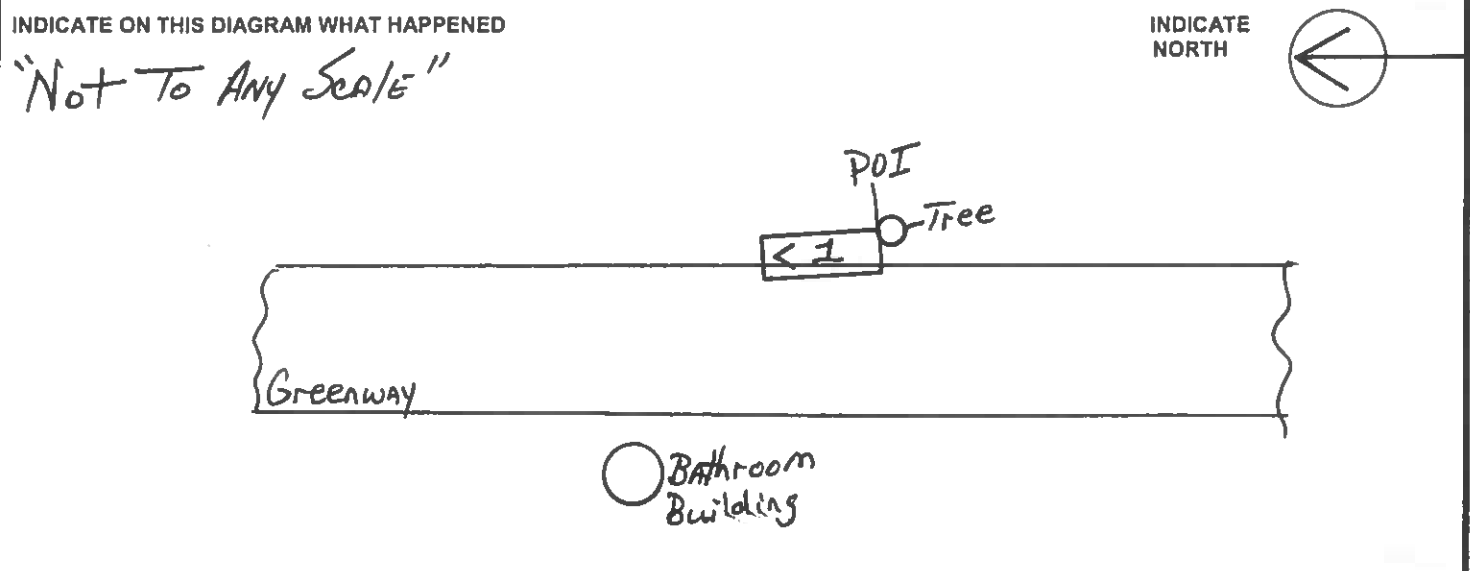
Carrier Name Vehicle # 1 Address State Zip	Carrier Name Vehicle # Address State Zip
No. of Axles G.V.W.R. Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Cargo Body Type	No. of Axles G.V.W.R. Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Cargo Body Type
Vehicle Config. I.C.C.M.C. # U.S. D.O.T. # Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	Vehicle Config. I.C.C.M.C. # U.S. D.O.T. # Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>

C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <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.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <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
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REMARKS:

 Narrative Title: Remarks 0703-0413
 Date Entered: 03/21/2007 14:40:30

Officer Furr was patrolling the greenway system, when he stopped and exited his patrol vehicle to check the bathrooms. Officer Furr apparently didn't get the car all the way into park and when he came



CITATIONS - VEHICLE # 1 _____ CITATIONS - VEHICLE # _____

First Harmful Event 33	Traffic-Way Flow 4	Weather 1	Surface Cond. 1	Light Cond. 5	Manner of Collision 6	Location at Area Of Impact 3	Road Comp. 1	Road Def. 1	Road Character 1	Construction / Maintenance Zone
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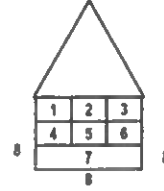

VEH # 1 _____ VEH # _____		SKID DISTANCE BEFORE IMPACT	AFTER		Width of Road 15
Number of Occupants	1		VEH. 1	VEH. 1	
Point of Initial Contact	6		VEH.	VEH.	
Damage To Vehicles	2				

Damage Other Than Vehicle:	Owner:	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP	EXTRIC.	AIR BAG
Driver # 1 Or Pedestrian #						0	N	1		N	2
Occupants (list below):	Driver # Or Pedestrian #										
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	X	X

back to his vehicle, the rear bumper was resting against a tree. Damage was to the passenger side rear bumper and was very minor.

Per policy Officer Furr was taken to North Fulton Regional for a drug scene and Sgt. Jones administered an intoximeter test, with the results being .000.

ALCOHOL AND / OR DRUG TEST GMBN 1 - Yes 2 - No 3 - Refused TYPE TEST 1 - Blood 2 - Breath 3 - Urine 4 - Other DRIVER CONDITION 1 - Not Drinking 5 - U.I. Drugs 2 - Not Known if UI 6 - U.I Alcohol & Drugs 3 - Drinking Not Impaired 7 - Physical Impairment 4 - U.I. Alcohol 8 - Apparently Fell Asleep DIRECTION OF TRAVEL 1 - North 2 - South 3 - East 4 - West VISION OBSCURED BY 1 - Not Obscured 5 - Trees, Bushes 2 - Headlights 6 - Rain, Snow, Ice 3 - Sunlight 7 - Windshield 4 - Parked Vehicle 7 - Other VEHICLE CONDITION 1 - No Known Defects 5 - Steering Failure 2 - Tire Failure 6 - Sick Tires 3 - Brake Failure 7 - Other 4 - Improper Lights VEHICLE MANEUVER 1 - Turning Left 8 - Parked 2 - Turning Right 9 - Passing 3 - Making U-Turn 10 - Negotiating A Curve 4 - Stopped 11 - Entering/Leaving Parking 5 - Straight 12 - Entering/Leaving Driveway 6 - Changing Lanes 7 - Backing	PEDESTRIAN MANEUVER 1 - Crossing, Not At Crosswalk 2 - Crossing at Crosswalk 3 - Walking with Traffic 4 - Walking Against Traffic 5 - Pushing Or Working on Vehicle 6 - Other Working in Road 7 - Playing Roadway 8 - Standing in Roadway 9 - Off Roadway 10 - Other 11 - Daring Into Traffic FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION 1 - Overtun 4 - Jackknife 2 - Fire/Explosion 5 - Other Non-Collision 3 - Immersion COLLISION WITH OBJECT NOT FIRED 6 - Pedestrian 11 - Motor Vehicle In Motion 7 - Pedalcycle 12 - Motor Vehicle In Motion In Other Roadway 8 - Railway Train 9 - Animal 13 - Other Object (Not Fixed) 10 - Parked Motor Vehicle 14 - Deer COLLISION WITH FIXED OBJECT 15 - Impact Alterable 25 - Utility Pole 16 - Bridge Pier/Abutment 26 - Other Post 17 - Bridge Parapet End 27 - Culvert 18 - Bridge Rail 28 - Cab 19 - Guardrail Face 29 - Ditch 20 - Guardrail End 30 - Embankment 21 - Median Barrier 31 - Fence 22 - Highway Traffic Sign Post 32 - Mailbox 33 - Tree 23 - Overhead Sign Support 34 - Other - Fixed Object 24 - Luminaire Light Support	CONTRIBUTING FACTORS 1 - No Contributing Factors 2 - DUI 3 - Following Too Close 4 - Failed to Yield 5 - Exceeding Speed Limit 6 - Disregard Stop Sign/Signal 7 - Wrong Side Of Road 8 - Weather Conditions 9 - Improper Passing 10 - Driver Lost Control 11 - Changed Lanes Improperly 12 - Object Or Animal 13 - Improper Turn 14 - Parked Improperly 15 - Mechanical Or Vehicle Failure 16 - Surface Defects 17 - Misjudged Clearance 18 - Improper Backing 19 - No Signal/Improper Signal 20 - Driver Condition 21 - Driver's Vehicle 22 - Too Fast For Conditions 23 - Improper Passing Of School Bus 24 - Disregard Police Officer 25 - Distracted 26 - Other 27 - Cell Phone 28 - Inattention VEHICLE CLASS 1 - Privately Owned 6 - Military 2 - Police 7 - Commercial Vehicle (For Acc. Reporting Purposes Only) 3 - Fire 4 - School 5 - Other Govt. Owned 8 - Other	VEHICLE TYPE 1 - Passenger Car 12 - Vehicle With Trailer 2 - Pickup Truck 13 - Bus 3 - Truck Tractor (Bobtail) 14 - Truck Towing House Trailer 4 - Tractor/Trailer 15 - Ambulance 5 - Tractor With Twin Trailers 16 - Motorized Recreational Vehicle 6 - Logging Truck 17 - Motorcycle, Scooter, Moped 7 - Logging Tractor/Trailer 18 - Moped 8 - Single Unit Truck 19 - Pedalcycle, Bicycle 9 - Panel Truck 20 - Farm or Construction Equip 10 - Van 21 - All Terrain Vehicle 11 - Utility Passenger Vehicle 22 - Other 23 - Go Cat TRAFFIC CONTROL 0 - Gates 5 - Stop Or Yield Sign 1 - No Control Present 6 - No Passing Zone 2 - Traffic Signal 7 - Lanes 3 - RR Signal/Sign 8 - Other 4 - Warning Sign 9 - Flashing Lights CARGO BODY TYPE 1 - Van (Encl. Box) 4 - Dump 7 - Cargo Trailer 2 - Auto Carrier 5 - Garbage/Refuse 8 - Concrete Mixer 3 - Bus 6 - Flatbed 9 - Other VEHICLE CONFIGURATION 1 - Bus (Seating for More Than 15 Passengers) 2 - Single Unit Truck: 2 Axes 3 - Single Unit Truck: 3 or More Axes 4 - Truck Trailer 5 - Truck Tractor (Bobtail) 6 - Tractor Trailer 7 - Tractor With Twin Trailers 8 - Unknown Heavy Truck (Cannot Classify)
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TRAFFIC-WAY FLOW 1 - Two-way Traffic-way With No Physical Separation 2 - Two-way Traffic-way With a Physical Separation 3 - Two-way Traffic-way With a Physical Barrier 4 - One-way Traffic-way 5 - Continuous Turning Lane WEATHER 1 - Clear 5 - Sleet 2 - Cloudy 6 - Fog 3 - Rain 7 - Other 4 - Snow SURFACE CONDITION 1 - Dry 6 - Mud 2 - Wet 7 - Sand 3 - Snowy 8 - Slush 4 - Ice 9 - Oil 5 - Other LIGHT CONDITION 1 - Daylight 4 - Dark - Lighted 2 - Dusk 5 - Dark - Not Lighted 3 - Dawn MANNER OF COLLISION 1 - Angle 2 - Head On 3 - Rear End 4 - Sideswipe - Same Direction 5 - Sideswipe - Opposite Direction 6 - Not A Collision With a Motor Vehicle	LOCATION AT AREA OF IMPACT 1 - On Roadway 4 - Median 2 - On Shoulder 5 - Ramp 3 - Off Roadway 6 - Gate ROAD COMPOSITION 1 - Concrete 4 - Dirt 2 - Black Top 5 - Gravel 3 - Tar And Gravel 6 - 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 - Running Water 8 - Other 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 DAMAGE TO VEHICLE 1 - None 4 - Extensive 2 - Slight 5 - Fire Present 3 - Moderate	AGE 00 - Up To One Year 01 - 97 Actual Age 98 - Ninety-eight Or Older 99 - Unknown SEX M - Male F - Female TAKEN FOR TREATMENT 1 - Yes 2 - No INJURY CODE 0 - Not Injured 3 - Visible 1 - Killed 4 - Complaint 2 - Serious CONSTRUCTION / MAINTENANCE ZONE CODES 0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Unknown type EJECTION 1 - Not Ejected 3 - Totally Ejected 2 - Trapped 4 - Partially Ejected SAFETY EQUIPMENT 0 - None Used 6 - Motorcycle Helmet 1 - Shoulder Belt 7 - Bicycle Helmet 2 - Lap Belt 8 - Unknown 3 - Lap and Shoulder Belt 4 - Child Safety Seat (Property Used) 5 - Child Safety Seat (Improperly Used) EXTRICATION (Equipment Used) 1 - Yes 2 - No AIR BAG FUNCTION 0 - No Air Bag In This Seat 5 - Deployed Multiple Directions 1 - Deployed Air Bag 6 - Non-Deployed Front 2 - Non-Deployed Air Bag 7 - Non-Deployed Side 3 - Deployed Side 8 - Non-Deployed Other Direction 4 - Deployed other Directions 9 - Non-Deployed Multiple Direction	 SEATING POSITION POINTS OF INITIAL CONTACT 00 - Overtuned 13 - Top 14 - Undercarriage 15 - Non-Contact Vehicle 
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Employee Accident/Injury Report Form

Date and time of accident/injury: August 28, 2007 6:19 AM

 COPY

Location: SR 400 NB @ SR 120

Name of employee involved: Arick J. Furr # 300

Investigating officer: Sgt. Randy J. Myers # 115

Name of supervisor notified: Sgt. Randy J. Myers # 115

Name of supervisor on scene: Sgt. Randy J. Myers # 115

Police report/Case #: 0708-0594

Police agency where report was filed: Alpharetta Police Department

Photographs taken and # of prints: Yes

Name of photographer: Officer J.P. Robinson # 299

Alcohol/drugs suspected: yes no

Location employee was sent for test: North Fulton ER

Did the employee return back to work? yes no

If no, please state reason: _____

Was employee determined to be at fault in the accident? yes no

State reason: There was nothing he could do to avoid the accident

Were there any citations issued? yes no

Telephone numbers of persons involved: No others

Could the employee have prevented the accident? yes no

If yes, explain:

Name of supervisor filing report: Sgt. Randy J. Myers #115

Date: 08/28/07

Accident Number 0708-0594		Agency NCIC No. GA0600400		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County 060 FULTON		Date Rec. by DMVS	
Date 08/28/2007		Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 06:19		Off. Arrived 06:19		Total Number of: Vehicles 1 Injuries 0 Fatalities 0		Inside City Of: 7013 ALPHARETTA	
Road of Occurrence SR 400 NB <input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St.						At Its Intersection With SR 120 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				Corrected Report? Yes <input type="checkbox"/>	
Not At Its Intersection But _____ <input type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Feet <input type="checkbox"/> South <input type="checkbox"/> West						1 <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line				Suppl. To Original? Yes <input type="checkbox"/>	
And continuing in the direction checked above, the Next Reference Point is						1 <input type="checkbox"/> Interstate <input type="checkbox"/> 2 <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> 3 <input type="checkbox"/> Co. Road <input type="checkbox"/> 4 <input type="checkbox"/> City St. <input type="checkbox"/> 5 <input type="checkbox"/> Co. Line				Hit and Run? Yes <input type="checkbox"/>	
Driver # 1		LAST NAME FURR ARICK J		FIRST		MIDDLE		Driver #		LAST NAME	
Ped # <input type="checkbox"/>		Address 2565 OLD MILTON PKWY						Ped # <input type="checkbox"/>		Address	
City Alpharetta		State GA		Zip 30004-		DOB 1983		City		State Zip DOB	
Driver's License No. [REDACTED]		Class C		State GA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Driver's License No.		Class State <input type="checkbox"/> Male <input type="checkbox"/> Female	
Posted Speed 55		Insurance Co. St Paul Mercury		Policy No. GP09313759		Posted Speed		Insurance Co.		Policy No.	
Year 2007		Make CHEV		Model IMPALA		Telephone No.		Year		Make Model Telephone No.	
VIN 2G1WS55RX79204936		Vehicle Color GREY/BLACK		VIN		Vehicle Color					
Tag # GV16297		State GA		County Fulton		Year 2007		Tag #		State County Year	
Trailer Tag #		State		County		Year		Trailer Tag #		State County Year	
<input type="checkbox"/> Same as Driver		Owner's Last Name CITY OF ALPHARETTA		First		Middle		<input type="checkbox"/> Same as Driver		Owner's Last Name First Middle	
Address 2565 OLD MILTON PKWY		Address						Address			
City State GA		Zip		City		State Zip		City		State Zip	
Removed By Driver		<input type="checkbox"/> Request <input type="checkbox"/> List		Removed By		<input type="checkbox"/> Request <input type="checkbox"/> List					
Alcohol Test 1		Type 2		Results 0.00		Drug Test 1		Type 3		Results	
Driver Cond 1		Direction Of Travel 1		Vision Obscured 1		Contributing Factors 1		Driver Cond		Direction Of Travel Vision Obscured Contributing Factors	
Veh Cond 1		Veh Maneuver 5		Ped. Maneuver		Veh Cond		Veh Maneuver		Ped. Maneuver	
Most Harmful Event 13		Veh Class: 2		Veh Type: 1		Most Harmful Event		Veh Class:		Veh Type:	
Traffic Ctrl 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Ctrl		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Injured Taken To:						By:					
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By: J.P Robinson #299			
Report By: MYERS, RANDY J		Department Alpharetta Police De		Report Date 08/28/2007		Checked By: Sgt. Randy J. Myers		Date Checked 08/28/2007			
Witness(es): Name		Address		City		State		Zip Code		Telephone No.	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # 1						Carrier Name Vehicle #					
Address						Address					
State		Zip		State		Zip		State		Zip	
No. of Axles		G.V.W.R.		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type		No. of Axles		G.V.W.R.	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #	
U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <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		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	
Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <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: _____						If YES, Name or 4 Digit Number from Diamond or Box: _____					
1 Digit Number from Bottom of Diamond: _____						1 Digit Number from Bottom of Diamond: _____					
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units						___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units					

REMARKS:

Narrative Title: Remarks 0708-0594
 Date Entered: 08/28/2007 07:01:13

Driver # 1 (Officer A.J. Furr #300) was traveling northbound on SR 400 in the far left lane, when the vehicle in front of him, a large SUV struck a tire tread laying in the roadway. The tire tread then

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



CITATIONS - VEHICLE # 1 _____ CITATIONS - VEHICLE # _____

First Harmful Event 13	Traffic-Way Flow 2	Weather 1	Surface Cond. 1	Light Cond. 5	Manner of Collision 6	Location of Area Of Impact 1	Road Comp. 1	Road Def. 1	Road Character 2	Construction / Maintenance Zone 0
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VEH # 1 _____ VEH # _____		SKID DISTANCE BEFORE IMPACT	_____ AFTER _____	Width of Road 60 _____	
Number of Occupants	1		VEH. 1		VEH. 1
Point of Initial Contact	12		_____		_____
Damage To Vehicles	3	_____	_____	_____	

