GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL CHANGE OF STATUS FORM

⇒ SECTI	ON A MUST I	BE COMPLET	ED					
Last Name	FURR		First Name	ARICK			MI	J.
SSN	DC)B 198 3	Rac	е	В		Sex	M
Agency Nam	e ALPHARET	TA POLICE DEPA	ARTMENT			Agency ID #	<i>†</i> 1	005
⇒ SECT	TON B MUST	BE COMPLET	TED .					
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Date:	8/14/2006	Rank/Position		P	OLICE OF I	FICER		
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Officer's Las	t Known Address:							
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DE			8/16/2	006		678-297-630	2	



PERSONNEL/PAYROLL ACTION FORM

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(City)	(State)	(Zip Code)	TEMPORARY	- PARTETIME	
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Position				- OTREK		
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	Hourly: \$17.	3077				
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Title Change	Bi-Weekly:	(from)		(to)		
☐ Transfer	Hourly:	(from)		(to)		
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- FMLA	Department Name/Number:					
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Abtroam signature	Department Director			Date 1.17.0	/- Q . 118	
	V	2 -11		OK-11-0 Date		
late Next Performance Evalu	F	I. old			1-06	
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ete Eligible for Next Increse				10 100		
10-1-06	Director of Finance	3		Date		0.0
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EXP 8-14-06	City Administrator	700		Date	77.7	
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White - Finance	Yellow Human Resources		Pink - Department		Gold - Employee	Rev. 03-03
	(Submit all co	ples to Hu		98)		



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, Arck Joste 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.

Sworn to and Subscribed before me this

Day of September

Director of Public Safety, Alpharetta, Georgia

Notary Public

Walay

Fran

EXPIRES Z CIEORGIA June 15, 2007

ammoning.



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 PERFORMA	A EMPLOYEE PE		NCE EVALUATION	-
DEPARTMENT:	Police Department	REVIEW	REVIEW PERIOD FROM: 08/14	/06	Alpharena
JOB TITLE:	Police Officer	REVIEW	REVIEW PERIOD TO: 09/23/06	V06	+
Please note: Total rati	Please note: Total rating points will be used in the calculation of	IMMEDI	IMMEDIATE SUPERVISOR:	Curry, J. N.	
the	the merit percent increase.	1 - MARGINAL	2-MEETS	3 - EXCEEDS	4 - OUTSTANDING
RATE ON PERFORMAN	RATE ON PERFORMANCE FACTORS LISTED BELOW	0.0 - 0.5	0.6 - 2.2	2.3 - 3.9	4.0 to 5.0
2. QUALITY OF WORK				2.70	
3. QUANTITY OF WORK	X			2.70	
4. COOPERATION					4.40
5. INITIATIVE					4.00
6. DEPENDABILITY					4.40
				3.00	
8. SKILL AND ABILITY	DINCTIALITY				4.00
Complete Item 10 only	if the employee is in a supervisory or manage	ment position			
10. LEADERSHIP (Reg'd for Supv/Mar)	10. LEADERSHIP (Reo'd for Supv/Mar)	andir position			
SUB-TOTALS FOR COLUMNS 1-10	COLUMNS 1-10	0.00	0.00	11.10	21.20
GRAND TOTAL FOR COLUMNS 1-10	COLUMNS 1-10	32.30			
CALCULATED TOTA	CALCULATED TOTAL POINTS - ((Total PTS/9 or TotalPTS/10)	3.59			
		REMARKS SECTION	N		
ACCOMPLISHMENTS!	ACCOMPLISHMENTS (attach additional sheet for further comments):				
Officer Furr is new to the workbook since starting.	Officer Furr is new to the department and his performance in Field Training has been good. Officer Furr worked a hit workbook since starting. Arick demonstrates calmness in many stressful situations.	ng has been good. Officer F situations.	urr worked a hit and run inves	and run investigation from start to finish and completed his GCIC	nd completed his GCIC
AREAS:OF IMPROVEM	AREAS: OF IMPROVEMENT (attach additional sheet for further comments):	(s);	7 I I I		
NA.					
GOALS & OBJECTIVES	s (attach additional sheet for further comments)				
Graduate from the F1 advanced certification.	1. Graduate from the FTO 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.	urther his knowledge of City	policy and its geographical bo	undaries. 3. Work toward h	is intermediate and
EMPLOYEE COMMEN	EMPLOYEE COMMENTS (attach) additional sheet for further comments):				
			Dagan		
SIGNATURE(employee signature)	gnature) (h. V	10/13/00	SIGNATURBIAN BY BY BY	evel supervisor, if applicable)	Date: 091606
SIGNATURE(Immediate supervisor)		Date: 9/17/00	SIGNATURE(department director)	director)	Date 09-18-06
	SEVALUATION COMPLETE EVALUATION NOT COMPLETE	T COMPLETE *			9/17/2006

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.



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

Investigator signature: 🤉

Employee Name: A.J. Furr #300

02/02/2007

Date of Accident Injury:

Date:

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.

<u>Describe accident/incident/injury:</u> 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 assitance 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 loked 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: Supervisor Signature: Supervis	67 67

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AGENCY: ALPHARETTA POLICE DEPARTMENT Jurisdiction: GA0600400

DMV Number: 0702-0027

Narrative: Page 3

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)

PAGE	4	of	

REMARKS:																		
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Reported By: WESSEL	ROBERT I												Page 5	of	
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Georgia Uniform Vehicle Accident Report Overlay

0702-0027

ALCOHOL AND / OR DRUG TEST GNEN 1 - Yes 2 - No 3-Robert	PEDESTRIAN MANEUVER	CONTRIBUTING FACTORS	VEHICLE TYPE 1 - Passenger Car 12 - Vehicle With Trailer				
TYPE TEST 1 - Blood 2 - Breath 3 - Urine 4-Oter DRIVER CONDITION 1 - Not Drinking 5 - U.I. Drugs 2 - Not Known if U.I. 6 - U.I. Alcohol& Drugs	1 - Crossing, Not A Crosswalk 2 - Crosswalk 3 - Walking at Crosswalk 9 - Orl Roadway 4 - Walking Against Traffic 5 - Pushing Or Working on Vehibs 6 - Other Working in Roadway 7 - Playing Roadway 9 - Orl Roadway 10 - Other 11 - Durting Into Traffic	1 - No Contributing Factors 2 - D.U.I 3 - Following Too Citre 4 - Failed to Yiski 5 - Exceeding Speed Linit 6 - Disregard Stop Sign/Sig nal 7 - Wrong Side Of Rasal	2 - Pickup Truck 3 - Truck Tractor (Bobtaii) 4 - Track Tractor Will win Traile s 5 - Tractor Will win Traile s 6 - Logging Truck 7 - Logging Truck 8 - Single Unit Truck 9 - Panel Truck 20 - Fams or Construction. Souts.				
3 - Drinking Not Impaled 7 - Physical Impalment 4 - U.I. Alcohol 8 - Apparently Fell Asle sp	FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION 1 - Overlun 4 - Jacktoile	8 - Weather Conditions 9 - Improper Passing 10 - Driver Lost Control 11 - Changed Lanes Impropely	10 - Van 11 - Litility Passenger Vehicla 22 - Other 23 - Go cat				
DIRECTION OF TRAVEL 1 - North 2 - South 3 - East 4-West	2 - Fre-Explosion 5 - Other Non-Collision 3 - Immersion	12 - Object Or Animal 13 - Improper Tun 14 - Parked Impropely	TRAFFIC CONTROL 0 - Gaine 5 - Stop Or Yield Stop				
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4 - Parked Vehicle 7 - Other VEHICLE CONDITION	9 - Animal 13 - Other Object (Not Fixed) 10 - Parked Motor Vehicle 14 - Dear	20 - Driver's Vehicle	CARGO BODY TYPE				
1 - No Known Defeds 5 - Steering Failus 2 - Tire Failue 6 - Slick Tire s 3 - Brake Failue 7 - Other 4 - Improper Lights	COLLISION WITH FIXED OBJECT 15 - Impact Attenues 25 - Utility Pole 16 - Bridge Plet/Abutment 26 - Other Post 17 - Bridge Paramet End 27 - Culvet	22 - Too Fast For Conditions 23 - Improper Plassing Of School Bus 24 - Disregard Police Officer 25 - Distracted	1 - Van (Ercl. Box) 4 - Dump 7 - Cargo Tarler 2 - Auto Carrier 5 - Garbaga/Relue 8 - Concrete Mixer 3 - Bus 6 - Flatbod 9 - Other				
VEHICLE MANEUVER 1 - Turning Let. 8 - Parked	18 - Bridge Rai 28 - Cub 19 - Guardrall Fitzs 29 - Dith 20 - Guardrall Erd 30 - Embankment	26 - Other 27 - Cell Phone 28 - Inattenke	VEHICLE CONFIGURATION 1 - Bus (Seating for More Than 15 Passenges)				
2 - Turning Right 9 - Passing 3 - Making U-tun 10 - Negotiating A Cure 4 - Stopped 11 - Entering/Leaving 5 - Straight Parking 6 - Changing Larea 12 - Entering/Leaving 7 - Backing Otherway	21 - Median Barrier 31 - Ferze 22 - Highway Traffic Sgn 32 - Mafb ox Post 33 - Tree 23 - Overhead Sgn 34 - Other - Fixed Object Support 24 - Luminaire light Support	VEHICLE CLASS 1 - Privately Owned 6 - Military 2 - Police 7 - Commercial Vehicle (For 3 - Fis Acc. Reporting Purposes 4 - School Only 5 - Other Govt. Owned 8 - Other	2 - Single Unit Truck: 2 Axies 3 - Single Unit Truck: 3 or More Axies 4 - Truck Trailer				

TRAFFIC-WAY PLOW 1 - Two-way Traffic-way With No Physical Separation 2 - Two-way Traffic-way With a Physical Separation	LOCATION AT AREA OF IMPACT 1 - On Roadway 4 - Median 2 - On Shoutler 5 - Remp 3 - Off Roadway 8 - Gase	AGE SEX 00 - Up To One Year M - Male F - Female 01 - 97 Actual/go 98 - Nanchy-eight Or Older 99 - Unknown TAKEN FOR TREATMENT 1 - Yes 2-Nb	
3 - Two-way Traffic-way With a Physical Barrie r 4 - One-way Traffic-way 5 - Continuous Turnin gLans	ROAD COMPOSITION 1 - Concrete	HJURY CODE 0 - Not inju set 1 - Killed 4 - Complete 2 - Serious	1 2 3 4 5 6 7 8
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LIGHT CONDITION 1 - Daylight 4 - Dark - Lighted 2 - Dusk 5 - Dark - Not Lighted 3 - Dawn	Straight And Lend Straight On Gade Straight On Hillore at Curve And Lend	3 - Lap and ShoulderBat 4 - Child Salety Seat (Property Used) 5 - Child Salety Seat (Improperty Used)	it a
MANNER OF COLLISION	5 - Curve On Gede 5 - Curve On Hilbrest	EXTRICATION (Equipment Used) 1 - Yes 2-No	
2 - Head Ch 3 - Rear End 4 - Sideswipe - Same Directon 5 - Sideswipe - Opposite Directon 6 - Not A Collision With a Motor Vehide	DAMAGE TO VEHICLE 1 - Note 4 - Extensive 2 - Slight 5 - Fire Present 3 - Modeste	AIR BAG FUNCTION 0 - No Air Bag in This Soot 1 - Deployed Air Bag 2 - Non-Deployed Air Bag 3 - Deployed Size 4 - Deployed other Directions AIR BAG FUNCTION 5 - Deployed Multiple Directions 5 - Deployed Multiple Direction 7 - Non-Deployed Size 8 - Non-Deployed Other Direction 9 - Non-Deployed Multiple Direction	



City of Alpharetta Human Resources Department Personal Information Update

ARICK JUSTIN FURR Employee Name (Please Print)		Employee File Nu	mber	
CHANCE MY ADDRESS TO	CHANGE C	F ADDRESS		
CHANGE MY ADDRESS TO: Street Address	City		State	Zip Code
CHANGE MY PHONE NUMBER TO:	ANGE OF TEI	EPHONE NUM	BER	
A copy of your new		OF NAME	form for processing.	
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CHANGE TO:				
Last	First		Middle	
CHA CHANGE MY EMERGENCY CONTAC		RGENCY CON'	TACT	(HR Only)
Phone Number		Phone Number		
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Unless otherwise noted, the above changes will be made must be made on your retirement system, life insurance 678/297-6042.				
Chuck J. Fun-			3/07/07 Deac	
Employment/Recruitment Specialist		6	Date	
PLEASE FORWARD TO HUMAN RES	OURCES, ATTN: K	ATHY BOTT AND R	ETAIN A COPY FOR	R YOUR RECORDS.
For HR Use Only				
Distribution: Al	DP	Uni	tedHealthcare	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:

Employee Name: A.J. Furr # 300

Date of Accident Injury:

03/21/2007

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:

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__ Ran Off Road __Down Hill Runaway __Cargo Loss or Shift __ Separation of Units

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*AGENCY: ALPHARETTA POLICE DEPARTMENT

Jurisdiction: GA0600400 DMV Number: 0703-0413 Narrative: Page 3

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.

