

# OPS Complaint File Closeout Report

OPS Control Number: 20-I-0406-VA Date Investigation Received: 10/5/2020

Date Investigation Completed: 10/23/2020 Date Investigation Adjudicated: 11/12/2020

Accused Employee: LIONEL DELY R/S: B/M Unique ID: 6650

Accused Employee's Assignment: CSD APEX  
DIVISION SECTION WATCH

Investigative Disposition:

|                        | Work Rule #1 | Work Rule #2 | Work Rule #3 | Work Rule #4 | Work Rule #5 |
|------------------------|--------------|--------------|--------------|--------------|--------------|
| Rule Number(s):        | 4.4.4        |              |              |              |              |
| Disciplinary Action:   | EX           |              |              |              |              |
| Modified Action:       |              |              |              |              |              |
| Disciplinary Category: |              |              |              |              |              |
| Date of Action         | 11/12/2020   |              |              |              |              |

Waiver: ☐ YES ☒ NO CVSA: ☐ YES ☒ NO SAA: ☐ YES ☒ NO

Reimbursement Payment: ☐ YES ☒ NO

Special Conditions and / or Agreement: \_\_\_\_\_

Accused Employee: \_\_\_\_\_ R/S: \_\_\_\_\_ Unique ID: \_\_\_\_\_

Accused Employee's Assignment: \_\_\_\_\_  
DIVISION SECTION WATCH

Investigative Disposition:

|                        | Work Rule #1 | Work Rule #2 | Work Rule #3 | Work Rule #4 | Work Rule #5 |
|------------------------|--------------|--------------|--------------|--------------|--------------|
| Rule Number(s):        |              |              |              |              |              |
| Disciplinary Action:   |              |              |              |              |              |
| Modified Action:       |              |              |              |              |              |
| Disciplinary Category: |              |              |              |              |              |
| Date of Action         |              |              |              |              |              |

Waiver: ☐ YES ☒ NO CVSA: ☐ YES ☒ NO SAA: ☐ YES ☒ NO

Reimbursement Payment: ☐ YES ☐ NO

Special Conditions and / or Agreement: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



MEMORANDUM

TO: Major M. Bates

FROM: Deputy Chief T.D. Peek *TDP*

DATE: January 11, 2021

RE: OPS FILE #20-I-0406-VA (Off 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          | <i>TDP</i><br><input checked="" type="checkbox"/> |
| Work Rule(s):        |                          | Work Rule(s): 4.4.4 |                                                   |
| Exceptionally Closed | <input type="checkbox"/> | Unfounded           | <input type="checkbox"/>                          |
| Work Rule(s):        |                          | Work Rule(s):       |                                                   |

TDP/mm



# City of Atlanta Internal Correspondence

Atlanta Police Department

## MEMORANDUM

**TO:** Lt. R. Albertini  
**FROM:** Major C. Hampton Jr.  
**DATE:** October 5, 2020  
**RE:** Command Investigation of OPS Complaint File: 20-I-0406-VA  
Officer Lionel Dely

**ATTENTION:** Pursuant to the Disciplinary Manual, section 4.2.2(5), the file should  
Be completed and returned on October 26 , 2020.

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. Jimenez at 404-658-6830.

*Date Stamp the Appropriate Block*

| Delivered to Division | Delivered to Section | Returned to Division | Returned to OPS |
|-----------------------|----------------------|----------------------|-----------------|
|                       |                      |                      |                 |

CinvMemo1

# ATLANTA POLICE DEPARTMENT DISCIPLINARY COMPLAINT FOLDER INDEX

EMPLOYEE NAME: Dely, Lionel

OPS CONTROL #: 20-I-0406-VA

[illegible]

**ATLANTA POLICE DEPARTMENT  
SUPERVISOR COMPLAINT INVESTIGATION CHECKLIST**

EMPLOYEE NAME: Dely, Lionel

OPS CONTROL #: 20-I-0406-VA

**INVESTIGATIVE FOLDER**

- |           |                                                                         |
|-----------|-------------------------------------------------------------------------|
| <u>x</u>  | 1. Disciplinary Complaint Folder Index                                  |
| <u>x</u>  | 2. Supervisor Complaint Investigation Checklist                         |
| <u>x</u>  | 3. Preliminary Complaint Form (For all formal complaints)               |
| <u>  </u> | 4. Citizen Statements (Where applicable)                                |
| <u>x</u>  | 5. Employee Statements                                                  |
| <u>  </u> | 6. Complaint Investigation Disposition Form (Command Investigations) OR |
| <u>x</u>  | Complaint Transmittal Summary Memorandum (OPS Investigations)           |
| <u>X</u>  | 7. Any Supporting Documentation (See below list)                        |
- |                                                                                  |                 |                                                                                  |                       |
|----------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------|-----------------------|
| <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div>  | Offense Report  | <div style="border: 1px solid black; padding: 2px; text-align: center;">  </div> | Lab Results           |
| <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div>  | Accident Report | <div style="border: 1px solid black; padding: 2px; text-align: center;">X</div>  | Photos                |
| <div style="border: 1px solid black; padding: 2px; text-align: center;">  </div> | Medical Release | <div style="border: 1px solid black; padding: 2px; text-align: center;">  </div> | Video Tape/Audio Tape |
| <div style="border: 1px solid black; padding: 2px; text-align: center;">  </div> | Other           | <div style="border: 1px solid black; padding: 2px; text-align: center;">  </div> | Other                 |

