



MEMORANDUM

TO: Major C. M. Murphy

FROM: Deputy Chief J. L. Glazier *JLG*

DATE: June 15, 2017

RE: OPS FILE #17-I-0282-VA (Officer Lionel Dely)

I have reviewed the listed file and taken the following actions:

Concur with Section Commander:

Did not concur with Section Commander:

Recommended Discipline Modified:

My recommendation is as follows:

Disciplinary:

Oral Admonishment	<input type="checkbox"/>	Written Reprimand	<input type="checkbox"/>
Work Rule(s):		Work Rule(s):	
Suspension	<input type="checkbox"/>		
Number of Days:			
Work Rule(s):			

Non-Disciplinary:

Not Sustained	<input type="checkbox"/>	Exonerated	<input checked="" type="checkbox"/>
Work Rule(s):		Work Rule(s): 4.4.4	<i>JLG</i>
Exceptionally Closed	<input type="checkbox"/>	Unfounded	<input type="checkbox"/>
Work Rule(s):		Work Rule(s):	

JLG/mmf



City of Atlanta Internal Correspondence

Atlanta Police Department

MEMORANDUM

TO: Major J. Durant

FROM: Major C. Murphy

DATE: May 16, 2017

RE: Command Investigation of OPS Complaint File: 17-I-0282-VA
Officer Lionel Dely

**ATTENTION: Pursuant to the Disciplinary Manual, section 4.2.2(5), the file should
 Be completed and returned on June 06, 2017.**

It is the policy of the Atlanta Police Department that an allegation(s) of misconduct be investigated. Therefore, this OPS complaint file is assigned to your division for that investigation. An investigation is not complete until the file is reviewed by the chain of command and the commander of OPS. If additional time is needed to complete the investigation, the investigating supervisor must request an extension in writing.

Please expedite your investigation and return the file to OPS on or before the date indicated above. If you have any questions about this file, please contact Lieutenant S. Bennett at 404-658-6830.

Date Stamp the Appropriate Block

Delivered to Division	Delivered to Section	Returned to Division	Returned to OPS



ATLANTA POLICE DEPARTMENT OFFICE OF PROFESSIONAL STANDARDS



OPS - VEHICLE ACCIDENT REQUEST FORM

OFFICER INFORMATION

Employee Involved: [Dely, Lionel](#) Employee E-mail Address:
 Race: [BLACK](#) Sex: [MALE](#) ID#: [6650](#) Rank: [OFFICER](#)
 Employee work assignment: Division: [FOD](#) Section: [ZONE 3](#) Unit: [Evening](#)

INCIDENT AND VEHICLE INFORMATION

Incident Date: [05/02/17](#) Incident Time: [1604](#) CADS#: [171221877](#) County/Location: [FULTON](#)
 Incident location: [512 Fraser St](#)
 Incident Zone: [ZONE 3](#) Shift: [EVENING](#) Vehicle(s) Involved: [2 VEHICLES](#)
 Summary of Incident: [See Memo](#)
 Type of Accident: [BACKING UP](#) Light Conditions: [DAY TIME](#)
 Weather conditions: [CLEAR](#) Vehicle #: [33006](#)
 Vehicle Information: Year: [2015](#) Make: [Ford](#) Model: [Intercepto](#)
 Employee sustained any injuries: [NO](#) Others sustained any injuries: [NO](#)
 Requested by: [M Mozgawa](#) Rank: [Sgt](#) Date: [05/16/17](#)

In order to obtain an OPS number; this form needs to be completed entirely and e-mailed to the following people. Once received; an OPS number will be issued.

Ofc. Cruz, Balmore	BCruz@Atlantaga.gov
Ofc. Mathew Stewart	MJStewart@Atlantaga.gov
Ofc. Carole, Mason	CMason@Atlantaga.gov
Sgt. William Dean	WDean@Atlantaga.gov

ATLANTA POLICE DEPARTMENT PRELIMINARY COMPLAINT FORM

<input type="checkbox"/> OPS INVESTIGATION	<input checked="" type="checkbox"/> COMMAND INVESTIGATION	COMPLAINT NUMBER 171221877	OPS CONTROL NUMBER 17-I-0282-VA
--	---	-----------------------------------	--

DATE & TIME COMPLAINT RECEIVED				DATE OF INCIDENT				ADDRESS OF OCCURRENCE	
MO	DAY	YR	TIME	MO	DAY	YR	TIME	512 Fraser St SE Atlanta ga	
5	2	2017	1605	5	2	2017	1605		

<p style="text-align: center; font-weight: bold; font-size: 1.2em;">BRIEFLY DESCRIBE ALLEGATIONS</p>	AUDIO AND VIDEO TAPES THAT ARE PART OF THIS FILE VIDEO TAPES OF INTERVIEWS <input checked="" type="checkbox"/> AUDIO TAPES OF 911 RADIO <input type="checkbox"/> OTHER TAPES <input type="checkbox"/>
--	--

On 5/2/2017, Officer Dely was involved in a vehicle accident while operating patrol car 33006.

COMPLAINANT INFORMATION

USE "C" FOR COMPLAINANT, USE "P" FOR PARENT OR GUARDIAN, USE "W" FOR WITNESS, USE "S" FOR SUPERVISOR

CODE	NAME (LAST, FIRST, MI)	RACE	SEX	DOB
S	[REDACTED]	W	M	

RESIDENT ADDRESS	HOME PHONE	BUSINESS PHONE
[REDACTED]		

DESCRIBE INJURIES	HOSPITAL TAKEN TO	PHOTO ID #	SUSPECT WEAPON	WEAPON SERIAL #
N/A				

ACCUSED #1 NAME (LAST, FIRST, MI)	RANK	RACE	SEX	DOB	DOE	4 DIGIT ID NO
Lionel Dely	Ofc	B	M	[REDACTED]	7/16/15	6650

DIVISION	ASSIGNMENT SECTION	WATCH	DUTY STATUS				WEAPON	FIREARMS DISCHARGE ONLY	
			ON DUTY	OFF DUTY	TMP ASGN	XTRA JOB		WEAPON SERIAL #	# SHOTS
FOD	Z3	Eve	XXX						