Accident Number	Agency NCIC	Acciden			Geo	rgia	Uni	forr	n N	lotor \	/ehicle	Repo	rt Con	tinuati	on
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Reported By: MYERS,	KANDT J												. 290		

ALCOHOL AND / OR DRUG TEST GABN 1 - Yes 2 - No 3-ReLead TYPE TEST 1 - Blood 2 - Breath 3 - Urine 4-Other DRIVER CONDITION 1 - Not Drinking 5 - U.I. Drugs 2 - Not Known if UL 6 - U.I Alcohol@Drugs	PEDESTRIAN MANEUVER 1 - Crossing, Not A 6 - Other Working In Rood Crosswalk 7 - Playing Roadway 8 - Standing in Roadway 9 - Off Roadway 9 - Off Roadway 10 - Other 11 - Darling Into Traffic Vehible	CONTRIBUTING FACTORS 1 - No Contributing Factors 2 - D U1 3 - Following Too Ctars 4 - Failed to Yield 5 - Exceeding Speed Litt 6 - Disregard Step Sign/Signal 7 - Wrong Side Of Roxal 8 - Weather Conditions	VEHICLE TYPE 1 - Passenger Car 2 - Pickup Truck 3 - Truck Tractor (Bobtail) 4 - Truck Towing House Traker 5 - Tractor W/Twn Traile 8 6 - Logging Truck 7 - Logging Truck 9 - Single Unit Truck 9 - Panel Truck Vehicle With Trailer 13 - Bus 14 - Truck Towing House Traker 15 - Ambulance 16 - Motorcycle, Scooter, Minible 17 - Motorcycle, Scooter, Minible 19 - Pedalcycle, Bicycle 20 - Farm or Construction. Equip.
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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	LOCATION AT AREA OF IMPACT 1 - On Roadway 4 - Meden 2 - On Shoulder 5 - Ramp 3 - Off Roadway 6 - Gow	AGE 00 - Up To One Year 01 - 97 Actual/ge 98 - Ninety-eight Or Older 99 - Uninown	SEX M - Male F - Female TAKEN FOR TREATMENT 1 - Yes 2-Nb	
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3 - Snowy 8 - Stush 4 - lay 9 - Oil 5 - Other	7 - Running Water 8 - Other ROAD CHARACTER	1 - Shoulder But 7 - B	UPMENT lotorcycle Heimet icycle Heimet nknawn	13 - FROM COMMISSION VENUE
LIGHT CONDITION 1 - Daylight 4 - Dark - Lighted 2 - Dusk 5 - Dark - Not Lighted 3 - Dawn	1 - Straight And Level 2 - Straight On Graze 3 - Straight On Hilcrest 4 - Curve And Level	3 - Lap and ShoulderBat 4 - Child Salety Seat (Property Used) 5 - Child Salety Seat (Improperty Use		12 A
MANNER OF COLLISION	5 - Curve On Gazts 6 - Curve On Hiltcrest	EXTRICATION (Equi	pment Used) 2-No	
1 - Angle 2 - HeadCh 3 - Rear End 4 - Sideswipe - Same Directon 5 - Sideswipe - Opposite Directon 6 - Not A Collision With a Motor Vehide	DAMAGE TO VEHICLE 1 - None 4 - Extensive 2 - Sight 5 - Fire Present 3 - Mode tale	0 - No Air Bag in This Stat 1 - Deployed Air Bag 6 2 - Non-Deployed Air Bag 7 3 - Deployed Side 8	FUNCTION - Deployed Multiple Directors - Non-Deployed Ficht - Non-Deployed Side - Non-Deployed Other Director - Non-Deployed Multiple Director	



Alpharetta Police Department

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: Sof Karely HT Date: 08	7/28/07
02/2007	

											F	AGE 1	_ of
Accident Number 0708-0594			nev NCIC No. 0600400	моте		IA UNIFORM ACCIDENT RE	POR	T Ca	unty 060	FULTON		Date Re	ec. by DMVS
Date		Day of W		Time	0	ff. Arrived	Vel	4 -	tal Number o niuries	f: Fatalities	Inside C		
08/28/2007	Sun M	T W T		06:19		6:19	1		- 1)	7013 A	LPHA	RETTA
Road of SR 4	terstate 2	Lowest S	t. Rt. 3 🗆 Co. Ro	ad 4 Cit	At its Interse y St.	ction With SR	120	Lowest 5	L.Rt. 3 🔲 (Co. Road 4 🗆	City St.	Correct Yes []	led Report?
Not At its Intersection But_	_		1 North 3 2 South 4		f:	late 2 🔲 Lowe	st St.	Rt. 3 🗆 Co	. Road 4	city St. 5	Co. Line	Yes 🗆	To Original?
And continuing in		n checked					-			10.16.		Hit and Yes □	Run?
the Next Reference Driver # LAS	T NAME		FIRST	Interstate	MIDDLE	St. Rt. 3 C		TNAME	ity StS L	FIRST		1	MIDDLE
1 FUR	R ARICK J							ress					MIDDES
Ped # 🔲 📗 Auto	2565 C	State	ON PKWY		DOB	Ped # 🖸	_		Ştate	Zip		DO	В
City Alpharetta Oriver's License I	No		GA Zip 3000	04- Male	1983	Driver's Lic	ense l	Mo	CL	ass State		Male	Female
Posted	Insurance	С	GA Policy			Posted		Insuranc			Policy I		70111210
Speed 55 Year Ma	St Paul Me		GP09 Telephon	313759		Speed Year	Ma		Model		Telephone		
2007 CH	ĬĒV	IMPAL	Α ΄			VIN	1914		Middel		Vehicle Co		
VIN 2G1WS55RX			G	REY/BLAC		1					Venicle Co		
Tag # GV16297	State GA	C(Fulton	Yea	2007	Tag#		State		County		Year	
Trailer Tag #	State	C	ounty	Yea	Γ	Trailer Tag	i i	State		County		Year	
Same as Drive		ors Last N	ame HARETTA	First	Middle	☐ Same as	Drive	r Own	er's Last Na	me	First		Middle
Address 2565 O						Address							
Cky	Stat	e GA		Zip		City		St	ate		Zip		
Removed By Orlver			Reques	t 🗆	List	Removed B	У			□ R	equest	□L	ist
Alcohol Test	Type 2	Results 0.00	Drug Test 1	Type 3	Results	Alcohol Tes	Alcohol Test Type Results			Drug Te	est	Туре	Results
Driver Cond	Direction C	of Travel	Vision Obscured 1	Contribu 1	ting Factors	Driver Cond				Vision Obscured		Contribut	ling Factors
Veh Cond	Veh Maneu 5	ver	Ped. Maneuver			Veh Cond	\exists	Veh Man		Ped, Maneuv	/er		
Most Harmful Eve		Veh Cla	ss: 2	Veh Type	e: 1	Most Hamth	ul Eve	nt	Veh Class	l:	<u>_</u>	eh Type:	
Traffic Ctrl 7		+		Yes N		Traffic Ctrl			Device In	operative?	☐ Yes ☐	No	
Injured Taken To:					By:				<u> </u>				
EMS Notified Time	EMS A	rrival Time	Hosp	ital Arrival	Time	Photos Take	n: 🔳	Yes No	1	By: J.P	Robinso	n #299	
Report By: MYERS, RAI	ו. עתע	Departr Alphar	nent R retta Police De	eport Date	3/2007	Checked By	: Sgl	t. Randy J	. Myers	Date (Checked	08/28/200	7
Witness(es): Name		· ·		Address		1		Ci	ty SI	ate 2	Zip Code	Те	lephone No.
						<u></u>							
DAVE HICROEII	DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)												
DMVS MICROFIL	M NUMBER	(DO NOT	WRITE IN THIS S										
Carrier Name					COMMERCIA	Carrier Na							
Vehicle # 1		#94 - 4 -		71		Vehicle #			State		Zip		
Address		State	<u>-</u>	Zip		Address			State				
No. of Axles	G.V.W.		Fed. Reportable	- 1	go Body Typ	No. of A	cies	G.	V.W.R.	Fed. Rep	ortable 2 🔲 No	Cargo	Body Type
Vehicle Config.	I.C.C.M.	C.#	U.S. D.O.T. #	- 1	erstate 🗌	Vehicle Co	nfig.	I.C.	C.M.C. #	U.S. 1	D.O.T.#	Interst	
651	.? 1 🗆 Yes	2 🗆 🗠	C.D.L. Susper				C.D.I	L7 1 🗆 Y	s 2 ∏ No	0.01	. Suspend		'es 2 🗆 No
C.D.L Vehicle Placarded			Hazardous Mate			Vehicle Pla		id? 1 🗆 Y			•		es 2 🗆 No
	17 1 ☐ Yes							d? 1 ☐ Y					
If YES, Name or 4	—	_	nond or Box:					_		amond or Box:	:		
•	_		of Diamond:				1 D	igit Numbe	r from Botto	m of Diamond:			
Ran Off Road _	_Down Hill R	unaway	Cargo Loss or Sh	ift Separa	tion of Units	Ran Off	Road	Down H	III Runaway	_Cargo Loss	or Shift	Separation	n of Units

REMARKS:						_													
Narrative Date Ente		emark	s 07	08-05															
Driver # vehicle in	1 (Office front of	er A.J. him, a	Furi a larç	r #300 ge SU) wa V sti	is travel ruck a ti	ing ire tı	northbor read layi	und o	n S th	SR e r	4(oa)0 dv	in the	e far I The ti	eft la	ne, whead the	nen th en	е
INDICATE O	N THIS DIA	GRAM V	VHAT I	HAPPEN	ED											IDICAT IORTH	E		
													,						
CITATIONS - \	/EHICLE # 1							CITATIONS	S – VEHIO	CLE	#								
												_							
First Harmful Event 13	Traffic-Way Flow 2	Wes 1	ther	Surface C	ond.	Light Cond.		Manner of Collision 6	Location a Area Of Im		- [Road Comp. 1		Road D	ef. Ros	d Character	Construct	ion / Maintana	nce Zone
			VEH#	1	VEH #	·	Π	SKID						,			Width o	f Dand	
Number of O	ccupants		1					DISTANCE BEFORE	v	EH.	1	_ ^_	TE	VEH. 1			Triutii (ii Noad	
Point of Initia			12					IMPACT									60		
Damage To \	/ehicles		3				1		V	EH.		Dress.		VEH.					-
Damage Other Than Vehicle:			Own	er:						A G E	S E X	H	P 0 5	INURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC.	AIR BAG
		Driver #	11 0)r Pedest	rian#					Ė	, A		à	0	N	1	3	NI	6
Occupants (lis	t below):	Driver#		or Pedest	rian #														
LAST NAME		FIRST		ADD	RESS		CITY	STATE	ZIP	X	X	X	X	XXXXX	XXXXXX	XXXX	XXXXXX	XXXXX	XXXX
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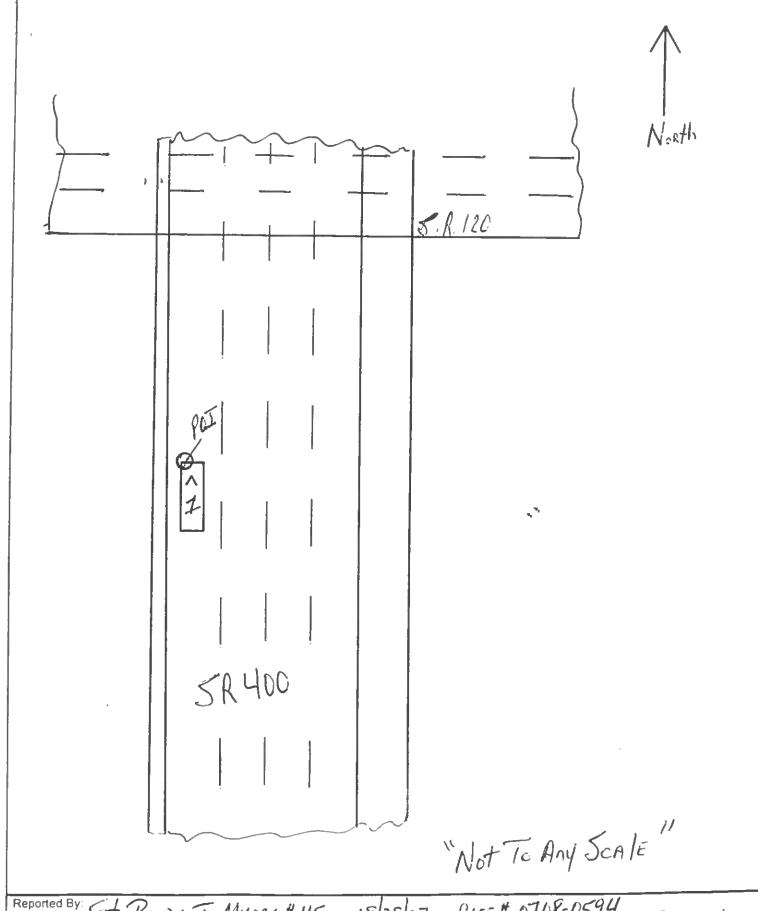
AGENCY: ALPHARETTA POLICE DEPARTMENT

Jurisdiction: GA0600400 DMV Number: 0708-0594 Narrative: Page 3

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 GIAN 1 - Yes 2 - No 3-Printend TYPE TEST 1 - Blood 2 - Breath 3 - Urine 4-Oher Drinkrig 5 - U.J. Orugs 2 - Not Known if Uil 6 - U.J. Alcohol & Drugs 2 - Not Known if Uil 6 - U.J. Alcohol & Drugs	PEDESTRIAN MANEUVER 1 - Crossing, Not A 6 - Other Working in Road Crosswalk 7 - Playing Roadway 2 - Crossing at Crosswalk 8 - Standing in Roadway 3 - Walking with Traffic 9 - Off Roadway 4 - Walking Against Traffic 10 - Other 5 - Pushing Or Working on Vehible	CONTRIBUTING FACTORS 1 - No Contributing Factos 2 - D.U1 3 - Following Too Ctar 4 - Faâed to Yiet! 5 - Exceeding Speed Littl 6 - Disregard Stop Sign/Signat 7 - Wrong Side Of Road	VEHICLE TYPE 1 - Passenger Car 2 - Pickup Truck 3 - Truck Tractor (Bobtail) 4 - Tractor/Traitor 5 - Tractor W/Twin Traite s 6 - Logging Truck 7 - Logging Tractor/Traitor 8 - Single Unit Truck 19 - Pedalcycle, Bicycle
3 - Drinking Not Impaired 7 - Physical Impairment 4 - U.I. Alcohd 8 - Apparently Fell Asle ap	FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISI CN 1 - Overbun 4 - Jackknide	9 - Panel Trud: 20 - Farm or Construction. Equp. 10 - Van 21 - All Ternári Vehicle 11 - Utility Passenger Vehicle. 22 - Other 23 - Go cart	
1 - North 2 - South 3 - East 4-West	2 - Fire/Explosion 5 - Other Non-Collision 3 - Immersion	12 - Object Or Animal 13 - Improper Kin 14 - Parked Impropely	TRAFFIC CONTROL 0 - Gales 5 - Stop Or Yield Sign
VISION OBSCURED BY 1 - Not Obscured 5 - Trees, Bushies 2 - Headight 6 - Rain, Snow, Ideon 3 - Sunfight Windshild	COLLISION WITH OBJECT NOT FRED 6 - Pedestrian 11 - Motor Vehicle In Molan 7 - Pedalcycle 12 - Motor Vehicle In Molan 8 - Railway Train In Other Raxdway	15 - Mechanical Or Vehicle Failu a 16 - Surface Defeds 17 - Misjudged Cleara res 18 - Improper Backing 19 - No Stonal/Improper Stonal	1 - No Control Present 6 - No Passing Zona 2 - Traffic Signal 7 - Lanes 3 - RR Signal/Syn 8 - Other 4 - Warning Syn 9 - Flashing Lights
4 - Parked Vehicle 7 - Other VEHICLE CONDITION 1 - No Known Defects 5 - Steering Failup	9 - Animaí 13 - Other Object (Not Fixed) 10 - Parked Motor Vehicle 14 - Dezr COLLISION WITH FIXED OBJECT	19 - No Signaturi improper Signal 20 - Driver's Condition 21 - Driver's Vehicle 22 - Too Fast For Conditions 23 - Improper Passing Of School Bus	CARGO BODY TYPE 1 - Van (Encl. Box)
2 - Tire Failue 6 - Sick Tires 3 - Brake Failue 7 - Other 4 - Improper Lights	15 - (mpact Attenuals 25 - Utility Pole 16 - Bridge Pierl/Abutmart 26 - Other Post 17 - Bridge Parapet Erd 27 - Culve st	24 - Disregard Police Officer 25 - Distracted 26 - Other	3 - Bus 6 - Flatbad 9 - Other
VEHICLE MANEUVER 1 - Tyming Let 8 - Parked	16 - Bridge Rat 28 - Cub 19 - Guardrail Fize 29 - Didd: 20 - Guardrail End 30 - Embankment	27 - Cel Phone 28 - Inatiente	VEHICLE CONFIGURATION 1 - Bus (Seating for More Than 15 Passenges) 2 - Cloud - Mail Touris - 2 Arder
2 - Turning Right 9 - Passing 3 - Making U-tun 10 - Negotisting A Cue 4 - Stopped 11 - Entering/Leaing 5 - Straight Parking 6 - Changing Lanes 7 - Backing Drive way	21 - Median Barrier 31 - Ferros 22 - Highway Traffic Sgn 32 - Malb ox Post 33 - Ties 23 - Overhead Sgn 34 - Other - Fixed Object Support 24 - Luminaire light Support	VEHICLE CLASS 1 - Privately Owned 6 - Military 7 - Commercial Vehicle (For 3 - Fix	2 - Single Unit Truck: 2 Axies 3 - Single Unit Truck: 3 or More Axies 4 - Truck Trailer 5 - Truck Tractor (Bobtail) 6 - Tractor Trailer 7 - Tractor With Twin Traile a 8 - Unknown Heavy Truck (Cannot Classily)