Sgt. N. Capell

**Investigation Completed By**

10.23.2020

**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

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# ATLANTA POLICE DEPARTMENT PRELIMINARY COMPLAINT FORM

|                                            |                                                           |                                   |                                        |
|--------------------------------------------|-----------------------------------------------------------|-----------------------------------|----------------------------------------|
| <input type="checkbox"/> OPS INVESTIGATION | <input checked="" type="checkbox"/> COMMAND INVESTIGATION | COMPLAINT NUMBER <b>202351793</b> | OPS CONTROL NUMBER <b>20-I-0406-VA</b> |
|--------------------------------------------|-----------------------------------------------------------|-----------------------------------|----------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                               |                        |       |             |                  |             |                       |        |                                                  |                         |                          |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------|-------------|------------------|-------------|-----------------------|--------|--------------------------------------------------|-------------------------|--------------------------|---------------|
| DATE & TIME COMPLAINT RECEIVED                                                                                                                                                                                                                                                                                                                                                |                        |       |             | DATE OF INCIDENT |             |                       |        | ADDRESS OF OCCURRENCE                            |                         |                          |               |
| MO                                                                                                                                                                                                                                                                                                                                                                            | DAY                    | YR    | TIME        | MO               | DAY         | YR                    | TIME   | 180 Ralph David Abernathy Blvd SW                |                         |                          |               |
| 08                                                                                                                                                                                                                                                                                                                                                                            | 22                     | 20    | 2133        | 08               | 22          | 20                    | 2133   |                                                  |                         |                          |               |
| <b>BRIEFLY DESCRIBE ALLEGATIONS</b>                                                                                                                                                                                                                                                                                                                                           |                        |       |             |                  |             |                       |        | AUDIO AND VIDEO TAPES THAT ARE PART OF THIS FILE |                         |                          |               |
|                                                                                                                                                                                                                                                                                                                                                                               |                        |       |             |                  |             |                       |        | VIDEO TAPES OF INTERVIEWS                        |                         | AUDIO TAPES OF 911 RADIO |               |
| <p>Allegations: APD.SOP.2010 Work Rules section: 4.4.4 (1) Atlanta Police Department personnel shall operate all city vehicles and vehicles used for law enforcement purposes in such a manner as to avoid injury to persons or damage to property at all times.</p> <p>Officer Lionel Dely was involved in a traffic accident on 8/22/20 while operating a city vehicle.</p> |                        |       |             |                  |             |                       |        |                                                  |                         |                          |               |
| <b>COMPLAINANT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                |                        |       |             |                  |             |                       |        |                                                  |                         |                          |               |
| 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                                                                                                                                                                                                                                                                                                                                                                             | Capell, Nawin T.       |       |             |                  |             |                       |        | A                                                | M                       | 02/23/79                 |               |
| RESIDENT ADDRESS                                                                                                                                                                                                                                                                                                                                                              |                        |       |             |                  |             |                       |        | HOME PHONE                                       |                         | BUSINESS PHONE           |               |
| 226 Peachtree St. SW<br>Atlanta, GA 30303                                                                                                                                                                                                                                                                                                                                     |                        |       |             |                  |             |                       |        | N/A                                              |                         | 404-546-6922             |               |
| DESCRIBE INJURIES                                                                                                                                                                                                                                                                                                                                                             |                        |       |             |                  |             | HOSPITAL TAKEN TO     |        | PHOTO ID #                                       |                         | SUSPECT WEAPON           |               |
| NONE                                                                                                                                                                                                                                                                                                                                                                          |                        |       |             |                  |             |                       |        |                                                  |                         |                          |               |
| ACCUSED #1 NAME (LAST, FIRST, MI)                                                                                                                                                                                                                                                                                                                                             |                        |       |             |                  |             | RANK                  | RACE   | SEX                                              | DOB                     | DOE                      | 4 DIGIT ID NO |
| Dely, Lionel                                                                                                                                                                                                                                                                                                                                                                  |                        |       |             |                  |             | OFC                   | B      | M                                                | 5/4/89                  | 3/2015                   | 6650          |
| DIVISION                                                                                                                                                                                                                                                                                                                                                                      | ASSIGNMENT SECTION     | WATCH | DUTY STATUS |                  | DUTY STATUS |                       | WEAPON |                                                  | FIREARMS DISCHARGE ONLY |                          |               |
| FOD                                                                                                                                                                                                                                                                                                                                                                           | APEX                   | EW    | ON DUTY     | OFF DUTY         | TMP ASGN    | XTRA JOB              |        |                                                  | WEAPON SERIAL #         |                          | # SHOTS       |
| DESCRIBE INJURIES                                                                                                                                                                                                                                                                                                                                                             |                        |       |             |                  |             | HOSPITAL TAKEN TO     |        | PHOTO ID. NO.                                    |                         | TYPE OF DRUG TEST        |               |
| NONE                                                                                                                                                                                                                                                                                                                                                                          |                        |       |             |                  |             |                       |        |                                                  |                         |                          |               |
| ACCUSED #2 NAME (LAST, FIRST, MI)                                                                                                                                                                                                                                                                                                                                             |                        |       |             |                  |             | RANK                  | RACE   | SEX                                              | DOB                     | DOE                      | 4 DIGIT ID NO |
|                                                                                                                                                                                                                                                                                                                                                                               |                        |       |             |                  |             |                       |        |                                                  |                         |                          |               |
| DIVISION                                                                                                                                                                                                                                                                                                                                                                      | ASSIGNMENT SECTION     | WATCH | DUTY STATUS |                  | 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 |                  | 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 |
| Sgt. N. Capell                                                                                                                                                                                                                                                                                                                                                                |                        |       |             |                  |             | Sgt. N. Capell        |        |                                                  |                         | 10-5-20                  | 10-23-20      |

3-1-1

**ATLANTA POLICE DEPARTMENT**  
**Written Notice of Allegations**

Employee: Dely, Lionel

APD ID # 6650

OPS#: 20-I-0406-VA

Allegation: (Type Allegation and Work Rule #)

APD.SOP.2010 Work Rules section: 4.4.4 (1) Atlanta Police Department personnel shall operate all city vehicles and vehicles used for law enforcement purposes in such a manner as to avoid injury to persons or damage to property at all times.

