

Accident Number
15231179300

Agency NCIC No.
APD0000

**GEORGIA UNIFORM MOTOR VEHICLE
ACCIDENT REPORT**

County
FULTON

Date Rec. by DOT

Date 08/19/2015 Day Of Week WEDNESDAY Time 14:45 Off. Arrived 17:00

Vehicles 2 Injuries 1 Fatalities 0

Inside City Of:
Atlanta

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

Road of Occurrence METROPOLITAN PKWY
SW

At Its Intersection With DECKNER AVE

UNIT 1 - DRIVER				UNIT 2 - DRIVER			
Last Name UNK		First		Last Name BILLINGSLEA		First KENDARRIUS	
Address				Address			
City		State GA	Zip	City HAMPTON		State GA	Zip 30228
DOB				DOB			
Driver's License No		Class		State		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Class		State		Class CLASS C		State GA	
Posted Speed 30		Insurance Co. UNK		Policy No. UNK		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Year		Make PONT		Model		Telephone No.	
Year		Make TOYT		Model COA		Telephone No.	
VIN UNK		Vehicle Color Purple		VIN		Vehicle Color White	
Tag #		State GA	County	Year		0	
Tag #		State GA	County HENRY	Year		0	
Trailer							
<input type="checkbox"/> Same as Driver		Owner's Last Name UNK		First UNK		Middle	
<input type="checkbox"/> Same as Driver		Owner's Last Name JACKSON		First PATRICIA		Middle	
Address UNK							
Address							
City		State GA	Zip	City STOCKBRIDGE		State GA	Zip 30218
Removed By DRIVER		<input type="checkbox"/> Request <input type="checkbox"/> List		Removed By DRIVER		<input type="checkbox"/> Request <input type="checkbox"/> List	
Alcohol Test No		Type Not Tested	Results None Given	Drug Test No		Type	Results
Alcohol Test No		Type Not Tested	Results None Given	Drug Test No		Type	Results
Driver Cond Not Known if U.I.		Direction of Travel N		Vision Obscured Not Obscured		Contributing Factors Changed Lanes Improperly	
Driver Cond Not Drinking		Direction of Travel N		Vision Obscured Not Obscured		Contributing Factors No Contributing Factors	
Vehicle Cond Other		Vehicle Maneuver Changing Lanes		Ped Maneuver			
Vehicle Cond Other		Vehicle Maneuver Straight		Ped Maneuver			
Most Harmful Event Motor Vehicle In Motion		Vehicle Class Privately Owned		Vehicle Type: Passenger Car		Most Harmful Event Motor Vehicle In Motion	
Vehicle Class Privately Owned		Vehicle Type: Passenger Car		Most Harmful Event Motor Vehicle In Motion		Vehicle Class Privately Owned	
Traffic Ctrl Lanes		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Traffic Ctrl Lanes		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Injured Taken To :		By:		Injured Taken To :		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	By:	Hospital Arrival Time		Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	By:
Commercial Vehicles Only							
Carrier Name							
Carrier Name							
Vehicle # 1		City		State		Zip	
Vehicle # 2		City		State		Zip	
No. of Axles		G.V.W.R		Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cargo Body Type	
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"/>		Vehicle Config.	
Vehicle Config.		I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.	
C.D.L. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C.D.L. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Released ? <input type="checkbox"/> Yes <input type="checkbox"/> No				Released ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Released ? <input type="checkbox"/> Yes <input type="checkbox"/> No				Released ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, Name or 4 Digit Number from Diamond							
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	
<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