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	LOCATION AT AREA OF IMPACT 1 - On Roadway 4 - Median 2 - On Shoulder 5 - Ramp 3 - Off Roadway 5 - Goe	AGE 00 - Up To One Year 01 - 97 ActualAge 98 - Ninety-eight Or Older 99 - Unknown AGE 99 - Unknown AGE 99 - Unknown SEX M - Male F - Female TAKEN FOR TREATMENT 1 - Yes 2 - No	1 2 3
With a Physical Barrie r 4 - One-way Traffic-way 5 - Continuous Turnin glare	ROAD COMPOSITION 1 - Concreto 4 - Dit 2 - Black Top 5 - Gravel 3 - Tar And Gravel 6 - Other	INJURY CODE 0 - Not injured 3 - Vable 1 - Killed 4 - Complaint 2 - Serious	8 4 5 6 7 8
WEATHER 1 - Close 5 - Sleet 2 - Cloudy 6 - Fog 3 - Rain 7 - Other 4 - Strow	CONTRIBUTING ROAD DEFECTS 1- No Defects 2 - Defective Shouldes	CONSTRUCTION / MAINTENANCE ZONE CODES 0 - None 1 - Construction 2 - Maintenance 3 - Ully 4 - Unknown lyce	SEATING POSITION POINTS OF INITIAL CONTACT
SURFACE CONDITION 1 - Day 6 - Mad 2 - Wat 7 - Sand	3 - Holes, Deep Ruis, Burps 4 - Loose Material On Suitze 5 - Water Standing 6 - Road Under Construictor	EJECTION 1 - Not Ejected 3 - Totalty Ejected 2 - Trapped 4 - Partialty Ejected	00 - Overtured 13 - Top 14 - Undercarriage 15 - Non-Contact Vehicle
3 - Snowy 8 - Stuth 4 - lay 9 - Oil 5 - Other	7 - Running Water 8 - Other ROAD CHARACTER	SAFETY EQUIPMENT 0 - None Used 6 - Motorcycle Helmet 1 - Shoulder But 7 - Bicycle Helmet 2 - Lap But 8 - Unknown	2: 18
LIGHT CONDITION 1 - Daylight 4 - Dark - Lighted 2 - Durk 5 - Dark - Not Lighted 3 - Dawn	1 - Straight And Level 2 - Straight On Gods 3 - Straight On Hillorest 4 - Curve And Level	3 - Liip and ShoulderBdt 4 - Child Safety Seat (Property Used) 5 - Child Safety Seat (Improperty Used)	
MANNER OF COLLISION	5 - Curve On Gade 6 - Curve On Hillcrest	EXTRICATION (Equipment Used) 1 - Yes 2-No	
1 - Angle 2 - HeadCh 3 - Rear End 4 - Sideswipe - Same Directon 5 - Sideswipe - Opposite Directon 6 - Not A Collision With a Motor Vehicle	DAMAGE TO VEHICLE 1 - Note 4 - Extensive 2 - Sight 5 - Fire Present 3 - Mode cits	AIR BAG FUNCTION 0 - No Air Bag In This Seat 5 - Deployed Multiple Directions 1 - Deployed Air Bag 6 - Non-Deployed Fixet 2 - Non-Deployed Air Bag 7 - Non-Deployed Side 8 - Non-Deployed Other Direction 4 - Deployed other Directions 9 - Non-Deployed Multiple Direction	



Reported By: St. RANDY J. MYERS #115 08 28 07 CASE # 0708-0594 Page of DMVS-523D (12/03)

Memo

To:	Capt J. W. Ballard
From:	Capt. T. L. Osborne
CC:	Director George, File
Date:	09/27/2007
Re:	Accident Review - Furr case# 0708-0594
The det	cident Review Committee has examined the attached City of Alpharetta Accident / Incident Report Form. ermination made from their review is:
Due to:	
Non-Ne	egligenceX
If non-n	negligence was checked, you need only inform the involved officer of this fact.
	gence was checked, please review the attached form and prepare a report to Director George with your nendations as they relate to disciplinary action. Prior Negligent accidents



Alpharetta Police Department

Employee Accident/Injury Report Form
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? X 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: Sof Kareleff H. Date: 08/28/07
02/2007

																		PAGE 1	_ of
Accident Nu 0708-059-					16004	CIC No. 00		MOTOR			A UNIFORM CCIDENT RE	POR	r	County 060	FUL	TON		Date R	ec. by DMVS
Date Day of Week Time O						Off.	. Arrived	14.4	1	Total Numbe	r of:			City Of:					
08/28/2007		Sun M	TW			s i	06:1	9			:19	1	nicles	Injuries 0	Fatalit 0	ies	7013	ALPHAI	RETTA
Road of Occurrence	SR 4	00 NB	III Lawe	et St	D.	3 🔲 Co. R	and 4		At its Inter	s rseci	ion With SR	120	II fawas	t St. Rt. 3	l Co Po	•4.4.	Ch. 54	Correct Yes □	ed Report?
Not At Its						North 3		t Of:										Suppl.	To Original?
Intersection	But_			Feet	2	South 4	☐ We	st	1 🔲 Inti	ersta	te 2 🗆 Lowes	t St. I	RL 3	Co. Road 4	city S	t. 5 🔲	Co. Line	Yes []	
And continuithe Next Ref			ion chec	ked a	bove		Inters	ate 2	☐ Lowe	st St	.Rt. 3 🗍 Co	. Roa	ıd 4 🗆	City St. 5	Co. L	line		Hit and Yes □	Kun?
Driver#		TNAME			FiR	RST			NDOLE		Driver#		TNAME			FIRST			MIDDLE
1 Ped#□		R ARICK .	OLD N	tii Ta	א פ	KWY					Ped#□	Add	ress						
City	etta	2300	S	Late G	<u> </u>	Zip300	n.a	1	10B	83	City			Sta	te	Zip		DO	В
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2007 VIN	CHI	-	IMP	ALA		Vehicle				\dashv	VIN						Vehicle (
Tag#	5RX7	9204936 State		Cor	intv	G	REY/I	BLACK Year		\dashv	Tag #		Sta	te	Cou			Year	
GV16297 Trailer Tag #		GA State		Сон	inty	ulton		Year	2007	\dashv	Trailer Tag #	_	Sta		Cou			Year	
Same as D		Ow	ner's La				First		Mide	dle	☐ Same as 0			mer's Last N			First		Middle
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Address 256 Cky	5 OL	D MILTO	ate	VY			Zlp			4				State			7la		
Removed By			GA			Reques		Lis		4	City State Zip								
Driver	_		τ	_						_	Removed By	—т					equest		st
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EMS Notified	Time	EMS	Arrival T	kme		Hos	oltal Ar	rival Tim	ю		Photos Taken	: 06	Yes 🔲	Vo.	E	ly: J.P	Robinso	n #299	
Report By: Department Report Date AYERS, RANDY J Alpharetta Police De 08/28/2007						Checked By: Date Checked Sgt. Randy J. Myers 08/28/2007													
Witness(es): P								dress	001			_			State	2	ip Code	Tel	ephone No.
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				_			-	CO	MMERC	IAL.	VEHICLES OF	VLY	_			_	_	_	
Carrier Name /ehlcle# ¹		•									Carrier Nam								
Address			State				Zip				Vehicle # Address			State			ZIp)	
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YES, Name o 1											If YES, Name								
1 Digit Number from Bottom of Diamond: Ran Off RoadDown Hill RunawayCargo Loss or Shift Separation of Units Ra										1 Digit Number from Bottom of Diamond:									

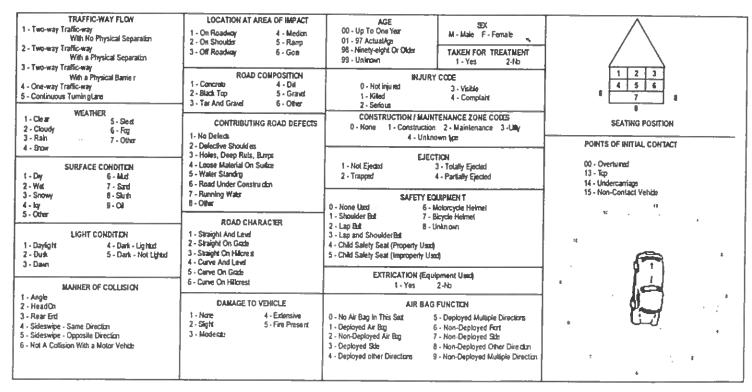
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Narrative	Title: F	Remar.	ks 07	708-0!	594														
Date Ent																			
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Driver #	1 (Offic	er A.J	. Fur	r #300) wa	as trave	ling	northbo	und c	n	SF	2 4	100) in the	e far l	eft la	ine, w	hen th	ne
vehicle ir	n front o	f him,	a lar	ge St	JV st	truck a t	ire t	read lay	ing in	ı th	ne	ro	ad	way. `	The t	ire tr	ead th	en	
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CITATIONS -	VEHICLE # 1							CITATION	S VEHI	CLE	#_		_						
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Number of C	ccupants		1					STANCE BEFORE	V	ÆH.	. 1		LFTE	ven. 1			Wigth	of Road	
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Damage To \	/ehicles		3				1		V	ÆH.				VEH.					-
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Than Vehicle:				•••						A G E	6 E	H	P 0 5	INJURY	TAKEN FOR TREAT.	EJEÇT	SAFETY	EXTRIC.	AIR BAG
		Driver #	4 0	or Pedest	rian #					E	X		\$			-			c
Occupants (lis	t helow):	Driver#		or Pedest						Н				0	<u>NI</u>	1	3	NI	6
LAST NAME		FIRST			RESS		CITY	STATE	ZIP	X	X	X	X	XXXXX	XXXXX	****	XXXXX	100XXX	***
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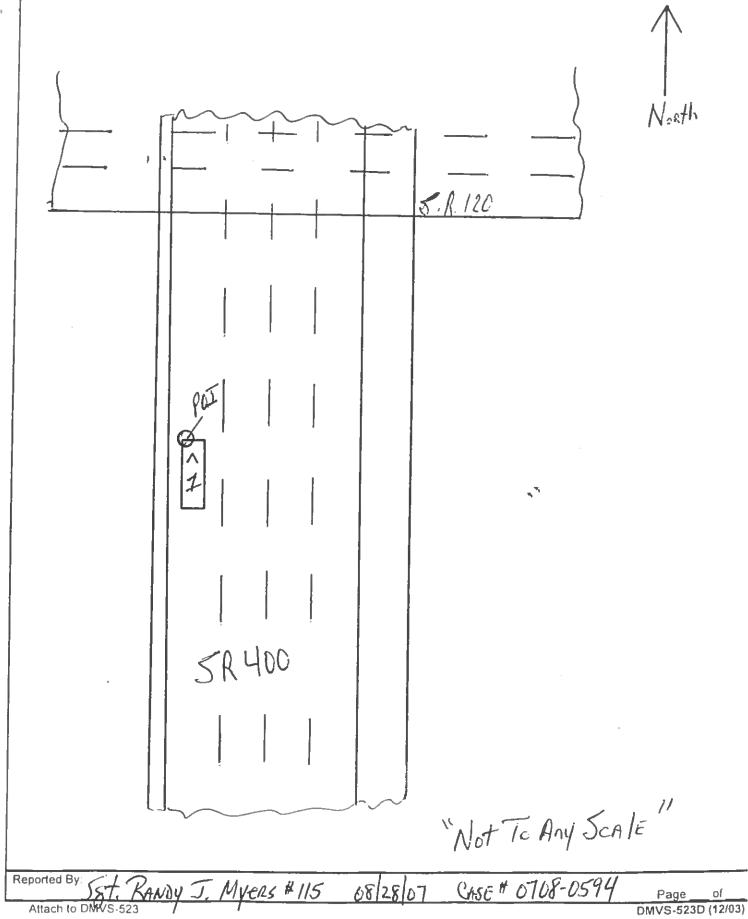
AGENCY: ALPHARETTA POLICE DEPARTMENT