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.

 10-23-20

Employee Signature/Date

Witness/Date



ATLANTA POLICE DEPARTMENT  
Awareness Statement: Truthfulness

OPS Complaint # 20-I-0406-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 may 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? ☒ Yes ☐ No

Officer Lionel Dely

(Employee's Printed Name)

(Employee's Signature)

10-23-20 / 6:20 pm

(Date/Time)

Sergeant Nawin Capell

(Interviewer's Printed Name)

(Interviewer's Signature)

10.23.20 @ 1820

(Date/Time)

(Witness Representative's Printed Name)

(Witness/Representative's Signature)

(Date/Time)

# ATLANTA POLICE DEPARTMENT EMPLOYEE STATEMENT

EMPLOYEE: Dely, Lionel

OPS # 20-1-0406-VA

|                                                        |                 |                      |                                     |                                  |                                 |                                                  |                     |
|--------------------------------------------------------|-----------------|----------------------|-------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------|---------------------|
| EMPLOYEE NAME (LAST, FIRST, MI)<br><b>Dely, Lionel</b> |                 |                      |                                     | CLASSIFICATION<br><b>Officer</b> | POSITION NUMBER<br><b>37882</b> | DATE & TIME OF STATEMENT<br><b>10/22/20@1820</b> |                     |
| RACE<br><b>B</b>                                       | SEX<br><b>M</b> | DOB<br><b>5/4/89</b> | DATE OF EMPLOYMENT<br><b>3/2015</b> | 4 DIGIT ID NO.<br><b>6650</b>    | DIVISION<br><b>FOD</b>          | SECTION<br><b>APEX</b>                           | WATCH<br><b>E/W</b> |

I am Sgt. N. Capell of the Atlanta Police Department You are being questioned as a witness  
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.

APD.SOP.2010 Work Rules section: 4.4.4 (1) Atlanta Police Department personnel shall operate all city vehicles and vehicles used for law enforcement purposes in such a manner as to avoid injury to persons or damage to property at all times.

Statement of Officer Lionel Dely

Q: On 8/22/20, were you operating city vehicle #33929?

A: Yes.

Q: Can you explain what happened at 180 Ralph David Abernathy?

A: I was stopped at 180 RDA when a silver vehicle back into the passenger side of my patrol vehicle.

Q: Is vehicle # 33929 equipped with AXON?

A: Yes, however it is not operational.

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.

|                                                                                                           |                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <br>EMPLOYEE SIGNATURE | Sworn and subscribed to me this <u>22</u> day of <u>Oct</u> in the year <u>2020</u><br><br><u>Lionel Dely</u><br>PRINT EMPLOYEE NAME |
| NOTARY PUBLIC                                                                                             |                                                                                                                                      |

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ATLANTA POLICE DEPARTMENT  
EMPLOYEE STATEMENT

EMPLOYEE: Pely, Lionel

OPS # 20-1-0406-VA

Q: Is there BWC footage available?

A: Yes

Q: Were you or anyone involved injured in the accident?

A: No.

Q: Do you have anything you wish to add?

A: No

Q: Do you understand that the department may require you to submit to a CVSA test regarding this incident?

A: Yes.

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 22 day of Oct in the year 2020

Lionel Pely

PRINT EMPLOYEE NAME

NOTARY PUBLIC

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# ATLANTA POLICE DEPARTMENT OFFICE OF PROFESSIONAL STANDARDS



## OPS - VEHICLE ACCIDENT REQUEST FORM

### OFFICER INFORMATION

Employee Involved: Off. Lionel Dely      Employee E-mail Address: [ljdelly@atlantaga.gov](mailto:ljdelly@atlantaga.gov)  
Race: B      Sex: M      ID#: 3019      Rank: Officer  
Employee work assignment: APEX      Division: FOD      Section: FOD      Unit: APEX

### INCIDENT AND VEHICLE INFORMATION

Incident Date: 8/22/2020      Incident Time: 2133      CADS#: 202351793      County/Location: Fulton  
Incident location: 180 Ralph D Abernathy Blvd SW  
Incident Zone: Zone 3      Shift: EVE      Vehicle(s) Involved: 2 vehicles  
Summary of Incident: vehicle backed into a City of Atlanta patrol vehicle.  
Type of Accident: Angle      Light Conditions: night time  
Weather conditions: clear      Vehicle #: 2  
Vehicle Information: Year: 2017      Make: Ford      Model: Explorer  
Employee sustained any injuries: No      Others sustained any injuries: No  
Requested by: Sgt. N. Capell      Rank: Sgt      Date: 10/2/2020

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.

Sgt. William Dean      [wdean@atlantaga.gov](mailto:wdean@atlantaga.gov)  
SPO Glenn Cone      [gcone@atlantaga.gov](mailto:gcone@atlantaga.gov)  
Off. Kai Mitchell      [kdmitchell@atlantaga.gov](mailto:kdmitchell@atlantaga.gov)