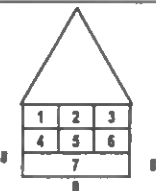

Damage Other Than Vehicle:	Owner:	A G E	S E X	V E H #	P O S	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG
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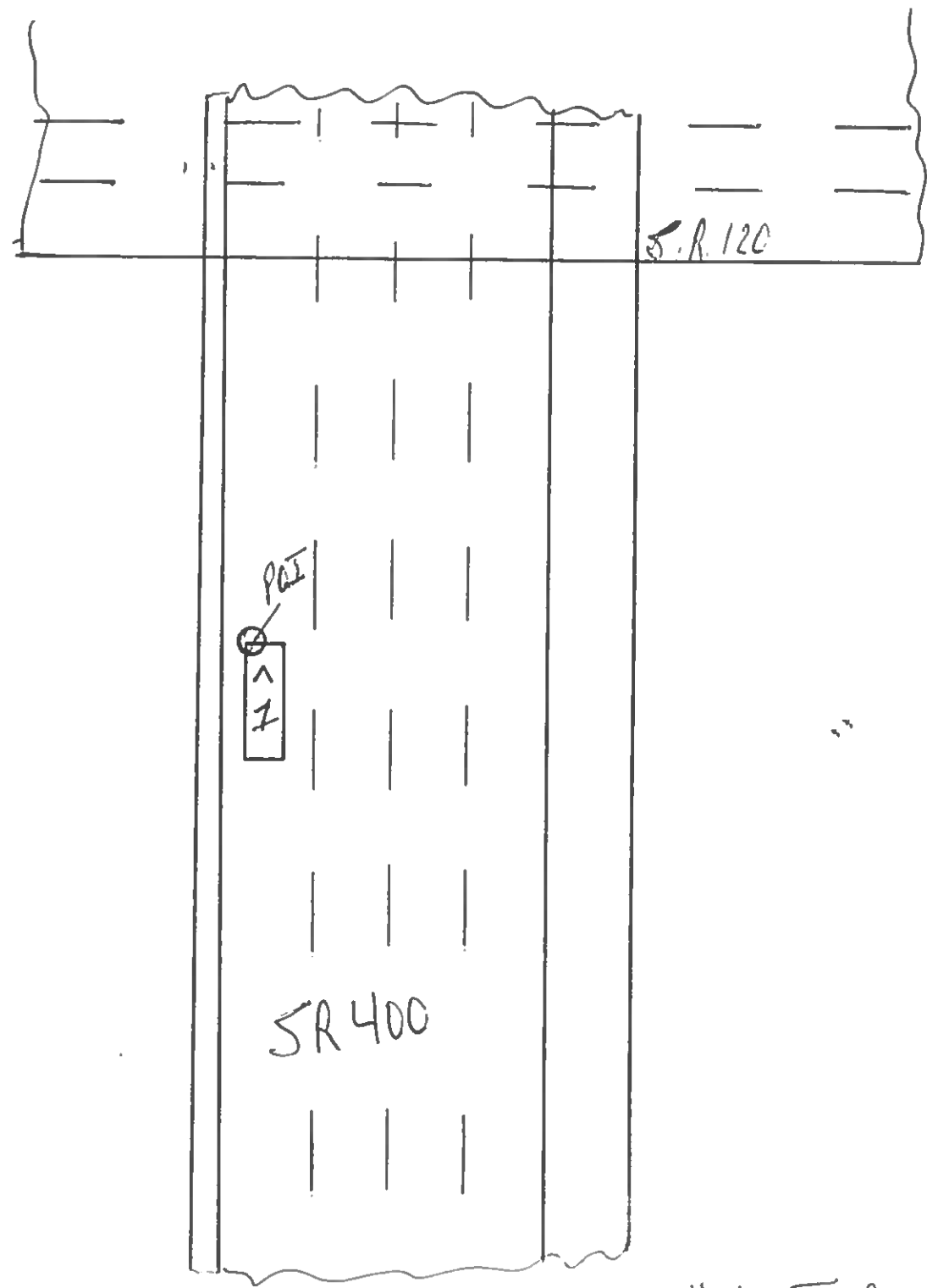
Occupants (list below):	Driver # 1 Or Pedestrian #					0	NI	1	3	NI	6
	Driver # Or Pedestrian #										

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX

became airborne and struck the front of Officer Furr's patrol vehicle, causing moderate damage. The tire tread appeared to from a tractor trailer tire and was the full tread of the tire. It should be noted that before the tread could be removed from the roadway several other vehicle struck the tread, also causing damage to their vehicles.

ALCOHOL AND / OR DRUG TEST GIVEN 1 - Yes 2 - No 3 - Refused TYPE TEST 1 - Blood 2 - Breath 3 - Urine 4 - Other DRIVER CONDITION 1 - Not Drinking 5 - U.I. Drugs 2 - Not Known if UI 6 - U.I. Alcohol & Drugs 3 - Drinking Not Impaired 7 - Physical Impairment 4 - U.I. Alcohol 8 - Apparently Fell Asleep	PEDESTRIAN MANEUVER 1 - Crossing, Not At Crosswalk 2 - Crossing at Crosswalk 3 - Walking with Traffic 4 - Walking Against Traffic 5 - Pushing Or Working on Vehicle 6 - Other Working in Roadway 7 - Playing Roadway 8 - Standing in Roadway 9 - Off Roadway 10 - Other 11 - Daring Into Traffic FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION 1 - Overtun 4 - Jackknife 2 - Fire/Explosion 5 - Other Non-Collision 3 - Immersion COLLISION WITH OBJECT NOT FIXED 6 - Pedestrian 11 - Motor Vehicle In Motion 7 - Pedalcycle 12 - Motor Vehicle In Motion In Other Roadway 8 - Railway Train 9 - Animal 13 - Other Object (Not Fixed) 10 - Parked Motor Vehicle 14 - Deer COLLISION WITH FIXED OBJECT 15 - Impact Attenuate 25 - Utility Pole 16 - Bridge Pier/Abutment 26 - Other Post 17 - Bridge Parapet End 27 - Curve It 18 - Bridge Rail 28 - Cub 19 - Guardrail Face 29 - Ditch 20 - Guardrail End 30 - Embankment 21 - Median Barrier 31 - Fence 22 - Highway Traffic Sign Post 32 - Mailbox 23 - Overhead Sign Support 33 - Tree 24 - Luminaire light Support 34 - Other - Fixed Object	CONTRIBUTING FACTORS 1 - No Contributing Factors 2 - D.U.I. 3 - Following Too Close 4 - Failed to Yield 5 - Exceeding Speed Limit 6 - Disregard Stop Sign/Signal 7 - Wrong Side Of Road 8 - Weather Conditions 9 - Improper Passing 10 - Driver Lost Control 11 - Changed Lanes Improperly 12 - Object Or Animal 13 - Improper Turn 14 - Parked Improperly 15 - Mechanical Or Vehicle Failure 16 - Surface Defects 17 - Misjudged Clearance 18 - Improper Backing 19 - No Signal/Improper Signal 20 - Driver Condition 21 - Driver's Vehicle 22 - Too Fast For Conditions 23 - Improper Passing Of School Bus 24 - Disregard Police Officer 25 - Distracted 26 - Other 27 - Cell Phone 28 - Inattentive VEHICLE CLASS 1 - Privately Owned 6 - Military 2 - Police 7 - Commercial Vehicle (For Acc. Reporting Purposes Only) 3 - Fire 4 - School 5 - Other Govt. Owned 8 - Other	VEHICLE TYPE 1 - Passenger Car 12 - Vehicle With Trailer 2 - Pickup Truck 13 - Bus 3 - Truck Tractor (Bobtail) 14 - Truck Towing House Trailer 4 - Tractor/Trailer 15 - Ambulance 5 - Tractor W/Twin Trailers 16 - Motorized Recreational Vehicle 6 - Logging Truck 17 - Motorcycle, Scooter, Moped 7 - Logging Tractor/Trailer 18 - Moped 8 - Single Unit Truck 19 - Pedalcycle, Bicycle 9 - Panel Truck 20 - Farm or Construction Equip. 10 - Van 21 - All Terrain Vehicle 11 - Utility Passenger Vehicle 22 - Other 23 - Go cart TRAFFIC CONTROL 0 - Gates 5 - Stop Or Yield Sign 1 - No Control Present 6 - No Passing Zone 2 - Traffic Signal 7 - Lanes 3 - RR Signal/Sign 8 - Other 4 - Warning Sign 9 - Flashing Lights CARGO BODY TYPE 1 - Van (Encl. Box) 4 - Dump 7 - Cargo Trailer 2 - Auto Carrier 5 - Garbage/Refuse 8 - Concrete Mixer 3 - Bus 6 - Flatbed 9 - Other VEHICLE CONFIGURATION 1 - Bus (Seating for More Than 15 Passengers) 2 - Single Unit Truck: 2 Axes 3 - Single Unit Truck: 3 or More Axes 4 - Truck Trailer 5 - Truck Tractor (Bobtail) 6 - Tractor Trailer 7 - Tractor With Twin Trailers 8 - Unknown Heavy Truck (Cannot Classify)
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TRAFFIC-WAY FLOW 1 - Two-way Traffic-way With No Physical Separation 2 - Two-way Traffic-way With a Physical Separation 3 - Two-way Traffic-way With a Physical Barrier 4 - One-way Traffic-way 5 - Continuous Turning Lane WEATHER 1 - Clear 5 - Sleet 2 - Cloudy 6 - Fog 3 - Rain 7 - Other 4 - Snow SURFACE CONDITION 1 - Dry 6 - Mud 2 - Wet 7 - Sand 3 - Snowy 8 - Slush 4 - Icy 9 - Oil 5 - Other LIGHT CONDITION 1 - Daylight 4 - Dark - Lighted 2 - Dusk 5 - Dark - Not Lighted 3 - Dawn MANNER OF COLLISION 1 - Angle 2 - Head On 3 - Rear End 4 - Sideswipe - Same Direction 5 - Sideswipe - Opposite Direction 6 - Not A Collision With a Motor Vehicle	LOCATION AT AREA OF IMPACT 1 - On Roadway 4 - Median 2 - On Shoulder 5 - Ramp 3 - Off Roadway 6 - Goe ROAD COMPOSITION 1 - Concrete 4 - Dirt 2 - Black Top 5 - Gravel 3 - Tar And Gravel 6 - 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 - Running Water 8 - Other 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	AGE 00 - Up To One Year 01 - 97 Actual Age 98 - Ninety-eight Or Older 99 - Unknown INJURY CODE 0 - Not Injured 1 - Killed 2 - Serious 3 - Visible 4 - Complaint CONSTRUCTION / MAINTENANCE ZONE CODES 0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Unknown type EJECTION 1 - Not Ejected 2 - Trapped 3 - Totally Ejected 4 - Partially Ejected SAFETY EQUIPMENT 0 - None Used 1 - Shoulder Belt 2 - Lap Belt 3 - Lap and Shoulder Belt 4 - Child Safety Seat (Properly Used) 5 - Child Safety Seat (Improperly Used) 6 - Motorcycle Helmet 7 - Bicycle Helmet 8 - Unknown EXTRICATION (Equipment Used) 1 - Yes 2 - No AIR BAG FUNCTION 0 - No Air Bag In This Seat 1 - Deployed Air Bag 2 - Non-Deployed Air Bag 3 - Deployed Side 4 - Deployed other Directions 5 - Deployed Multiple Directions 6 - Non-Deployed Front 7 - Non-Deployed Side 8 - Non-Deployed Other Direction 9 - Non-Deployed Multiple Directions	 SEATING POSITION POINTS OF INITIAL CONTACT 00 - Overturned 13 - Top 14 - Undercarriage 15 - Non-Contact Vehicle 
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"Not To Any Scale"

Memo

To: Capt J. W. Ballard
From: Capt. T. L. Osborne TLO
CC: Director George, File
Date: 09/27/2007
Re: Accident Review – Furr case# 0708-0594

The Accident Review Committee has examined the attached City of Alpharetta Accident / Incident Report Form. The determination made from their review is:

Negligence _____

Due to:

Non-Negligence ___X___

If non-negligence was checked, you need only inform the involved officer of this fact.

If negligence was checked, please review the attached form and prepare a report to Director George with your recommendations as they relate to disciplinary action. Prior Negligent accidents _____.



Employee Accident/Injury Report Form

T. Osborne
CC COPY

Date and time of accident/injury: August 28, 2007 6:19 AM

Location: SR 400 NB @ SR 120

Name of employee involved: Arick J. Furr # 300

Investigating officer: Sgt. Randy J. Myers # 115

Name of supervisor notified: Sgt. Randy J. Myers # 115

Name of supervisor on scene: Sgt. Randy J. Myers # 115

Police report/Case #: 0708-0594

Police agency where report was filed: Alpharetta Police Department

Photographs taken and # of prints: Yes

Name of photographer: Officer J.P. Robinson # 299

Alcohol/drugs suspected: yes no

Location employee was sent for test: North Fulton ER

Did the employee return back to work? yes no

If no, please state reason: _____

Was employee determined to be at fault in the accident? yes no

State reason: There was nothing he could do to avoid the accident

Were there any citations issued? yes no

Telephone numbers of persons involved: No others

Could the employee have prevented the accident? yes no

If yes, explain:

Name of supervisor filing report: *Sgt. Randy J. Myers* #115 Date: 08/28/07

Accident Number 0708-0594		Agency NCIC No. GA0600400		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County 060 FULTON		Date Rec. by DMVS		
Date 08/28/2007	Day of Week Sun <input type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S			Time 06:19	Off. Arrived 06:19	Vehicles 1	Total Number of: Injuries 0 Fatalities 0		Inside City Of: 7013 ALPHARETTA		
Road of Occurrence SR 400 NB				At Its Intersection With SR 120				Corrected Report? Yes <input type="checkbox"/>			
1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.				1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.				Suppl. To Original? Yes <input type="checkbox"/>			
Not At Its Intersection But _____				Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East 0 <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line			
And continuing in the direction checked above, the Next Reference Point Is				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line				Hit and Run? Yes <input type="checkbox"/>			
Driver # 1		LAST NAME FURR ARICK J			Driver #		LAST NAME			MIDDLE	
Ped # <input type="checkbox"/>		Address 2565 OLD MILTON PKWY			Ped # <input type="checkbox"/>		Address				
City Alpharetta		State GA	Zip 30004-	DOB 1983	City		State	Zip	DOB		
Driver's License No.		Class C	State GA	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License No.		Class	State	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Posted Speed 55	Insurance Co. St Paul Mercury		Policy No. GP09313759		Posted Speed	Insurance Co.		Policy No.			
Year 2007	Make CHEV	Model IMPALA	Telephone No.		Year	Make	Model	Telephone No.			
VIN 2G1WS55RX79204936				Vehicle Color GREY/BLACK		VIN				Vehicle Color	
Tag # GV16297	State GA	County Fulton	Year 2007		Tag #	State	County	Year			
Trailer Tag #	State	County	Year		Trailer Tag #	State	County	Year			
<input type="checkbox"/> Same as Driver	Owner's Last Name CITY OF ALPHARETTA			First	Middle	<input type="checkbox"/> Same as Driver	Owner's Last Name			First	Middle
Address 2565 OLD MILTON PKWY				Address							
City Alpharetta	State GA	Zip		City	State	Zip					
Removed By Driver				<input type="checkbox"/> Request <input type="checkbox"/> List	Removed By				<input type="checkbox"/> Request <input type="checkbox"/> List		
Alcohol Test 1	Type 2	Results 0.00	Drug Test 1	Type 3	Results	Alcohol Test	Type	Results	Drug Test	Type	Results
Driver Cond 1	Direction Of Travel 1		Vision Obscured 1	Contributing Factors 1		Driver Cond	Direction Of Travel		Vision Obscured	Contributing Factors	
Veh Cond 1	Veh Maneuver 5		Ped. Maneuver			Veh Cond	Veh Maneuver		Ped. Maneuver		
Most Harmful Event 13		Veh Class: 2		Veh Type: 1		Most Harmful Event		Veh Class:		Veh Type:	
Traffic Ctrl 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Ctrl		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Injured Taken To: _____ By: _____											
EMS Notified Time	EMS Arrival Time		Hospital Arrival Time		Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By: J.P Robinson #299				
Report By: MYERS, RANDY J		Department Alpharetta Police De		Report Date 08/28/2007		Checked By: Sgt. Randy J. Myers		Date Checked 08/28/2007			
Witness(es): Name		Address		City		State	Zip Code	Telephone No.			
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # 1					Carrier Name Vehicle #						
Address					Address						
No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type	No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type		
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>			
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
If YES, Name or 4 Digit Number from Diamond or Box: _____					If YES, Name or 4 Digit Number from Diamond or Box: _____						
1 Digit Number from Bottom of Diamond: _____					1 Digit Number from Bottom of Diamond: _____						
__ Ran Off Road __ Down Hill Runaway __ Cargo Loss or Shift __ Separation of Units					__ Ran Off Road __ Down Hill Runaway __ Cargo Loss or Shift __ Separation of Units						

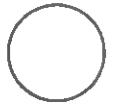
REMARKS:

Narrative Title: Remarks 0708-0594
 Date Entered: 08/28/2007 07:01:13

Driver # 1 (Officer A.J. Furr #300) was traveling northbound on SR 400 in the far left lane, when the vehicle in front of him, a large SUV struck a tire tread laying in the roadway. The tire tread then

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



CITATIONS - VEHICLE # 1 _____

CITATIONS - VEHICLE # _____

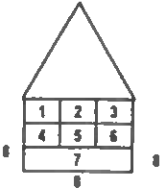

First Harmful Event 13	Traffic-Way Flow 2	Weather 1	Surface Cond. 1	Light Cond. 5	Manner of Collision 6	Location at Area Of Impact 1	Road Comp. 1	Road Det. 1	Road Character 2	Construction / Maintenance Zone 0
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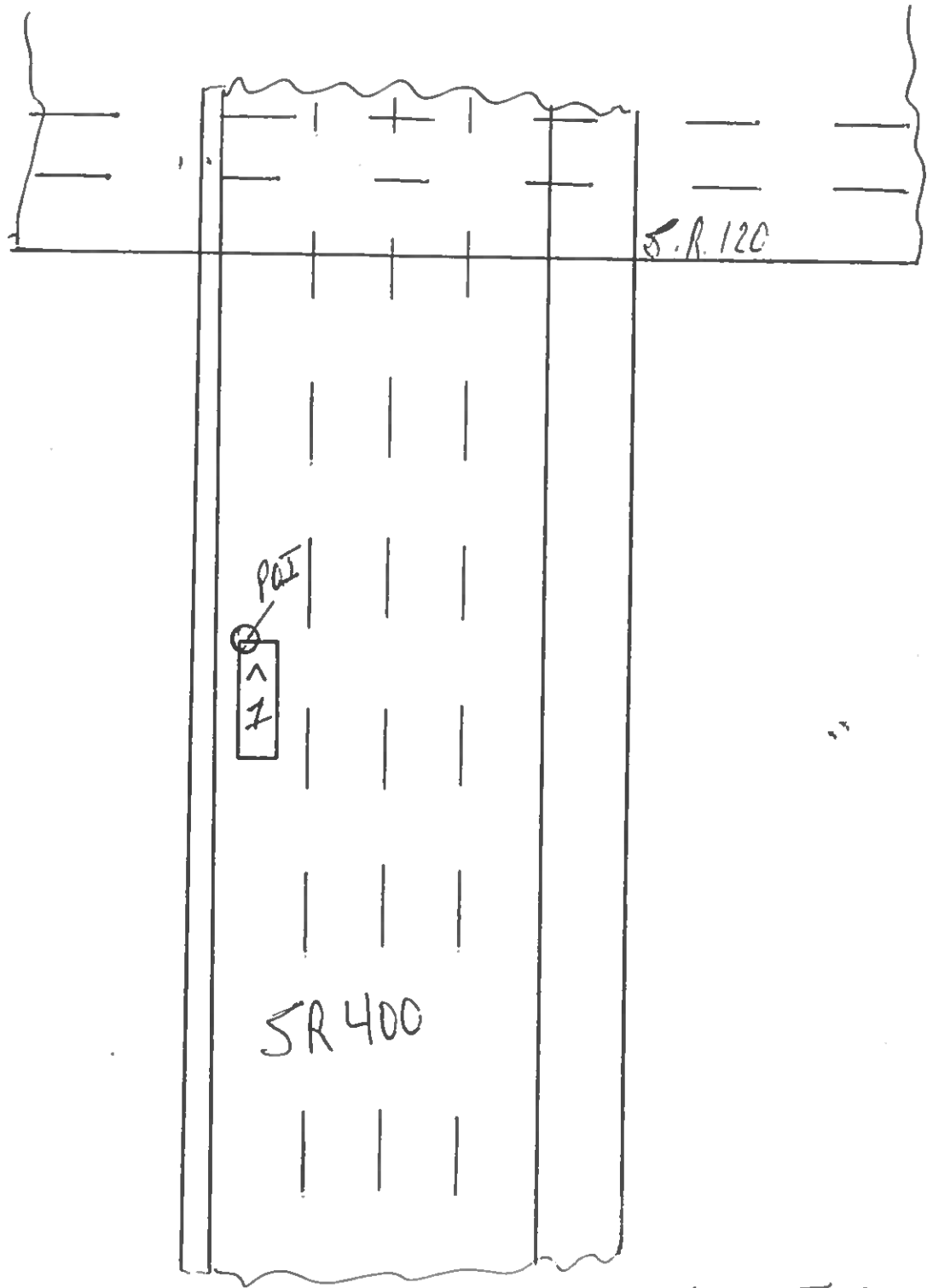
VEH # 1		VEH # _____		SKID DISTANCE BEFORE IMPACT	_____	AFTER	_____	Width of Road 60
Number of Occupants	1		VEH. 1		VEH. 1			
Point of Initial Contact	12							
Damage To Vehicles	3		VEH.		VEH.			