DESCRIBE INJURIES	HOSPITAL TAKEN TO	PHOTO ID. NO.	TYPE OF DRUG TEST
None.	N/A	3391	N/A

ACCUSED #2 NAME (LAST, FIRST, MI)	RANK	RACE	SEX	DOB	DOE	4 DIGIT ID NO

DIVISION	ASSIGNMENT SECTION	WATCH	DUTY STATUS				WEAPON	FIREARMS DISCHARGE ONLY	
			ON DUTY	OFF DUTY	TMP ASGN	XTRA JOB		WEAPONS SERIAL #	# SHOTS

DESCRIBE INJURIES	HOSPITAL TAKEN TO	PHOTO ID. NO.	TYPE OF DRUG TEST

ACCUSED #3 NAME (LAST, FIRST, MI)	RANK	RACE	SEX	DOB	DOE	4 DIGIT ID NO

DIVISION	ASSIGNMENT SECTION	WATCH	DUTY STATUS				WEAPON	FIREARMS DISCHARGE ONLY	
			ON DUTY	OFF DUTY	TMP ASGN	XTRA JOB		WEAPONS SERIAL #	# SHOTS

DESCRIBE INJURIES	HOSPITAL TAKEN TO	PHOTO ID. NO.	TYPE OF DRUG TEST

SUPERVISOR RECEIVING COMPLAINT	INVESTIGATOR ASSIGNED	DATE ASSIGNED	DATE COMPLETE
Lt C Myers	Lt C Myers	5/16/2017	

**ATLANTA POLICE DEPARTMENT
SUPERVISOR COMPLAINT INVESTIGATION CHECKLIST**

EMPLOYEE NAME: Lionel Dely

OPS CONTROL: 17-I-0280-VA

INVESTIGATIVE FOLDER

- 1. Disciplinary Complaint Folder Index
- 2. Supervisor Complaint Investigation Checklist
- 3. Preliminary Complaint Form (For all formal complaints)
- 4. Citizen Statements (Where applicable)
- 5. Employee Statements
- 6. Complaint Investigation Disposition Form (Command Investigations) OR
Complaint Transmittal Summary Memorandum (OPS Investigations)
- 7. Any Supporting Documentation (See below list)

<input checked="" type="checkbox"/>	Offense Report	<input type="checkbox"/>	Lab Results
<input checked="" type="checkbox"/>	Accident Report	<input checked="" type="checkbox"/>	Photos
<input type="checkbox"/>	Medical Release	<input checked="" type="checkbox"/>	Video Tape/Audio Tape
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

LT. C. Myers
Investigation Completed By

6/4/17
Date Completed

DETERMINE DISCIPLINARY ACTION

8. Disciplinary Worksheet (Filled out by supervisor)

NON-ADVERSE ACTION

9. Oral Admonishment given to (Employee) _____ by _____
(Supervisor) _____ for rule _____ on _____
10. Written Reprimand given to (Employee) _____ by _____
(Supervisor) _____ for rule _____ on _____

I have received a copy of this form. _____ on _____
(Employee Name) (Date)

ADVERSE DISCIPLINARY ACTION

11. Notice of Proposed Adverse Action (NPAA) issued (Date) _____
12. Extension of time form (When applicable) _____
13. Notice of Final Adverse Action (NFAA) issued (Date) _____
NFAA issued by (Name) _____

PROACTIVE CORRECTIVE ACTION

14. Memorandum on Corrective Action (If applicable, includes counseling)
15. Training given on _____ for _____
16. Other _____

P - 3 - 1 - 1

ATLANTA POLICE DEPARTMENT Supervisor's Accident Investigation Summary

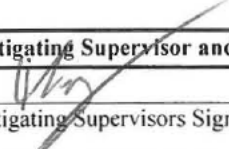
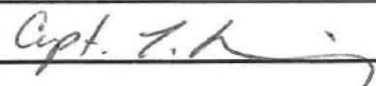
Employee's name: Lionel Dely		Rank or title Ofc		ID no. 6650
Division/section/unit/watch FOD/Z3/Evening Watch				Assign no. 3301
Time in assignment 10 Months	Date of employment 7/16/2015		Probationary status <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City vehicle no. 33006	Accident date 5/2/2017		Time 1605	
Accident location 512 Fraser St			Incident no. 171221877	
Name of accident responding officer Ofc Williams			Assignment no. 3305	
Name of accident responding supervisor Lt Myers				

The supervisor must complete the following reports, when appropriate (check those that are attached):

- Supervisor's Accident Investigation Summary (Form APD 705)
- Accident Report
- Incident report on injury to officer, damage to City property, etc.
- Copy of workers comp package
- Pursuit report package (see APD.SOP.3050 "Pursuit Policy")
- OPS package (see Disciplinary Manual) OPS Control Number 17-I-0282-VA
- AVAIL – history, if vehicle is equipped
- Watchguard video of incident
- Citizen Statement (APD FORM 824) *(completed on scene -hand written)*
- Video from the Video Integration Center Yes No

If no Watchguard video, or AVAIL history provide explanation:

Investigating Supervisors Summary of Accident: *(Include a narrative summary of what the employee was doing prior to and at the time of the accident; a detailed analysis of the accident; amount of damage; and contributing factors.)* Ofc Dely was responding to a call at 512 Fraser St and parked his vehicle on Fraser. While speaking with the 911 caller a vehicle backed out of his driveway and struck his vehicle causing minor damage to the bumper. Ofc Dely was not in his vehicle at the time and his vehicle was off.

Investigating Supervisor and Section Commander Signatures:	
	6/4/17 Date
Investigating Supervisors Signature:	
Section Commanders Signature: 	6/5/17 Date

ATLANTA POLICE DEPARTMENT

Significant Event Report

Division: FOD Unit: Evening Watch
Date: 5/2/2017 Time: 1605

Location: 512 Fraser St Beat: 304 Signal: 41P
Complaint No.: 171221877 Reporting Supervisor: Lt C Myers

Victim
Victim's Name: N/A Victim's Address: _____
Date of Birth: _____ Gender: _____ Race: _____

Suspect
Suspect's Name: N/A Suspect's Address: _____
Date of Birth: _____ Gender: _____ Race: _____

Other Unit Notification: 3391

Narrative

Ofc Dely was involved in a minor traffic accident while handling a call at 512 Fraser St. While Ofc Dely's vehicles was parked on the street a vehicle was backing out of a driveway and struck his partol vehicle. No one was injured and there was minor damage.