7-1-11

| Agency Case Number<br>202351793 - 00                                                                                                                                         |                            | Agency NC/ mb<br>GAAPL                                                                                                                                                                                                                                                                                                                                                                                                                       |              | GEORGIA<br>MOTOR VEHICLE CRASH REPORT                                                  |          | County<br>FULTON                                                                                                                                                                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                | Date Rec. by GDOT                                                                                                             |                                                                                        |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------|
| Estimated Crash<br>Date: 08/22/20 Time: 2133                                                                                                                                 |                            | Dispatch<br>Date: 08/22/20 Time: 2133                                                                                                                                                                                                                                                                                                                                                                                                        |              | Arrival<br>Date: 08/22/20 Time: 2133                                                   |          | Total Number of<br>Vehicles: 2 Injuries: 0 Fatalities: 0                                                                                                                                           |                            |                                                                                                                                                                                                                                                                                                                                                                                                | Inside City Of<br>ATL                                                                                                         |                                                                                        |          |
| Road of Occurrence: RALPH D ABERNATHY BLVD SW                                                                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          | At Its Intersection With: _____                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Corrected Report<br><input type="checkbox"/> Sup To Original<br><input type="checkbox"/> Hit and Run |                                                                                        |          |
| Not At Its Intersection But: _____                                                                                                                                           |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          | <input type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East<br><input type="checkbox"/> Feet <input type="checkbox"/> South <input type="checkbox"/> West Of _____ |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| Latitude (Y) (Format): 033.73673 0000000                                                                                                                                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          | Longitude (X) (Format): 084.39379 0000000                                                                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| Unit # 1<br><input checked="" type="checkbox"/> Driver<br><input type="checkbox"/> Ped<br><input type="checkbox"/> Bike<br><input checked="" type="checkbox"/> Susp At Fault |                            | LAST NAME: PATTERSON FIRST: CHELSEA MIDDLE:<br>Address: 280 LINKMERE LN<br>City: COVINGTON State: GA Zip: DOB: 03/16/1988<br>Driver's License No. 052631197 Class: State: GA Country:<br>Insurance Co. ALLSTATE Policy No. 000000815324436 Telephone No. (404) 493-3552<br>Year: 2011 Make: TOYT Model: CAM<br>VIN: 4T1BF3EK5BU714846 Vehicle Color: SILVER<br>Tag #: ATU6156 State: GA County: Year:<br>Trailer Tag #: State: County: Year: |              |                                                                                        |          | Unit # 2<br><input checked="" type="checkbox"/> Driver<br><input type="checkbox"/> Ped<br><input type="checkbox"/> Bike<br><input checked="" type="checkbox"/> Susp At Fault                       |                            | LAST NAME: DELY FIRST: L MIDDLE:<br>Address: 226 PEACHTREE ST<br>City: ATL State: GA Zip: 30303 DOB:<br>Driver's License No. Class: State: Country:<br>Insurance Co. CITY OF ATLANTA Policy No. Telephone No. (404) 614-6544<br>Year: 2017 Make: FORD Model: XPL<br>VIN: 1FM5K8AR9HGE13531 Vehicle Color: BLU<br>Tag #: GV8645L State: GA County: Year:<br>Trailer Tag #: State: County: Year: |                                                                                                                               |                                                                                        |          |
| <input type="checkbox"/> Same as Driver                                                                                                                                      |                            | Owner's Last Name: PATTERSON First: CHELSEA Middle:                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                        |          | <input type="checkbox"/> Same as Driver                                                                                                                                                            |                            | Owner's Last Name: CITY OF ATL First: Middle:                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                        |          |
| Address: 280 LINKMERE LN                                                                                                                                                     |                            | City: COVINGTON State: GA Zip:                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                        |          | Address: 226 PEACHTREE                                                                                                                                                                             |                            | City: ATL State: GA Zip:                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               |                                                                                        |          |
| Removed By:                                                                                                                                                                  |                            | <input type="checkbox"/> Request<br><input type="checkbox"/> List                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                        |          | Removed By:                                                                                                                                                                                        |                            | <input type="checkbox"/> Request<br><input type="checkbox"/> List                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                                                        |          |
| Alco Test: 2                                                                                                                                                                 | Type:                      | Results:                                                                                                                                                                                                                                                                                                                                                                                                                                     | Drug Test: 2 | Type:                                                                                  | Results: | Alco Test: 2                                                                                                                                                                                       | Type:                      | Results:                                                                                                                                                                                                                                                                                                                                                                                       | Drug Test: 2                                                                                                                  | Type:                                                                                  | Results: |
| First Harmful Event: 11                                                                                                                                                      |                            | Most Harmful Event: 11                                                                                                                                                                                                                                                                                                                                                                                                                       |              | Operator/Ped Cond: 1                                                                   |          | First Harmful Event: 11                                                                                                                                                                            |                            | Most Harmful Event: 11                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                               | Operator/Ped Cond: 1                                                                   |          |
| Operator Contributing Factors: 18                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          | Operator Contributing Factors: 1                                                                                                                                                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| Vehicle Contributing Factors:                                                                                                                                                |                            | Roadway Contributing Factors: 1                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          | Vehicle Contributing Factors:                                                                                                                                                                      |                            | Roadway Contributing Factors: 1                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| Direction of Travel: 2                                                                                                                                                       | Vehicle Maneuver: 7        | Non-Motor Maneuver:                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                        |          | Direction of Travel: 1                                                                                                                                                                             | Vehicle Maneuver: 8        | Non-Motor Maneuver:                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                        |          |
| Vehicle Class: 1                                                                                                                                                             | Vehicle Type: 1            | Vision Obscured: 1                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                        |          | Vehicle Class: 1                                                                                                                                                                                   | Vehicle Type: 11           | Vision Obscured: 1                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                        |          |
| Number of Occupants: 3                                                                                                                                                       | Area of Initial Contact: 6 | Damage to Veh: 2                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                        |          | Number of Occupants: 3                                                                                                                                                                             | Area of Initial Contact: 1 | Damage to Veh: 2                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                                        |          |
| Traffic-Way Flow: 1                                                                                                                                                          | Road Comp: 2               | Road Character: 1                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                        |          | Traffic-Way Flow: 1                                                                                                                                                                                | Road Comp: 2               | Road Character: 1                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                                                        |          |
| Number of Lanes:                                                                                                                                                             | Posted Speed: 0            | Work Zone: 0                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                        |          | Number of Lanes:                                                                                                                                                                                   | Posted Speed: 0            | Work Zone: 0                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                        |          |
| Traffic Control: 7                                                                                                                                                           |                            | Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                        |          | Traffic Control: 1                                                                                                                                                                                 |                            | Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                        |          |
| Citation Information:                                                                                                                                                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          |                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| Citation # 0000 -                                                                                                                                                            |                            | O.C.G.A. § 40-6-240                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                        |          |                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| COMMERCIAL MOTOR VEHICLES ONLY                                                                                                                                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          |                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| Carrier Name:                                                                                                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          |                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| Address                                                                                                                                                                      |                            | City                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | State                                                                                  |          | Zip                                                                                                                                                                                                |                            | Address                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               | City                                                                                   |          |
| U.S. D.O.T. #                                                                                                                                                                |                            | No. of Axles                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | G.V.W.R.                                                                               |          | U.S. D.O.T. #                                                                                                                                                                                      |                            | No. of Axles                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               | G.V.W.R.                                                                               |          |
| Cargo Body Type                                                                                                                                                              | Vehicle Config.            | <input type="checkbox"/> Interstate<br><input type="checkbox"/> Intrastate                                                                                                                                                                                                                                                                                                                                                                   |              | Fed. Reportable<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          | Cargo Body Type                                                                                                                                                                                    | Vehicle Config.            | <input type="checkbox"/> Interstate<br><input type="checkbox"/> Intrastate                                                                                                                                                                                                                                                                                                                     |                                                                                                                               | Fed. Reportable<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| C.D.L.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                  |                            | C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                        |          | C.D.L.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                        |                            | C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                                                        |          |
| Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                       |                            | Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                        |          | Vehicle Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                             |                            | Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                       |                                                                                                                               |                                                                                        |          |
| Haz Mat Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          |                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| If YES: Name or four-digit number from Diamond or Box: _____                                                                                                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          |                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| One-digit number from bottom of Diamond: _____                                                                                                                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          |                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |
| <input type="checkbox"/> Ran Off Road <input type="checkbox"/> Downhill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units    |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                        |          |                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                        |          |