Jurisdiction: GA0600400 DMV Number: 0708-0594 Narrative: Page 3

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 GABN 1 - Yes 2 - No 3 - Related 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. Alcohold Drugs	PEDESTRIAN MANEUVER 1 - Crossing, Not A 6 - Other Working in Road Crosswalk 7 - Playing Roadway 2 - Crossing at Crosswalk 8 - Standing in Roadway 3 - Walking with Traffic 9 - Other 5 - Pushing Or Working on Vehicle 11 - Darting Into Trafic Vehicle	CONTRIBUTING FACTORS 1 - No Contributing Facts 2 - D.U1 3 - Following Too Citie 4 - Failed to Yield 5 - Exceeding Speed Lint 6 - Disregard Stop Sign/Sig nat 7 - Wrong Side Of Road	VEHICLE TYPE 1 - Passenger Car 2 - Pickup Truck 3 - Truck Tractor (Bobtail) 4 - Tractor/Traitor 5 - Tractor W/Twin Traite 6 - Logging Truck 7 - Logging Truck 8 - Single Unit Truck 19 - Pedalcycle, Bicrycle 19 - Pedalcycle, Bicrycle
3 - Drinking Not Impaired 7 - Physical Impairment 4 - U.I. Alcohol 8 - Apparently Fell Asle ep	FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISI ON 1 - Overlun 4 - Jackinile	8 - Weather Conditions 9 - Improper Passing 10 - Driver Lest Control 11 - Changed Lanes Improporty	9 - Panel Trud: 20 - Farm or Construction. Equip. 10 - Var. 21 - All Terrain Vehicle 11 - Utildy Passenger Vehicle. 23 - Go carl
DIRECTION OF TRAVEL 1 - North 2 - South 3 - East 4-West	1 - Overtun 4 - Jackknile 2 - Fire/Explosion 5 - Other Non-Collision 3 - Immersion	12 - Object Or Animal 13 - Improper Tun	TRAFFIC CONTROL
VISION OBSCURED BY 1 - Not Obscu ed 5 - Trees, Bush es 2 - Headlight 6 - Rain, Snow, teen 3 - Sunfight Windshild 4 - Parked Vehicle 7 - Other	COLLISION WITH OBJECT NOT FRED 6 - Pedestrian 11 - Motor Vehicle In Moton 7 - Pedsloycle 12 - Motor Vehicle In Motion- 8 - Railway Train In Other Roadway	14 - Parked Impropely 15 - Mechanical Or Vehicle Failu e 16 - Surface Deck 17 - Misjudged Clearanze 18 - Improper Backing 19 - No Signafilmproper Signal	0 - Gates 5 - Stop Or Yield Sign 1 - No Control Present 6 - No Passing Zono 2 - Traffic Signal 7 - Lanes 3 - RR Signal/Sign 6 - Other 4 - Warning Sign 9 - Flashing Lights
VEHICLE CONDITION No Known Defeat 5 - Steering Failus Firer Failus 6 - Sick Tire s Firer Failus 7 - Other Improper Lights	9 - Animal 13 - Other Object (Not Fixed) 10 - Parked Motor Vehicle 14 - Oeer COLLISION WITH FIXED OBJECT 15 - Impact Attenuate 25 - Other Post 16 - Bridge PlearAbutment 26 - Other Post 17 - Bridge Parapol End 27 - Culyer 4	20 - Driver Conditors 21 - Driver's Vehicle 22 - Ton Fast For Conditors 23 - Improper Passing Of School Bus 24 - Distracted 25 - Distracted 26 - Other	CARGO BODY TYPE 1 - Van (End. Box) 4 - Duntp 7 - Cargo Tarler 2 - Auto Carrier 5 - Garbage/Ralus 8 - Concrete Mix 3 - Bus 6 - Flatted 9 - Other
VEHICLE MANEUVER	16 - Bridge Rail 26 - Cub 19 - Guardrail Fass 29 - Ditch	27 - Cell Phore 28 - Inattentie	VEHICLE CONFIGURATION
1 - Turning Left 8 - Parked 2 - Turning Right 9 - Passing 3 - Making U-turn 10 - Negotiating A Cuse 1 - Entering/Leaking 5 - Straight 6 - Changing Larus 7 - Backing Driveway	20 - Guardrail Erd 30 - Embankmert 31 - Ferra 32 - Median Barrier 31 - Ferra 32 - Maib ox Post 33 - Tise 33 - Tise 34 - Other - Fixed Object Support 24 - Luminaire light Support	VEHICLE CLASS 1 - Privately Owned 6 - Military 2 - Police 7 - Commercial Vehicle (For Acc. Reporting Purposes) 4 - School Only 5 - Other Govt. Owned 8 - Other	1 - Bus (Seating for More Than 15 Passengs) 2 - Single Unit Truck: 2 Autes 3 - Single Unit Truck: 3 or More Autes 4 - Truck Traiter 5 - Truck Traiter (Bobtat) 6 - Tractor Traiter 7 - Tractor Traiter 8 - Unknown Heavy Truck (Cannot Classif)





MERIT INCREASE CALCULATION WORKSHEET FISCAL YEAR 2008

Employee Name	Review Date		Job Bille	
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
Gurrent 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 Rafe	18.1514
One Time Bonus If Paygrade Maximum Reached	0.00

	CITY OF ALPHARET	'A EMPLOYEE PE	OF ALPHARETTA EMPLOYEE PERFORMANCE EVALUATION	NOITALL	production of the state of the
EMPLOYEE NAME:		Purpose of	Purpose of Evaluation: Annual		Alpharetta
	POLICE OFFICER	REVIEW PERIOD	RIOD TO: 09/22/07		Q
Please note: Total ratio	Please note: Total rating points will be used in the calculation of	IMMEDIA	ERVISOR:	Sgt. R.J. Myers	
the	the merit percent increase.	1 - MARGINAL	2 - MEETS	3 - EXCEEDS	4 - OUTSTANDING
RATE ON PERFORMAN	RATE ON PERFORMANCE FACTORS LISTED BELOW	0.0 - 0.5	0.6 - 2.2	2.3 - 3.9	4.0 to 5.0
2. QUALITY OF WORK				3.90	A Ann
3. QUANTITY OF WORK	QUANTITY OF WORK (Justification Reg'dl)				5.00
l'I				3.90	
	tion Reg'di)				5.00
6. DEPENDABILITY	1 1 1777 - 177 177 177			3.90	
8. SKILL AND ABILITY	SKILL AND ABILITY			3 60	5.00
9. ATTENDANCE AND PUNCTUALITY	UNCTUALITY			3.90	
Complete Item 10 only it	Complete Item 10 only if the employee IS in a supervisory or management position	ment position			
10. LEADERSHIP (Reg'd for Supv/Mgr)	d for Supv/Mgr)			A A Common and a C	
SUB-TOTALS FOR COLUMNS 1-10	COLUMNS 1-10	0.00	0.00	19.20	19.50
CALCILIATED TOTAL POINTS - (/Tat	CALCIII ATED TOTAL POINTS - (/Total PTS/0 or Total PTS/10)	30.70			
		DEMARKS SECTIO			
ACCOMPLISHMENTS (a	ACCOMPLISHMENTS (attach additional sheet for further comments):	DEMISSION OF CHOICE			
Officer Furr has shown hi gotten several letters of c this evaluation period.	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 evaulation 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.	d and the Department in traffic ficer Furr always arrives early	stops and citations issued. Off or work and is prepared for dut	icer Furr's reports are tim y. Officer Furr has logged	ely and correct. Officer has 182 hours of training during
AREAS OF IMPROVEME	AREAS OF IMPROVEMENT (attach additional sheet for further comments):	ls):			
none noted					
GOALS:8/OBJECTIVES	GOALS & OBJECTIVES (attach additional sheet for further comments):	real real real real real real real real			
Continue to be the squad	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	ards his intermediate and adv	ance certifications. Officer Furr	wishes to obtain a position	n in the Traffic Enforcement
EMPLOYEE COMMENT	EMPLOYEE COMMENTS (attach additional sheet for further comments):				
				-	
SIGNATURE(employee signature)	nature) Laude to	9/28/07	SIGNATURE(mid- level super	visor if applicants	Date: DW 107
SIGNATURE(immediate supervisor)	Chill to	Date: 15-107	SIGNATURE (department of the	Berge	Date:
	SVALUATION COMPLETE / EVALUATION NOT COMPLETE	COMPLETE	•	* ***	00/04/2007

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.

Alpharet

HOW THE EMPLOYEE CONSISTENTLY EXCEEDS THE ESTABLISHED GOALS/EXPECTATIONS
BY LISTING SPECIAL ASSIGNMENTS PROJECTS/PESTITS INITIATIVES ETC

BY LISTING SPECIAL ASSIGNMENTS, PROJECTS/RESULTS, INITIATIVES, ETC.	LTS, INITIATIVES, ETC. REVIEW PERIOD 09/23/06-09/22/07
FACTORS	
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	

Date:

SIGNATURE(mid-leve)

supervisor)

Date:

SIGNATURE(department director



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.	Date:	NOVEMBER 29, 2007
	(Last) (First)	(Middle)		The same of the sa
Address:			Effectiv	e Date of Action: 12-01-2007
New .	(No.) (S	itreet)		12_01_2007
Hires			€ RE	GULAR - FULL TIME
Only	(6)	- C- 1-1-1		GULAR - PART TIME
(City)	(State)	(Zip Code)		MPORARY - PART TIME
Phone:			□ OT	
Position			12 01	2 - 12 - 20 - 20 - 20 - 20 - 20 - 20 - 2
Number	Еп	ployee File No.:		Hire Date: 08/14/2006
(FOR FINANCE USE ONL	Y)			
-				Tallet and I
	Department Name/ Number			Grade Level:
	Date of Birth: Previously Employed:		tion Title: Exempt Non-Ex	
New Hire	Yes No		New Position	Replacement
	Pay Rate:	۵.	Total Control	Topacement.
	Annual:		Job Co	ode:
	Bi-Weekly:	4.1	Super	risor Name:
	Hourly:			
Merit Increase	Department Name/ Numbe	r: (from) PO	LICE/3223	(to) POLICE/3230
Percent:	Grade Level:	(from)	.D.	(to) D
Demotion	Position Title:	(from) PO	LICE OFFIC	ER (to) SAME
Promotion	Pay Rate:			1
Reclassification		(from)		(to)
Title Change	BI-Weekly:	(from)	Limited in the second	(to)
C. Halleton	Hourly:	(from)	0754 0 10	(to)
Administrative		Items 10 18001		東南・マ・・・
- FMLA	Départment Name/Number			
Medical Leave	Date: (from		(to	
Military Leave	Reason:	111/03/19		The state of the s
☐ Personal Leave				
Suspension				
	Department Name/Number			Grade Level:
				1000
Termination	Position Title:		1100	
Terminadon	Pay Rate - Annual:			PTO Due:
	Reason:			
	Did employée give notice?	How muc	h2	Termination Code:
		71/		1
Approval Signatu	res: //////	lucia one		11-21.01
	Department Director		D.	ate
Date Next Performance Ev	ratuation Due:	450		13-10-07
10 1 00	Émployment/Recrui	Itment Specialist	- G	ate
10-1-08	11 11 /	Laren		11/67
Date Eligible for Next Incre	Director of Finance	YES WAJ		ate at the second
10-1-08	7)//	7		
Payroll Effective Date 12/01/200		11 m		
12/01/200	City Administrator		D	ate



City of Alpharetta Accident/Injury Investigation Report

Employee Name: ARICK FURR

Employee work departmen	t name and te	lephone number:	POLICE/ 67	8-297-6327
Date of Accident/Injury: 09	9-22-2008			
Nature of Accident/Injury:	VEHICLE A	CCIDENT		
Location of Accident/Injury	y: DONALD I	LEE PKY, ATLA	NTA . GA	
Investigating Officer: LT. (GARNER			
Name of Supervisor notified	d: LT. LAYN	E		
Name of Supervisor on scer	ie: LT. FREN	СН		
Police Report/Case Number	r (if applicable	e): 0802-0445		
Police Agency where report	was filed: AI	PHARETTA PO	LICE	
Photographs taken and nun	nber of prints	: 5		
Name of photographer: LT	. LAYNE			
Alcohol/Drugs suspected:	Yes:	No: 🖂		
Location of Drug Test: NO	RTH FULTO	N HOSPITAL		
Did employee return to wor	k: Yes: 🗵	No:		
If no, please state reason:				
Was employee at fault?	Yes:	No: 🗵		
State your reason for your o OF A FLEEING FELON/ ST			OLVED IN	A PURSUIT
Any citations issued?	Yes: ⊠	No:		
In your opinion, could empl	loyee have pre	vented accident?	Yes:	No: 🗵
If yes, please explain:				
Investigator signature	TCAC	7471167	Data: 7	122/08

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

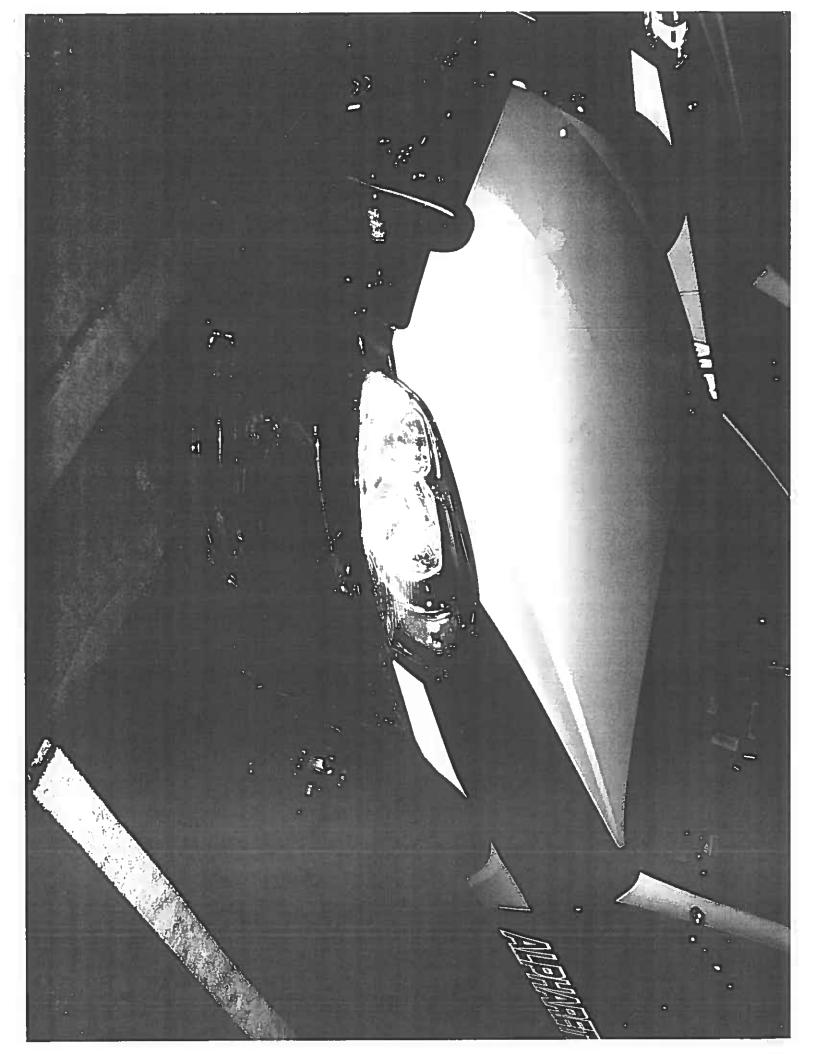
OFFICER FURR WAS INVOLVED IN A VEHICLE PURSUIT . THE SUSPECT VEHICLE SLOWED SUDDENLY AND THE PASSENGERS BAILED OUT OF THE VEHICLE. AS THE DRIVER RAN FROM THE VEHICLE IT VEERED TO THE RIGHT AND STRUCK OFFICER FURR'S VEHICLE.

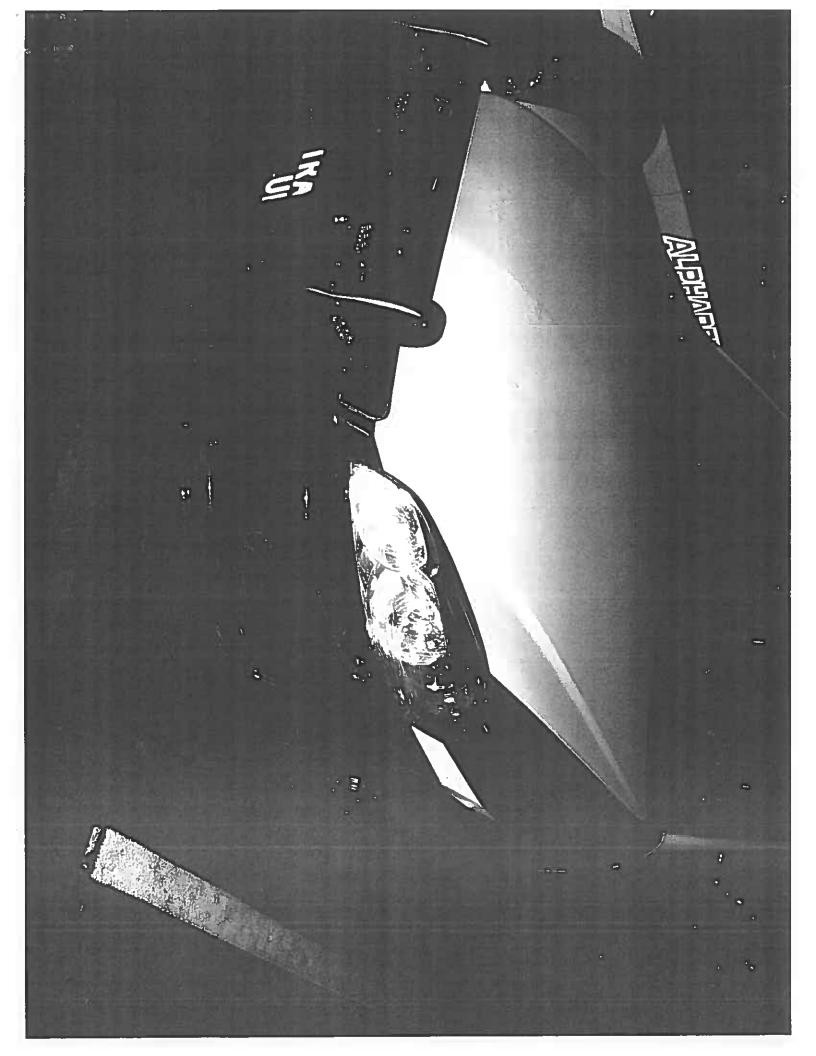
Recommendations: How could this incident be prevented—now and in the future. Indicate skills, training, and equipment needs as well as environmental conditions.

