

Accident Number
123390988-00

Agency NCIC No.
APD0000

**GEORGIA UNIFORM MOTOR VEHICLE
ACCIDENT REPORT**

County
FULTON

Date Rec. by DOT

Date 12/04/2012 Day Of Week TUESDAY Time 11:19 Off. Arrived 11:40

Vehicles 2 Injuries 0 Fatalities 0

Inside City Of:
Atlanta

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

Road of Occurrence METROPOLITAN PKWY

At Its Intersection With DECKNER AVE

UNIT 1 - DRIVER				UNIT 2 - DRIVER			
Last Name HAROLD		First CHAMPION		Last Name POWELL		First JUSTIN	
Middle				Middle			
City DECATUR		State GA		City LITHONIA		State GA	
Zip 30032		DOB		Zip 30314		DOB	
Driver's License No		Class		Driver's License No		Class	
State GA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		State GA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Posted Speed 35		Insurance Co. FIRST ACCEPTANCE		Posted Speed 35		Insurance Co. PROGRESSIVE INS	
Policy No. UNKNOWN				Policy No. UNKNOWN			
Year 1982		Make CHEV		Year 2003		Make MERZ	
Model C10		Telephone No.		Model E32		Telephone No.	
VIN		Vehicle Color Red		VIN		Vehicle Color Silver	
Tag #		State GA		Tag #		State GA	
County FULTON		Year 0		County DEKALB		Year 0	
Trailer				Trailer			
<input type="checkbox"/> Same as Driver		Owner's Last Name JOHNSON		<input type="checkbox"/> Same as Driver		Owner's Last Name POWELL	
First EDDIE		Middle		First JUSTIN		Middle	
Address				Address			
City ATL		State GA		City LITHONIA		State GA	
Zip 30032				Zip 30314			
Removed By REMOVE BY DRIVER				Removed By REMOVE BY OWNER			
<input type="checkbox"/> Request <input type="checkbox"/> List				<input type="checkbox"/> Request <input type="checkbox"/> List			
Alcohol Test No		Type Not Tested		Results None Given		Drug Test No	
Type		Results		Type		Results	
Driver Cond Not Drinking		Direction of Travel E		Vision Obscured Not Obscured		Contributing Factors Disregard Stop Sign/Signal	
Vehicle Cond No Known Defects		Vehicle Maneuver Turning Right		Ped Maneuver			
Most Harmful Event Motor Vehicle In Motion		Vehicle Class Privately Owned		Most Harmful Event Motor Vehicle In Motion		Vehicle Class Privately Owned	
Vehicle Type: Passenger Car				Vehicle Type: Passenger Car			
Traffic Ctrl Traffic Signal		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Ctrl Traffic Signal		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Injured Taken To :				Injured Taken To :			
By:				By:			
EMS Notified Time		EMS Arrival Time		EMS Notified Time		EMS Arrival Time	
Hospital Arrival Time		Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hospital Arrival Time		Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
By:				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		C.D.L. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Released ? <input type="checkbox"/> Yes <input type="checkbox"/> No				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: MICHAEL THOMAS, #4238 Department: ATLPD Report Date: 12/5/2012 8:46:56 AM Submitted By: ATLANTA TRANSMIT Checked By: R DANIELS, #0728 Date Checked: 12/4/2012