|                                                         |                                        |                                            |           |                                           |                                                                                                                                                                                          |                                                                  |                              |                      |                                   |  |
|---------------------------------------------------------|----------------------------------------|--------------------------------------------|-----------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------|----------------------|-----------------------------------|--|
| Agency Case Number<br>202351793 - 00                    |                                        | Agency NCIP mt<br>GAAPL                    |           | GEORGIA<br>MOTOR VEHICLE CRASH REPORT     |                                                                                                                                                                                          | County<br>FULTON                                                 |                              | Date Rec. by GDOT    |                                   |  |
| Estimated Crash<br>Date   Time<br>08/22/20   2133       |                                        | Dispatch<br>Date   Time<br>08/22/20   2133 |           | Arrival<br>Date   Time<br>08/22/20   2133 |                                                                                                                                                                                          | Total Number of<br>Vehicles   Injuries   Fatalities<br>2   0   0 |                              |                      | Inside City Of<br>ATL             |  |
| Road of Occurrence<br>RALPH D ABERNATHY BLVD SW         |                                        |                                            |           | At Its Intersection With                  |                                                                                                                                                                                          |                                                                  |                              | [ ] Corrected Report |                                   |  |
| Not At Its Intersection But                             |                                        | [ ] Miles                                  | [ ] North | [ ] East                                  | Of                                                                                                                                                                                       |                                                                  |                              |                      | [ ] Sup To Original               |  |
|                                                         |                                        | [ ] Feet                                   | [ ] South | [ ] West                                  |                                                                                                                                                                                          |                                                                  |                              |                      | [ ] Hit and Run                   |  |
| Latitude (Y)<br>(Format)                                |                                        | 033.73673<br>00000000                      |           | Longitude (X)<br>(Format)                 |                                                                                                                                                                                          | 084.39379<br>00000000                                            |                              |                      |                                   |  |
| COLLISION FIELDS                                        |                                        |                                            |           |                                           |                                                                                                                                                                                          |                                                                  |                              |                      |                                   |  |
| Manner of Collision: 1                                  |                                        | Location at Area of Impact:                |           | Weather: 1                                |                                                                                                                                                                                          | Surface Condition: 1                                             |                              | Light Condition: 4   |                                   |  |
| NARRATIVE                                               |                                        |                                            |           |                                           |                                                                                                                                                                                          |                                                                  |                              |                      |                                   |  |
| Narrative exceeds 9 lines: See Supplement page.         |                                        |                                            |           |                                           |                                                                                                                                                                                          |                                                                  |                              |                      |                                   |  |
| DIAGRAM                                                 |                                        |                                            |           |                                           |                                                                                                                                                                                          |                                                                  |                              |                      |                                   |  |
|                                                         |                                        |                                            |           |                                           |                                                                                                                                                                                          |                                                                  |                              |                      |                                   |  |
| PROPERTY DAMAGE INFORMATION                             |                                        |                                            |           |                                           |                                                                                                                                                                                          |                                                                  |                              |                      |                                   |  |
| Damage Other Than Vehicle:                              |                                        |                                            |           |                                           | Owner:                                                                                                                                                                                   |                                                                  |                              |                      |                                   |  |
| WITNESS INFORMATION                                     |                                        |                                            |           |                                           |                                                                                                                                                                                          |                                                                  |                              |                      |                                   |  |
| Name (Last, First)                                      |                                        | Address                                    |           |                                           | City                                                                                                                                                                                     |                                                                  | State                        |                      | Zip Code Telephone Number         |  |
| OCCUPANT INFORMATION                                    |                                        |                                            |           |                                           |                                                                                                                                                                                          |                                                                  |                              |                      |                                   |  |
| 1                                                       | Name (Last, First): PATTERSON, CHELSEA |                                            |           |                                           |                                                                                                                                                                                          | Address: 280 LINKMERE LN                                         |                              |                      |                                   |  |
|                                                         | Age: 32                                | Sex: F                                     | Unit # 1  | Position: 1                               | Safety Eq: 1                                                                                                                                                                             | Ejected: 1                                                       | Extricated: 2                | Air Bag: 0           | Injury: 0 Taken for Treatment: N  |  |
|                                                         | Injured Taken To:                      |                                            | By:       |                                           | EMS Notified (Fatality Only):                                                                                                                                                            |                                                                  | EMS Arrival (Fatality Only): |                      | Hospital Arrival (Fatality Only): |  |
| 2                                                       | Name (Last, First): DELY, L            |                                            |           |                                           |                                                                                                                                                                                          | Address: 226 PEACHTREE ST                                        |                              |                      |                                   |  |
|                                                         | Age:                                   | Sex: M                                     | Unit # 2  | Position: 1                               | Safety Eq: 1                                                                                                                                                                             | Ejected: 1                                                       | Extricated: 2                | Air Bag: 0           | Injury: 0 Taken for Treatment: N  |  |
|                                                         | Injured Taken To:                      |                                            | By:       |                                           | EMS Notified (Fatality Only):                                                                                                                                                            |                                                                  | EMS Arrival (Fatality Only): |                      | Hospital Arrival (Fatality Only): |  |
| 3                                                       | Name (Last, First): MASSEY, A          |                                            |           |                                           |                                                                                                                                                                                          | Address: 226 PEACHTREE ST                                        |                              |                      |                                   |  |
|                                                         | Age:                                   | Sex: F                                     | Unit # 2  | Position: 3                               | Safety Eq: 1                                                                                                                                                                             | Ejected: 1                                                       | Extricated: 2                | Air Bag: 0           | Injury: 0 Taken for Treatment: N  |  |
|                                                         | Injured Taken To:                      |                                            | By:       |                                           | EMS Notified (Fatality Only):                                                                                                                                                            |                                                                  | EMS Arrival (Fatality Only): |                      | Hospital Arrival (Fatality Only): |  |
| ADMINISTRATIVE                                          |                                        |                                            |           |                                           |                                                                                                                                                                                          |                                                                  |                              |                      |                                   |  |
| Photos Taken: [ ] Yes By: [X] No                        |                                        |                                            |           |                                           | Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963. |                                                                  |                              |                      |                                   |  |
| Report By: 6603 Agency: 01 Report Date: 09/15/2020 0:00 |                                        |                                            |           |                                           | Checked By: 3363 Date Checked: 09/16/2020 23:26                                                                                                                                          |                                                                  |                              |                      |                                   |  |