Damage Other Than Vehicle:	Owner:	A	S	V	P	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP	EXTRIC.	AIR BAG
	Driver # 1 Or Pedestrian #					0	NI	1	3	NI	6
Occupants (list below):	Driver # Or Pedestrian #										
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	X	X

became airborne and struck the front of Officer Furr's patrol vehicle, causing moderate damage. The tire tread appeared to from a tractor trailer tire and was the full tread of the tire. It should be noted that before the tread could be removed from the roadway several other vehicle struck the tread, also causing damage to their vehicles.

<p>ALCOHOL AND / OR DRUG TEST GAIN 1 - Yes 2 - No 3 - Refused</p> <p>TYPE TEST 1 - Blood 2 - Breath 3 - Urine 4 - Other</p> <p>DRIVER CONDITION 1 - Not Drinking 5 - U.I. Drugs 2 - Not Known if U.I. 6 - U.I. Alcohol & Drugs 3 - Drinking Not Impaired 7 - Physical Impairment 4 - U.I. Alcohol 8 - Apparently Fall Asleep</p> <p>DIRECTION OF TRAVEL 1 - North 2 - South 3 - East 4 - West</p> <p>VISION OBSCURED BY 1 - Not Obscured 5 - Trees, Bushes 2 - Headlights 6 - Rain, Snow, Ice 3 - Sunlight 7 - Windshield 4 - Parked Vehicle 8 - Other</p> <p>VEHICLE CONDITION 1 - No Known Defects 5 - Steering Failure 2 - Tire Failure 6 - Stick Tires 3 - Brake Failure 7 - Other 4 - Improper Lights</p> <p>VEHICLE MANEUVER 1 - Turning Left 8 - Parked 2 - Turning Right 9 - Passing 3 - Making U-Turn 10 - Negotiating A Curve 4 - Stopped 11 - Entering/Leaving Parking 5 - Straight 12 - Entering/Leaving Driveway 6 - Changing Lanes 7 - Backing</p>	<p>PEDESTRIAN MANEUVER 1 - Crossing, Not At Crosswalk 2 - Crossing at Crosswalk 3 - Walking with Traffic 4 - Walking Against Traffic 5 - Pushing Or Working on Vehicle 6 - Other Working in Road 7 - Playing Roadway 8 - Standing in Roadway 9 - Off Roadway 10 - Other 11 - Daring into Traffic</p> <p>FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION 1 - Overturn 4 - Jackknife 2 - Fire/Explosion 5 - Other Non-Collision 3 - Immersion</p> <p>COLLISION WITH OBJECT NOT FIXED 6 - Pedestrian 11 - Motor Vehicle In Motion 7 - Pedalcycle 12 - Motor Vehicle In Motion In Other Roadway 8 - Railway Train 9 - Animal 13 - Other Object (Not Fixed) 10 - Parked Motor Vehicle 14 - Deer</p> <p>COLLISION WITH FIXED OBJECT 15 - Impact Atterials 25 - Utility Pole 16 - Bridge Pier/Abutment 26 - Other Post 17 - Bridge Parapet End 27 - Curve It 18 - Bridge Rail 28 - Culvert 19 - Guardrail End 29 - Ditch 20 - Guardrail End 30 - Embankment 21 - Median Barrier 31 - Fence 22 - Highway Traffic Sign Post 32 - Mailbox 23 - Overhead Sign 33 - Tree 24 - Luminaire Light Support 34 - Other - Fixed Object</p>	<p>CONTRIBUTING FACTORS 1 - No Contributing Factors 2 - D.U.I. 3 - Following Too Close 4 - Failed to Yield 5 - Exceeding Speed Limit 6 - Disregard Stop Sign/Signal 7 - Wrong Side Of Road 8 - Weather Conditions 9 - Improper Passing 10 - Driver Lost Control 11 - Changed Lanes Improperly 12 - Object Or Animal 13 - Improper Turn 14 - Parked Improperly 15 - Mechanical Or Vehicle Failure 16 - Surface Defects 17 - Misjudged Clearance 18 - Improper Backing 19 - No Signal/Improper Signal 20 - Driver Condition 21 - Driver's Vehicle 22 - Too Fast For Conditions 23 - Improper Passing Of School Bus 24 - Disregard Police Officer 25 - Distracted 26 - Other 27 - Cell Phone 28 - Inattention</p> <p>VEHICLE CLASS 1 - Privately Owned 6 - Military 2 - Police 7 - Commercial Vehicle (For Acc. Reporting Purposes Only) 3 - Fire 4 - School 5 - Other Govt. Owned 8 - Other</p>	<p>VEHICLE TYPE 1 - Passenger Car 12 - Vehicle With Trailer 2 - Pickup Truck 13 - Bus 3 - Truck Tractor (Bobtail) 14 - Truck Towing House Trailer 4 - Tractor/Trailer 15 - Ambulance 5 - Tractor With Twin Trailers 16 - Motorized Recreational Vehicle 6 - Logging Truck 17 - Motorcycle, Scooter, Minibike 7 - Logging Tractor/Trailer 18 - Moped 8 - Single Unit Truck 19 - Pedalcycle, Bicycle 9 - Panel Truck 20 - Farm or Construction Equip. 10 - Van 21 - All Terrain Vehicle 11 - Utility Passenger Vehicle 22 - Other 23 - Go cart</p> <p>TRAFFIC CONTROL 0 - Gates 5 - Stop Or Yield Sign 1 - No Control Present 6 - No Passing Zone 2 - Traffic Signal 7 - Lanes 3 - RR Signal/Sign 8 - Other 4 - Warning Sign 9 - Flashing Lights</p> <p>CARGO BODY TYPE 1 - Van (Encl. Box) 4 - Dump 7 - Cargo Trailer 2 - Auto Carrier 5 - Garbage/Refuse 8 - Concrete Mixer 3 - Bus 6 - Flatbed 9 - Other</p> <p>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 Trailer 5 - Truck Tractor (Bobtail) 6 - Tractor Trailer 7 - Tractor With Twin Trailers 8 - Unknown Heavy Truck (Cannot Classify)</p>
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<p>TRAFFIC-WAY FLOW 1 - Two-way Traffic-way With No Physical Separation 2 - Two-way Traffic-way With a Physical Separation 3 - Two-way Traffic-way With a Physical Barrier 4 - One-way Traffic-way 5 - Continuous Turning Lane</p> <p>WEATHER 1 - Clear 5 - Sleet 2 - Cloudy 6 - Fog 3 - Rain 7 - Other 4 - Snow</p> <p>SURFACE CONDITION 1 - Dry 6 - Mud 2 - Wet 7 - Sand 3 - Snowy 8 - Slush 4 - Ice 9 - Oil 5 - Other</p> <p>LIGHT CONDITION 1 - Daylight 4 - Dark - Lighted 2 - Dusk 5 - Dark - Not Lighted 3 - Dawn</p> <p>MANNER OF COLLISION 1 - Angle 2 - Head On 3 - Rear End 4 - Sideswipe - Same Direction 5 - Sideswipe - Opposite Direction 6 - Not A Collision With a Motor Vehicle</p>	<p>LOCATION AT AREA OF IMPACT 1 - On Roadway 4 - Median 2 - On Shoulder 5 - Ramp 3 - Off Roadway 6 - Gate</p> <p>ROAD COMPOSITION 1 - Concrete 4 - Dirt 2 - Black Top 5 - Gravel 3 - Tar And Gravel 6 - Other</p> <p>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 - Running Water 8 - Other</p> <p>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</p> <p>DAMAGE TO VEHICLE 1 - None 4 - Extensive 2 - Slight 5 - Fire Present 3 - Moderate</p>	<p>AGE 00 - Up To One Year 01 - 97 Actual Age 98 - Ninety-eight Or Older 99 - Unknown</p> <p>SEX M - Male F - Female</p> <p>TAKEN FOR TREATMENT 1 - Yes 2 - No</p>	<p>INJURY CODE 0 - Not Injured 3 - Visible 1 - Killed 4 - Complaint 2 - Serious</p> <p>CONSTRUCTION / MAINTENANCE ZONE CODES 0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Unknown Type</p> <p>EJECTION 1 - Not Ejected 3 - Totally Ejected 2 - Trapped 4 - Partially Ejected</p> <p>SAFETY EQUIPMENT 0 - None Used 6 - Motorcycle Helmet 1 - Shoulder Belt 7 - Bicycle Helmet 2 - Lap Belt 8 - Unknown 3 - Lap and Shoulder Belt 4 - Child Safety Seat (Properly Used) 5 - Child Safety Seat (Improperly Used)</p> <p>EXTRICATION (Equipment Used) 1 - Yes 2 - No</p> <p>AIR BAG FUNCTION 0 - No Air Bag In This Seat 5 - Deployed Multiple Directions 1 - Deployed Air Bag 6 - Non-Deployed Front 2 - Non-Deployed Air Bag 7 - Non-Deployed Side 3 - Deployed Side 8 - Non-Deployed Other Direction 4 - Deployed other Directions 9 - Non-Deployed Multiple Direction</p>	 <p>SEATING POSITION</p> <p>POINTS OF INITIAL CONTACT 00 - Overturned 13 - Top 14 - Undercarriage 15 - Non-Contact Vehicle</p> 
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"Not To Any Scale"

MERIT INCREASE CALCULATION WORKSHEET

FISCAL YEAR 2008

Employee Name		Review Date		Job Title	
FURR, ARICK J		09/22/2007		POLICE OFFICER	
Department	Police Department	File #	11067	Hire Date	08/14/2006

This merit increase will be processed to show on the 10/10/2007 pay date. The information below provides the detail on how your merit increase was calculated. The merit rating and available department merit pool is used to determine an employee's merit increase. If the employee review period is less than 12 months from the last annual review date, the merit increase will be prorated based on number of work days since the last annual review date. Please feel free to contact your immediate supervisor or the human resources department if you have any questions.

Effective Date of Increase	09/22/2007
Current Annual Salary before Increase	36,158.93
Merit Rating	4.30
Merit % Increase based on 4% Merit Pool	4.414%
Last Review Date	09/23/2006
Prorated Days, If applicable	n/a
Prorated Merit % Increase, If applicable	n/a
Prorated Merit Increase Dollars	n/a
Merit Increase Dollars	1,595.95
New Current Annual Salary	37,754.88
Next Review Date	10/01/2008
Hourly Rate	18.1514
One Time Bonus If Paygrade Maximum Reached	0.00

CITY OF ALPHARETTA EMPLOYEE PERFORMANCE EVALUATION



EMPLOYEE NAME:	FURR, ARICK J		Purpose of Evaluation:	Annual
DEPARTMENT:	Police Department		REVIEW PERIOD FROM:	09/23/06
JOB TITLE:	POLICE OFFICER		REVIEW PERIOD TO:	09/22/07
Please note: Total rating points will be used in the calculation of the merit percent increase.				
IMMEDIATE SUPERVISOR: Sgt. R.J. Myers				
RATE ON PERFORMANCE FACTORS LISTED BELOW	1 - MARGINAL 0.0 - 0.5	2 - MEETS 0.6 - 2.2	3 - EXCEEDS 2.3 - 3.9	4 - OUTSTANDING 4.0 to 5.0
1. JOB KNOWLEDGE			3.90	4.50
2. QUALITY OF WORK				5.00
3. QUANTITY OF WORK (Justification Req'd)			3.90	5.00
4. COOPERATION				
5. INITIATIVE (Justification Req'd)			3.90	5.00
6. DEPENDABILITY				
7. USE OF WORK TIME (Justification Req'd)			3.60	5.00
8. SKILL AND ABILITY			3.90	
9. ATTENDANCE AND PUNCTUALITY				
Complete Item 10 only if the employee IS in a supervisory or management position				
10. LEADERSHIP (Req'd for Supv/Mgr)				
SUB-TOTALS FOR COLUMNS 1-10	0.00	0.00	19.20	19.50
GRAND TOTAL FOR COLUMNS 1-10	38.70			
CALCULATED TOTAL POINTS - ((Total PTS/9 or TotalPTS/10)	4.30			
REMARKS SECTION				

ACCOMPLISHMENTS (attach additional sheet for further comments):
 Officer Furr has shown himself to be highly motivated and leads the squad and the Department in traffic stops and citations issued. Officer Furr's reports are timely and correct. Officer has gotten several letters of commendations during this evaluation period. Officer Furr always arrives early for work and is prepared for duty. Officer Furr has logged 182 hours of training during this evaluation period.

AREAS OF IMPROVEMENT (attach additional sheet for further comments):
 none noted

GOALS & OBJECTIVES (attach additional sheet for further comments):
 Continue to be the squad in traffic enforcement and continue working towards his intermediate and advance certifications. Officer Furr wishes to obtain a position in the Traffic Enforcement Unit

EMPLOYEE COMMENTS (attach additional sheet for further comments):

SIGNATURE (employee signature)		SIGNATURE (mid-level supervisor, if applicable)	
<i>Arick J. Furr</i>	9/28/07	<i>[Signature]</i>	09/10/07
SIGNATURE (immediate supervisor)		SIGNATURE (department director)	
<i>Sgt. R.J. Myers</i>	5-1-07	<i>[Signature]</i>	

EVALUATION COMPLETE EVALUATION NOT COMPLETE

CITY OF ALPHARETTA MERIT JUSTIFICATION FORM

ANY JOB CATEGORY RATING OF 4.8 OR ABOVE MUST CITE SPECIFIC EXAMPLES OF RESULTS AND INCLUDE DOCUMENTATION.
 STATE: WHY THE EMPLOYEE IS CLEARLY AND CONSISTENTLY OUTSTANDING IN FACTOR(S) THAT APPLY.
 HOW THE EMPLOYEE CONSISTENTLY EXCEEDS THE ESTABLISHED GOALS/EXPECTATIONS
 BY LISTING SPECIAL ASSIGNMENTS, PROJECTS/RESULTS, INITIATIVES, ETC.



EMPLOYEE NAME: FURR, ARICK J REVIEW PERIOD: 09/23/06-09/22/07

FACTORS: _____ JUSTIFICATION DETAILS: _____

1. JOB KNOWLEDGE	
2. QUALITY OF WORK	
3. QUANTITY OF WORK	Officer Furr continues to lead the Department in traffic stops and citations issued, as well as handling his assigned zone and any calls for service that come in.
4. COOPERATION	
5. INITIATIVE	Officer Furr is highly motivated as shown in quantity of work and he is always busy, backing up other officers and keeping a check on his zone.
6. DEPENDABILITY	
7. USE OF WORK TIME	Officer Furr makes the most of his work time, making traffic stops, checking suspicious persons/vehicles, backing up other officers and handling calls in his zone and other zones.
8. SKILL AND ABILITY	
9. ATTENDANCE AND PUNCTUALITY	
10. LEADERSHIP	

SIGNATURE (immediate supervisor) _____ Date: 9-10-07

SIGNATURE (mid-level supervisor) _____ Date: 09/21/07

SIGNATURE (department director) _____ Date: _____

Alpharetta

GEORGIA



MAYOR

Arthur Letchas

COUNCIL

D.C. Aiken

David Belle Isle

Douglas J. DeRito

Debbie Gibson

John Monson

Jim Paine

CITY ADMINISTRATOR

Robert Regus

City Hall

Two South Main Street

Alpharetta, Georgia 30004

678 / 297-6000

Fax 678 / 297-6001

<http://www.alpharetta.ga.us>

24-Hour Information

678 / 297-6015



TO: Officer Arick Furr
FROM: Gary D. George, Director of Public Safety
SUBJECT: Transfer
DATE: November 29, 2007

Effective Saturday, December 1, 2007 you are being transferred from Uniform Patrol Unit "B" Squad to the Traffic Safety Unit under the command of Captain Terri Osborne. Please report to Captain Osborne for your assignment.

Best of luck in your new assignment!



Gary D. George
Director of Public Safety

cc: Deputy Director Keith Sanders
Captain Tom Patton
Captain John Ballard
Captain Terri Osborne
Officer Greg Davis
Communications
Human Resources
File



PERSONNEL/PAYROLL ACTION FORM

Name: FURR ARICK J.
(Last) (First) (Middle)

Date: NOVEMBER 29, 2007

Address: _____
(No.) (Street)

(City) (State) (Zip Code)

Phone: _____

Effective Date of Action: 12-01-2007

- REGULAR - FULL TIME
- REGULAR - PART TIME
- TEMPORARY - PART TIME
- INTERIM
- OTHER

Position Number: _____ Employee File No.: _____ Hire Date: 08/14/2006

(FOR FINANCE USE ONLY)

NEW HIRE

Merit Increase
Percent: _____

Demotion

Promotion

Reclassification

Title Change

Transfer

Administrative

FMLA

Medical Leave

Military Leave

Personal Leave

Suspension

Termination

Department Name/ Number: _____ Grade Level: _____

Date of Birth: _____ Position Title: _____

Previously Employed: Yes No Exempt Non-Exempt

New Position Replacement

Pay Rate: _____ Job Code: _____

Annual: _____ Supervisor Name: _____

BI-Weekly: _____

Hourly: _____

Department Name/ Number: (from) POLICE/3223 (to) POLICE/3230

Grade Level: (from) D (to) D

Position Title: (from) POLICE OFFICER (to) SAME

Pay Rate: _____

Annual: (from) _____ (to) _____

BI-Weekly: (from) _____ (to) _____

Hourly: (from) _____ (to) _____

Department Name/Number: _____

Date: (from) _____ (to) _____

Reason: _____

Department Name/Number: _____ Grade Level: _____

Position Title: _____

Pay Rate - Annual: _____ PTO Due: _____

Reason: _____

Did employee give notice? _____ How much? _____ Termination Code: _____

Approval Signatures:

Date Next Performance Evaluation Due:

Date Eligible for Next Increase:

Payroll Effective Date: 12/01/2007

[Signature] Department Director Date: 11-21-07

[Signature] Employment/Recruitment Specialist Date: 12-10-07

[Signature] Director of Finance Date: 12/1/07

[Signature] City Administrator Date: 12/1/07

**City of Alpharetta
Accident/Injury Investigation Report**

Employee Name: ARICK FURR

Employee work department name and telephone number: POLICE/ 678-297-6327

Date of Accident/Injury: 09-22-2008

Nature of Accident/Injury: VEHICLE ACCIDENT

Location of Accident/Injury: DONALD LEE PKY, ATLANTA . GA

Investigating Officer: LT. GARNER

Name of Supervisor notified: LT. LAYNE

Name of Supervisor on scene: LT. FRENCH

Police Report/Case Number (if applicable): 0802-0445

Police Agency where report was filed: ALPHARETTA POLICE

Photographs taken and number of prints: 5

Name of photographer: LT. LAYNE

Alcohol/Drugs suspected: Yes: No:

Location of Drug Test: NORTH FULTON HOSPITAL

Did employee return to work: Yes: No:

If no, please state reason:

Was employee at fault? Yes: No:

State your reason for your opinion: EMPLOYEE WAS INVOLVED IN A PURSUIT OF A FLEEING FELON/ STOLEN VEHICLE.