NO RECOMENDATIONS

GV16297

79





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 alcosensor 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.

<u>Describe accident/incident/injury:</u> 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: Auch Fun Date: 4/17/08

Supervisor signature: 54-17-08

													P.	AGE 1	of	
Accident No 0804-034	ımber 4		Aq G/	ency NCIC No. A0600400	N			A UNIFORM CCIDENT RE	PORT	С	ounty 060	FULTON		Date R	ec. by DMVS	
Date			Day of V		Time		Off.	Arrived	Mah		otal Number Injuries	of: Fatalities	Inside Ci	•		
04/17/2008	3		I		22:23	3	22	:23	2	ICHES	0	0	7013 A	LPHA	RETTA	
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1	☐ Int	terstate 2 [☐ Lowest	St. Rt. 3 🗆 Co. R	oad 4 🛚	City St.		1 🖸	2	Lowest	5t. Rt. 3 🗌	Co. Road 4	City St.			
Not At its Intersection	But_		Mik	s 1 🔲 North 3 t 2 🗎 South 4	☐ East	Of:	Intersta	te 2 Lowes	st St. F	₹L 3 🔲 C	o. Road 4 [city St. 5	Co. Line	Suppl. Yes 🗆	To Original?	
And continu	ni gni:	the direction	on checked	above,										Hit and		
the Next Re					Intersta			RL 3 ☐ Co			City St. 5			Yes [
Driver# 1	_	T NAME TESON TR	OY JASO	FIRST N		MIDDL	Æ	Driver# 2	PA		VEHICL				MIDDLE	
Ped # 🔲		^{ress} 6518 (OLD SHA	ADBURN FERR	Y RD			Ped#			5 OLD MIL	TON PKWY				
City BUFO	RD		State	GA Zip 30!	518-	BOB	/1979	City ALPHARETTA State GA Zip 30004 DOB								
Driver's Lice	nse N	lo.	C	lass State	M M	lale 🔲 Fe	male	Driver's License No. Class State ■ Male □ Female								
Posted	_	Insurance	CD.		v No.			Posted Insurance Co. Policy No.								
Speed 35		USAA	Model	009:	351484C	71012	-	Speed 35 Year	Mal	THE ST.	PAUL MERCI Model	JRY II	GP09:	313759		
Year 2007	Mai		TITAN					2007	CH	IEV	IMPA	LA	Telephone	678-2	97-6300	
VIN Vehicle Color BLACK								VIN 2G1WS	55RX	7920493	6		Venicle Co	olor EY/BLA		
Tag# State GA County GWINNETT Year 2008							R	Tag # GV16297		Stat	•GA	County FU	LTON	Year	2007	
Trailer Tag #	Iller Tag # State County Year Trailer Tag # State Cou							County		Year						
Same as	Same as Driver Owner's Last Name First Middle Same as Driver Owner's Last Name First MATTESON TROY JASON CITY OF ALPHARETTA								Middle							
MAT 1230H																
City State Zip City								Address 2565 OLD MILTON PKWY City State GA Zip								
BUFORD GA 30518-								GA ☐ Request ☐ List								
Removed BY UNITED TOV		ING Request EList						OFFICER FL	JRR_		_	I_J M	rednest		_181 	
Alcohol Test	1	Type 2	Results 0.156	Drug Test 2	Т	ype Re	sults	Alcohol Test Type Results Drug Test 2				est	Type	Results		
Driver Cond		Direction (Of Travel					Driver Cond		Directio 1	n Of Travel	Vision Obscured	1	Contribu	iting Factors	
Veh Cond		Veh Maner	UVer	Ped. Maneuver	1		_	Veh Cond	\neg	Veh Maneuver 4 Ped, Maneuver						
Most Harmfu	al Ever	7 nt 11	Veh Ci	1	Veh	Туре: 2		1 Most Harmft	al Ever		Veh Cla	 s: 2	$\frac{1}{\sqrt{1}}$	eh Type:	1	
Traffic Ctrl			+] Yes		\neg	Traffic Ctrl	7	10			☐ Yes 📧		1	
Injured Take	n To:		1			В	y:									
EMS Notified		EMS A	Arrival Tim	e Ho	spital An	rival Time		Photos Take	n: 🔳	Yes D	lo	By: LA	MBERT 2	30		
Report By: LAMBER	T, E	ANIEL	G ALPH	lment IARETTA P.D.	Report C 04	Date \$/18/2008	3	Checked By:	RO	SE, SCO	π	Date	Checked	04/18/200	8	
Witness(es):					Add	iress				C	ity	State	Zip Code	To	elephone No.	
_																
DMVS NICE	OFIL	MNIMBER	2 (DO NO	WRITE IN THIS	SDACE	<u> </u>										
DM 43 MICH	COPIL	MI HOMBEI	(100110		di AGE											
Carrier Name	_					COMME	ERCIAL	VEHICLES O		_						
Vehicle # 1	·							Vehicle #	_							
Address			State		Zip			Address			State		Zip			
No. of Axk	18	G.V.W	/.R.	Fed. Reportabl		Cargo Bod	у Туре	No. of A	cles	T	S.V.W.R.		portable	Cargo	Body Type	
****] No	1-4 2 : *			-6	+		1 Tes	2 No	1		
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	C.D.L	.7 1 🗆 Yes	2 🗆 No	C.D.L. Susp	ended?	1 🗆 Yes 2	□ No		C.D.I	L? 1 🗆 1	Yes 2 🗆 No	C.D.1	Suspend	ed? 1 🗆	Yes 2 🗌 No	
Vehicle Plac	arded	7 1 ☐ Yes	2 🗆 No	Hazardous Ma	terials?	1 🗆 Yes 2	□ No	Vehicle Pla	carde	d? 1 🗆 '	Yes 2 🔲 No	Hazard	ous Materia	ais7 1 🔲	Yes 2 🔲 No	
Rei	eased	? 1 ☐ Yes	2 🗆 No					R	alease	d? 1 🗆 '	Yes 2 🔲 No					
If YES, Name	or 4 l	Digit Numbe	er from Dia	mond or Box:				If YES, Nan	ne or	4 Digit Nu	ımber from l	lamond or Box	:			
	1 Digi	t Number fr	om Botton	n of Diamond:				1	1 DI	igit Numb	er from Bott	om of Diamond	:			
Ran Off R	oad	_Down Hill I	Runaway _	_Cargo Loss or S	hift S	eparation of	Units	Ran Off	Road	Down	Hill Runawa	Cargo Loss	or Shift	Separatk	on of Units	

1															Р	AGE :	or _	
REMARKS:																		
******	******	****	****															
Narrative Title: I	ΝΙΤΙΔΙ	nac	14-033	RZ														
Date Entered: 4																		
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CITATIONS - VEHICLE #	140-	6-240)				CITATIONS - VEHICLE #2											
	40-	6-391																
First Harmful Traffic-Wa	y Wes	ther	Surface C	ond.	Light Cond.		Manner of Collision	Location a Area Of im			Road		Road De	f. Ros	f Character	Construct	ion / Maintens	nce Zon
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Damage To Vehicles		2		2	2			٧	EH.	2			VEH.2					
Damage Other		Owne	er:				-		Ι.		E H	P	BUILDW	TAKEN	EJECT	SAFETY EQUIP	EXTRIC.	AJR BAG
Than Vehicle:									A G	£		0 5	INJURY	FOR TREAT.	EJECT	EQUIP	EATROL.	BAG
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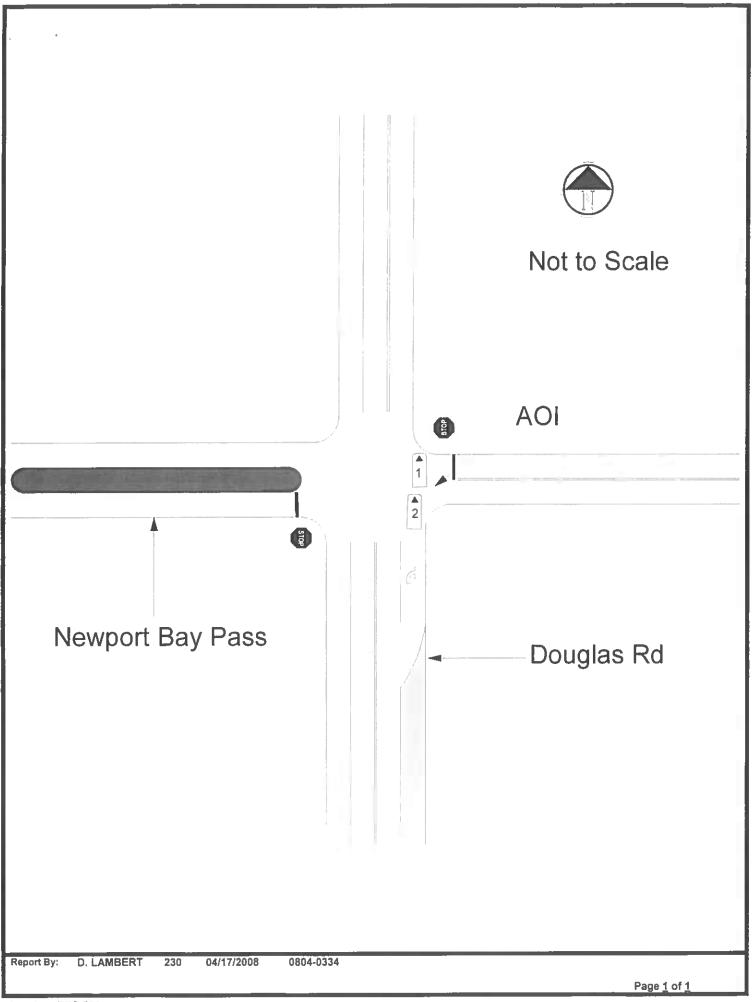
AGENCY: ALPHARETTA POLICE DEPARTMENT Jurisdiction: GA0600400

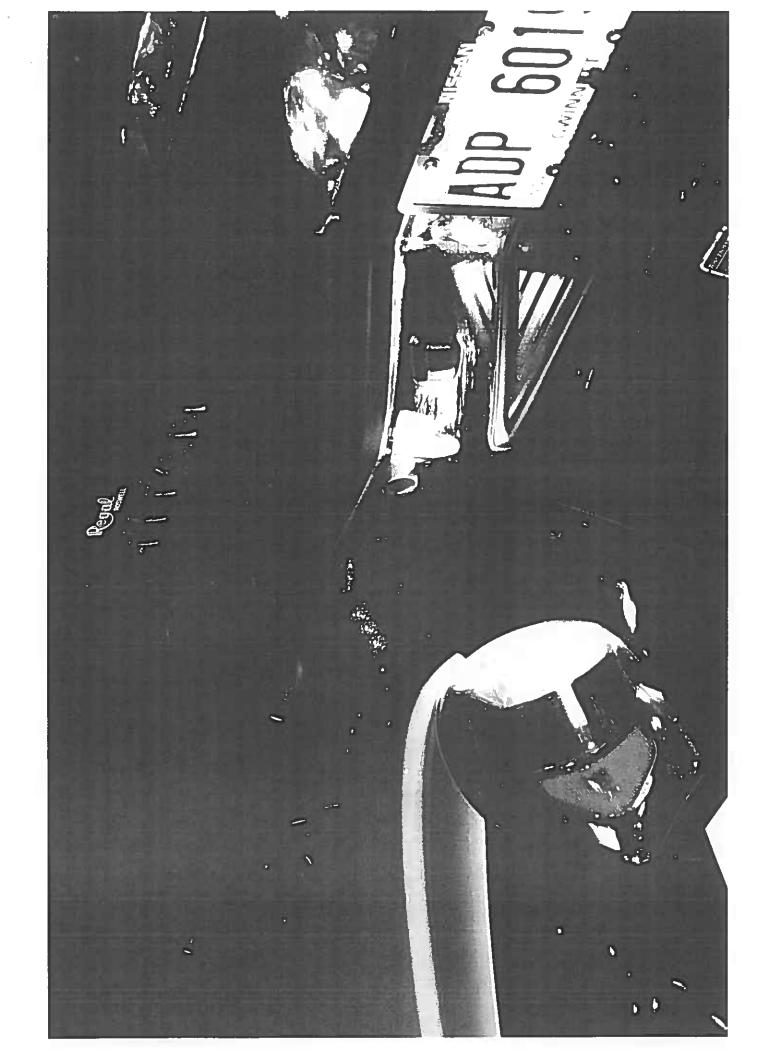
DMV Number: 0804-0344

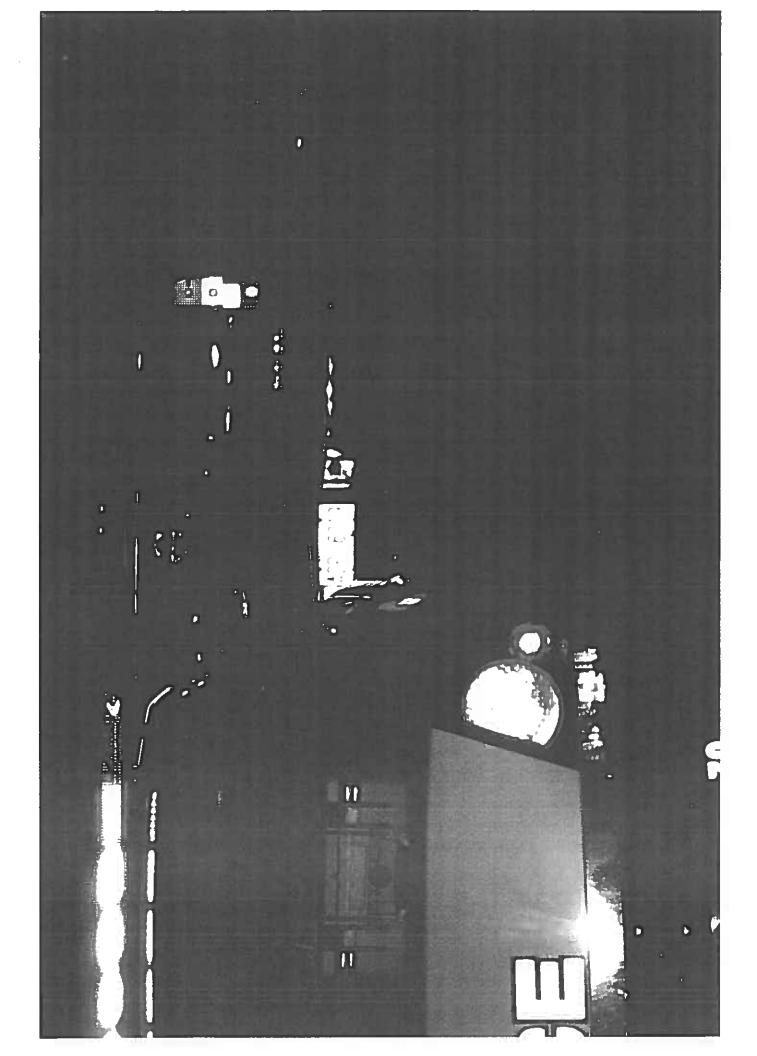
Narrative: Page 3

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.