7.3.11

SUPPLEMENT  
GEORGIA MOTOR VEHICLE CRASH REPORT

Agency Case Number: 202351793 - 00

Estimated Crash Date: 08/22/20 2133

Officer Name: 6603

NARRATIVE CONTINUED

8/22/2020 I Ofc M Potter responded to an Officer involved vehicle accident at 180 Ralph D Abernathy blvd (BP gas station) PRIVATE PROPERTY. Upon my arrival I met with both parties. Driver 1 advised that she was sitting in her parked vehicle before she started to put her vehicle into reverse. While reversing she made contact with vehicle 2.

Driver 2 advised he was parked in the rear of the gas station observing other vehicles when he noticed vehicle 1 reversing. Driver 2 advised he activated the sirens on his vehicle in an attempt to stop driver 1 from reversing but was not succesful. Driver 2 and his passenger advised they did not need medical attention.

Driver 1 exercised her 5th amendment right when asked if she needed any medical attention.

Clerks inside of the gas station advised cameras were not accessible at the time of the accident, they advised their manager who does have access to the cameras would be back on Monday 8/24/2020 around 2pm. Crime scene came to the vehicle accident to take pictures of the scene. Sgt Capell also arrived on scene and was informed on the events leading up to the accident.

7.4.11

ATLANTA POLICE DEPARTMENT  
Traffic Accident Report  
Incident #: 202351793-00

----- Accident Location Information -----

# Vehicles: 2                      # Injured: 0                      # Killed: 0  
Hit / Run: NO                      Private Prop: NO                      Prop Dam: Vehicles only

Address: 180 RALPH D ABERNATHY BLVD SW, ATLANTA

Road Type: CITY STREET

At/Or:                      #:                      Feet/Miles:                      Dir:

Street/Location Reference Point:

Road Type:

Next Reference Point: CENTRAL AVE

Road Type: CITY STREET

RD: ZONE3 BEAT3                      Beat: ZONE3 BEAT3                      Zone: ZONE 3

Shift: EVENING WATCH                      Photo: N

Occur Date: 8/22/2020 21:33

Weekday: Sat

Report Date: 8/22/2020 22:48

Arrive Date: 8/22/2020 21:33

Officer: (6603) POTTER, MELVIN

Reviewed By:

----- Accident Information -----

Violation: IMPROPER BACKING

Photos Taken By:

Primary Factor (PCF): Improper Backing

Accident Type: VEHICLE DAMAGE/ NO INJURIES

Fwd to Hit and Run?: No

Manner of Collision: Angle

Light Condition: Dark-Lighted

Light Condition: Dark-Lighted

Surface Condition: Dry

Width of road (ft):

Width of road (ft):

Corrected Report?: No

Weather: Clear

Property damaged other than vehicle:

Property Owner:

----- Optional Accident Information -----

Traffic control:

Device Inoperative:

Motor Vehicle Involved With:

Pedestrian action:

What vehicle(s) were going to do:

What vehicle(s) did:

Direction of travel:

Object struck by vehicle:

Point of first contact on vehicle:

