

Accident Number
122840766-00

Agency NCIC No.
APD0000

**GEORGIA UNIFORM MOTOR VEHICLE
ACCIDENT REPORT**

County
FULTON

Date Rec. by DOT

Date 10/10/2012 Day Of Week WEDNESDAY Time 08:45 Off. Arrived 08:49

Vehicles 2 Injuries 0 Fatalities 0

Inside City Of:
Atlanta

Hit And Run?
Suppl. To Original?
Private Property?

Road of Occurrence METROPOLITAN PKWY
SW DECKNER AVE

At Its Intersection With DECKNER AVE

UNIT 1 - DRIVER		Last Name GLASS	First ANNIE	Middle
City [REDACTED] State GA Zip 30349 DOB [REDACTED]				
Driver's License No [REDACTED]		Class	State GA	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Posted Speed 35	Insurance Co. OMNI	Policy No. [REDACTED]		
Year 1987	Make CHEV	Model MOC	Telephone No. [REDACTED]	
VIN [REDACTED]			Vehicle Color Black	
Tag # [REDACTED]	State GA	County FULTON	Year 0	
Trailer				
<input type="checkbox"/> Same as Driver	Owner's Last Name JOHNSON	First LAWRENCE	Middle	
Address [REDACTED]				
City [REDACTED]		State GA	Zip 30349	
Removed By SOUTH METRO		<input checked="" type="checkbox"/> Request <input type="checkbox"/> List		
Alcohol Test	Type	Results	Drug Test	Type Results
Driver Cond Not Drinking	Direction of Travel E	Vision Obscured Not Obscured	Contributing Factors Inattentive	
Vehicle Cond No Known Defects	Vehicle Maneuver Entering/Leaving Driveway	Ped Maneuver		
Most Harmful Event Motor Vehicle In Motion	Vehicle Class Privately Owned	Vehicle Type: Passenger Car		
Traffic Ctrl Other	Device Inoperative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Injured Taken To :		By:		
EMS Notified Time		EMS Arrival Time		
Hospital Arrival Time	Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	By:		
Commercial Vehicles Only				
Carrier Name				
Vehicle # 1	Address City State Zip			
No. of Axles	G.V.W.R	Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cargo Body Type	
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	
C.D.L. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Released ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, Name or 4 Digit Number from Diamond				
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units				

UNIT 2 - DRIVER		Last Name BOYNTON	First FELICIA	Middle
City LOCUST GROVE State GA Zip DOB [REDACTED]				
Driver's License No [REDACTED]		Class CLASS C	State GA	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Posted Speed 55	Insurance Co. STATE FARM	Policy No. [REDACTED]		
Year 2004	Make BMW	Model 28i	Telephone No. [REDACTED]	
VIN [REDACTED]			Vehicle Color Gray	
Tag # [REDACTED]	State GA	County HENRY	Year 0	
Trailer				
<input type="checkbox"/> Same as Driver	Owner's Last Name BOYNTON	First FELICIA	Middle	
Address [REDACTED]				
City ATL		State GA	Zip 30315	
Removed By PRIVATE		<input type="checkbox"/> Request <input type="checkbox"/> List		
Alcohol Test	Type	Results	Drug Test	Type Results
Driver Cond Not Drinking	Direction of Travel N	Vision Obscured Not Obscured	Contributing Factors No Contributing Factors	
Vehicle Cond No Known Defects	Vehicle Maneuver Straight	Ped Maneuver		
Most Harmful Event Motor Vehicle In Motion	Vehicle Class Privately Owned	Vehicle Type: Passenger Car		
Traffic Ctrl Lanes	Device Inoperative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Injured Taken To :		By:		
EMS Notified Time		EMS Arrival Time		
Hospital Arrival Time	Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	By:		
Commercial Vehicles Only				
Carrier Name				
Vehicle # 2	Address City State Zip			
No. of Axles	G.V.W.R	Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cargo Body Type	
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	
C.D.L. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Released ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, Name or 4 Digit Number from Diamond				
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units				