Signature: _____

Date: _____

ATLANTA POLICE DEPARTMENT EMPLOYEE STATEMENT

EMPLOYEE:

OPS #

EMPLOYEE NAME (LAST, FIRST, MI) Dely, Lionel			CLASSIFICATION Officer	POSITION NUMBER 37882	DATE & TIME OF STATEMENT 6/4/2017 1821			
RACE B	SEX M	DOB [REDACTED] 1989	DATE OF EMPLOYMENT 7/16/2015	4 DIGIT ID NO. 6650	DIVISION FOD	SECTION Zone 3	WATCH Eve	
Investigator's Name I am Lt Clint Myers					of the Atlanta Police Department			You are being questioned as a Accused

in an official investigation by the Department. Also present is: REPRESENTATIVES NAME:
None

All employees must answer questions and make available relevant materials or sworn statements concerning an investigation of allegations of employee misconduct when directed to do so by a disciplinary authority or duly appointed investigator. Employees may obtain representation but cannot delay questioning for more than three hours beyond the time he or she was notified of the questioning. Except as authorized or required, an employee shall not interfere with nor contact persons involved in an internal investigation nor disclose or discuss with anyone except the designated Departmental authority the existence or facts of an internal investigation. This restriction will not be construed to prohibit an employee from discussing any aspect of the investigation with his or her representative. Administrative statements made by employees and evidence gained by reasons of such statements may not be used against the employee in criminal proceedings involving the employee except in cases of perjury.

- Q. Did you respond to the address of 512 Fraser St on 5/2/2017 regarding a fight call?
- A. Yes.
- Q. Please described where you parked.
- A. When I got on scene I drove just a little bit pass the house and parked in front of the empty driveway of 60 Richmond.
- Q. Where were you when your vehicle was stuck?
- A. I was outside the vehicle speaking with the caller in front of her home.
- Q. The person that struck your vehicle, were they involved with your call?
- A. No.

I have read or had read to me the above statement and I swear or affirm that it is true to the best of my knowledge and belief.

 6-4-17
EMPLOYEE SIGNATURE

Sworn and subscribed to me this 4 day of June in the year 2017

Lionel J Dely
PRINT EMPLOYEE NAME

NOTARY PUBLIC

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ATLANTA POLICE DEPARTMENT
EMPLOYEE STATEMENT

EMPLOYEE:

OPS #

Q. Was your vehicle running or did it have any emergency equipment operating when it was struck?

A. No.

Q. Did you witness the accident?

A. No.

Q. Is there anything else you wish to add to this statement?

A. No.

I have read or had read to me the above statement and I swear or affirm that it is true to the best of my knowledge and belief.



EMPLOYEE SIGNATURE

Sworn and subscribed to me this 4 day of June in the year 2017



PRINT EMPLOYEE NAME

NOTARY PUBLIC

P - 6 - 2 - 4

ATLANTA POLICE DEPARTMENT
Written Notice of Allegations

Employee: Lionel Dely APD ID # 6650 OPS#: 17-I-0282-VA

Allegation: (Type Allegation and Work Rule #)
Vehicle Accident 4.4.4

According to APD.SOP.2020 your responsibilities, restrictions, and rights as an employee are:

3.4 Employee Responsibilities

All employees must answer questions and/or make available any relevant materials or sworn statements concerning an investigation of employee misconduct when directed to do so by a disciplinary authority or duly appointed investigator. Employees will provide all relevant information and materials and answer all questions honestly, completely, and to the best of their ability. **An employee's refusal to cooperate and provide sworn statements, answers, or relevant materials during an authorized administrative investigation will result in disciplinary action, up to and including dismissal.**

Any employee reporting for duty under the influence of any substance such as prescription medications, alcohol, over the counter medications, or other substances that, while legal, may adversely affect the judgment or performance of that employee during duty hours, must notify his or her immediate supervisor prior to commencing work.

3.5 Employee Restrictions

Except as authorized, in an investigation into employee misconduct, employees may not:

Interfere with the complaint investigation in any manner

Independently participate in the investigation

Be present during any investigative contact with a complainant or with witness involved in the investigation

Contact the complainant or witness concerning the allegations; or

Discuss the existence or facts of a complaint with anyone except designated Department authorities conducting the investigation.

This restriction will not be construed to prohibit an employee from discussing any aspects of a complaint with his or her attorney or other representative, or to prevent his or her attorney from developing information for his or her defense.

3.6 Employee Rights

All employees have the right to have an attorney or other representative present during questioning in an administrative investigation. However, any employee who is either an accused employee or a witness in a complaint investigation may not act in the capacity of representative for any other employee being questioned as an accused or witness in that complaint investigation. An employee's representative shall be allowed to consult with the employee, and to object to questions, but shall not delay or interfere with the questioning process. Any objections to the form or content of the questions will be noted, but the employee shall still be required to answer fully and completely any and all questions presented during the investigation. An employee cannot delay questioning for more than three hours beyond the time he or she was given notice to appear for the questioning.

The employee being questioned as the accused will be issued the Written Notice of Allegations form (Form APD 848), which includes, but is not limited to a written statement of the allegation(s) and the employee's rights and responsibilities relative to the investigation against him/her prior to any questioning.


All employees who are subject to any form of discipline, whether non-adverse or adverse action, will be given written documentation of the disciplinary action taken. This written documentation must state the work rule which applies to the disciplinary action taken, information and/or documentation supporting the alleged work rule violation, and the disciplinary action that was taken. Employees must sign the written documentation stating that they have been notified of the disciplinary action taken. The employee's signature does not constitute an admission of guilt or wrongdoing, it serves only as receipt of the written documentation of disciplinary action and notification of the same.