7.5.11

Printed By: 3019  
Printed Date: 10/02/2020

PAGE:2

ATLANTA POLICE DEPARTMENT  
Traffic Accident Report  
Incident #: 202351793-00

Vehicle condition:  
Telephone installed:  
Telephone in use:  
Oversized vehicle:  
Visibility obscured by:

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

Veh #: 1 License #: ATU6156  
VIN: 4T1BF3EK5BU714846  
State: GEORGIA Year: 2011  
Make: TOYOTA Model: CAMRY

Insurance Company: ALLSTATE Insurance Policy #: 000000815324436  
Policyholder Name: Insurance Company #:  
Registered Owner: PATTERSON, CHELSEA  
Owner Address: 280 LINKMERE LN, COVINGTON, GA

Veh #: 2 License #: GV8645L  
VIN: 1FM5K8AR9HGE13531  
State: GEORGIA Year: 2017  
Make: FORD Model: EXPLORER

Insurance Company: CITY OF ATLANTA Insurance Policy #:  
Policyholder Name: Insurance Company #:  
Registered Owner: CITY OF ATL  
Owner Address: 226 PEACHTREE, ATLANTA, GA

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

Unit #: 1 Rec Type: DRIVER  
Name: PATTERSON, CHELSEA DOB: 3/16/1988  
Driver's License #: 052631197  
Employer:  
Emp Address:

Unit #: 2 Rec Type: DRIVER  
Name: DELY, L DOB: 1/1/1900  
Driver's License #:  
Employer:  
Emp Address:

Unit #: 2 Rec Type: PASSENGER  
Name: MASSEY, A DOB: 1/1/1900  
Driver's License #:

7.6.11

Printed By: 3019  
Printed Date: 10/02/2020

PAGE:3

ATLANTA POLICE DEPARTMENT  
Traffic Accident Report  
Incident #: 202351793-00

Employer:  
Emp Address:

----- Narrative -----

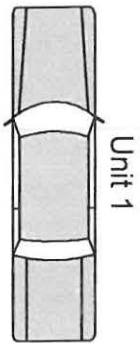
8/22/2020 I Ofc M Potter responded to an Officer involved vehicle accident at 180 Ralph D Abernathy blvd (BP gas station) PRIVATE PROPERTY. Upon my arrival I met with both parties. Driver 1 advised that she was sitting in her parked vehicle before she started to put her vehicle into reverse. While reversing she made contact with vehicle 2.

Driver 2 advised he was parked in the rear of the gas station observing other vehicles when he noticed vehicle 1 reversing. Driver 2 advised he activated the sirens on his vehicle in an attempt to stop driver 1 from reversing but was not succesful. Driver 2 and his passenger advised they did not need medical attention.

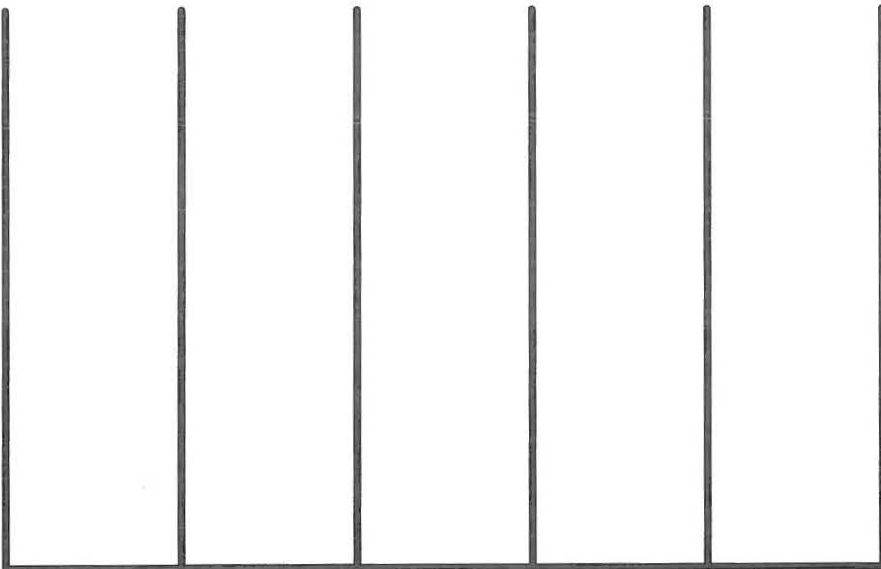
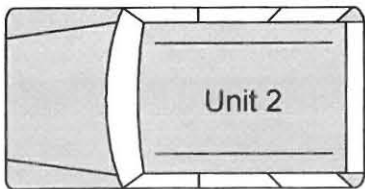
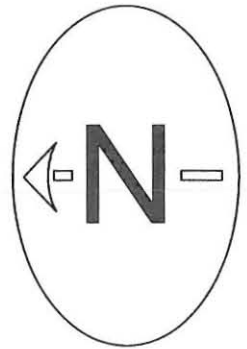
Driver 1 exercised her 5th amendment right when asked if she needed any medical attention.

Clerks inside of the gas station advised cameras were not accessible at the time of the accident, they advised their manager who does have access to the cameras would be back on Monday 8/24/2020 around 2pm. Crime scene came to the vehicle accident to take pictures of the scene. Sgt Capell also arrived on scene and was informed on the events leading up to the accident.

7-7-11



180 Ralph D Abernathy blvd



*NOT TO SCALE*

7-8-11



Atlanta Police Department

UNAPPROVED

Case # 202351793 - Incident Report

|                                                                               |                                                       |                                                                              |
|-------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| REPORT DATE / TIME<br>Oct 1, 2020 20:51                                       | ZONE / BEAT<br>3 / 303                                | EVENT START DATE / TIME - EVENT END DATE / TIME<br>Sep 9, 2020 21:33 - 21:34 |
| REPORT AUTHOR<br>Lionel Dely #6650                                            | BODY WORN CAMERA?<br>1. Yes — Video Footage Available |                                                                              |
| REPORT TAKEN LOCATION<br>180 RALPH DAVID ABERNATHY BLVD SW, ATLANTA, GA 30312 |                                                       |                                                                              |

NARRATIVE

There was no visible damage to the patrol vehicle.