Accident Number	Agency NCIC Accident Date					Georgia Uniform Motor Vehicle Report Continuation											
0804-0344	GA0600400		4/17/2008 10:	23:00 PM										•			
OCCUPANTS:										V			1		1		
LAST NAME	FIRST	ADI	DRESS	СПҮ	STATI	E Z		A	S E X	E H	P O S	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AFFBAG
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Additional Remarks:																	
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Reported By: LAMBERT	DANIEL G														Page 4	of	
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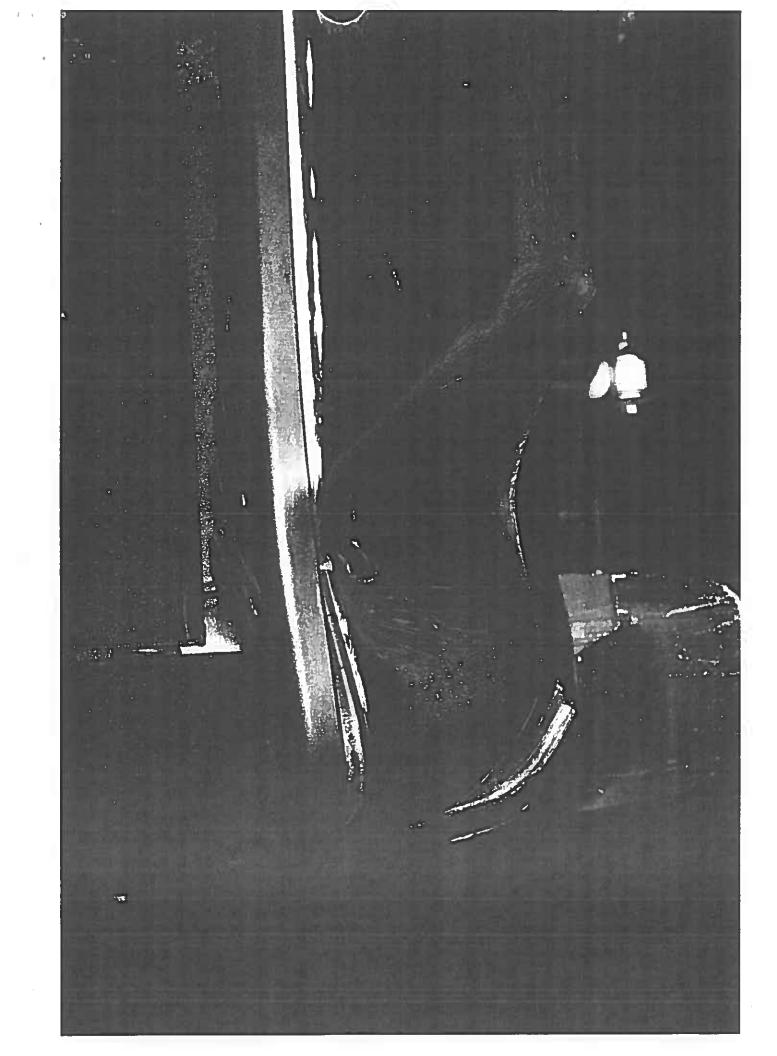




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Memo

Lt. D. L. French

To:

From:	Capt. T. L. Osborne 720										
CC:	Director George, Deputy Director Sanders, File										
Date:	05/12/2008										
Re:	Accident Review Furr case# 0804-0344										
The dete	ident Review Committee has examined the attached City of Alpharetta Accident / Incident Report Form. rmination made from their review is:										
Due to:											
Non-Neg	tligenceX										
If non-ne	gligence was checked, you need only inform the involved officer of this fact.										
if neglige recomme	f negligence was checked, please review the attached form and prepare a report to the Directors with your ecommendations as they relate to disciplinary action. Prior Negligent accidents										



City of Alpharetta Accident/Injury Investigation Report

Employee Name: Furr, Arick #300

Employee work department 678-297-6300	nt name and to	lephone number: Alpha	retta Police
Date of Accident/Injury: 0	4-17-2008		
Nature of Accident/Injury	: Auto Accider	nt	
Location of Accident/Injur	y: Douglas Rd	. @ Newport Bay Passa	ige
Investigating Officer: D. L	ambert T2		
Name of Supervisor notific	ed: LT. S. Rose	e E14	
Name of Supervisor on sce	ne: LT. S. Ros	e E14	
Police Report/Case Number	er (if applicabl	e): 0804-0344	
Police Agency where repor	t was filed: Al	pharetta Police Dept.	
Photographs taken and nu	mber of prints	: Yes. / 33	
Name of photographer: D.	Lambert T2		
Alcohol/Drugs suspected:	Yes:	No: 🖂	
Location of Drug Test: No the wheel of his parked Pa sensor administered by LT	trol vehicle at	the time of the accident.	
Did employee return to wo	rk: Yes: 🛚	No:	
If no, please state reason:			
Was employee at fault?	Yes:	No: 🗵	
State your reason for your his vehicle back into Furr's p			
Any citations issued?	Yes: 🗵	No:	
In your opinion, could emp	oloyee have pro	evented 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.

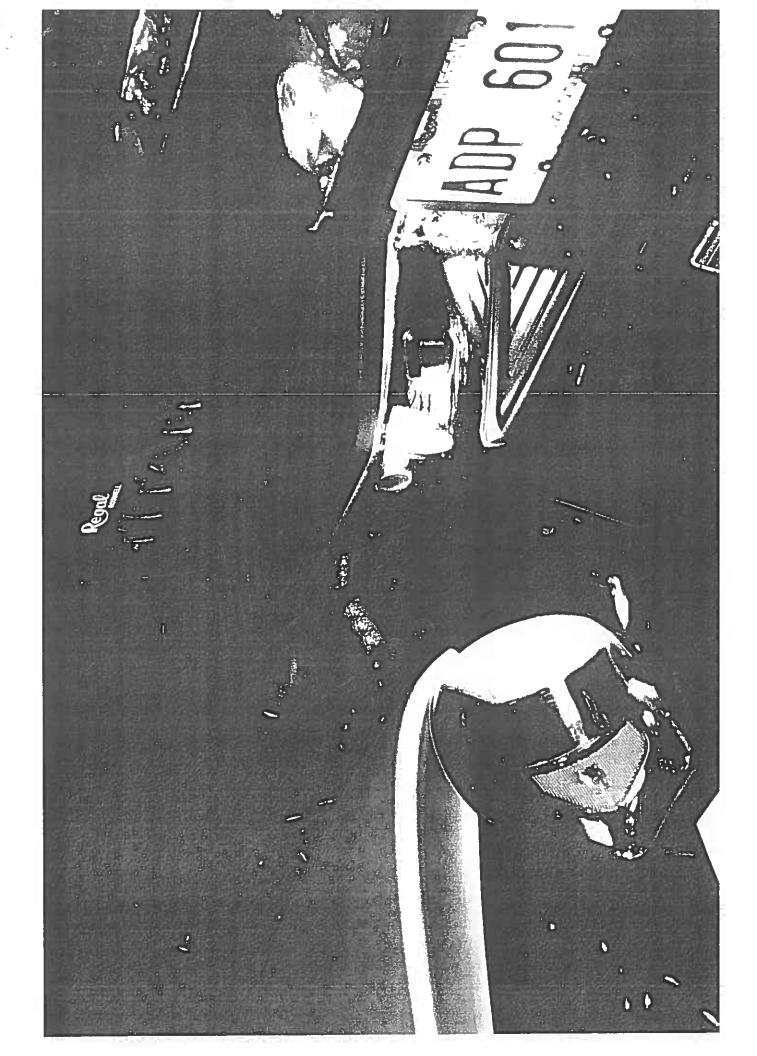
<u>Describe accident/incident/injury</u>: To be completed by employee and/or supervisor. Include cause(s), parts of body injured, equipment or substance inflicting involved injury, how event occurred, who were present as witnesses. Feel free to draw sketches. Use additional pages if necessary

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.

<u>Recommendations:</u> 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.

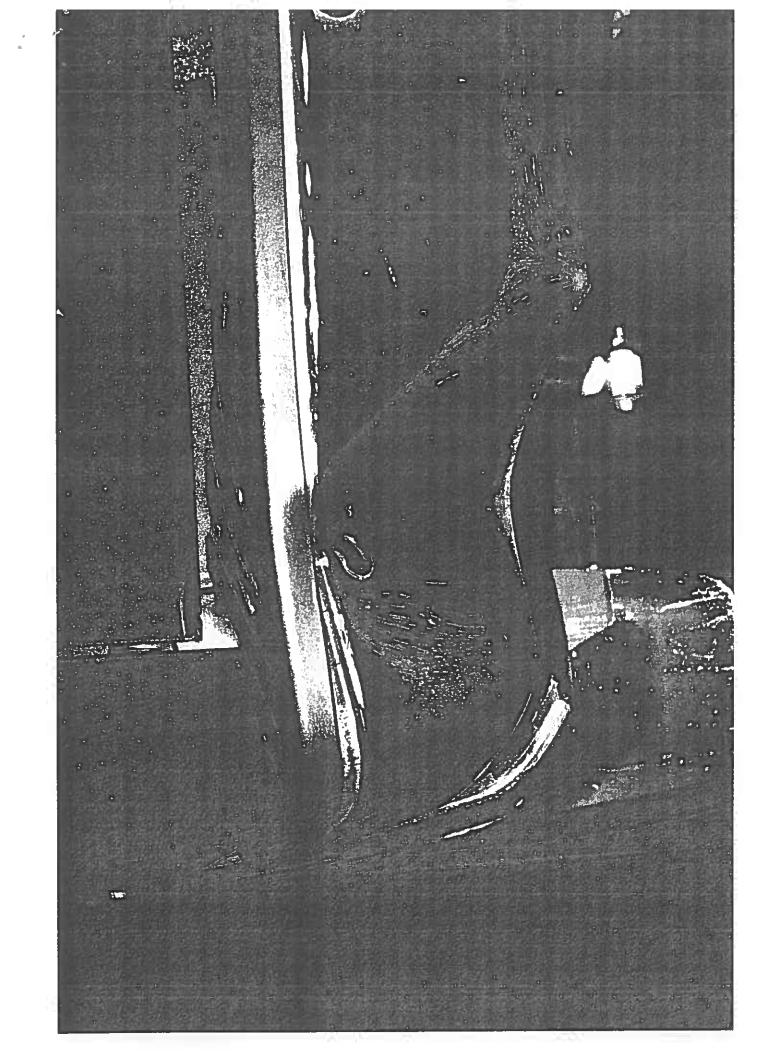
Employee signature: Auck Fun Date: 4/17/08



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Accident Nu 0804-034								A UNIFORM CCIDENT RE	CIDENT REPORT USU FULTON						Date Rec. by DMVS			
Date 04/17/2008	3		Day of We		22:23		ital Number Injuries 0	of: Fatalities 0	Inside C	•	RETTA							
LICCUMENCE		GLAS RD		t. Rt. 3 🗆 Co. R	oad 4	At Int City St.	its tersect	lon With NEV	VPO	RT BA	Y PASS		Corrected Report?					
Not At its Intersection	1 North 3 2 South 4	ntersta	e 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. 1									. Road		Hit and Run? Yes □							
Driver # LAST NAME FIRST MIDDLE Driver # LAST NAME FIRST 1 MATTESON TROY JASON 2 PARKED VEHICLE												MIDDLE						
Address care of D SHADBURN EEDBY PD										^{ress} 256	5 OLD MII	TON PKWY						
City			State	Zip 30	518-	DOB	1979	City ALPH			Sta	le GA Zip	30004	D	ЮВ			
Driver's Lice	ense N	lo.	Cle		M W			Driver's Lice				Class State		Mal	le 🗋 Female			
Posted Speed 35		Insurance USAA	Co.		v No. 351484C	71012		Posted Speed 35		Insuran THE ST.	Ce Co. PAUL MERC	URY II	Policy GP09	313759				
Year 2007	Mai		Model TITAN	Talepho	ne No.			Year 2007	Mak CH	ÊV	Mode IMP/	ALA	Telephone	No. 678-	297-6300			
VIN 1N6BA0)7B17	N212851		Vehick E	Color			VIN 2G1WS	55RX	7920493	6		Vehicle C	:olor REY/BLA				
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Same as	Drives		ner's Last N	ame	First TRO		iddie SON	☐ Same as	Driver	CIT	ner's Last N Y OF ALPI	ame IARETTA	First		Middle			
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Removed By				☐ Requi	est	翼List		Removed B				I,I F	Request		List			
Alcohol Tes		Type 2	Results 0.156	Drug Test 2			sults	Alcohol Tes 2	t	Туре	Results	Drug T	est	Туре	Results			
Driver Cond		Direction 1	Of Travel	Vision Obscured ¹	Con 2	tributing Fac 18	tors	Driver Cond	Direction C		n Of Travel	Of Travel Vision Obscured		1 Contribu				
Veh Cond	\neg	Veh Mane	uver	Ped. Maneuver	T			Veh Cond		Veh Ma	neuver							
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Traffic Ctrl	7		Device	inoperative? [Yes	Mo No		Traffic Ctrl	Traffic Ctrl 7 Device Inoperative? ☐ Yes ■						■ No			
Injured Take	in To:					B	y:											
EMS Notified	d Time	EMS A	Arrival Time	Ho	spital Arr	ival Time		Photos Take	n: 🔳	Yes D	ło	Ву: ∟	AMBERT	230				
Report By:	ידי ר	ANIFI	Departs G ALPH	ment ARETTA P.D.	Report D	Date 1/18/2008	1	Checked By		SE, SCO	π	Date	Checked	04/18/20	108			
Witness(es)						ress	,	<u> </u>		C	ity	State	Zip Code	7	Telephone No.			
DMVS MICE	ROFIL	M NUMBE	R (DO NOT	WRITE IN THIS	SPACE)	1												
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Carrier Nam	0							Carrier Name										
Vehicle # 1 Address			State		Zip			Vehicle # 2 Address State Zip										
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No. of Axi	95	G.V.V			le] No	Cargo Body				ļ		1 🗆 Yes	2 🗆 No	D				
Vehicle Con	fig.	I.C.C.N	I.C.#	U.S. D.O.T. #		Interstate [Vehicle Co	ontig.	1.0	C,C.M.C. #	u.s.	. D.O.T. #		rstate [] istate []			
	C.D.L	_? 1 ☐ Ye	s 2 🗆 No	C.D.L. Susp	ended?	1 🗆 Yes 2	□ No	1	C.D.L	L.7 1 🗆 '	Yes 2 🗆 No	C.D.	L. Suspend	ded? 1 🗖	Yes 2 🗌 No			
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	1 Dig	it Number f	rom Bottom	of Diamond:				1	1 Di	igit Numb	er from Bol	tom of Diamone	4:					
Ran Off RoadDown Hill RunawayCargo Loss or Shift Separation of Units									Ran Off RoadDown Hill RunawayCargo Loss or Shift Separation of Units									