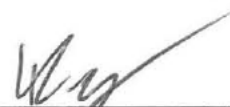
The employee against whom a complaint has been filed may review the investigative folder upon completion of that investigation. The OPS commander will designate the area where the folder is to be reviewed and establish rules governing the review of the folder.

If the employee is being questioned as a suspect in a criminal investigation, the employee will be afforded complete Miranda Rights.

Administrative statements made by employees and evidence gained as a result of such statements shall not be used against the employee in criminal proceedings involving the employee except in cases of perjury.

I have received a copy of the allegation(s) and my rights and responsibilities relative to the investigation against me as the accused prior to any questioning.

 6-4-17
Employee Signature/Date

 6/4/17
Witness/Date



ATLANTA POLICE DEPARTMENT
Awareness Statement: Truthfulness

OPS Complaint # 17-I-0280-VA

This statement form will be completed for every employee, accused or witness, in its entirety by the interviewer, and will be signed by the employee, prior to obtaining a statement for any allegation being investigated by the investigating authority.

I am aware that I will be dismissed for a Sustained violation of APD.SOP.2010, "Employee Work Rule" 4.1.03 (Truthfulness) which reads:

"Employees will be truthful in their written and spoken words at all times."

Do you understand this statement? [X] Yes [] No

Lionel Delly
(Employee's Printed Name)

[Signature]
(Employee's Signature)

6-4-17 1816hr
(Date/Time)

Clint Myers
(Interviewer's Printed Name)

[Signature]
(Interviewer's Signature)

6/4/17 1416
(Date/Time)

(Witness Representative's Printed Name)

(Witness/Representative's Signature)

(Date/Time)



MEMORANDUM

TO: 17-I-0292-VA
FROM: Lt Clint Myers
DATE: 5/23/2017
RE: No WatchGuard

There is no WatchGuard video available for this accident. Please refer to the body camera footage.

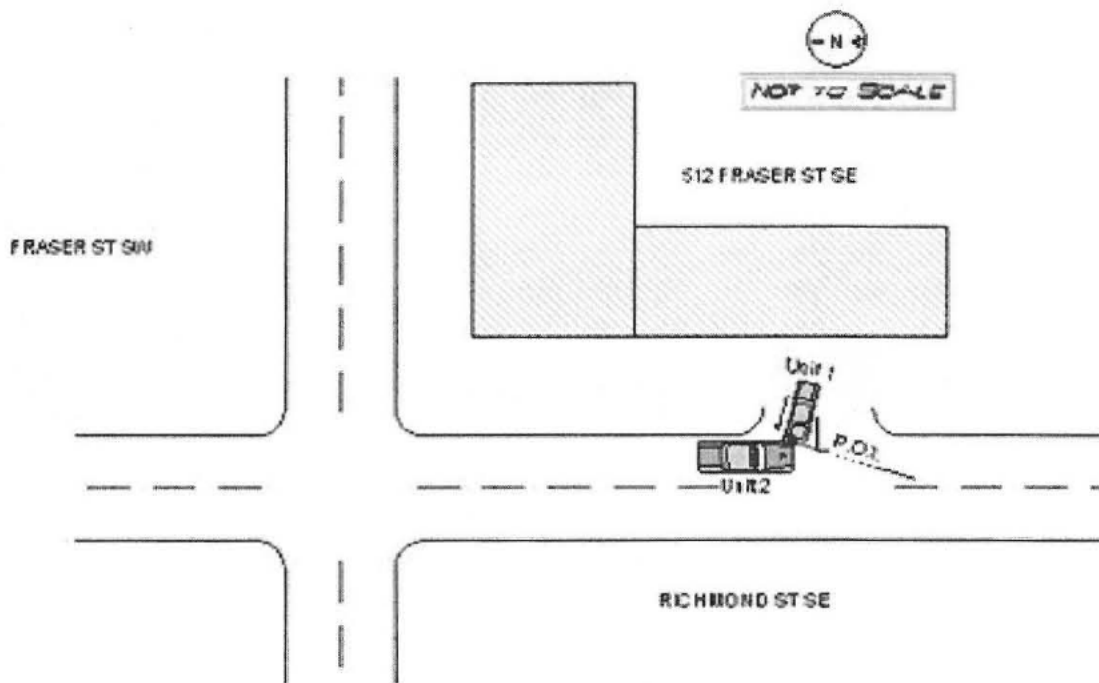
Accident Number 171221877-00		Agency NCIC NO. GAAPD0000		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County FULTON		Date Rec. by DMVS.			
Date 5/2/2017		Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S			Time 1604		Off. Arrived 1625		Total number of: Vehicles: 2 Injuries: 0 Fatalities: 0		Inside City of: Atlanta		
Road of Occurrence 512 FRASER ST SE				At Its Intersection With				Corrected Report? Yes <input type="checkbox"/>		Suppl. to Original? Yes <input type="checkbox"/>			
<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input checked="" type="checkbox"/> City St.				<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St.				Hit and Run Yes <input type="checkbox"/>					
Not At Its Intersection But _____				Miles _____ North _____ East _____ Feet _____ South _____ West _____									
And Continuing in the Direction Checked Above The Next Reference Point Is _____				<input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line									
Driver # 1 LAST NAME [REDACTED] FIRST [REDACTED] MIDDLE P Address [REDACTED] Ped # <input type="checkbox"/>				Driver # 2 LAST NAME DELY FIRST L MIDDLE Address [REDACTED] Ped # <input type="checkbox"/>									
City ATL		State GA		Zip 30312		DOB [REDACTED]		City ATL		State GA			
Driver's License No. [REDACTED]		Class C		State GA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Driver's License No. 0000000000		Class			
Posted Speed 25		Insurance Co. AMERICAN FAMILY INS		Policy No. 410083056045				Posted Speed 25		Insurance Co. CITY OF ATLANTA			
Year 2015		Make NISS		Model SEN		Telephone [REDACTED]		Year 2015		Make FORD			
VIN 3N1AB7AP3FY381704		Vehicle Color BLK						VIN 1FAHP2MK3FG178142		Vehicle Color BLU/RED			
Tag # [REDACTED]		State GA		County FULTON		Year 112017		Tag # [REDACTED]		State GA			
Trailer Tag #		State		County		Year		Trailer Tag #		State			
<input checked="" type="checkbox"/> Same as driver Owner's Last Name [REDACTED] First [REDACTED] Middle [REDACTED]				<input type="checkbox"/> Same as driver Owner's Last Name CITY OF ATLANTA First Middle									
Address [REDACTED]				Address [REDACTED]									
City [REDACTED] State Zip [REDACTED]				City ATL State GA Zip 30315									
Removed By _____ <input type="checkbox"/> Request <input type="checkbox"/> List				Removed By _____ <input type="checkbox"/> Request <input type="checkbox"/> List									
OWNER REMOVAL				DRIVER REMOVAL									
Alcohol Test		Type		Results		Drug Test		Type		Results			
Driver Condition 1		Direction of Travel 3		Vision Obscured 1		Contributing Factors 28		Driver Condition 2		Contributing Factors 1			
Vehicle Condition 1		Vehicle Maneuver 7		Pedestrian Maneuver 9				Vehicle Condition 1		Vehicle Maneuver 8			
Most Harmful Event 11		Vehicle Class 1		Vehicle Type 1				Most Harmful Event 10		Vehicle Class 2			
Traffic Control 8		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No						Traffic Control 7		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Injured Taken To: _____ By: _____						EMMS Notified Time _____ EMS Arrival Time _____ Hospital Arrival Time _____ Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By: _____							
Report By ID# 6294		Report By Name _____		Department ATLPD		Report Date 5/22/2017		Checked By: 2527		Date Checked 5/22/2017			
Witness(es): Name _____ Address _____				City _____ State _____ Zip Code _____ Telephone No. _____									
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)													
COMMERCIAL VEHICLES ONLY													
Carrier Name _____ Vehicle # _____ Address _____ City _____ State _____ Zip _____						Carrier Name _____ Vehicle # _____ Address _____ City _____ State _____ Zip _____							
No. of Axles		G.V.W.R.		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type		No. of Axles		G.V.W.R.			
Vehicle Config.		I.C.C.M.C. #		U.S.D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #			
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No				C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Veh. Placarded <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No						Veh. Placarded <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom Diamond: _____						If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom Diamond: _____							
___ Ran Off Road		___ Downhill Runaway		___ Cargo Loss or Shift		___ Separation of Units		___ Ran Off Road		___ Downhill Runaway			