Officer Information

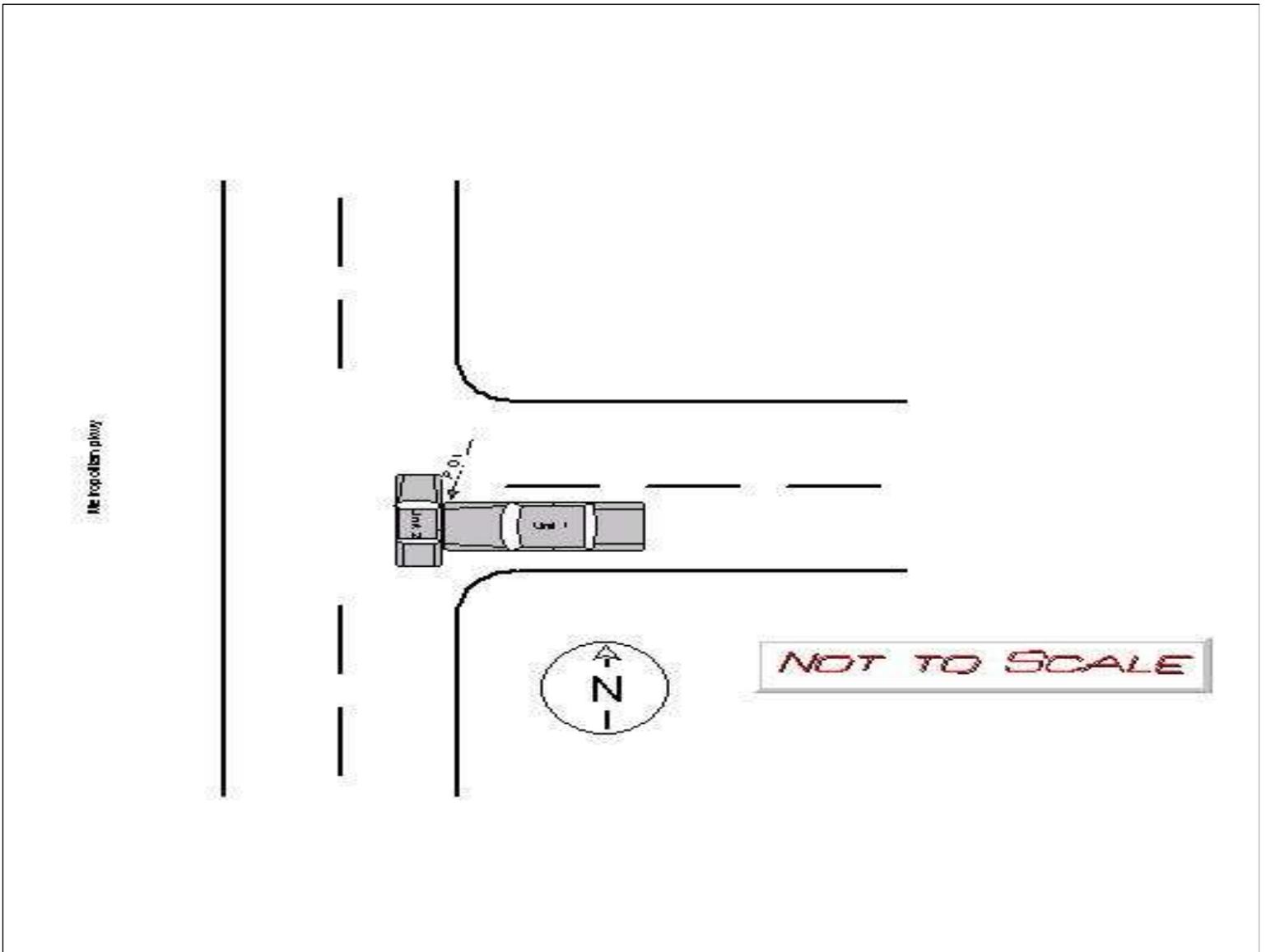
Report By: BRIAN CARSWELL, #4592 Department: ATLPD Report Date: 10/19/2012 8:22:22 AM Submitted By: ATLANTA TRANSMIT Checked By: R DANIELS, #0728 Date Checked: 10/17/2012

None Listed

Remarks

On October 10 , 2012 , I Officer B. Carswell was dispatched to a vehicle accident at Metropolitan parkway and Deckner. When I arrived , driver # 1 advised that she was entering onto Mtertopolitan when she struck driver #2 . Driver # 2 advised that she was traveling north on Metropolitan when she was struck by driver #1 on her passenger side . No injuries were sustained as a result of the accident . Both vehicles had to be removed by a private tow company . Vehicle #2 had damage to the passenger side door. Vehicle #1 had damage to the front bumper.

Diagram



Citations

Unit	Name	Violation
1	ANNIE GLASS	None
2	FELICIA BOYNTON	None

Collision Information

First Harmful Event	Traffic Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at area of Impact	Road Comp.	Road Def.	Road Character	Construction / Maintenance Zone
Motor Vehicle In Motion	Two-Way Trafficway with no physical separation	Clear	Dry	Daylight	Angle	On Roadway	Black Top	No Defects	Straight on Grade	None

Vehicle Information

VEH #	Number of Occupants	Point of Initial Contact	Damage To Vehicles	Skid Distance Before Impact	After	Width of Road
1	1	Front End	Extensive	0	0	55
2	1	Right Side-Center	Extensive	0	0	55

Property Damage

None Listed

Involved Persons

Last Name	First	Address	City	State	Zip	Age	Sex	Vehicle #	Positions	Injury	Taken for treat.	Eject	Safety Equip.	Extric	Air Bag
GLASS	ANNIE	[REDACTED]		GA	30349	56	F	1	Front Seat-Left Side	Not Injured	No	Not Ejected	Lap and Shoulder Belt	No	Non-Deployed Air Bag
BOYNTON	FELICIA	[REDACTED]	LOCUST GROVE	GA		44	F	2	Front Seat-Left Side	Not Injured	No	Not Ejected	Lap and Shoulder Belt	No	Non-Deployed Air Bag