INCIDENT INFO

|                                                                                                                                      |             |                        |                    |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|--------------------|
| INCIDENT TYPE<br>Damage to City Property - Bureau (Non-crime)                                                                        |             |                        |                    |
| OFFENSE LOCATION<br>LOCATION NAME / STREET ADDRESS/LOCATION NAME / APT, UNIT, STE / DESCRIPTION<br>180 RALPH DAVID ABERNATHY BLVD SW |             |                        |                    |
| CITY<br>ATLANTA                                                                                                                      | STATE<br>GA | ZIP<br>30312           | COUNTRY CODE<br>US |
| LOCATION CATEGORY<br>Parking/ Drop Lot/ Garage                                                                                       |             | ZONE / BEAT<br>3 / 303 |                    |

STOP

- ☐ You were in a commercial or residential building or structure
- ☐ You were not immediately responding to a civilian 911 call

VEHICLE / PROPERTY & ITEMS SUMMARY

|                                                                  |                                                              |                  |      |                             |
|------------------------------------------------------------------|--------------------------------------------------------------|------------------|------|-----------------------------|
| DESCRIPTION / MAKE / MODEL / COLOR<br>PATROL VEHICLE / Dark Blue | STATUS / DATE / REASON FOR CUSTODY<br>PROPERTY / Sep 9, 2020 | VIN # / SERIAL # | QTY. | TOTAL (\$) VALUE<br>UNKNOWN |
|------------------------------------------------------------------|--------------------------------------------------------------|------------------|------|-----------------------------|

PROPERTY & ITEMS ADDENDUM

|                                            |                                  |                             |
|--------------------------------------------|----------------------------------|-----------------------------|
| 202351793-1 OTHER ITEM - PATROL VEHICLE    |                                  |                             |
| ITEM CATEGORY<br>Law Enforcement Equipment |                                  |                             |
| DESCRIPTION<br>PATROL VEHICLE              |                                  |                             |
| COLOR<br>Dark Blue                         |                                  |                             |
| STATUS<br>PROPERTY                         | STATUS DATE<br>Sep 9, 2020 00:00 | TOTAL (\$) VALUE<br>UNKNOWN |

|                                                                                          |                             |
|------------------------------------------------------------------------------------------|-----------------------------|
| REPORTING OFFICER SIGNATURE / DATE<br>Larry Harris #5825 Oct 1, 2020 21:03 (e-signature) | SUPERVISOR SIGNATURE / DATE |
| PRINT NAME<br>Larry Harris #5825                                                         | PRINT NAME                  |

7.9.11



7.16.11



**ATLANTA POLICE DEPARTMENT  
INVESTIGATION DISPOSITION FORM**

EMPLOYEE: Dely, Lionel

OPS CONTROL #: 20-I-0406-VA

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

- On 8/22/20, Officer Dely, while operating city vehicle #33929 was involved in a traffic accident at 180 Ralph David Abernathy Blvd SW (gas station).
- Vehicle #33929 is not equipped with Watch Guard or AXON that is functional.
- The incident was captured on his BWC.
- A vehicle backed into Officer Dely while he was driving through the gas station lot.
- Vehicle #33929 sustained no visible damage. The other vehicle involved sustained a small scratch to the rear bumper cover.
- No injuries were reported.

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

NONE

**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)

Sgt. N. Capell

10.23.20

Lt. R. Albertini

10.27.20

INVESTIGATING SUPERVISOR

DATE

UNIT COMMANDER

DATE

ASSISTANT SECTION COMMANDER

DATE

SECTION COMMANDER

DATE

**OPS FILE TRACKING LOG / OPS# 20-I-0406-VA****EMPLOYEE: Officer Lionel Dely**

| DATE RECEIVED | RECEIVED BY | DATE FORWARDED | FORWARDED TO  | SUPERVISORS SIGNATURE                                                               |
|---------------|-------------|----------------|---------------|-------------------------------------------------------------------------------------|
| 10-5-20       | N. Capell   | 10-24-20       | Lt. Albertin  |  |
| 10-22-20      | R. Anderson | 10-27-20       | COAT, JACKSON |  |
|               |             |                |               |                                                                                     |
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|               |             |                |               |                                                                                     |

Pursuant to APD.SOP.2020-§4.2.2 (5, 6, 7) Supervisors should maintain a log of complaint files and ensure that no investigation remains overdue without cause. The investigating supervisor will report the status of the investigation to his or her supervisor every seven calendar days. If the investigation extends beyond 14 days, the OPS commander must be notified.

The investigation should be completed within 90 days. If the investigator cannot complete it within 90 days, he or she will send a memo through the chain of command to the OPS commander and to the accused employee specifying the reason for the delay. This documentation will become a part of the investigative file.

If the investigation extends beyond 60 days, the investigating supervisor must notify the complainant of the status of the investigation and document the notification.



# City of Atlanta

# Internal Correspondence

Atlanta Police Department

## MEMORANDUM

**TO:** Officer Lionel Dely  
**FROM:** Major M. Bates  
**DATE:** February 1, 2021  
**RE:** Disposition OPS Complaint File: 20-I-0406-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 with regards to employee  
Work Rule 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 with regards to employee
- ☐ Sustained - the investigation did develop sufficient information to prove the allegation stated in the complaint with regards to employee
- ☐ Unfounded - the allegation was without factual basis

CH/SDE  
cc: File