g-1-3

Accident Number 171221877-00	Agency NCIC NO. GAAPD0000	Accident Date 5/2/2017	Georgia Uniform Motor Vehicle Accident Report Continuation
---------------------------------	------------------------------	---------------------------	--

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



8-3-3



INCIDENT REPORT

Incident #: 17-122-1877-00

Prepared:
5/23/2017 3:35:56 PM

Workflow Status: Report Approved by Supervisor

Incident Info							
Incident #	Report Date	Time	Date Occurred	Time	Poss. Date	Time	Beat
171221877-00	5/2/2017	1604	5/2/2017	1600	5/2/2017	1604	304
Shift	Zone	Location	Location Type	Rpt. District	Rpt. Officer	Inv. Officer	
E	03	512 FRASER ST SE	99	304	6650		
Children Inv.	Family Inv.	Gang Related	Prev. Complaints	Prior Court Orders	Disposition	Dispo. Date	Time
0		2					
How Committed							
DAMAGE TO CITY PROPERTY							
Reason No Arrest					Relationship of Parties	Weather	

Offenses								
Offense	Offense						# of Victims	
1	2901	DAMAGE TO PROP BUSINESS						0
	IBR Code	Att/Comp	UCR	UCR Arson	UCR Status	Bias Incident	Method of Entry	Family Violence
	2901	C	1400	0				N

Involved Parties											
Name Type	Name										
REPORTING PARTY	DELY, L										
Address				Bldg.	Apt. #	Home Phone					
DOB	Age	DL Number	DL State	DL Expire	Sex	Race	Height	Weight	Hair	Eyes	
Hair Style		Hair Type		Facial Hair			Complexion				
Appear	Speech	Hand	Gloves	Teeth	Glasses	Hat	Mask	Eye Defect	Skin Tone Type	Clothing Type	
Body Markings Type		Body Markings Description									
Injury / Killed		Injury / Severity			Location on Body		Where Hospitalized				
NOT INJURED		NOT INJURED									
SSN		Occupation							GCIC Code		
Employer			Employer Address				Work Phone		Wk. Ext.		
			...								

No Suspects to Display!

No Arrests to Display!

9-1-2



INCIDENT REPORT

Incident #: 17-122-1877-00

Prepared:

5/23/2017 3:35:56 PM

Vehicles

1	Owner		Record Type				VIN		
			DAMAGED				1FAHP2MK3FG178142		
	Year	Make	Model	Style	Color #1	Color #2	Tag Type	Tag State	Tag #
	2015	FORD	TAU	4D	BLU		U	GA	GV7956F
	Date Stolen	Time Stolen	Date Reported	Time Rprt.	Date Recov.	Time Recov.	Value Stolen	Value Recov.	

Total Vehicle Values	Total Value Stolen	Total Value Recovered
	\$0.00	

Property

1	Owner		Record Type		Property Type		Brand		Model	
	CITY OF ATLANTA,		D		L		FORD		TAURUS INTERCE	
	Description				Qty	Serial #		Color	UCR Type	
	FRONT BUMPER				1			BLU	K	
	Date Stolen	Time Stolen	Date Report	Time Report	Date Recov.	Time Recov.	Value Stolen	Value Recov.		

Total Property Values	Total Value Stolen	Total Value Recovered
	\$0.00	

Narrative

Damage to the front bumper of the patrol vehicle.patrol vehicle#33006

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OR HER OATH, DEPOSES AND STATES THAT THE FOREGOING IS TRUE, CORRECT, COMPLETE AND LEGIBLE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

Reporting Officer (Elec. Sig.)	ID #	Assignment	Gender	Signed Date
DELY (YES)	6650	304		5/14/2017
Supervisor (Elec. Sig.)	ID #	Assignment	Gender	Signed Date
WOLFOLK IV (YES)	5336	304		5/16/2017
Clerk ID #	File Date			

9-2-2

WADE FORD INC.