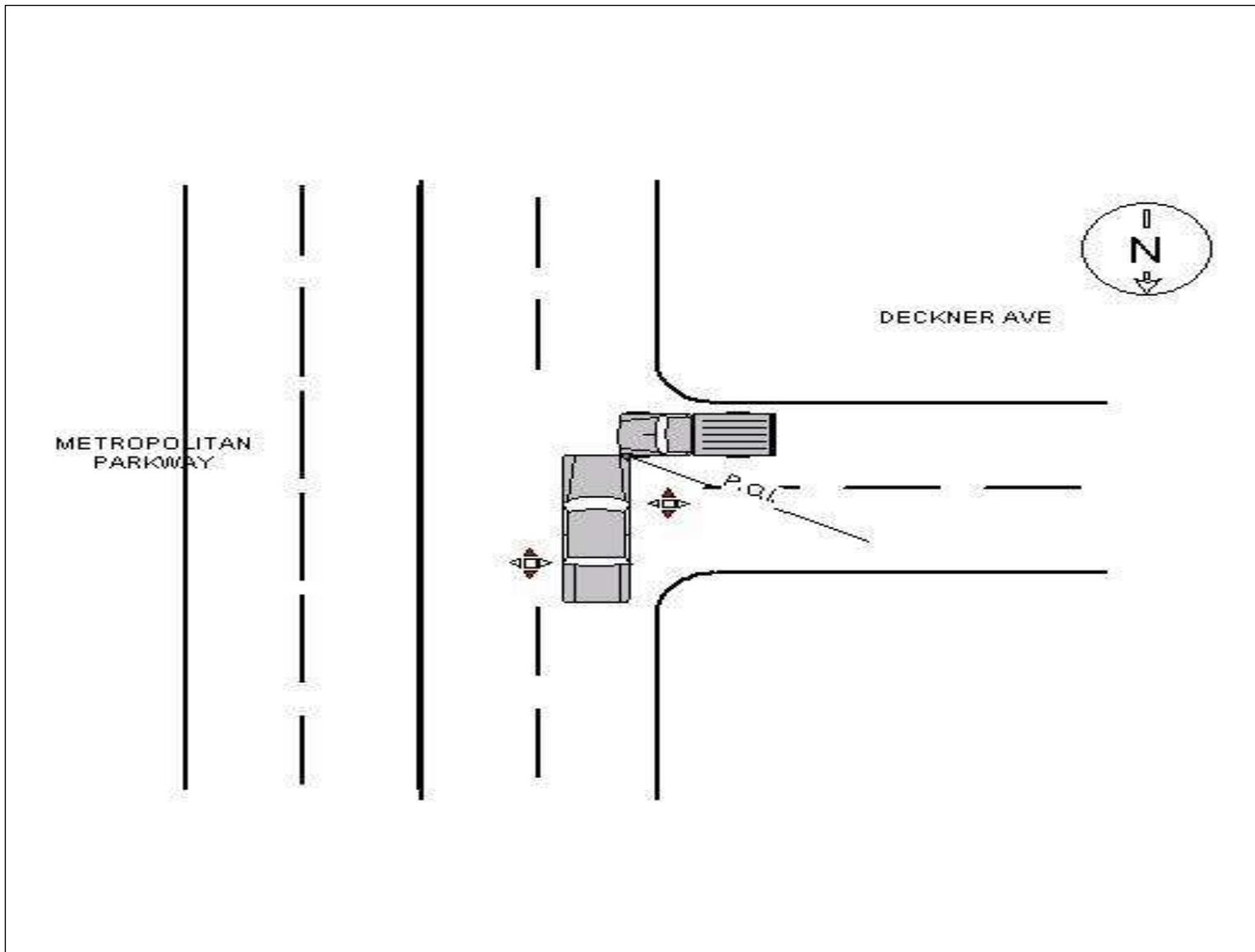
Witnesses

None Listed

Remarks

DRIVER #1 WAS TRAVELLING EAST ON DECKNER AVE THEN MAKING A LEFT ONTO METROPOLITAN PARKWAY. DRIVER #2 WAS TRAVELLING SOUTH ON METROPOLITAN PARKWAY PASSING DECKNER AVE. BOTH DRIVERS ACCUSED EACH OTHER OF DISOBEYING THE RED LIGHT AT METROPOLITAN AND DECKNER AVE WHICH CAUSED THE ACCIDENT. NO ONE WAS INJURED BUT THEY WERE BOTH CITED.

Diagram



Citations

Unit	Name	Violation
1	CHAMPION HAROLD	40-6-20 (FAIL TO OBEY TRAF CTRL DEVICE)

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 and Level	None

Vehicle Information

VEH #	Number of Occupants	Point of Initial Contact	Damage To Vehicles	Skid Distance Before Impact	After	Width of Road
1	1	Left Side-Far Front	Moderate	0	0	72
2	1	Right Side-Center	Moderate	0	0	72

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
HAROLD	CHAMPION	[REDACTED]	DECATUR	GA	30032	45	M	1	Front Seat-Left Side	Not Injured	No	Not Ejected	Lap and Shoulder Belt	No	No Air Bag In This Seat
POWELL	JUSTIN	[REDACTED]	LITHONIA	GA	30314	26	M	2	Front Seat-Left Side	Not Injured	No	Not Ejected	Lap and Shoulder Belt	No	Non-Deployed Air Bag