Any citations issued? Yes: No:

In your opinion, could employee have prevented accident? Yes: No:

If yes, please explain:

Investigator signature: LT. C.A. GARNER **Date:** 2/22/08

Employee Name: ARICK, FURR
09-22-2008

Date of Accident Injury:

This form must be completed within three working days of accident/injury. The information on this form will be used by the Accident Review Board. Failure to complete this form will require your presence at the next Board meeting. *The Board reserves the right for personal interviews regarding all accidents/injuries.*

Describe accident/incident/injury: *To be completed by employee and/or supervisor. Include cause(s), parts of body injured, equipment or substance inflicting involved injury, how event occurred, who were present as witnesses. Feel free to draw sketches. Use additional pages if necessary*

OFFICER FURR WAS INVOLVED IN A VEHICLE PURSUIT . THE SUSPECT VEHICLE SLOWED SUDDENLY AND THE PASSENGERS BAILED OUT OF THE VEHICLE. AS THE DRIVER RAN FROM THE VEHICLE IT VEEERED TO THE RIGHT AND STRUCK OFFICER FURR'S VEHICLE.

Recommendations: *How could this incident be prevented—now and in the future. Indicate skills, training, and equipment needs as well as environmental conditions.*

NO RECOMENDATIONS

Employee signature:

Arick Furr

Date:

2/22/08

Supervisor signature:

LT. CA GARWER

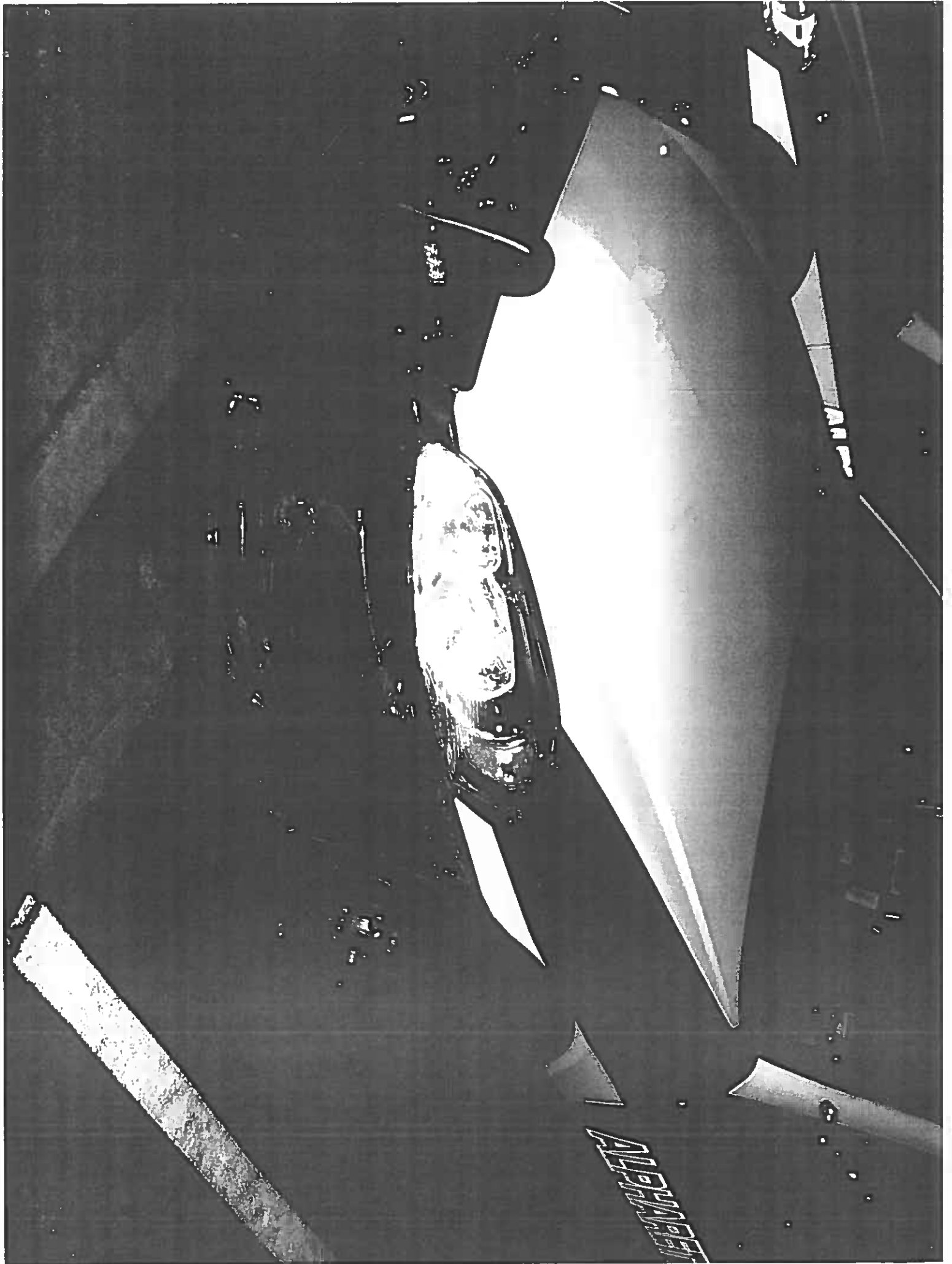
Date:

2/22/08

POLICE

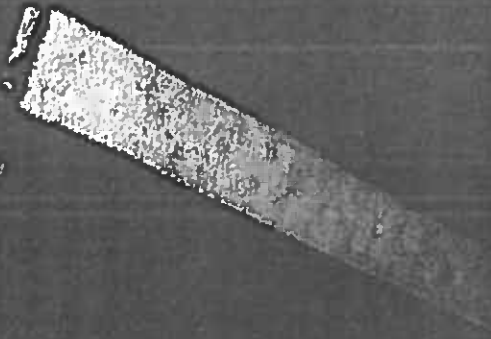
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FULTON, CALIF. 95630
GV16297

79



ISUZU

ALPHA



COPY

**City of Alpharetta
Accident/Injury Investigation Report**

Employee Name: Furr, Arick #300

Employee work department name and telephone number: Alpharetta Police
Department 678-297-6300

Date of Accident/Injury: 04-17-2008

Nature of Accident/Injury: Auto Accident

Location of Accident/Injury: Douglas Rd. @ Newport Bay Passage

Investigating Officer: D. Lambert T2

Name of Supervisor notified: LT. S. Rose E14

Name of Supervisor on scene: LT. S. Rose E14

Police Report/Case Number (if applicable): 0804-0344

Police Agency where report was filed: Alpharetta Police Dept.

Photographs taken and number of prints: Yes. / 33

Name of photographer: D. Lambert T2

Alcohol/Drugs suspected: Yes: No:

Location of Drug Test: No drug test administered due to employee not being behind the wheel of his parked Patrol vehicle at the time of the accident. Intoximeter alcohol sensor administered by LT. C. Garner with .00 results.

Did employee return to work: Yes: No:

If no, please state reason:

Was employee at fault? Yes: No:

State your reason for your opinion: Driver (D1) was intoxicated and rolled/reversed his vehicle back into Furr's parked Patrol Vehicle when Furr had just exited his car.

Any citations issued? Yes: No:

In your opinion, could employee have prevented accident? Yes: No:

If yes, please explain:

Investigator signature: _____ Date: _____

Employee Name: Furr, Arick #300
04-17-2008

Date of Accident Injury:

This form must be completed within three working days of accident/injury. The information on this form will be used by the Accident Review Board. Failure to complete this form will require your presence at the next Board meeting. *The Board reserves the right for personal interviews regarding all accidents/injuries.*

Describe accident/incident/injury: *To be completed by employee and/or supervisor. Include cause(s), parts of body injured, equipment or substance inflicting involved injury, how event occurred, who were present as witnesses. Feel free to draw sketches. Use additional pages if necessary*

On 04-17-2008 at 1023pm A. Furr pulled over a Black Nissan Titan P/U truck on Douglas Rd. n.b. at Newport Bay Passage. As Officer Furr exited his patrol vehicle #79 the Driver (D1) rolled back his truck into the front of the patrol vehicle striking the push bumper, causing minor damage to the push bumper. Traffic Officer D. Lambert (T2) found the Driver of the Nissan to be DUI./Alcohol /less safe.

Recommendations: How could this incident be prevented—now and in the future. *Indicate skills, training, and equipment needs as well as environmental conditions.*

No training needed. Officer Furr unable to avoid other drivers actions.

Employee signature: Arick Furr Date: 4/17/08

Supervisor signature: Joe Z # 54 Date: 04-17-08

Accident Number 0804-0344	Agency NCIC No. GA0600400	GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT	County 060 FULTON	Date Rec. by DMVS
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Date 04/17/2008	Day of Week Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input checked="" type="checkbox"/> F <input type="checkbox"/> S	Time 22:23	Off. Arrived 22:23	Vehicles 2	Total Number of: Injuries 0 Fatalities 0	Inside City Of: 7013 ALPHARETTA
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Road of Occurrence DOUGLAS RD 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input checked="" type="checkbox"/> City St.	At Its Intersection With NEWPORT BAY PASS 1 <input type="checkbox"/> 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input checked="" type="checkbox"/> City St.	Corrected Report? Yes <input type="checkbox"/>
Not At Its Intersection But <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Of: <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West		Suppl. To Original? Yes <input type="checkbox"/>
And continuing in the direction checked above, the Next Reference Point is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line		Hlt and Run? Yes <input type="checkbox"/>

Driver # 1 LAST NAME FIRST MIDDLE MATTESON TROY JASON Address 6518 OLD SHADBURN FERRY RD City BUFORD State GA Zip 30518- nnn /1979 Driver's License No. GA Class C State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed 35 Insurance Co. USAA Policy No. 009351484C71012 Year 2007 Make NISS Model TITAN Telephone No. nnn VIN 1N6BA07B17N212851 Vehicle Color BLACK Tag # ADP6019 State GA County GWINNETT Year 2008 Trailer Tag # _____ State _____ County _____ Year _____ <input checked="" type="checkbox"/> Same as Driver Owner's Last Name MATTESON First TROY Middle JASON Address 6518 OLD SHADBURN FERRY RD City BUFORD State GA Zip 30518- Removed By UNITED TOWING <input type="checkbox"/> Request <input checked="" type="checkbox"/> List Alcohol Test 1 Type 2 Results 0.156 Drug Test 2 Type Results Driver Cond 4 Direction Of Travel 1 Vision Obscured 1 Contributing Factors 2 18 Veh Cond 1 Veh Maneuver 7 Ped. Maneuver Most Harmful Event 11 Veh Class: 1 Veh Type: 2 Traffic Ctrl 7 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver # 2 LAST NAME FIRST MIDDLE PARKED VEHICLE Address 2565 OLD MILTON PKWY City ALPHARETTA State GA Zip 30004 DOB _____ Driver's License No. _____ Class _____ State _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Posted Speed 35 Insurance Co. THE ST. PAUL MERCURY II Policy No. GP09313759 Year 2007 Make CHEV Model IMPALA Telephone No. 678-297-6300 VIN 2G1WS55RX79204936 Vehicle Color GREY/BLACK Tag # GV16297 State GA County FULTON Year 2007 Trailer Tag # _____ State _____ County _____ Year _____ <input type="checkbox"/> Same as Driver Owner's Last Name CITY OF ALPHARETTA First _____ Middle _____ Address 2565 OLD MILTON PKWY City _____ State GA Zip _____ Removed By OFFICER FURR <input type="checkbox"/> Request <input type="checkbox"/> List Alcohol Test 2 Type Results Drug Test 2 Type Results Driver Cond 1 Direction Of Travel 1 Vision Obscured 1 Contributing Factors 1 Veh Cond 1 Veh Maneuver 4 Ped. Maneuver Most Harmful Event 10 Veh Class: 2 Veh Type: 1 Traffic Ctrl 7 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Injured Taken To: _____ By: _____
EMS Notified Time _____ EMS Arrival Time _____ Hospital Arrival Time _____ Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No By: LAMBERT 230

Report By: LAMBERT, DANIEL G Department ALPHARETTA P.D. Report Date 04/18/2008	Checked By: ROSE, SCOTT Date Checked 04/18/2008
Witness(es): Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone No. _____	

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY							
Carrier Name Vehicle # 1 Address _____ State _____ Zip _____				Carrier Name Vehicle # 2 Address _____ State _____ Zip _____			
No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Cargo Body Type	No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Cargo Body Type
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <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				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			

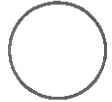
REMARKS:

 Narrative Title: INITIAL 0804-0334
 Date Entered: 4/18/2008 2:18:31 AM

On 04/17/2008 at approximately 2223 hours I responded to Douglas Rd and Newport Bay Pass to the scene of an accident. Both vehicle were stopped headed northbound on Douglas Rd. Officer Furr

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



CITATIONS - VEHICLE # 1 40-6-240 CITATIONS - VEHICLE # 2 _____

40-6-391

First Harmful Event 11	Traffic-Way Flow 1	Weather 1	Surface Cond. 1	Light Cond. 5	Manner of Collision 3	Location at Area Of Impact 1	Road Comp. 2	Road Def. 1	Road Character 2	Construction / Maintenance Zone 0
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VEH # 1		VEH # 2		SKID DISTANCE BEFORE IMPACT	AFTER		Width of Road 48
Number of Occupants	1	1	VEH. 1		VEH. 1		
Point of Initial Contact	6	12	VEH. 2		VEH. 2		
Damage To Vehicles	2	2					

Damage Other Than Vehicle: _____ Owner: _____

AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP	EXTRIC.	AIR BAG
				0	N	1	8	N	2
				0	N	1	0	N	0

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	X	X	X	X	X	X

stopped vehicle #1 for driving without using headlights. Officer Furr exited his vehicle and started to vehicle #1 driver #1 backed into vehicle #2. Driver #1 then exited the vehicle and left the vehicle in reverse. Driver #1 had a strong odor of an alcoholic beverage coming from his person. Driver #1 eyes were bloodshot and watery. Driver #1 was disoriented and his speech was slurred. Driver #1 was charged with DUI and placed under arrest. For more on the DUI arrest see incident report # 0804-0334. Vehicle #1 was towed from the scene by United Towing. Vehicle #2 was removed from the scene by Officer Furr. There were no reports of injuries reported at the scene. Driver #1 was charged with headlight violation, improper backing, and DUI. He was given a court date of July 9, 2008 at 9:00 am. Pictures of the accident were taken at the scene.