Workfile ID: 9cde23ea
Federal ID: 58-1544317

Trade With Wade
3860 S COBB DR SE, SMYRNA, GA 30080
Phone: (770) 436-2200
FAX: (770) 333-5906

Preliminary Estimate

Customer: CITY OF ATLANTA, 33006

Job Number:

Written By: JEFF WYNNE

Insured: CITY OF ATLANTA, 33006
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
CITY OF ATLANTA, 33006

Inspection Location:
WADE FORD INC.
3860 S COBB DR SE
SMYRNA, GA 30080
Repair Facility
(770) 436-2200 Day

Insurance Company:

VEHICLE

2015 FORD Police Interceptor AWD (Fleet) 4D SED 6-3.7L Gasoline Sequential MPI

VIN: 1FAHP2MK3FG178142
License:
State:

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Power Driver Seat
Power Adjustable Pedals

DECOR

Dual Mirrors

Tinted Glass

Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Message Center
Steering Wheel Touch Controls
Telescopic Wheel

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags

SEATS

Cloth Seats

Bucket Seats

Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control
Stability Control
California Emissions

11-1-3

Preliminary Estimate

Customer: CITY OF ATLANTA, 33006

Job Number:

2015 FORD Police Interceptor AWD (Fleet) 4D SED 6-3.7L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	Repl PUSH BAR		1	325.00	2.0	
2	#	R&I STROBE LIGHTS				2.0 M	
3	FRONT BUMPER						
4		O/H bumper assy				2.6	
5	Repl	Bumper cover	EG1Z17D957DPTM	1	619.73	Incl.	3.4
6		Add for Clear Coat					1.4
7	Repl	LT Side support	AG1Z17C947B	1	14.62	0.2	
8	Repl	Bumper grille	EG1Z17K945CA	1	58.72	Incl.	
9	GRILLE						
10	Repl	Grille	DG1Z8200AA	1	167.05	Incl.	
11	#	Rpr MODIFY UPPER & LOWER GRILLES FOR PUSH BAR					
12	#	Flex Additive		1	8.00		
SUBTOTALS					1,193.12	6.8	4.8

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,193.12
Parts Discount	\$ 860.12	-36.3 %	-312.22
Body Labor	4.8 hrs @	\$ 40.00 /hr	192.00
Paint Labor	4.8 hrs @	\$ 40.00 /hr	192.00
Mechanical Labor	2.0 hrs @	\$ 78.95 /hr	157.90
Paint Supplies	4.8 hrs @	\$ 28.00 /hr	134.40
Subtotal			1,557.20
Grand Total			1,557.20
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,557.20

WE ARE NOT RESPONSIBLE FOR LOST OR STOLEN ARTICLES LEFT IN YOUR AUTOMOBILE. THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE FOUND AFTER THE WORK HAS BEEN STARTED, PARTS PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE, THANK YOU.....

NOTICE TO THIRD PARTY CLAIMANTS: Failure to use the insurance proceeds in accordance with a security agreement between you and a lienholder, if any, may be a violation of Code Section 16-8-4 of the O.C.G.A. If you have any questions, contact your lending institution.

11-2-3

Preliminary Estimate

Customer: CITY OF ATLANTA, 33006

Job Number:

2015 FORD Police Interceptor AWD (Fleet) 4D SED 6-3.7L Gasoline Sequential MPI

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR2JN10, CCC Data Date 5/16/2017, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2017 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

11-3-3

Printed By: 4440
Printed Date: 05/23/2017

ATLANTA POLICE DEPARTMENT
Call For Service
Incident #: 171221629

----- Call Information -----

Date: 5/2/2017 Call Type and Description: (3929) INFO/D&D FIGHT
Priority: 20 MINUTE RESPONSE RD: ZONE3 BEAT4

Location: 512 FRASER ST SE, APT 512, ATLANTA
Beat: ZONE3 BEAT4 CA: ZONE 3

Call Taker ID and Name: (0268) BLACKWELL, C
Dispatcher ID and Name: (5846) DOBBS, A

Disposition: (12) INVESTIGATION

Disposition Narrative:

Rep Req: N

Rep Recd: N

----- Caller Information -----

[REDACTED]

----- Related Incident Numbers -----

Police: Sheriff: Fire: EMS:

----- Incident Times -----

E911: 14:14:38 Received: 14:18:22 Dispatched: 15:32:38 En Route:
Arrived: 16:03:56 Transport: Booking: Cleared: 17:34:48

----- Unit Information -----

Primary Unit: 3301
Officer 1 and Name: (6650) DELY, L
Officer 2 and Name:

----- Unit Times -----

Unit ID	CMD	Date/Time	Remarks
3301	DS	5/2/2017 3:32:38 PM	512 FRASER ST SE
3301	A	5/2/2017 4:03:56 PM	512 FRASER ST SE
3301	C^	5/2/2017 5:34:48 PM	CT=3929 DC=12 /N

----- CAD Narrative -----

Date/Time	UserID	Remarks
5/2/2017 2:14:38 PM	0268	CT 6838038 512 FRASER ST SE
5/2/2017 2:15:08 PM	0268	CT CT VALID: 3929
5/2/2017 2:18:00 PM	0268	/PEACH TOP/ GRAY SLACKS/ 52YO/NO WEAPONS/ NO INJURIES/ NO DRUGS/ UPSET

12-1-2

Printed By: 4440
Printed Date: 05/23/2017

PAGE:2

ATLANTA POLICE DEPARTMENT
Call For Service
Incident #: 171221629

5/2/2017 2:18:00 PM	0268	BECAUSE CALLER PUT HER OUT/. CALLER ADVISE HER HOUSE IN
ON THE CORNE		
5/2/2017 2:18:00 PM	0268	R
5/2/2017 2:18:00 PM	0268	CALLER IS HOME BOUND
5/2/2017 2:18:16 PM	0268	CT LC VALID: 512 FRASER ST SE
5/2/2017 2:18:22 PM	0268	CALLER IN DISPUTE WITH HER DAUGHTER/ DAUGHTER REFUSING TO
LEAVE / NO W		
5/2/2017 2:18:22 PM	0268	EAPONS/ NO INJURIES/ NURSE IS ON SCENE/ DAUGHTER RAISING
HELL/ PERP-BF		