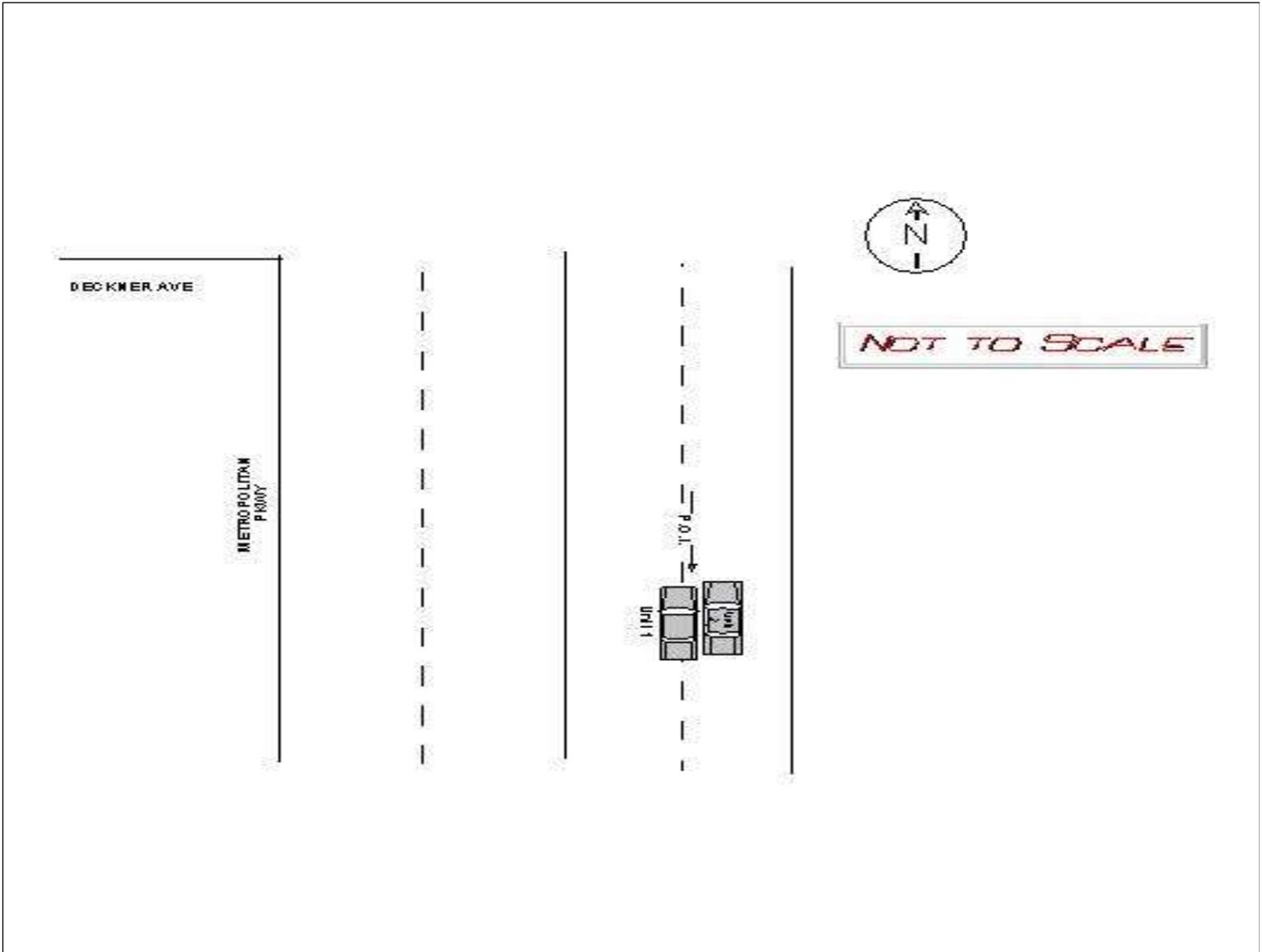
Report By: NEEDS FIXED Badge #: 0090 Department: ATLPD Report Date: 8/21/2015 1:35:42 PM Submitted By: ATLANTA TRANSMIT Checked By: Date Checked: 8/20/2015

None Listed

Remarks

THE DRIVER OF VEHICLE#2 STATED AS HE WAS TRAVELLING NORTH ON METROPOLITAN PKWY VEHICLE#1 CHANGED LANES AND STRUCK HIS VEHICLE. THE DRIVER OF VEHICLE#2 STATED VEHICLE #1 THEN FLED THE SCENE. THE DRIVER OF VEHICLE\$2 COMPLAINED OF NECK PAIN. MEDICAL ATTENTION WAS REFUSED. NO CITATIONS WERE ISSUED. THERE WAS DAMAGE TO THE LEFT SIDE AND RIGHT REAR OF VEHICLE #2. THE DRIVER OF VEHICLE#2 STATED HE WAS FORCED ONTO THE CURB ON HIS RIGHT SIDE.

Diagram



Citations

Unit	Name	Violation
1	UNK	None
2	KENDARRIUS BILLINGSLEA	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	Cloudy	Wet	Daylight	Sideswipe-Same Direction	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	Right Side-Near Front	Slight	0	0	0
2	1	Left Side-Center	Moderate	0	0	0

Property Damage

None Listed

Involved Persons

Last Name	First	Address	City	State	Age	Sex	Vehicle #	Position	Injury	Taken for treat.	Eject	Safety Equip.	Extric	Air Bag
UNK				GA	0	M	1	Front Seat-Left Side	Not Injured	No	Not Ejected	Unknown	No	Non-Deployed Air Bag
BILLINGSLEA	KENDARRIUS	[REDACTED]	HAMPTON	GA	30228 28	M	2	Front Seat-Left Side	Complaint		Not Ejected	Shoulder Belt	No	Non-Deployed Air Bag