Not to Scale

AOI



1

2



Newport Bay Pass

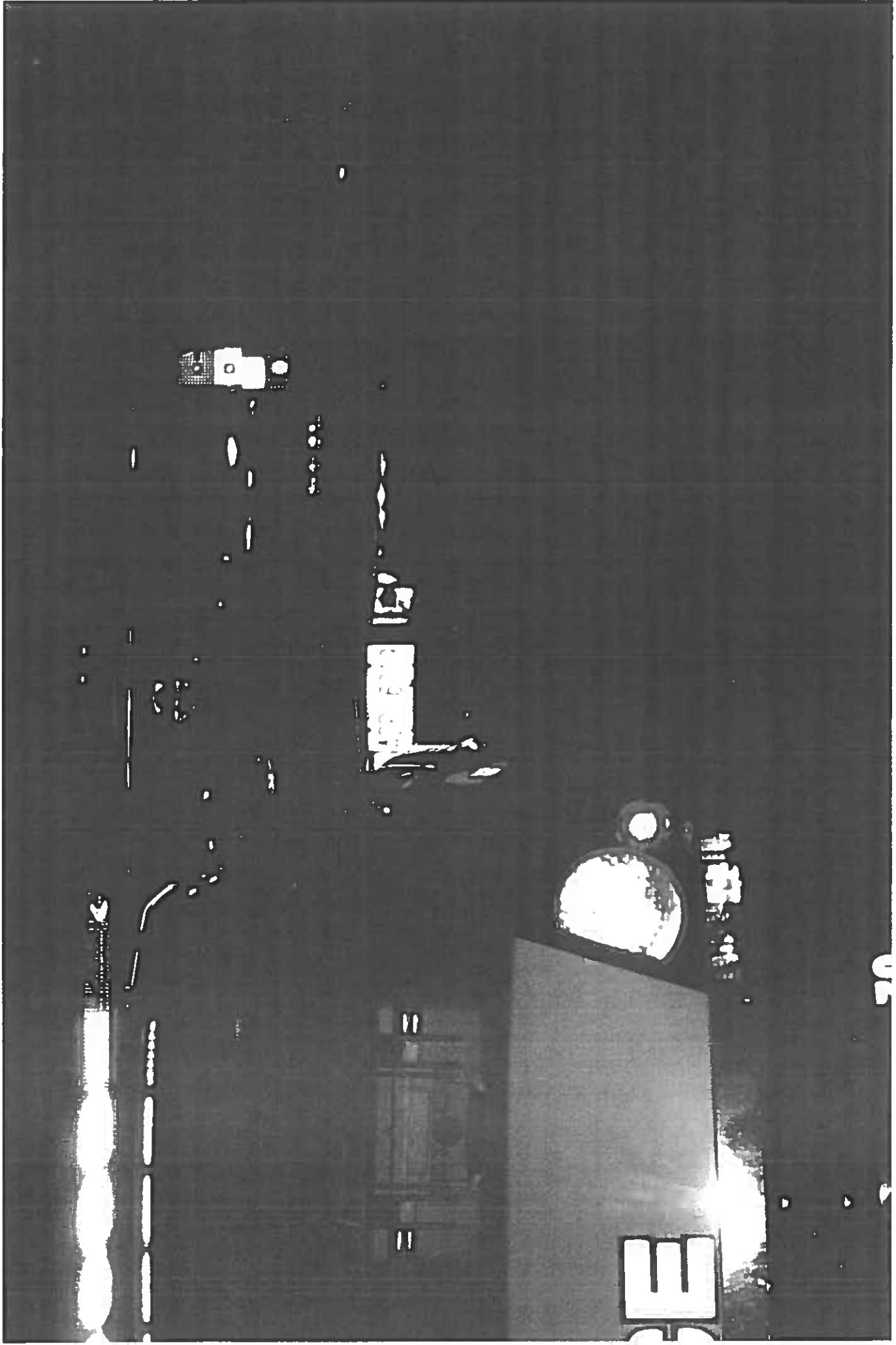
Douglas Rd

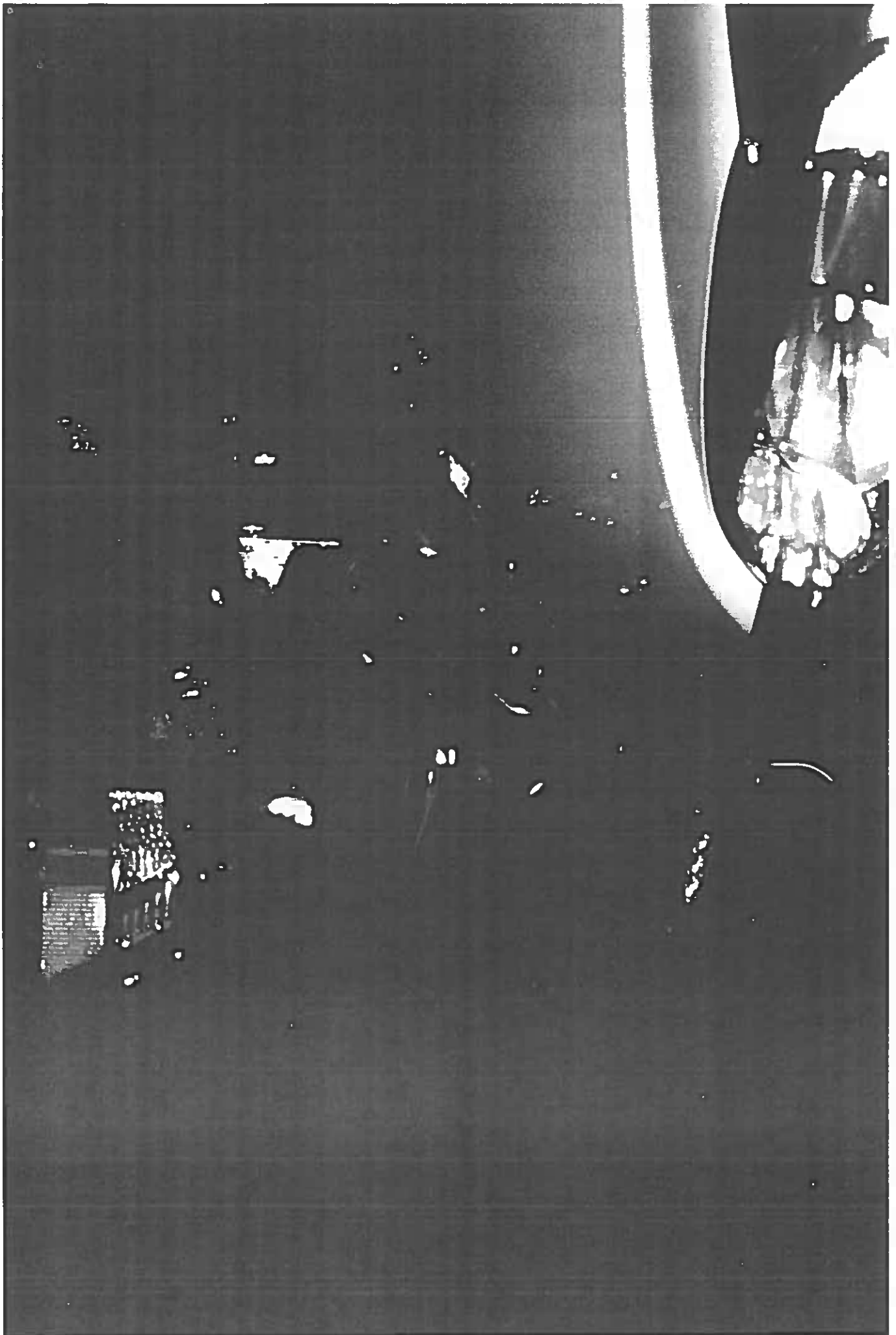
Regal
REXWELL

7111111

NISSAN
ADP 6011
C. WINN, ET AL

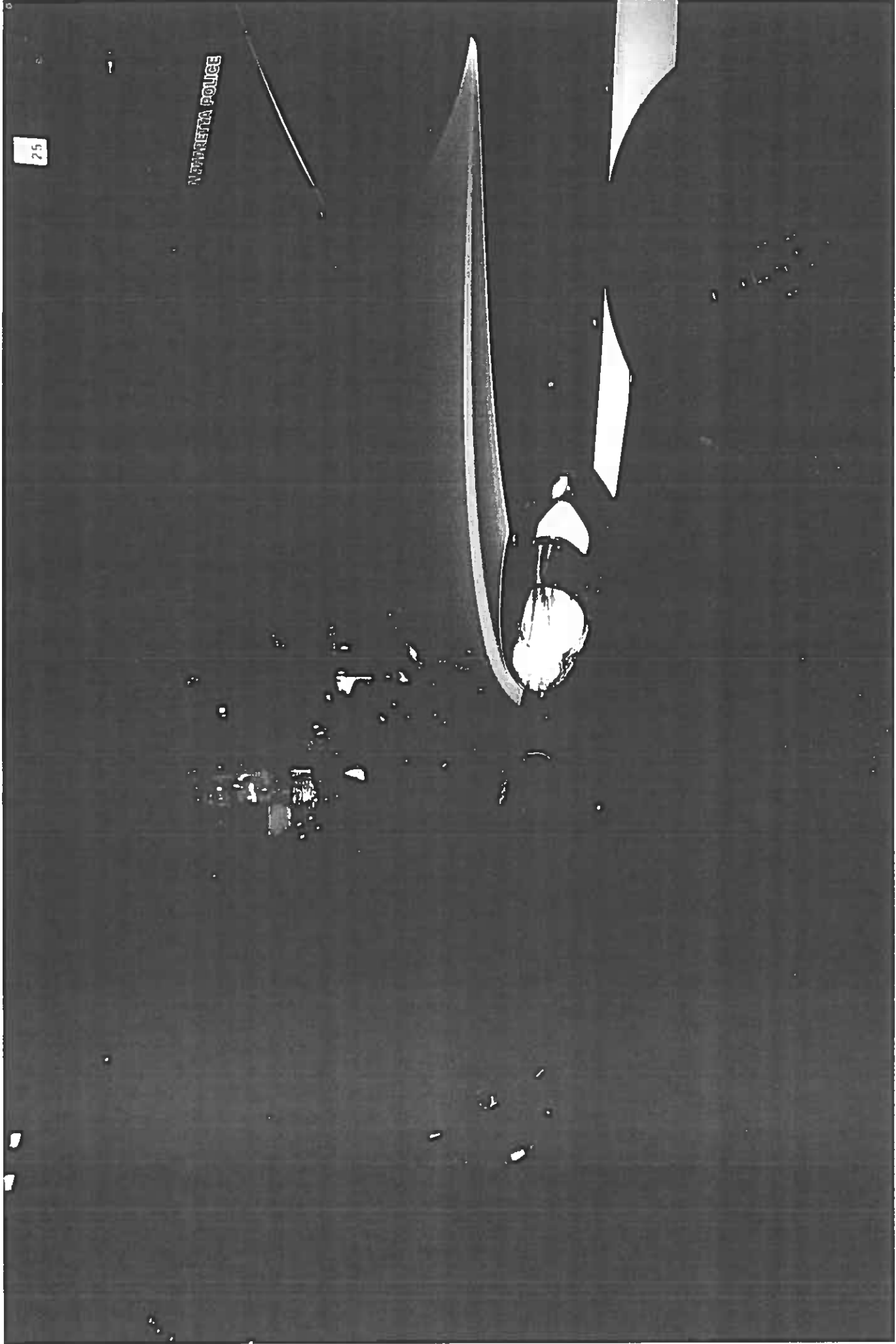
REXWELL

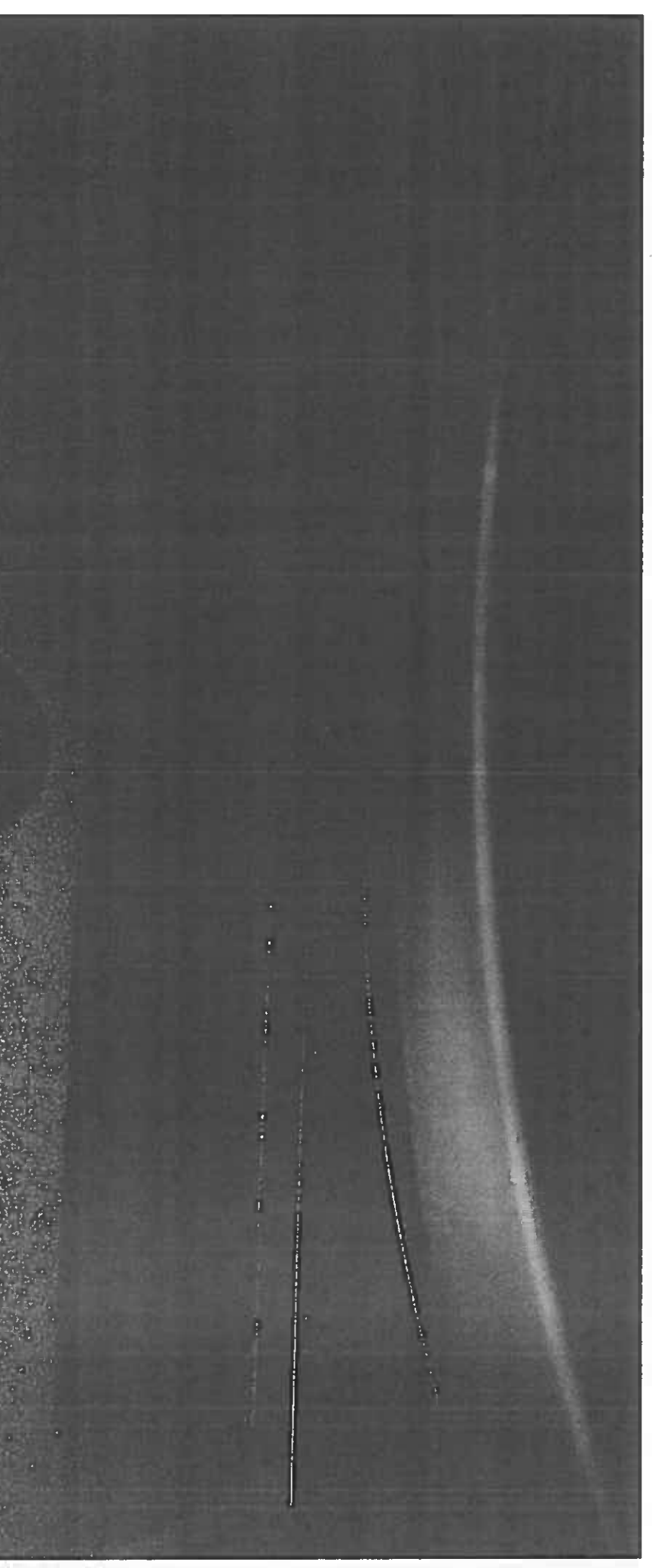
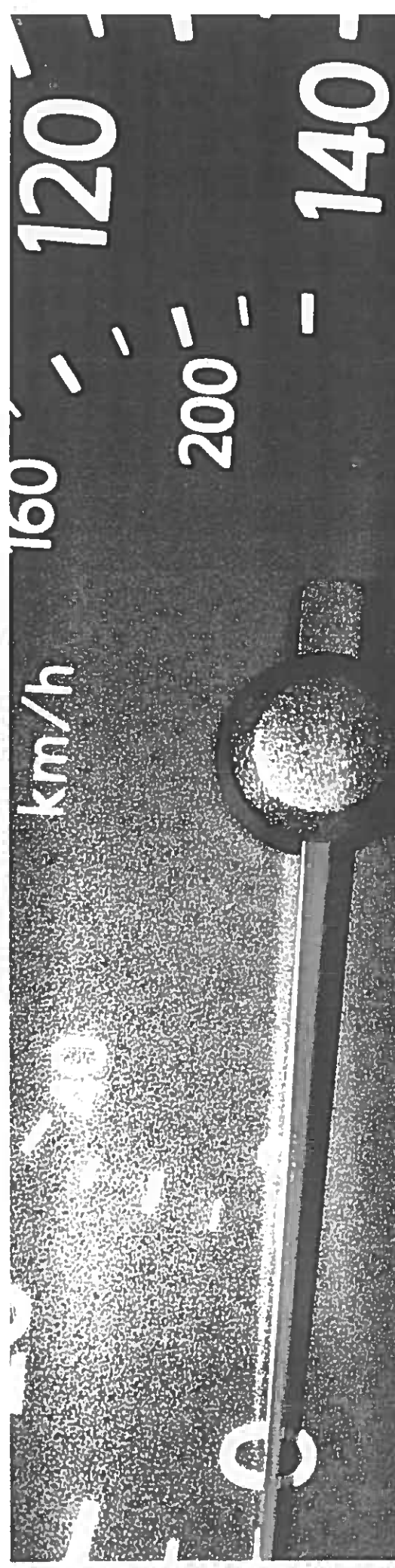




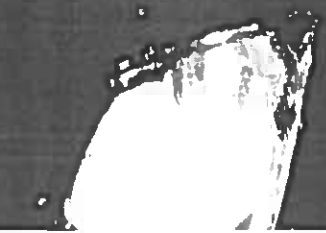
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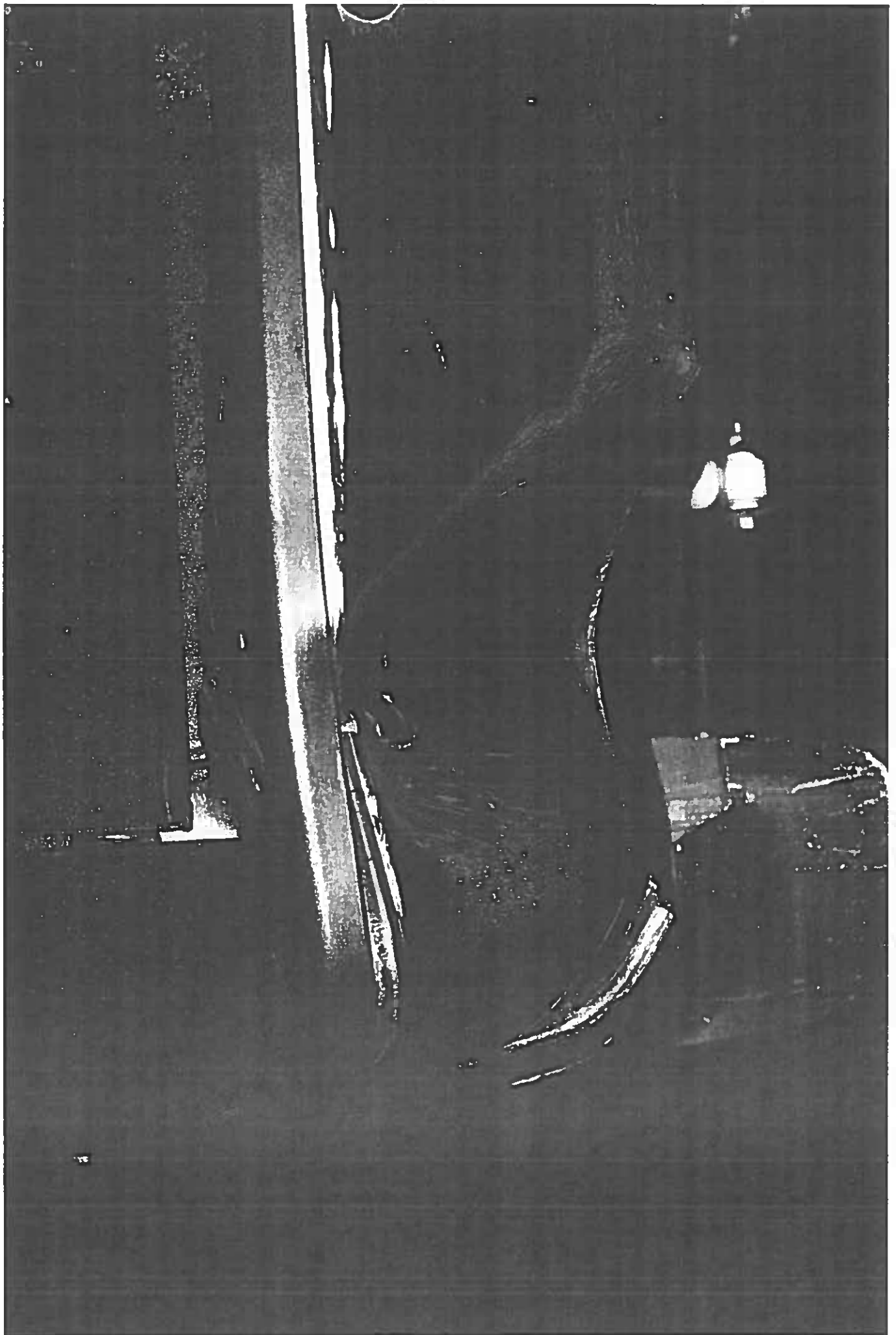
MARSHALL POLICE





TRAFFIC
LIMIT





Memo

To: Lt. D. L. French
From: Capt. T. L. Osborne *TL*
CC: Director George, Deputy Director Sanders, File
Date: 05/12/2008
Re: Accident Review – Furr case# 0804-0344

The Accident Review Committee has examined the attached City of Alpharetta Accident / Incident Report Form. The determination made from their review is:

Negligence _____

Due to:

Non-Negligence X

If non-negligence was checked, you need only inform the involved officer of this fact.

If negligence was checked, please review the attached form and prepare a report to the Directors with your recommendations as they relate to disciplinary action. Prior Negligent accidents _____.

COPY

**City of Alpharetta
Accident/Injury Investigation Report**

Employee Name: Furr, Arick #300

Employee work department name and telephone number: Alpharetta Police
Department 678-297-6300

Date of Accident/Injury: 04-17-2008

Nature of Accident/Injury: Auto Accident

Location of Accident/Injury: Douglas Rd. @ Newport Bay Passage

Investigating Officer: D. Lambert T2

Name of Supervisor notified: LT. S. Rose E14

Name of Supervisor on scene: LT. S. Rose E14

Police Report/Case Number (if applicable): 0804-0344

Police Agency where report was filed: Alpharetta Police Dept.

Photographs taken and number of prints: Yes. / 33

Name of photographer: D. Lambert T2

Alcohol/Drugs suspected: Yes: No:

Location of Drug Test: No drug test administered due to employee not being behind the wheel of his parked Patrol vehicle at the time of the accident. Intoximeter alcohol sensor administered by LT. C. Garner with .00 results.

Did employee return to work: Yes: No:

If no, please state reason:

Was employee at fault? Yes: No:

State your reason for your opinion: Driver (D1) was intoxicated and rolled/reversed his vehicle back into Furr's parked Patrol Vehicle when Furr had just exited his car.