----- Narrative -----

12-2-2

ATLANTA POLICE DEPARTMENT
Call For Service
Incident #: 171221877

----- Call Information -----

Date: 5/2/2017 Call Type and Description: (41P) ACCIDENT INV. POLICE VEH.
Priority: 10 MINUTE RESPONSE RD: ZONE3 BEAT4

Location: 512 FRASER ST SE, 512, ATLANTA
Beat: ZONE3 BEAT4 CA: ZONE 3

Call Taker ID and Name: (2662) NICKEL, B
Dispatcher ID and Name: (2662) NICKEL, B

Disposition: (17) REPORT
Disposition Narrative:
Rep Req: Y Rep Recd: N

----- Caller Information -----

Source: SELF INITIATE
Name: Phone:
Address:

----- Related Incident Numbers -----

Police: Sheriff: Fire: EMS:

----- Incident Times -----

E911: Received: 16:04:06 Dispatched: 16:04:06 En Route:
Arrived: 16:04:06 Transport: Booking: Cleared: 17:35:12

----- Unit Information -----

Primary Unit: 3301
Officer 1 and Name: (6650) DELY, L
Officer 2 and Name:

Sec Unit: 3305
Sec Unit: 3391

----- Unit Times -----

Unit ID	CMD	Date/Time	Remarks
3301	SI	5/2/2017 4:04:06 PM	512 FRA
3301	A	5/2/2017 4:04:06 PM	512 FRA
3391	BU	5/2/2017 4:04:58 PM	512 FRA
3391	EN	5/2/2017 4:04:58 PM	512 FRA
3301	RL	5/2/2017 4:07:33 PM	512 FRASER ST SE
3305	BU	5/2/2017 4:10:34 PM	512 FRASER ST SE
3305	EN	5/2/2017 4:10:34 PM	512 FRASER ST SE
3391	RL	5/2/2017 4:10:47 PM	512 FRASER ST SE
3391	C	5/2/2017 4:34:52 PM	CT=41P

13-1-2

ATLANTA POLICE DEPARTMENT
Call For Service
Incident #: 171221877

3305	RT	5/2/2017	4:42:00	PM	X2MD43	RQ.GAAPD41E2..TXTLIC/GV7956F.LIY/11
3305	RT	5/2/2017	4:42:00	PM	X2MD43	QV.GAAPD41E2.LIC/GV7956F.LIS/GA
3305	RT	5/2/2017	4:42:00	PM	x MD43	0001QT.GV7956F.GA. G
3305	RT	5/2/2017	4:44:26	PM	X2MD43	RQ.GAAPD41E2..TXTLIC/CFM7373.LIY/11
3305	RT	5/2/2017	4:44:26	PM	X2MD43	QV.GAAPD41E2.LIC/CFM7373.LIS/GA
3305	RT	5/2/2017	4:44:26	PM	x MD43	0001QT.CFM7373.GA. G
3301	RT	5/2/2017	4:53:38	PM	X2MD9W	RQ.GAAPD40Z5..TXTLIC/GV7956F.LIY/00
3301	RT	5/2/2017	4:53:38	PM	X2MD9W	QV.GAAPD40Z5.LIC/GV7956F.LIS/GA
3301	RT	5/2/2017	4:53:38	PM	x MD9W	0001QT.GV7956F.GA. G
3305	RT	5/2/2017	5:18:36	PM	X2MD43	DQ.GAAPD41E2..TXTLN/059300441
3301	C	5/2/2017	5:35:12	PM	CT=41P	DC=17 /Y
3305	C	5/2/2017	5:35:12	PM	CT=41P	

----- CAD Narrative -----

Date/Time	UserID	Remarks
5/2/2017 4:04:06 PM	2662	3301 INVOLVED NOT IN THE VEH WHEN OCCURED //NEIGHBOR BACKED INTO VEH
5/2/2017 4:04:06 PM	2662	//SUPV VERDEN ADV
5/2/2017 4:04:34 PM	2662	M LOC : 512 FRA -> 512 FRASER ST SE
5/2/2017 4:04:34 PM	2662	M APTN: -> 512
5/2/2017 4:04:34 PM	2662	M CITY: -> ATL
5/2/2017 4:04:34 PM	2662	M REMS: ->
5/2/2017 4:04:34 PM	2662	M+ 3301 INVOLVED NOT IN THE VEH WHEN OCCURED //NEIGHBOR B
5/2/2017 4:04:34 PM	2662	M RD : -> 304
5/2/2017 4:04:34 PM	2662	M BEAT: -> 304
5/2/2017 4:04:34 PM	2662	M DHPT: -> P

----- Narrative -----

13-2-2

[View the 2016 Georgia Code](#) | [View Previous Versions of the Georgia Code](#)

2010 Georgia Code
TITLE 40 - MOTOR VEHICLES AND TRAFFIC
CHAPTER 6 - UNIFORM RULES OF THE ROAD
ARTICLE 11 - MISCELLANEOUS PROVISIONS
§ 40-6-240 - Backing

O.C.G.A. 40-6-240 (2010)

40-6-240. Backing

(a) A driver shall not back a vehicle unless such movement can be made with safety and without interfering with other traffic.

(b) A driver of a vehicle shall not back a vehicle upon any shoulder or roadway of any controlled-access highway.

Disclaimer: These codes may not be the most recent version. Georgia may have more current or accurate information. We make no warranties or guarantees about the accuracy, completeness, or adequacy of the information contained on this site or the information linked to on the state site. Please check official sources.