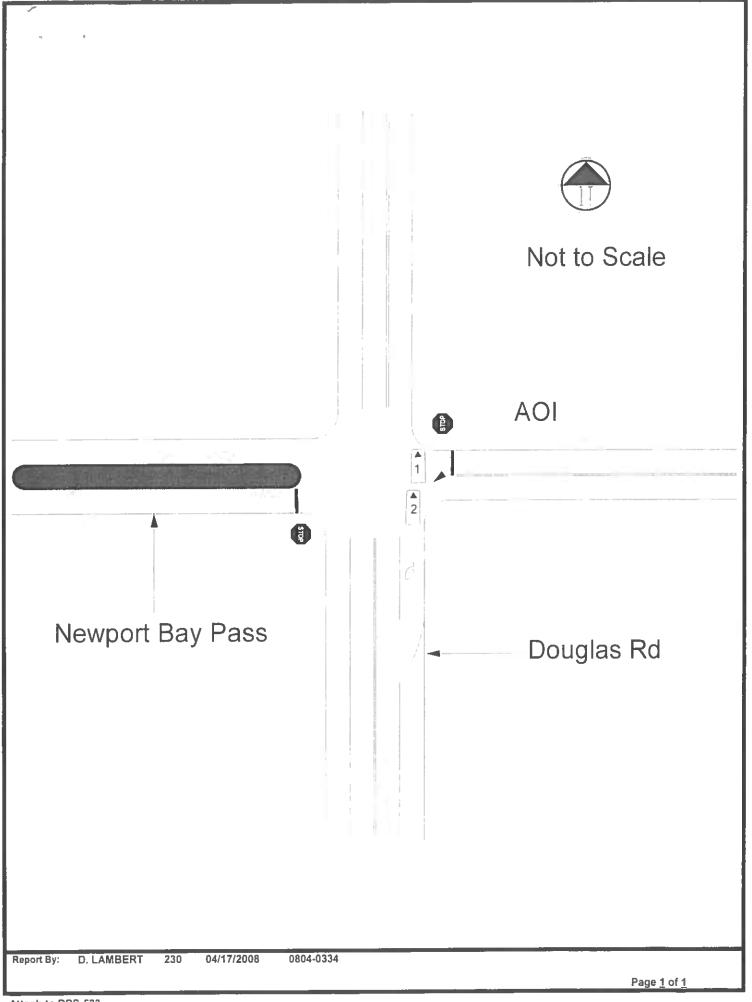
	REMARKS:																		
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	Narrative Title: INITIAL 0804-0334 Date Entered: 4/18/2008 2:18:31 AM																		
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_	First Harmful		40-6-391						CITATIONS	S – VEHIC	LEA	2							<u> </u>
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AGENCY: ALPHARETTA POLICE DEPARTMENT

Jurisdiction: GA0600400 DMV Number: 0804-0344 Narrative: Page 3

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.

Accident Number 0804-0344	GA0600400		Georgia Uniform Motor Vehicle Report Continuation												
OCCUPANTS:	_					T.		E H			TAKEN		SAFETY		
LAST NAME	FIRST	ADDRESS	CITY S	TATE	ZIP	G E	S E X	H	P 0 5	INJURY	TAKEN FOR TREAT	EJECT	SAFETY	EXTRIC	ARBAG
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Injured Taken To:				Ву:											
Witness - Name:				Addres	is:										
Phone:															
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Additional Remarks:															
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Reported By: LAMBER	IT. DANIEL G										· ·		Page 4	of.	
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Memo

Lt. D.L. French

To:

From:	Capt. T. L. Osborne								
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-Neg	zligenceX								
If non-ne	egligence was checked, you need only inform the involved officer of this fact.								
	ence was checked, please review the attached form and prepare a report to the Directors with your endations as they relate to disciplinary action. Prior Negligent accidents								

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: <u>LT. CA. GARWER</u> Date: <u>3/32/08</u>

Employee Name: ARICK, FURR

Date of Accident Injury:

09-22-2008

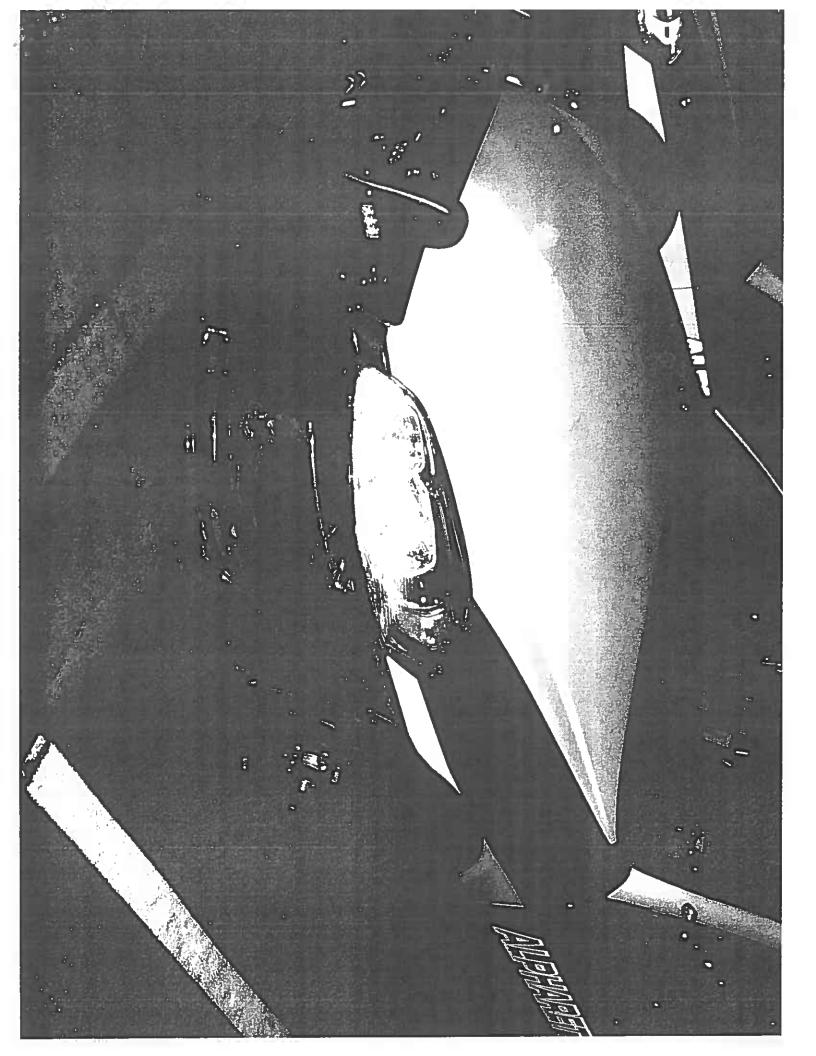
This form must be completed within three working days of accident/injury. The information on this form will be used by the Accident Review Board. Failure to complete this form will require your presence at the next Board meeting. The Board reserves the right for personal interviews regarding all accidents/injuries.

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



49-0216-08		AGSP4900		(117904) (117904)	GEC		OTOR VEHI ENT REPOR		County	Fulto	n.				Palloc	Received	PAGE 1
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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.

I have read and understand the above

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 Ment 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.

HUMAN RESOURCES/FINANCE COPY

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Date: 10/02/08	ervisor, if applicable)	SIGNATURE (mid-level superv	20/6/01	SIGNATURE(employee signature)
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				See Attached
				GOALS(&:OBJECTIVES:(attachiadditional sheet for further comments):
			9).	AREAS OF IMPROVEMENT (attach additional sheet for further comments). See Attached
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			3.67	CALCULATED TOTAL POINTS - ((Total PTS/9 or TotalPTS/10)
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13,50	17.50	2.00	0.00	SUB-TOTALS FOR COLUMNS 1-10
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4.50	3.50			2. QUALITY OF WORK
4.0 to 5.0	2.3 - 3.9	0.6 - 2.2	0.0 - 0.5	RATE ON PERFORMANCE FACTORS LISTED BELOW
4 - OUTSTANDING	3 - EXCEEDS	2 - MEETS	1 - MARGINAL	
	Lt. D. French	ERVISOR:	IMMEDIAT	te: Total rati
Ć.		0.	REVIEW PERIOD	
Aupnareua		Purpose of Evaluation: Annual hogophar	REVIEW PERIOD	DEPARTMENT: Police Department
	EVALUATION		EMPLO	

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 do 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.

Alpharetta

Alpharetta Police Department Alpharetta, Georgia



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 Na	me: Hric	k fur			
	0 - 0	J - M	A- 5	J - 5	
Incident	First	Second	Third	Fourth	Totals
	Quarter	Quarter	Quarter	Quarter	
Award or					
Commendation					
Citizen				1	
Complaints				'	
					1
Disciplinary					
Actions					
					-
Use of Force					
030 011 0100					
Internal Affairs					
Investigations					
					-
Injury Reports					
injury reports					
Workman's					
Compensation					
Reports Traffic		1	1		
Accidents		1	•		2
71001001113					
Other Notable	Truming	Cinimi	Trainid	6 1111	-
Incidents	o	ರ	1111	1111 9	8
(describe on back)					
Dack)		l			
Immediate Sup	ervisor:			Date: _	
		Ω			/ /
Unit Command	der: / O	Oslow		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 aproach by a police vehicle attempting to make a traffic stop								

Investigator signature:

#216

Date: & L/C

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.

<u>Describe accident/incident/injury:</u> 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.

<u>Recommendations:</u> 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: //www. Date: 8/6/	, 59
Supervisor signature: Date: 1669	

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PAGE	1	of	4

Accident Number 090801		ency NCI 0600		MOTOR	GEORGIA VEHICLE	UNIFORM ACCIDENT			County F1	JLTON	Date Rec. B	By DMVS
Date	Da	y Of Wee	k	Time	Off. Ar	rived	T Vehicles	Total Number		Inside		
08/06/2009	Sun M		Th F S	17:39	17:	39	2	O	0	City Of: ALPHARE 7	TA	
Road of Occurrence WES	rside PKV	VY	Co. Road: 4 🖸	At Int	Its ersection Wi		RE PK	WY Lowest St. F	tt. 3 🗖 Co	Rosd 4 N City S	_	ted Report?
Not At Its		Miles	1□North 3	□East (Of:					City St 5 □ Co. L	Suppl.	To Original?
Intersection But — And continuing in the				□West	I D IIII.	arate 5 🗀	LOWEST St. 1	Ki. 3 [] Co. 1	1080 4 🗆		Hit and	Run?
the Next Reference			1 🗆 Int		west St. Rt.			City St 5 🗆 C			Yes [
	, ARICK			MIDDLE		Driver #	JOHN	SON, CA	FIRST RLTON		MIDDLE	
	OLD MILTO					Ped 🗆		WOOD FA	LLS DR	1:- 5	OB	
ALPHARETTA	State GA	Z	30004		983	City CUMMI		Stat GA		30041-	/:	1990
Driver's License N	D.	Class	State GA	Male Male	☐ Female	Driver's	License No	D	Class	State GA	Male	☐ Female
	urance Co. PAUL MER			No. 9313759		Posted Speed		urance Co. PATE FARI			No. 992-D24-	-11D
Year Make 2008 CHE	V IM	ei PALA	Telephon	9 No. (678) 297-6	306	Year 2003	Make CAD	I M	odel SCALA	Telephone DE	No.	
VIN 2G1WS553081			Vehicle (BLK	Color		VIN 3GYFK	66N43G	340322		Vehicle (BLK	Color	
Tag # GV12563	State GA	Ç	ounty FULTON	Year 2010)	Tag# TZ399	98	State GA		County FORSYTH	Year 200	9
Trailer Tag #	State		ounty	Year		Trailer Ta		State		County	Year	
☐ Same as Driver	Owner's CITY	Last Nam OF A	E LPHARETTA	rst	Middle	☑ Same	as Driver	Owner JOH	's Last Nar	ne Fi CARLTON M	rst I	Middle
Address 2 SOUTH MAIN ST Address 2320 WOOD FALLS DR												
City ALPHARETTA	State GA)	Z	80009		City CUMMIN	īG.		ate SA	Zi	30041-	
Removed By OCCUPANT			☐ Reques		1	Removed OCCUP.				☐ Reques		st
Alcohol Test		esults 0.00	Drug Test	Туре	Results PENDING	Alcohot 1		Туре	Results	Drug Test 2	Туре	Results
Driver Cond	Direction Of To		Vision Obscured	Contributi	ng Factors	Driver Co	ond 1	Direction Of	Travel	Vision Obscured	Contribu	ting Factors
Veh Cond 1	Veh Maneuve	r	Ped. Maneuver	7		Veh Con	d	Veh Maneu 5	ver	Ped. Maneuver	7 —	
Most Harmful Even		Veh Class	5 :	2 Veh Type:	1	Most Han	mful Eveni		Veh Cla	SS:	1 Veh Type	11
Traffic Ctrl	2	Device Inc			l No	Traffic Ct	rl	2	Device I	noperative?	Yes I	20 No
Injured Taken To:					Ву:		•		·			
EMS Notified Time	EMS An	rival Time	Hosp	ital Arrival Tim	е	Ph	otos Take	n: 🛛 Yes	□ No	By: OFC A	ETIDD	
Report By:	San	PANCETT	A POLICE	Report Date		Checked I	Ву:			Date Chec		
WESSEL, R. J. Witness(es): Nam	10,10	PARTMEN	T	08/06/2 Address	009		City		State	Zip C	ode Te	lephone No.
VIII 035(03). 1VIII												
												
DMVS MICROFILM	NUMBER (DO	NOT WR	ITE IN THIS SPA	CE)							-	
				СО	MMERCIAL	VEHICLES	ONLY				_	
Carrier Name Vehicle #						Carrier Na Vehicle #						
Address		Sta	ite	Zip		Address			S	ate	Zip	
No. of Axles	G.V.W.R.	Fe	ed. Reportable	Cargo Bo	dy Type	No. of A	Axles	G.V.W.R.		ed. Reportable	Cargo B	lody Type
Vehicle Config.	I.C.C.M C. #		Yes 2 □ No J.S. D.O.Ť. #	Interstate (]	Vehicle C	onfig.	I.C.C.M.C.	_] Yes 2 ☐ No U.S. D.O.T. #	Interstate	G
				Intrastate (ם			_			Intrastate	
	1 ☐ Yes 2 ☐		C.D.L. Suspend					? 1 ☐ Yes :		C.D.L. Suspend		
Vehicle Placarded			Hazardous Mater	als? 1 ☐ Yes	2 🗆 No			? 1 ☐ Yes :		Hazardous Materi	als? 1 ☐ Ye	s 2 🗆 No
	7 1 ☐ Yes 2 [ad as Paus		1			7 1 ☐ Yes :		and as Dauc		
If YES, Name or 4	Digit Number from git Number from					0 TES, N		Digit Number git Number fro				
			Cargo Loss or Sh	ift Separat	ion of Units	Ran O		•		Cargo Loss or Sh	ift Separa	tion of Units
Rail Oil Road _											-	

REMARKS

Vehicle #1 was traveling north on Westside Pkwy in the outside lane near Encore Pkwy. Vehicle #2 was traveling north on Westside Pkwy in the outside lane near Encore Pkwy in front of vehicle #1.