Any citations issued? Yes: No:

In your opinion, could employee have prevented accident? Yes: No:

If yes, please explain:

Investigator signature: _____ Date: _____

Employee Name: Furr, Arick #300
04-17-2008

Date of Accident Injury:

This form must be completed within three working days of accident/injury. The information on this form will be used by the Accident Review Board. Failure to complete this form will require your presence at the next Board meeting. *The Board reserves the right for personal interviews regarding all accidents/injuries.*

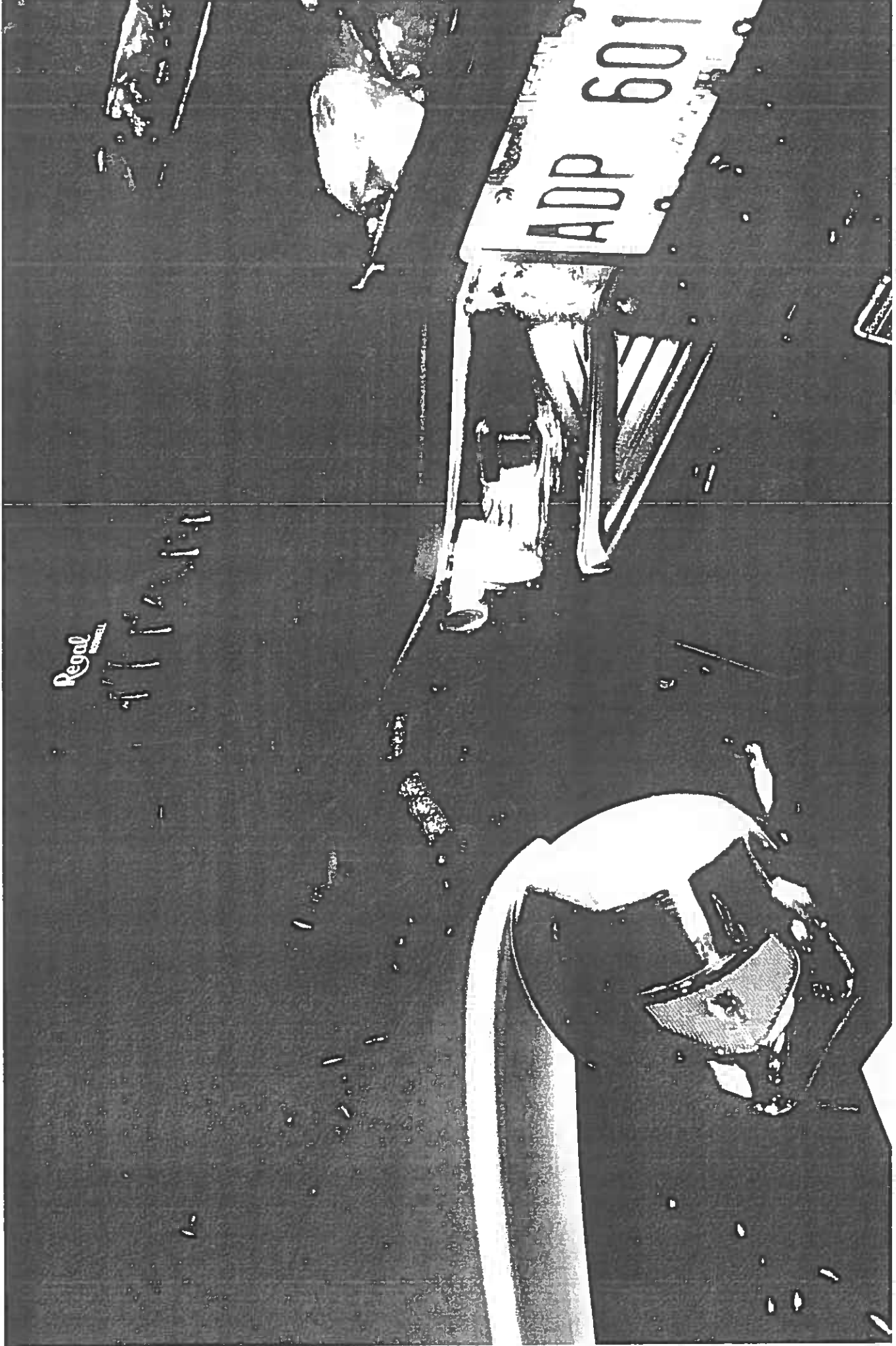
Describe accident/incident/injury: *To be completed by employee and/or supervisor. Include cause(s), parts of body injured, equipment or substance inflicting involved injury, how event occurred, who were present as witnesses. Feel free to draw sketches. Use additional pages if necessary*

On 04-17-2008 at 1023pm A. Furr pulled over a Black Nissan Titan P/U truck on Douglas Rd. n.b. at Newport Bay Passage. As Officer Furr exited his patrol vehicle #79 the Driver (D1) rolled back his truck into the front of the patrol vehicle striking the push bumper, causing minor damage to the push bumper. Traffic Officer D. Lambert (T2) found the Driver of the Nissan to be DUI./Alcohol /less safe.

Recommendations: How could this incident be prevented—now and in the future. *Indicate skills, training, and equipment needs as well as environmental conditions.*

No training needed. Officer Furr unable to avoid other drivers actions.

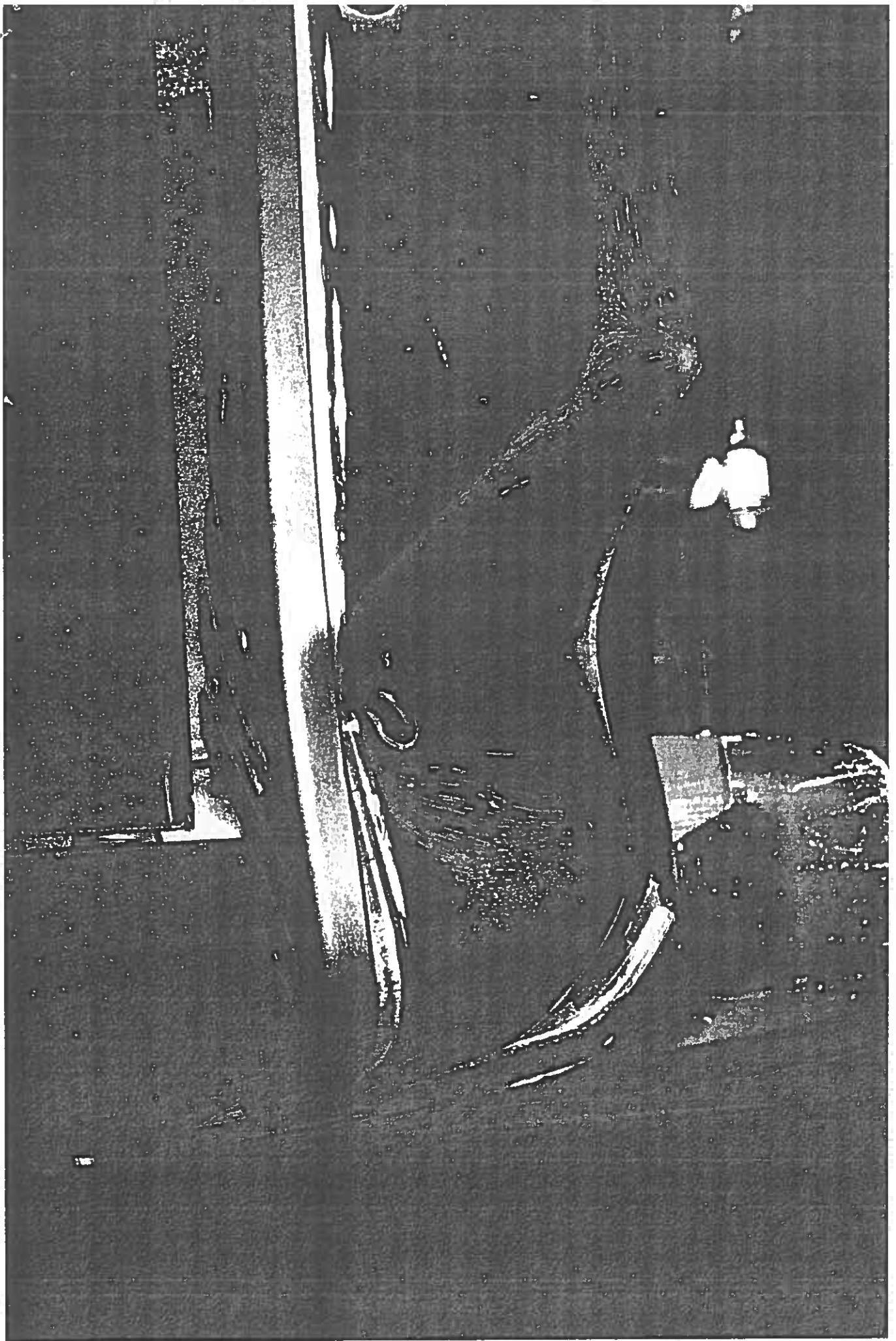
Employee signature: Arick Furr Date: 4/17/08



ADP 601

Penal

TRAFFIC
UNIT



Accident Number 0804-0344	Agency NCIC No. GA0600400	GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT	County 060 FULTON	Date Rec. by DMVS
------------------------------	------------------------------	--	-----------------------------	-------------------

Date 04/17/2008	Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S	Time 22:23	Off. Arrived 22:23	Vehicles 2	Total Number of Injuries 0	Total Number of Fatalities 0	Inside City Of: 7013 ALPHARETTA
--------------------	---	---------------	-----------------------	---------------	-------------------------------	---------------------------------	------------------------------------

Road of Occurrence DOUGLAS RD	At Its Intersection With NEWPORT BAY PASS	Corrected Report? Yes <input type="checkbox"/>
---	---	---

Not At Its Intersection But _____	Of: _____	Suppl. To Original? Yes <input type="checkbox"/>
-----------------------------------	-----------	---

And continuing in the direction checked above, the Next Reference Point Is _____

Driver # 1 LAST NAME FIRST MIDDLE MATTESON TROY JASON	Driver # 2 LAST NAME FIRST MIDDLE PARKED VEHICLE
--	---

Ped # <input type="checkbox"/> Address 6518 OLD SHADBURN FERRY RD	Ped # <input type="checkbox"/> Address 2565 OLD MILTON PKWY
--	--

City BUFORD State GA Zip 30518- [REDACTED] 1979	City ALPHARETTA State GA Zip 30004 DOB
--	---

Driver's License No. _____ Class C State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License No. _____ Class _____ State _____ <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
--	---

Posted Speed 35 Insurance Co. USAA Policy No. 009351484C71012	Posted Speed 35 Insurance Co. THE ST. PAUL MERCURY II Policy No. GP09313759
--	--

Year 2007 Make NISS Model TITAN Telephone No. _____	Year 2007 Make CHEV Model IMPALA Telephone No. 678-297-6300
--	---

VIN 1N6BA07B17N212851 Vehicle Color BLACK	VIN 2G1W555RX79204936 Vehicle Color GREY/BLACK
---	--

Tag # ADP6019 State GA County WINNETT Year 2008	Tag # GV16297 State GA County FULTON Year 2007
---	--

<input checked="" type="checkbox"/> Same as Driver Owner's Last Name MATTESON First TROY Middle JASON	<input type="checkbox"/> Same as Driver Owner's Last Name CITY OF ALPHARETTA First _____ Middle _____
---	---

Address 6518 OLD SHADBURN FERRY RD	Address 2565 OLD MILTON PKWY
---	-------------------------------------

City BUFORD State GA Zip 30518-	City _____ State GA Zip _____
--	--------------------------------------

Removed By UNITED TOWING <input type="checkbox"/> Request <input checked="" type="checkbox"/> List	Removed By OFFICER FURR <input type="checkbox"/> Request <input type="checkbox"/> List
---	---

Alcohol Test 1	Type 2	Results 0.156	Drug Test 2	Type	Results
----------------	--------	---------------	-------------	------	---------

Driver Cond 4	Direction Of Travel 1	Vision Obscured 1	Contributing Factors 2	18
---------------	-----------------------	-------------------	------------------------	----

Veh Cond 1	Veh Maneuver 7	Ped. Maneuver	Veh Cond 1	Veh Maneuver 4	Ped. Maneuver
------------	----------------	---------------	------------	----------------	---------------

Most Harmful Event 11	Veh Class: 1	Veh Type: 2	Most Harmful Event 10	Veh Class: 2	Veh Type: 1
-----------------------	--------------	-------------	-----------------------	--------------	-------------

Traffic Ctrl 7	Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Traffic Ctrl 7	Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------	---	----------------	---

Injured Taken To: _____ By: _____

EMS Notified Time	EMS Arrival Time	Hospital Arrival Time	Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By: LAMBERT 230
-------------------	------------------	-----------------------	---	------------------------

Report By: LAMBERT, DANIEL G	Department ALPHARETTA P.D.	Report Date 04/18/2008	Checked By: ROSE, SCOTT	Date Checked 04/18/2008
--	--------------------------------------	----------------------------------	-----------------------------------	-----------------------------------

Witness(es): Name _____	Address _____	City _____	State _____	Zip Code _____	Telephone No. _____
-------------------------	---------------	------------	-------------	----------------	---------------------

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Carrier Name Vehicle # 1 Address _____ State _____ Zip _____	Carrier Name Vehicle # 2 Address _____ State _____ Zip _____
--	--

No. of Axles	G.V.W.R.	Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Body Type	No. 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"/> Intrastate <input type="checkbox"/>	Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <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	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

REMARKS:

Narrative Title: INITIAL 0804-0334
 Date Entered: 4/18/2008 2:18:31 AM

On 04/17/2008 at approximately 2223 hours I responded to Douglas Rd and Newport Bay Pass to the scene of an accident. Both vehicle were stopped headed northbound on Douglas Rd. Officer Furr

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



CITATIONS - VEHICLE # 1 40-6-240

CITATIONS - VEHICLE # 2 _____

40-6-391

First Harmful Event 11	Traffic-Way Flow 1	Weather 1	Surface Cond. 1	Light Cond. 5	Manner of Collision 3	Location at Area Of Impact 1	Road Comp. 2	Road Def. 1	Road Character 2	Construction / Maintenance Zone 0
---------------------------	-----------------------	--------------	--------------------	------------------	--------------------------	---------------------------------	-----------------	----------------	---------------------	--------------------------------------

VEH # 1		VEH # 2		SKID DISTANCE BEFORE IMPACT	AFTER		Width of Road 48
Number of Occupants	1	1	VEH. 1		VEH. 1		
Point of Initial Contact	6	12	VEH. 2		VEH.2		
Damage To Vehicles	2	2					

Damage Other Than Vehicle:	Owner:	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP	EXTRIC.	AIR BAG
----------------------------	--------	-----	-----	-------	-----	--------	------------------	-------	--------------	---------	---------

Occupants (list below):	Driver # 1 Or Pedestrian #					0	N	1	8	N	2
	Driver # 2 Or Pedestrian #					0	N	1	0	N	0

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX

stopped vehicle #1 for driving without using headlights. Officer Furr exited his vehicle and started to vehicle #1 driver #1 backed into vehicle #2. Driver #1 then exited the vehicle and left the vehicle in reverse. Driver #1 had a strong odor of an alcoholic beverage coming from his person. Driver #1 eyes were bloodshot and watery. Driver #1 was disoriented and his speech was slurred. Driver #1 was charged with DUI and placed under arrest. For more on the DUI arrest see incident report # 0804-0334. Vehicle #1 was towed from the scene by United Towing. Vehicle #2 was removed from the scene by Officer Furr. There were no reports of injuries reported at the scene. Driver #1 was charged with headlight violation, improper backing, and DUI. He was given a court date of July 9, 2008 at 9:00 am. Pictures of the accident were taken at the scene.

OCCUPANTS:

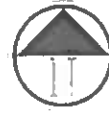
Table with columns: LAST NAME, FIRST, ADDRESS, CITY, STATE, ZIP, AGE, SEX, VEH #, POS, INJURY, TAKEN FOR TREAT, EJECT, SAFETY EQUIP, EXTRIC, AIRBAG.

Injured Taken To: By:

Witness - Name: Address:

Phone:

Additional Remarks:



Not to Scale

AOI



1

2



Newport Bay Pass

Douglas Rd

Memo

To: Lt. D.L. French
From: Capt. T. L. Osborne *TLO*
CC: Director George, Deputy Director Sanders, File
Date: 05/12/2008
Re: Accident Review – Furr case# 49-0216-08 GSP

The Accident Review Committee has examined the attached City of Alpharetta Accident / Incident Report Form. The determination made from their review is:

Negligence _____

Due to:

Non-Negligence X

If non-negligence was checked, you need only inform the involved officer of this fact.

If negligence was checked, please review the attached form and prepare a report to the Directors with your recommendations as they relate to disciplinary action. Prior Negligent accidents _____.

City of Alpharetta
Accident/Injury Investigation Report

 COPY

Employee Name: ARICK FURR

Employee work department name and telephone number: POLICE/ 678-297-6327

Date of Accident/Injury: 09-22-2008

Nature of Accident/Injury: VEHICLE ACCIDENT

Location of Accident/Injury: DONALD LEE PKY, ATLANTA . GA

Investigating Officer: LT. GARNER

Name of Supervisor notified: LT. LAYNE

Name of Supervisor on scene: LT. FRENCH

Police Report/Case Number (if applicable): 0802-0445

Police Agency where report was filed: ALPHARETTA POLICE

Photographs taken and number of prints: 5

Name of photographer: LT. LAYNE

Alcohol/Drugs suspected: Yes: No:

Location of Drug Test: NORTH FULTON HOSPITAL

Did employee return to work: Yes: No:

If no, please state reason:

Was employee at fault? Yes: No:

State your reason for your opinion: EMPLOYEE WAS INVOLVED IN A PURSUIT OF A FLEEING FELON/ STOLEN VEHICLE.

Any citations issued? Yes: No:

In your opinion, could employee have prevented accident? Yes: No:

If yes, please explain:

Investigator signature: LT. CA. GARNER Date: 2/22/08

Employee Name: ARICK, FURR
09-22-2008

Date of Accident Injury:

This form must be completed within three working days of accident/injury. The information on this form will be used by the Accident Review Board. Failure to complete this form will require your presence at the next Board meeting. *The Board reserves the right for personal interviews regarding all accidents/injuries.*

Describe accident/incident/injury: *To be completed by employee and/or supervisor. Include cause(s), parts of body injured, equipment or substance inflicting involved injury, how event occurred, who were present as witnesses. Feel free to draw sketches. Use additional pages if necessary*

OFFICER FURR WAS INVOLVED IN A VEHICLE PURSUIT . THE SUSPECT VEHICLE SLOWED SUDDENLY AND THE PASSENGERS BAILED OUT OF THE VEHICLE. AS THE DRIVER RAN FROM THE VEHICLE IT VEERED TO THE RIGHT AND STRUCK OFFICER FURR'S VEHICLE.