4-1-1

ATLANTA POLICE DEPARTMENT INVESTIGATION DISPOSITION FORM

EMPLOYEE: Lionel Dely

OPS CONTROL #: 17-I-0282-VA

I. FINDING OF FACT: (LIST FACTS IN SIMPLE SENTENCES; DO NOT INCLUDE DISCIPLINARY ACTION RECOMMENDATIONS.)

- Ofc Dely responded to a call at 512 Fraser St regarding an information on a fight call.
- Ofc Dely arrived a roughly 1556 hours and parked in front of the driveway of 60 Richmond St. The residence is a townhome, 512 Fraser front door faces Richmond, and the driveway of 60 Richmond is the closest driveway that services at door.
- At roughly 1604 hours Mr Schmidt, walked out of his home, got into his vehicle, which was parked in his driveway at 62 Richmond, and back out of his driving way. While backing out of his driveway he struck Ofc Dely's vehicle.
- Ofc Dely was speaking with the 911 caller at 512 Fraser and was not inside his vehicle at the time of the accident.
- During questioning, Mr. Schmidt stated since Richmond was a one way he looked first towards Fraser to make sure no one was coming down the street, then looked towards Reed St to make sure no one was coming the wrong way, and as he began to enter the road he turn the rear of his vehicle to face towards Fraser.
- Mr Schmidt stated he did not look behind him while backing into the street. During his interview his words were, "It never occurred to me to look for cars where they normally don't park."
- OCGA 40-6-240. "A driver shall not back a vehicle unless such movement can be made with safety..."
- Based on photos and observations Mr. Schmidt driveway was servable and could be entered/exited.

II. PROCEDURE, POLICY OR TRAINING RECOMMENDATIONS: (DO NOT RECOMMEND DISCIPLINARY ACTION)

III. INVESTIGATIVE DISPOSITION (INDICATE RECOMMENDED DISPOSITION FOR EACH WORK RULE)

RULE <u>4.4.4</u>	SUSTAINED <input type="checkbox"/>	NOT SUSTAINED <input type="checkbox"/>	EXONERATED <input checked="" type="checkbox"/>	UNFOUNDED <input type="checkbox"/>	EXCEPTIONALLY CLOSED <input type="checkbox"/>
RULE _____	SUSTAINED <input type="checkbox"/>	NOT SUSTAINED <input type="checkbox"/>	EXONERATED <input type="checkbox"/>	UNFOUNDED <input type="checkbox"/>	EXCEPTIONALLY CLOSED <input type="checkbox"/>
RULE _____	SUSTAINED <input type="checkbox"/>	NOT SUSTAINED <input type="checkbox"/>	EXONERATED <input type="checkbox"/>	UNFOUNDED <input type="checkbox"/>	EXCEPTIONALLY CLOSED <input type="checkbox"/>
RULE _____	SUSTAINED <input type="checkbox"/>	NOT SUSTAINED <input type="checkbox"/>	EXONERATED <input type="checkbox"/>	UNFOUNDED <input type="checkbox"/>	EXCEPTIONALLY CLOSED <input type="checkbox"/>

IV. REVIEWING SIGNATURES (DOES NOT INDICATE AGREEMENT)

Lt Clint Myers	6/4/17		6/4/17
INVESTIGATING SUPERVISOR	DATE	UNIT COMMANDER	DATE
	6/5/17		6-5-17
ASSISTANT SECTION COMMANDER	DATE	SECTION COMMANDER	DATE

ATLANTA POLICE DEPARTMENT
Traffic Accident Report
Incident #: 171221877-00

*** THIS REPORT INCLUDES RECORDS STILL IN WORKFLOW ***

Direction of travel:
Object struck by vehicle:
Point of first contact on vehicle:
Vehicle condition:
Telephone installed:
Telephone in use:
Oversized vehicle:
Visibility obscured by:

----- Vehicle Summary -----

Veh #: 1	License #: CFM7373
State: GEORGIA	Year: 2015
Make: NISSAN	Model: SENTRA
Insurance Company: AMERICAN FAMILY INS	Insurance Policy #: [REDACTED]
Policyholder Name:	Insurance Company #:
Registered Owner: [REDACTED]	

--- Home Contact ---
HOME # (404) 657-0227

Veh #: 2	License #: GV756F
State: GEORGIA	Year: 2015
Make: FORD	Model: TAURUS
Insurance Company: CITY OF ATLANTA	Insurance Policy #: CITY OF ATLANTA
Policyholder Name:	Insurance Company #:
Registered Owner:	
Owner Address:	

----- Involved Parties Summary -----

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

----- Narrative -----

On Tuesday 5/2/2017 at approximately 4:04pm I, Ofc J Williams (unit 3305), was dispatched

Printed By: 2472
Printed Date: 05/16/2017

PAGE:3

ATLANTA POLICE DEPARTMENT
Traffic Accident Report
Incident #: 171221877-00

*** THIS REPORT INCLUDES RECORDS STILL IN WORKFLOW ***

to 512 Fraser St SE for a two vehicle accident that involved a City Of Atlanta police vehicle. Upon my arrival I spoke to driver #1 who advised that they were backing out of their driveway and did not see vehicle #2 parked in front of the home next to driver #1's. Driver #1 backed into vehicle #2, causing minor damage to both vehicles. Driver #2 was not in the vehicle when it was struck but driver #2 heard the impact. No one was injured due to the accident. At this time there is nothing further to note.

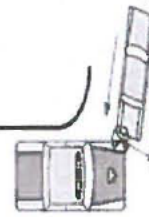


NOT TO SCALE

512 FRASER ST SE

FRASER ST SW

Unit 1



P.O.I.

Unit 2

RICHMOND ST SE



Atlanta Police Department

MEMORANDUM

TO: Officer Lionel Dely
FROM: Major C. Murphy
DATE: July 3, 2017
RE: Disposition OPS Complaint File: 17-I-0282-VA

An investigation has been completed into the complaint filed against you alleging misconduct. The complaint has been closed as indicated below:

- Exonerated - your conduct was determined to be justified, lawful and Proper in the complaint 4.4.4 OPERATION OF CITY VEHICLES USED FOR LE PURPOSES
- Not-Sustained - the investigation did not develop sufficient information to prove or disprove the allegation stated in the complaint
- Sustained - the investigation did develop sufficient information to prove the allegation stated in the complaint
- Unfounded - the allegation was without factual basis

CMM/kdm
cc: File