The driver of vehicle #1 said that he was attempting to stop vehicle #2 for a traffic violation on Westside Pkwy near Encore Pkwy when vehicle #2 stopped suddenly in front of him. The driver of vehicle #1 said that he was not able to stop before the front of his vehicle struck the rear of vehicle #2. The driver of vehicle #2 said that he saw the police car behind him with its emergency lights activated and as he approached the intersection of Westside Pkwy and Encore Pkwy the traffic signal changed from green to yellow. The driver of vehicle #2 said that as he was stopping for the traffic signal he was struck from behind by vehicle #1.

* * Continued * * WESTSIDE PHWY Dressing NuA To Books Accident Investigation Site? CITATIONS - VEHICLE # CITATIONS - VEHICLE # Yes No. Site Number: , Location at Area of Impact First Harmful Event Traffic-Way Flow Weather Surface Cond. Light Cond. 3 2 0 11 2 VEH.#_ VEH. # __2 SKID 0.00 AFTER 0.00 Width Of Road DISTANCE Number of Occupants 1 1 VEH. 1 VEH_ 1 0.00 **BEFORE** 72 Point Of Initial Contact 7 1 IMPACT VEH. 2 VEH. 2 Damage To Vehicles 3 Damage Other Than Vehicle: Owner: TAKEN SAFETY EQUIP. EXTRIC INJURY EJECT FOR TREAT. Driver # 1 Or Pedestrian # 0 2 2 1 3 Occupants (list below): Driver # 2 Or Pedestrian # 0 0 2 2 1 LAST NAME FIRST ADDRESS CITY STATE $x \mid x \mid x$ XXXXX XXXXX XXXX XXXXX XXXXX XXXX

Accident Number	Agency NCIC Accident Date					Georgia	orgia Uniform Motor Vehicle Report Continuation												
09080104	0600400		08,	/06/200	9														
OCCUPANTS:									E H			TAKEN		SAFETY EQUIP.					
LAST NAME	FIRST	ADI	DRESS	CITY	STATE	ZIP	Ğ E	S E X	H	D 0 0	INJURY	TAKEN FOR TREAT,	EJECT	EQUIP.	EXTRIC.	AIRBAG			
								_	<u> </u>	Щ									
Injured Taken To:					В	r.													
Witness			Add	dress		,	City				State		7in	Code	Telephon	o Me			
(Valle			701	uless	-		, ity				State		Zip	Code	relepixor	e Nu.			
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											.			-					
							_												
																-			
																-			
							_								_	_			
A 1 1111 A 172 A															_				
Additional Remarks:																-			
No injuries wer	re reported a	ıt t	he sce	ene.															
Both vehicles	were removed	fro	m the	scene l	by the	ir dri	.ve	rs	•										
See attached di	iagram.																		

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

Reported By: WESSEL, R. J.

* * E N D * *
PAGE 3 of 4

Accident Number	Agency NCIC	Accident Date	Georgia Uniform Motor Vehicle Report Continuation
4 09080104	0600400	08/06/2009	
Indicate No			ENCORE PKWY
)		
WESTSIDE	PKWY	OHLY ONLY	WESTSIDE PKWY
			Drawing Not To Scale.
Reported By: WESSEL,	R. J.		
reported by. Hebband			



Memo

To:	Lt. D. L French
From:	Capt. T. L. Osborne TCO
CC:	Director George, Deputy Director Sanders, File
Date:	09/01/2009
Re:	Accident Review - Furr case# 0908-0104
The dete	cident Review Committee has examined the attached City of Alpharetta Accident / Incident Report Form.
Neglige	nceX
Due to:	Following too Closely
Non-Ne	gligence
lf non-n	egligence was checked, you need only inform the involved officer of this fact.
	ence was checked, please review the attached form and prepare a report to the Directors with your endations as they relate to disciplinary action. Prior Negligent accidents 0

City of Alpharetta Accident/Injury Investigation Report Employee Name: Arick Furt

Employee work departmen	nt name and te	elephone number: Police Dep	ot 678-297-6306
Date of Accident/Injury: 8/	/6/2009		
Nature of Accident/Injury:	Motor vehicle	e collision	
Location of Accident/Injur	y: Westside Pl	kwy @ Encore Pkwy	,
Investigating Officer: Lt R	.J. Wessel		
Name of Supervisor notific	d: Lt R.J. We	ssel	
Name of Supervisor on sce	ne: Lt R.J. We	essel	
Police Report/Case Number	r (if applicabl	e): 0908-0104	
Police Agency where repor	t was filed: Al	pharetta PD	
Photographs taken and nu	mber of prints	:	
Name of photographer: Of	c Arick Furr		
Alcohol/Drugs suspected:	Yes:	No: 🖂	
Location of Drug Test: Nor	rth Fulton Hos	spital	
Did employee return to wo	rk: Yes: 🛚	No:	
If no, please state reason:			
Was employee at fault?	Yes: 🖂	No:	
State your reason for your	opinion: Ofc F	furr struck the rear of another	vehicle
Any citations issued?	Yes:	No: 🖂	
In your opinion, could emp	loyee have pro	evented accident? Yes: 🗵	No:
closely that he was not able	to stop and sh	ot have been following the ot nould have anticipated that to he by a police vehicle attempt	the other

Investigator signature:

Date: & L/c?

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: _	Arisk Fun	Date:8/6/69	
Supervisor signature:	#5.12	Date: 3 16 69	

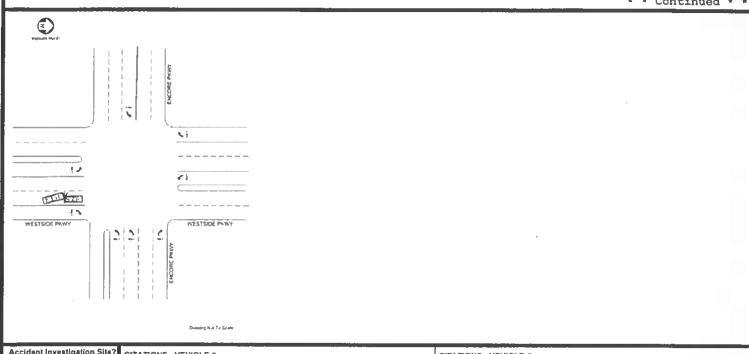
Accident Number 090801		Agency No	CIC No.	MOTO	GEORGIA R VEHICLE	UNIFORM ACCIDENT		т	County F1	LTON	Date Rec.	By DMVS	
Date ·		Day Of We	ek	Time	Off. A			Total Number	Of:	Inside			
08/06/2009	Sun M		Th F S	17:39	17	39	Vehicles 2	Injuries 0	Fatalities 0	City Of: ALPHARES	TTA		
Road of Occurrence WEST	SIDE P	KWY Dwest St. Rt.	3 ☐ Co Road 4 §		t Its tersection Wi	th ENCO	RE PK	WY Lowest St. I	Rt 3 🗆 Co.	Road 4 🗵 City S	_ v r	cted Report?	
Not At Its Intersection But —		☐ Miles ☐ Feet		3□East 4□West	Of: 1 Inter	rstate 2	Lowest St.	Rt. 3 Co	Road 4 🗆	City St 5 Co I		. To Original?	
And continuing in the the Next Reference	ne direction c Point is	hecked abo	ove,1 🔲 In	terstate 2 🗖 L	owest St. Rt.	3 ☐ Co Ros	d 4 🗆 C	Hit and Yes [d Run?				
Driver # LAST N	AME , ARICK	FIRS	Т	MIDDLE		Driver #	LAST N		FIRST ARLTON		MIDDLE		
	OLD MIL		WY			Ped 🗆		WOOD FA				-	
City ALPHARETTA	Sta G/	te	Zip (OOB /1	.983	CUMMI		Sta G/		30041- C	OB /	1990	
Driver's License No).	Clas CM	s State		☐ Female		icense No		Class		_	☐ Female	
Posted 40 ST	urance Co. PAUL M	ERCURY	Polic GP0	y No. 19313759	-	Posted Speed	40 Ins	urance Co.	M MUTUA		No. 992-D24	-11D	
Year Make 2008 CHE	V	odel MPALA	Telephon		6306	Year 2003	Make		lodel ESCALAD				
VIN 2G1WS553081			Vehicle BLK	Color		VIN 3GYFK		340322		Vehicle (Color		
Tag # GV12563	State GA		County FULTON	Year 201	0	Tag# TZ399		State GA	C	County	Year 20	0.9	
Trailer Tag #	State		County	Year		Trailer Ta		State	-	County	Year		
☐ Same as Driver		's Last Na 'Y OF	me ALPHARETT!	irst A,	Middle	☑ Same				e CARLTON N	rst 1	Middle	
Address 2 SOUTH MA							MOOD	FALLS I					
City ALPHARETTA	St	ate IA		30009		City CUMMIN		St.	ate GA	Z	30041-		
Removed By OCCUPANT			☐ Reque:	st 🗆 Lis		Removed OCCUP?				☐ Reques	t OL	ist	
Aicohol Test 1	Type 2	Results 0.00	Drug Test 1	3 Type	Results PENDING	Alcohol T		Туре	Results	Drug Test 2	Туре	Results	
Driver Cond	Direction O		Vision Obscured	1 Contribut	ing Factors	Driver Co		Direction O		Vision Obscured	Contribu	uting Factors	
Veh Cond 1	Veh Maneu 5		Ped. Maneuver			Veh Cond		Veh Maneu 5		Ped. Maneuver			
Most Harmful Event	11	Veh Cla	\$5:	2 Veh Type:	1	Most Harr	nful Event	1 11	L Veh Clas	5:	1 Veh Type	3: 11	
Traffic Ctrl	2	Device I	noperative?	☐ Yes ②	I No	Traffic Ctr	t	2	2 Device In	operative?	□ Yes	⊠ No	
Injured Taken To:					Ву:								
EMS Notified Time	EMS	Arrival Tim	e Hos	pital Arrival Tin	ne	Pho	otos Takei	n: 🛛 Yes	□ No	By: OFC A	लाक्क		
Report By:	Ç	ASPANAREN!	TA POLICE	Report Date		Checked B	y:			Date Chec			
WESSEL, R. J. Witness(es): Name		DEPARTME	NT	OB/O6/2 Address	2009		City		State	Zip C	ode Te	elephone No.	
<u> </u>			···										
DMVS MICROFILM	NUMBER (C	O NOT W	RITE IN THIS SPA	ACE)									
				CO	MMERCIAL	VEHICLES	ONLY						
Carrier Name Vehicle #						Carrier Na Vehicle #	me						
Address		S	late	Zip		Address			Sta	te	Zip		
No. of Axles	G V.W.R.	- 1	ed. Reportable	Cargo B	ody Type	No. of A	xles	G.V.WR.	į	d Reportable Yes 2 No	Cargo E	Body Type	
Vehicle Config.	I.C.C.M.C.		U.S. D.O.T. #	Interstate I		Vehicle Co	onlig,	I.C.C.M.C.		.S. D.O.T. #	Interstate Intrastate		
C.D.L.?	1 🗆 Yes :	2 🗆 No	C.D.L. Suspend	1			C.D L.?	1 🗆 Yes :	2 🗆 No	C.D.L. Suspend	4		
Vehicle Placarded?	_	_	Hazardous Mater			Vehicle P		? 1 ☐ Yes		lazardous Materi			
Released?	1 ☐ Yes	2 🗆 No				F	Released?	1 □ Yes :	2 🗆 No				
If YES, Name or 4 Dia	-					If YES, Na		Digit Number					
_			of Diamond: Caroo Loss or St	nift Separat	ion of Units	Ran Of	_	it Number fro Down Hill R		Diamond:	iff Senare	ation of Units	

REMARKS

Vehicle #1 was traveling north on Westside Pkwy in the outside lane near Encore Pkwy. Vehicle #2 was traveling north on Westside Pkwy in the outside lane near Encore Pkwy in front of vehicle #1.

The driver of vehicle #1 said that he was attempting to stop vehicle #2 for a traffic violation on Westside Pkwy near Encore Pkwy when vehicle #2 stopped suddenly in front of him. The driver of vehicle #1 said that he was not able to stop before the front of his vehicle struck the rear of vehicle #2. The driver of vehicle #2 said that he saw the police car behind him with its emergency lights activated and as he approached the intersection of Westside Pkwy and Encore Pkwy the traffic signal changed from green to yellow. The driver of vehicle #2 said that as he was stopping for the traffic signal he was struck from behind

* * Continued * *



Yes No		ITATIONS - VEH	RICLE #					CITA	AOITA	45 - V	/EHIC	CLE #	-				
First Harmful Event	Traffic-Wa	y We	ather Surf	ace Cond	Light Con	d.	Manner of Collision	Localii Area o		ıd	Ros		id Def. R	load Characte	r Construc	tion/Maintenan	ce Zone
11	2		L	1	1		3		1			2	1	2	1	0	
Number of Occa Point Of Initial C Damage To Vet	Contact		VEH # 1 1 1 3	VEH.	1 7 3	DIST BEI	KID FANCE FORE PACT	VE	0 . 1. 1.	. o o	<u>_</u> A	FTER	VEH.	.00 1 .00 2	Wid	of Road	j —
Damage Other Than Vehicle:			Owner:					A G E	S E X	V E H #	\$ 0 th	YRULNI	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP	EXTRIC.	AIR BAG
		Driver#1	Or Pedes	trian #							==	0		1	3	2	2
Occupants (list b	elow):	Driver # 2	Or Pedes	trian #								0		1	0	2	2
LAST NAME		FIRST	ADDI	RESS	CITY	STAT	E ZIP	X	X	х	х	XXXXXX	XXXXX	XXXX	XXXXX	XXXXXX	XXXX
						· · · -											
			_														

Accident Number 09080104	Agency NCIC 0600400	Accident Date 08/06/2009	Georgia Uniform Motor Vehicle Report Continuation												
OCCUPANTS:	FIRST AL	DRESS CITY ST	FATE ZIP	A G E	S E X	V E H	p. O 6	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC	AIRBAG		
					_										
Injured Taken To:			By:												
Witness Name		Address	(City				State		Zip	Code	Telephor	e No.		
Additional Remarks:															
No injuries wer	e 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

Drawing Not To Scale,

Reported By: WESSEL, R. J.