Recommendations: *How could this incident be prevented—now and in the future. Indicate skills, training, and equipment needs as well as environmental conditions.*

NO RECOMENDATIONS

Employee signature:

Arick Furr

Date:

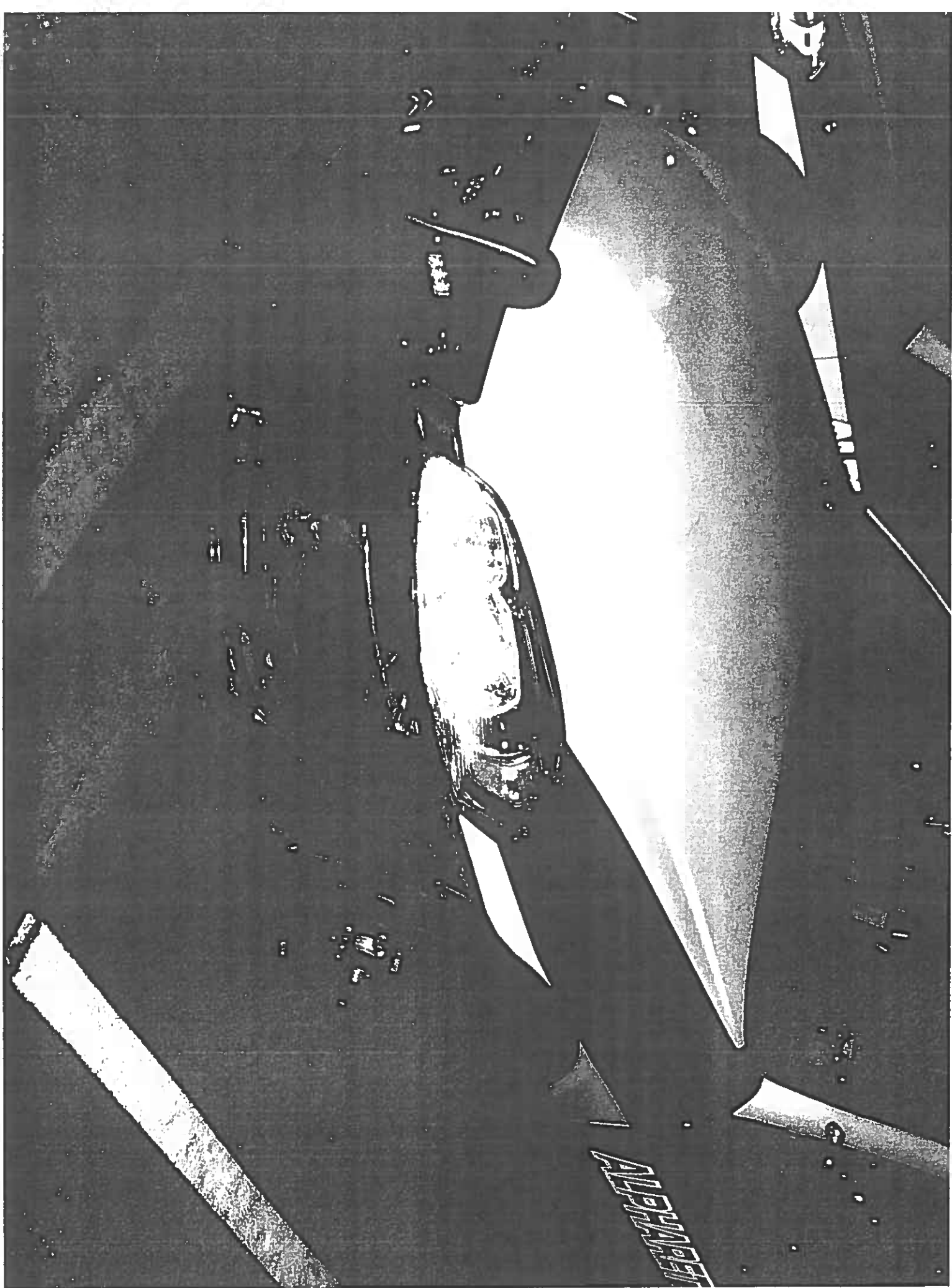
2/22/08

Supervisor signature:

LT. CA GARWER

Date:

2/22/08



Crash No. 49-0216-08		Agency NCIC No. GAGSP4900		DPM-4202 (11/2004)		GEORGIA MOTOR VEHICLE ACCIDENT REPORT				County Fulton		Date Received		PAGE 1	
Date 02/22/2008		Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 2008		DTL Arrived 2008		Vehicles Total Number On Hand 2		Total Number On Police 0		Inside City Of Atlanta		OF 2	
Road of Occurrence GA 8												Corrected Report Yes <input type="checkbox"/>			
At Its Intersection 1 <input type="checkbox"/> Interstate 2 <input checked="" type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.												Suppl. To Original Yes <input type="checkbox"/>			
Not At An Intersection But And Continuing In The Direction Checked Above The Next Reference Point Is 3 <input checked="" type="checkbox"/> Miles 1 <input type="checkbox"/> North 2 <input type="checkbox"/> South 3 <input type="checkbox"/> East 4 <input type="checkbox"/> West												MI and Pen? <input checked="" type="checkbox"/>			
Cobb / Fulton County Line 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input checked="" type="checkbox"/> Co. Line															
Driver # 1 Last Name Unknown - Fled scene Address City State Zip DOB						Driver # 2 Last Name Furr, Arick Justin Address 2 S Main Street City Alpharetta Ga 30106 State Zip DOB 1983									
Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female						Driver's License No. Class CM State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female									
Posted Speed 55 Insurance Co. None Policy No.						Posted Speed 55 Insurance Co. St. Paul Mercury Policy No. GP09313759									
Year 2005 Make Chevrolet Model Impala Telephone No.						Year 2007 Make Chevrolet Model Impala Telephone No. 678-297-6300									
VIN 2G1WFS2E859312443 Vehicle Color Gray						VIN 2G1WS55KX79204936 Vehicle Color Silv/Blk									
Tag # AES 6679 State GA County COBB Year 2008						Tag # GY16297 State GA County FULTON Year GOVT									
Trailer Tag # State County Year						Trailer Tag # State County Year									
<input type="checkbox"/> Same as Driver? Owner's Last Name Simmons, Ocie Johnson Address 5135 Jones Rd City Austell Ga 30106						<input type="checkbox"/> Same as Driver? Owner's Last Name City of Alpharetta Address 2 S Main Street City Alpharetta Ga 30004									
Removed By: <input type="checkbox"/> Request <input checked="" type="checkbox"/> List S & W Wrecker						Removed By: <input type="checkbox"/> Request <input type="checkbox"/> List Driver									
Alcohol Test 2		Type		Results		Drug Test 2		Type		Results					
Driver Condition 2		Direction of Travel 4		Vision Observed 1		Contributing Factors: 24		Driver Condition 1		Direction of Travel 4					
Vehicle Condition 1		Vehicle Maneuver 5		Pedestrian Maneuver				Vehicle Condition 1		Vehicle Maneuver 5					
Most Harmful Event 11		Vehicle Class 1		Vehicle Type 1		Most Harmful Event 11		Vehicle Class 2		Vehicle Type 1					
Traffic Control 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Traffic Control 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Injured Taken To By:															
EMS Needed Time EMS Arrival Time Hospital Arrival Time Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By:															
Reported By: SGT R.K. Tamer #94				Department: GSP Motorcycle Unit				Report Date: 02/22/2008		Checked By: SFC T.L. Nichols # 420		Date Checked: 03/02/2008			
Witness(es) Name Address City State Zip Code Telephone No. None located at the scene															
DMV MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)															

COMMERCIAL VEHICLE ONLY						COMMERCIAL VEHICLE ONLY					
Carrier Name Vehicle # Address City State Zip						Carrier Name Vehicle # Address City State Zip					
Number of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type		Number of Axles		G.V.W.R.	
Vehicle Config.		I.C.S.M.C. #		U.S. D.O.T. #		Interstate Interstate		Vehicle Config.		I.C.S.M.C. #	
C.D.L. ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond						If Yes, Name or 4 Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond					
Run Off Road		Down Hill		Cargo Loss Or Shift		Separation Of Units		Run Off Road		Down Hill	
Cargo Loss Or Shift		Separation Of Units		Cargo Loss Or Shift		Separation Of Units		Cargo Loss Or Shift		Separation Of Units	

Furr

To: Police Captains
Battalion Chiefs
Keith Sanders, Deputy Director of Public Safety

From: Gary D. George, Director of Public Safety

Date: July 6, 2008

Ref: *Assessed Fee Of Off-duty and Extra Job Employment
*City Assigned Take Home Vehicles

Effective August 1, 2008, a ten percent (10%) fee will be assessed upon all off-duty and extra job employment being worked by any public safety employees with a City of Alpharetta assigned take home vehicle, or by an employee using a City of Alpharetta vehicle in the capacity of an off-duty or extra job requiring the use of a City of Alpharetta vehicle. In the event of a group of employees using a City of Alpharetta "specialized" vehicle in the off-duty or extra job (example – a Fire Rescue Vehicle), only employees in the group with an assigned take home vehicle will be assessed the fee. The fee will be assessed whether or not the off-duty employee is using the vehicle in the off-duty or extra job assignment. We encourage our employees to use their assigned City of Alpharetta vehicle while working off-duty in the event of an emergency and the vehicle is needed in such emergency.


All Police Captains, Battalion Chiefs, the Deputy Director of Public Safety and the Director of Public Safety are responsible for tracking all off-duty and extra job employment of employees assigned under their supervision to include the number of hours worked, the amount paid per hour, or the amount paid per job by the off-duty and extra job employer. These hours and amounts will be recorded on the individual employee payroll/time sheets the first payday immediately following the employee being paid by the off-duty employer. The assessed fee will be deducted from the employee's check.


Per departmental policy, all public safety employees are to submit and to have approved by the Director of Public Safety all off-duty and extra jobs prior to working such off-duty and/or extra job employment.

In addition, and effective August 1, 2008, all public safety employees who are moving from their existing residence and have an assigned City of

Alpharetta take home vehicle must move within the 30 minute radius of the Public Safety Headquarters building or lose their privilege of the City of Alpharetta assigned take home vehicle. This will apply to all personnel regardless of their assignment, or rank. The existing "Take Home Vehicle Policy" will still stand for all other employees with City of Alpharetta take home vehicles.

At least annually, Police Captains, Fire Battalion Chiefs, the Deputy Director of Public Safety and the Director of Public Safety will verify compliance with the 30 minute rule of the existing "Take Home Vehicle Policy" for those employees under their immediate control. Random residency compliance checks are also authorized and encouraged.

 #300
I have read and understand the above

 238
witness

cc: Robert J. Regus, City Administrator
Tom Harris, Director of Finance
Keith Sanders, Deputy Director of Public Safety
Sam Thomas, City Attorney
Police Captains
Fire Battalion Chiefs
Richard Ideker, Accreditation Manager

MERIT INCREASE CALCULATION WORKSHEET FISCAL YEAR 2009

Employee Name		Review Date		Job Title	
FURR, ARICK J		09/20/2008		POLICE OFFICER	
Department	Police Department	File #	11067	Hire Date	08/14/2006

This merit increase will be processed to show on the 10/8/2008 pay check. The information below provides detail on how your merit increase was calculated. The merit rating and available department merit pool is used to determine an employee's merit increase. If the employee review period is less than 12 months from the last annual review date, the merit increase will be prorated based on the number of work days since the last annual review date. Please feel free to contact your immediate supervisor or the human resources department if you have any questions.

Effective Date of Increase	09/20/2008
Current Annual Salary before Increase	42,776.45
Merit Rating	3.67
Merit % Increase based on 4% Merit Pool	4.26%
Last Review Date	09/22/2007
Prorated Days, If applicable	n/a
Prorated Merit Increase Dollars	n/a
Merit Increase Dollars	1,820.23
New Current Annual Salary	44,596.68
Next Review Date	10/01/2009
Hourly Rate	21.4407
One Time Bonus If Paygrade Maximum Reached	0.00

Authorized signatures obtained from Assistant City Administrator, James Drinkard, Finance Director, Tom Harris and City Administrator, Bob Regus. These signatures are located on the Department Merit Summary Worksheet for FY 2009.

CITY OF ALPHARETTA EMPLOYEE PERFORMANCE EVALUATION



EMPLOYEE NAME:	FURR, ARICK J	Purpose of Evaluation:	Annual
DEPARTMENT:	Police Department	REVIEW PERIOD FROM:	09/22/07
JOB TITLE:	POLICE OFFICER	REVIEW PERIOD TO:	09/20/08
Please note: Total rating points will be used in the calculation of the merit percent increase.			
RATE ON PERFORMANCE FACTORS LISTED BELOW		1 - MARGINAL	2 - MEETS
		0.0 - 0.5	0.6 - 2.2
1. JOB KNOWLEDGE, SKILL & ABILITY			2.3 - 3.9
2. QUALITY OF WORK			3.50
3. PRODUCTIVITY/WORK RESULTS			4.50
4. COOPERATION			4.50
5. INITIATIVE			4.50
6. DEPENDABILITY			3.50
7. USE OF WORK TIME			3.50
8. CUSTOMER SERVICE		2.00	3.50
9. ATTENDANCE AND PUNCTUALITY			3.50
Complete Item 10 only if the employee is in a supervisory or management position			
10. LEADERSHIP (Req'd for Supv/Mgr)			
SUB-TOTALS FOR COLUMNS 1-10		0.00	2.00
GRAND TOTAL FOR COLUMNS 1-10		33.00	17.50
CALCULATED TOTAL POINTS - ((Total PTS/9 or TotalPTS/10)		3.67	13.50

REMARKS SECTION
 ACCOMPLISHMENTS (attach additional sheet for further comments):
 See Attached

AREAS OF IMPROVEMENT (attach additional sheet for further comments):
 See Attached

GOALS & OBJECTIVES (attach additional sheet for further comments):
 See Attached

EMPLOYEE COMMENTS (attach additional sheet for further comments):

SIGNATURE (employee signature)	<i>Arick J Furr</i>	Date:	10/2/08
SIGNATURE (immediate supervisor)	<i>William H 198</i>	Date:	10/2/08
SIGNATURE (mid-level supervisor, if applicable)	<i>William H 198</i>	Date:	10/2/08
SIGNATURE (department director)	<i>William H 198</i>	Date:	9 2 5 0 8

EVALUATION COMPLETE EVALUATION NOT COMPLETE

Furr, Arick

Accomplishments-OFC Furr is a consistent performer in all aspects of his duties. He is a member of a serious injury/fatality accident investigation team and is nearly finished with all the accident investigation/reconstruction classes offered by the state. He investigates Hit and Run Investigations. He was selected for the SWAT Team and performs very well especially in shooting and Physical Fitness.

2. OFC Furr's quality of work is outstanding. His reports are on time and have few if any errors, on the initial submission. They contain a very high level of attention to detail that explicitly details what happened in the incident. I consistently receive praise from the solicitor of the Municipal Court on the high quality of his cases. The solicitor compliments him on the high quality work. She commented on how well the investigation is done and that the reports are very well written. She also comments on the excellent courtroom demeanor and that his testimony is clear and concise with a high level of attention to detail. Prior to starting his shift he pre fills traffic tickets so he can more efficiently issue citations which greatly enhances his ability to maintain a high level of efficiency and quality in his work.

3. OFC Furr is consistently in the top three performers in the department in traffic stops, warnings, and citations. He is consistently the second highest performer in the department in conducting Hit and Run Investigations.

5. Officer Furr is a highly motivated officer who strives to be the best at whatever he does. He is constantly improving himself by attending training on various topics. He volunteers for added responsibility in all aspects of his job. Most notably he volunteered for the added responsibility of serious injury/fatality accident investigations to include completing half of the accident investigation/reconstruction classes. He tried out for the SWAT Team and due to his hard work was selected and is consistently a top performer in all tasks especially physical fitness. He was recognized by the instructor staff at SWAT School for very hard work throughout the week.

Areas Needing Improvement- A very large part of your job is customer service. Seek out training and information that will improve your customer service skills. A few good places to find this type of information in the government arena could be the Alpharetta Visitor's Bureau. There are also various courses provided that could help you. It may also be helpful to seek information from the business community and see what works for them and apply it to what you do.

Goals and Objective-continue to take classes to obtain your Intermediate and Advanced Certifications, continue to take accident investigation/reconstruction classes, and finish your finish Bachelor's Degree.



Early Warning System Review Report

Instructions: Each quarter of the year preceding an employee's annual evaluation, the unit Commander will cause a review of the unit personnel file and complete the following information. List the number of incidents in each prescribed area with initials and date. At the end of the four quarters, complete the total column, sign and attach to the annual evaluation.

Employee Name: Arick Furr

Incident	Q - 1	Q - 2	Q - 3	Q - 4	Totals
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	
Award or Commendation					
Citizen Complaints				1	1
Disciplinary Actions					
Use of Force					
Internal Affairs Investigations					
Injury Reports					
Workman's Compensation Reports					
Traffic Accidents		1	1		2
Other Notable Incidents (describe on back)	Training	Training	Training	Training	8

Immediate Supervisor: _____ Date: _____

Unit Commander: T. Allston Date: 10/07/08

**City of Alpharetta
Accident/Injury Investigation Report**

Employee Name: Arick Furr

Employee work department name and telephone number: Police Dept 678-297-6306

Date of Accident/Injury: 8/6/2009

Nature of Accident/Injury: Motor vehicle collision

Location of Accident/Injury: Westside Pkwy @ Encore Pkwy

Investigating Officer: Lt R.J. Wessel

Name of Supervisor notified: Lt R.J. Wessel

Name of Supervisor on scene: Lt R.J. Wessel

Police Report/Case Number (if applicable): 0908-0104

Police Agency where report was filed: Alpharetta PD

Photographs taken and number of prints:

Name of photographer: Ofc Arick Furr

Alcohol/Drugs suspected: Yes: No:

Location of Drug Test: North Fulton Hospital

Did employee return to work: Yes: No:

If no, please state reason:

Was employee at fault? Yes: No:

State your reason for your opinion: Ofc Furr struck the rear of another vehicle

Any citations issued? Yes: No:

In your opinion, could employee have prevented accident? Yes: No:

If yes, please explain: Ofc Furr should not have been following the other vehicle so closely that he was not able to stop and should have anticipated that the other vehicle could stop suddenly upon approach by a police vehicle attempting to make a traffic stop

Investigator signature: _____

JH #216

Date: 8/1/09

Employee Name: Arick Furr
8/6/09

Date of Accident Injury:

This form must be completed within three working days of accident/injury. The information on this form will be used by the Accident Review Board. Failure to complete this form will require your presence at the next Board meeting. *The Board reserves the right for personal interviews regarding all accidents/injuries.*

Describe accident/incident/injury: *To be completed by employee and/or supervisor. Include cause(s), parts of body injured, equipment or substance inflicting involved injury, how event occurred, who were present as witnesses. Feel free to draw sketches. Use additional pages if necessary*

Ofc Furr was attempting to make a traffic stop on a vehicle which was traveling on Westside Pkwy near Encore Pkwy when the vehicle suddenly stopped. Ofc Furr was not able to stop his patrol vehicle in time and the right front corner at the headlight assembly of Ofc Furr's vehicle struck the left rear corner of the other vehicle. Neither party reported any injuries at the scene.

Recommendations: How could this incident be prevented—now and in the future. *Indicate skills, training, and equipment needs as well as environmental conditions.*

Ofc Furr should anticipate that the driver of a vehicle that he is attempting to stop for a traffic violation could stop suddenly and that he might have to take appropriate action to avoid a collision.

Employee signature: Quik Fun Date: 8/6/09
Supervisor signature: J #216 Date: 8/6/09

Accident Number 09080104		Agency NCIC No. 0600400		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County FULTON		Date Rec. By DMVS		
Date 08/06/2009		Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 17:39		Off. Arrived 17:39		Total Number Of: Vehicles 2 Injuries 0 Fatalities 0		Inside City Of: ALPHARETTA	
Road of Occurrence WESTSIDE PKWY <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input checked="" type="checkbox"/> City St				At Its Intersection With ENCORE PKWY <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input checked="" type="checkbox"/> City St				Corrected Report? Yes <input type="checkbox"/>			
Not At Its Intersection But _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Of: <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St <input type="checkbox"/> Co. Line				Suppl. To Original? Yes <input type="checkbox"/>			
And continuing in the direction checked above, the Next Reference Point is _____				<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St <input type="checkbox"/> Co. Line				Hit and Run? Yes <input type="checkbox"/>			
Driver # 1 LAST NAME FIRST MIDDLE FURR, ARICK J					Driver # 2 LAST NAME FIRST MIDDLE JOHNSON, CARLTON M						
Ped <input type="checkbox"/> Address 2565 OLD MILTON PKWY					Ped <input type="checkbox"/> Address 2320 WOOD FALLS DR						
City ALPHARETTA State GA Zip 30004 DOB ____/____/1983		City CUMMING State GA Zip 30041- DOB ____/____/1990		Driver's License No. _____ Class CM State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Driver's License No. _____ Class C State GA <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female					
Posted Speed 40 Insurance Co. ST PAUL MERCURY Policy No. GP09313759		Posted Speed 40 Insurance Co. STATE FARM MUTUAL Policy No. 321992-D24-11D		Year 2008 Make CHEV Model IMPALA Telephone No. (678) 297-6306		Year 2003 Make CADI Model ESCALADE Telephone No. ____					
VIN 2G1WS553081355778 Vehicle Color BLK		VIN 3GYFK66N43G340322 Vehicle Color BLK		Tag # GV12563 State GA County FULTON Year 2010		Tag # TZ3998 State GA County FORSYTH Year 2009					
Trailer Tag # _____ State _____ County _____ Year _____		Trailer Tag # _____ State _____ County _____ Year _____		<input type="checkbox"/> Same as Driver Owner's Last Name First Middle CITY OF ALPHARETTA,		<input checked="" type="checkbox"/> Same as Driver Owner's Last Name First Middle JOHNSON, CARLTON M					
Address 2 SOUTH MAIN ST		Address 2320 WOOD FALLS DR		City ALPHARETTA State GA Zip 30009		City CUMMING State GA Zip 30041-					
Removed By OCCUPANT <input type="checkbox"/> Request <input type="checkbox"/> List		Removed By OCCUPANT <input type="checkbox"/> Request <input type="checkbox"/> List		Alcohol Test 1 Type 2 Results 0.00 Drug Test 1 Type 3 Results PENDING		Alcohol Test 2 Type _____ Results _____ Drug Test 2 Type _____ Results _____					
Driver Cond 1 Direction Of Travel 1 Vision Obscured 1 Contributing Factors 3		Driver Cond 1 Direction Of Travel 1 Vision Obscured 1 Contributing Factors 1		Veh Cond 1 Veh Maneuver 5 Ped. Maneuver _____		Veh Cond 1 Veh Maneuver 5 Ped. Maneuver _____					
Most Harmful Event 11 Veh Class: 2 Veh Type: 1		Most Harmful Event 11 Veh Class: 1 Veh Type: 11		Traffic Ctrl 2 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Ctrl 2 Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Injured Taken To: _____ By: _____											
EMS Notified Time _____ EMS Arrival Time _____ Hospital Arrival Time _____		Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By: OFC A FURR							
Report By: WESSEL, R. J. Department ALPHARETTA POLICE DEPARTMENT Report Date 08/06/2009		Checked By: _____ Date Checked _____									
Witness(es): Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone No. _____											
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # _____ Address _____ State _____ Zip _____					Carrier Name Vehicle # _____ Address _____ State _____ Zip _____						
No. of Axles _____ G.V.W.R. _____ Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Cargo Body Type _____		No. 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"/> Intrastate <input type="checkbox"/>		Vehicle Config. _____ I.C.C.M.C. # _____ U.S. D.O.T. # _____ Interstate <input type="checkbox"/> Intrastate <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 _____		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 _____		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: _____					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					___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units						

OCCUPANTS:						AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIRBAG
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP										

Injured Taken To: _____ By: _____

Witness	Name	Address	City	State	Zip Code	Telephone No.

Additional Remarks:

No injuries were reported at the scene.

Both vehicles were removed from the scene by their drivers.

See attached diagram.

Lt R.J. Wessel #216
8/6/2009

* * E N D * *

Accident Number
09080104

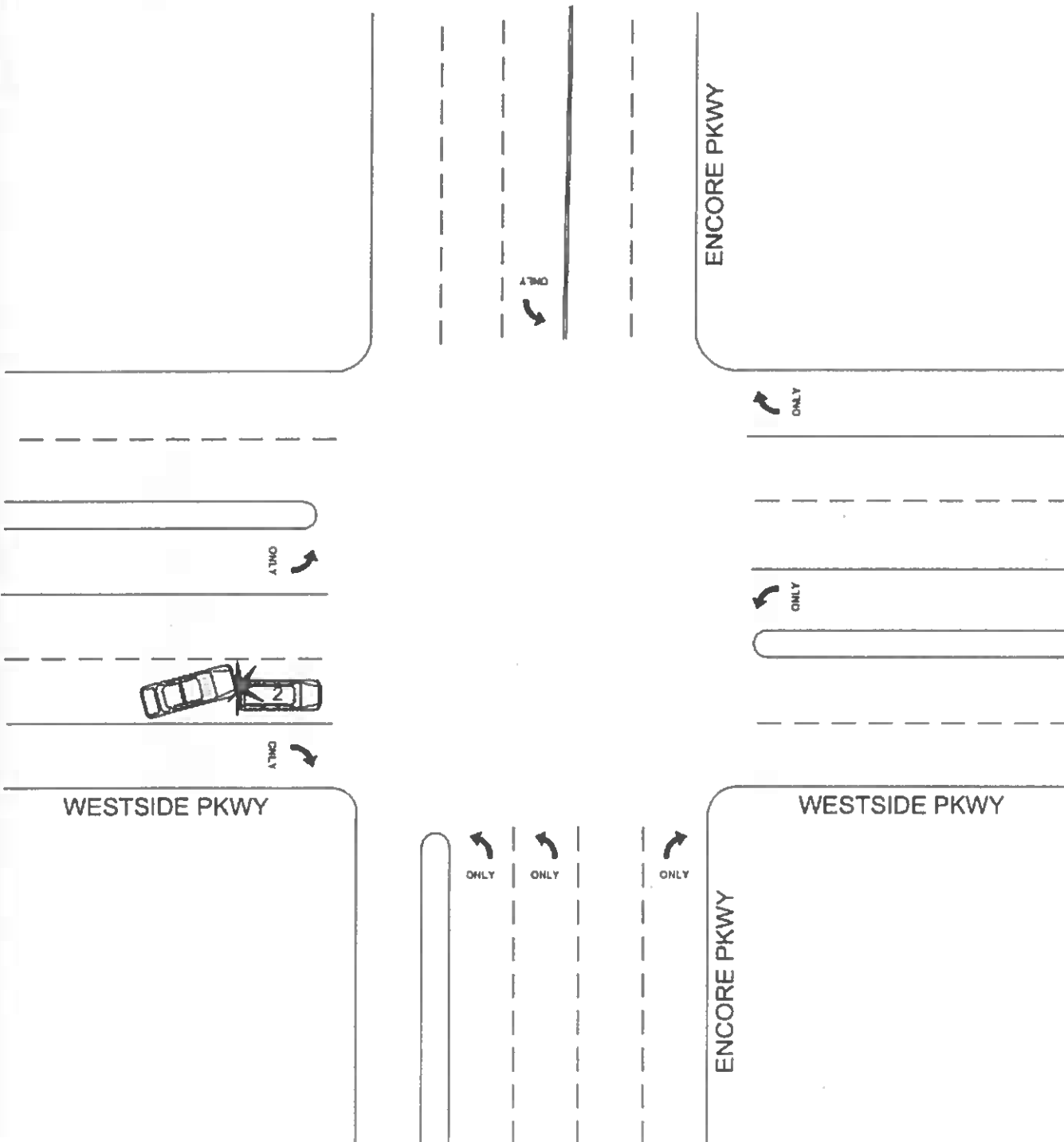
Agency NCIC
0600400

Accident Date
08/06/2009

Georgia Uniform Motor Vehicle Report Continuation



Indicate North



Drawing Not To Scale.

Memo

To: Lt. D. L French
From: Capt. T. L. Osborne *TO*
CC: Director George, Deputy Director Sanders, File
Date: 09/01/2009
Re: Accident Review – Furr case# 0908-0104

The Accident Review Committee has examined the attached City of Alpharetta Accident / Incident Report Form.
The determination made from their review is:

Negligence X

Due to: Following too Closely

Non-Negligence

If non-negligence was checked, you need only inform the involved officer of this fact.

If negligence was checked, please review the attached form and prepare a report to the Directors with your recommendations as they relate to disciplinary action. Prior Negligent accidents 0.

**City of Alpharetta
Accident/Injury Investigation Report**

Employee Name: Arick Furr

Employee work department name and telephone number: Police Dept 678-297-6306

Date of Accident/Injury: 8/6/2009

Nature of Accident/Injury: Motor vehicle collision

Location of Accident/Injury: Westside Pkwy @ Encore Pkwy

Investigating Officer: Lt R.J. Wessel

Name of Supervisor notified: Lt R.J. Wessel

Name of Supervisor on scene: Lt R.J. Wessel

Police Report/Case Number (if applicable): 0908-0104

Police Agency where report was filed: Alpharetta PD

Photographs taken and number of prints:

Name of photographer: Ofc Arick Furr

Alcohol/Drugs suspected: Yes: No:

Location of Drug Test: North Fulton Hospital

Did employee return to work: Yes: No:

If no, please state reason:

Was employee at fault? Yes: No:

State your reason for your opinion: Ofc Furr struck the rear of another vehicle

Any citations issued? Yes: No:

In your opinion, could employee have prevented accident? Yes: No:

If yes, please explain: Ofc Furr should not have been following the other vehicle so closely that he was not able to stop and should have anticipated that the other vehicle could stop suddenly upon approach by a police vehicle attempting to make a traffic stop

Investigator signature: _____

JH #216

Date: 8/6/09

Employee Name: Arick Furr
8/6/09

Date of Accident Injury:

This form must be completed within three working days of accident/injury. The information on this form will be used by the Accident Review Board. Failure to complete this form will require your presence at the next Board meeting. *The Board reserves the right for personal interviews regarding all accidents/injuries.*

Describe accident/incident/injury: *To be completed by employee and/or supervisor. Include cause(s), parts of body injured, equipment or substance inflicting involved injury, how event occurred, who were present as witnesses. Feel free to draw sketches. Use additional pages if necessary*

Ofc Furr was attempting to make a traffic stop on a vehicle which was traveling on Westside Pkwy near Encore Pkwy when the vehicle suddenly stopped. Ofc Furr was not able to stop his patrol vehicle in time and the right front corner at the headlight assembly of Ofc Furr's vehicle struck the left rear corner of the other vehicle. Neither party reported any injuries at the scene.

Recommendations: How could this incident be prevented—now and in the future. *Indicate skills, training, and equipment needs as well as environmental conditions.*

Ofc Furr should anticipate that the driver of a vehicle that he is attempting to stop for a traffic violation could stop suddenly and that he might have to take appropriate action to avoid a collision.

Employee signature: Quik Fun Date: 8/6/09
Supervisor signature: J #216 Date: 8/6/09

Accident Number 09080104		Agency NCIC No. 0600400		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County FULTON		Date Rec. By DMVS	
Date 08/06/2009		Day Of Week Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 17:39		Off. Arrived 17:39		Total Number Of: Vehicles 2 Injuries 0 Fatalities 0		Inside City Of: ALPHARETTA
Road of Occurrence WESTSIDE PKWY				At Its Intersection With ENCORE PKWY				Corrected Report? Yes <input type="checkbox"/>		Suppl. To Original? Yes <input type="checkbox"/>
Not At Its Intersection But _____				Of: _____				Hit and Run? Yes <input type="checkbox"/>		
And continuing in the direction checked above, the Next Reference Point Is _____										

Driver # 1 LAST NAME FIRST MIDDLE FURR, ARICK J				Driver # 2 LAST NAME FIRST MIDDLE JOHNSON, CARLTON M			
Ped <input type="checkbox"/> Address 2565 OLD MILTON PKWY				Ped <input type="checkbox"/> Address 2320 WOOD FALLS DR			
City ALPHARETTA		State GA		City CUMMING		State GA	
Zip 30004		DOB _____/1983		Zip 30041-		DOB _____/1990	
Driver's License No. _____		Class CM		Driver's License No. _____		Class C	
State GA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		State GA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Posted Speed 40		Insurance Co. ST PAUL MERCURY		Posted Speed 40		Insurance Co. STATE FARM MUTUAL	
Policy No. GP09313759		Year 2008		Policy No. 321992-D24-11D		Year 2003	
Make CHEV		Model IMPALA		Make CADI		Model ESCALADE	
Telephone No. (678)297-6306		VIN 2G1WS553081355778		Telephone No. _____		VIN 3GYFK66N43G340322	
Vehicle Color BLK		Tag # GV12563		Vehicle Color BLK		Tag # TZ3998	
State GA		County FULTON		State GA		County FORSYTH	
Year 2010		Trailer Tag # _____		Year 2009		Trailer Tag # _____	
Owner's Last Name CITY OF ALPHARETTA,		First _____		Owner's Last Name JOHNSON, CARLTON M		First _____	
Address 2 SOUTH MAIN ST		City ALPHARETTA		Address 2320 WOOD FALLS DR		City CUMMING	
State GA		Zip 30009		State GA		Zip 30041-	
Removed By OCCUPANT		<input type="checkbox"/> Request <input type="checkbox"/> List		Removed By OCCUPANT		<input type="checkbox"/> Request <input type="checkbox"/> List	
Alcohol Test 1		Type 2		Alcohol Test 2		Type 2	
Results 0.00		Drug Test 1		Results PENDING		Drug Test 2	
Type 3		Results _____		Type 3		Results _____	
Driver Cond 1		Direction Of Travel 1		Driver Cond 1		Direction Of Travel 1	
Vision Obscured 1		Contributing Factors 3		Vision Obscured 1		Contributing Factors 1	
Veh Cond 1		Veh Maneuver 5		Veh Cond 1		Veh Maneuver 5	
Ped. Maneuver _____		Most Harmful Event 11		Ped. Maneuver _____		Most Harmful Event 11	
Veh Class: 2		Veh Type: 1		Veh Class: 1		Veh Type: 11	
Traffic Ctrl 2		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Ctrl 2		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Injured Taken To: _____				By: _____			
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Report By: WESSEL, R. J.		Department: ALPHARETTA POLICE DEPARTMENT		Report Date: 08/06/2009		Checked By: OFC A FURR	
Date Checked		City		State		Zip Code	
Telephone No.		Name		Address		Telephone No.	

DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY							
Carrier Name Vehicle #				Carrier Name Vehicle #			
Address		State		Address		State	
Zip		Zip		Zip		Zip	
No. of Axles	G.V.W.R.	Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Body Type	No. 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"/> Intrastate <input type="checkbox"/>	Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <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		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	
Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Name or 4 Digit Number from Diamond or Box: _____		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: _____		1 Digit Number from Bottom of Diamond: _____		1 Digit Number from Bottom of Diamond: _____		1 Digit Number from Bottom of Diamond: _____	
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units				___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units			

Accident Number

09080104

Agency NCIC

0600400

Accident Date

08/06/2009

Georgia Uniform Motor Vehicle Report Continuation

OCCUPANTS:

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC	AIRBAG

Injured Taken To: _____ By: _____

Witness	Name	Address	City	State	Zip Code	Telephone No.

Additional Remarks:

No injuries were reported at the scene.

Both vehicles were removed from the scene by their drivers.

See attached diagram.

Lt R.J. Wessel #216
8/6/2009

* * E N D * *

Reported By: WESSEL, R. J.

PAGE 3 of 4

Accident Number

09080104

Agency NCIC

0600400

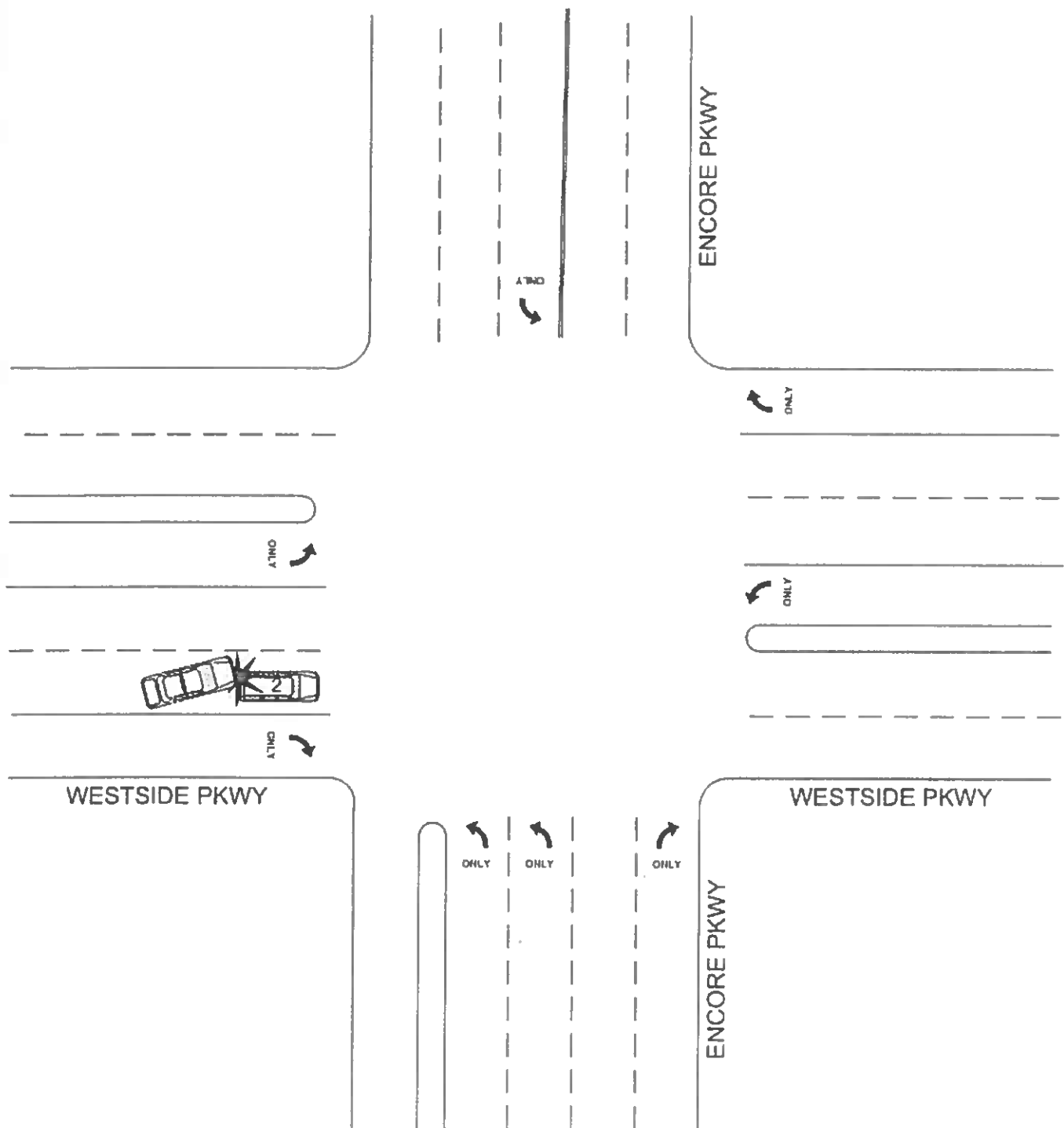
Accident Date

08/06/2009

Georgia Uniform Motor Vehicle Report Continuation



Indicate North



Drawing Not To Scale.

Reported By: WESSEL, R. J.