OPS Complaint File Closeout Report

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

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

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

Accused Employee's Assignment: CSD (DIVISION) APEX (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: _____

City of Atlanta — Internal Correspondence

Atlanta Police Department

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 [ ]
Work Rule(s):

Written Reprimand [ ]
Work Rule(s):

Suspension [ ]
Number of Days:
Work Rule (s):

Non-Disciplinary:

Not Sustained [ ]
Work Rule(s):

Exonerated [√] TDP
Work Rule(s): 4.4.4

Exceptionally Closed [ ]
Work Rule(s):

Unfounded [ ]
Work Rule(s):

TDP/mm

City of Atlanta Internal Correspondence

Atlanta Police Department

M E M O R A N D U M

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

Item No.	Item	Number of Pages	Initials	Date
1	Disciplinary Complaint Folder Index	1	NTC	10/23/2020
2	Supervisor Complaint Investigation Checklist	1	NTC	10/23/2020
3	Preliminary Complaint Form	1	NTC	10/23/2020
4	Written Notice of Allegations	1	NTC	10/23/2020
5	Awareness Statement	1	NTC	10/23/2020
6	Employee Statement	2	NTC	10/23/2020
7	Accident Package	11	NTC	10/23/2020
8	Investigation Disposition Form	1	NTC	10/23/2020
9	Body Cam VIDEO	1	RJK	11.4.20

1-1-1

ATLANTA POLICE DEPARTMENT
SUPERVISOR COMPLAINT INVESTIGATION CHECKLIST

EMPLOYEE NAME: Dely, Lionel OPS CONTROL #: 20-I-0406-VA

INVESTIGATIVE FOLDER

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

X	Offense Report		Lab Results
X	Accident Report	X	Photos
	Medical Release		Video Tape/Audio Tape
	Other		Other

Sgt. N. Capell — 10.23.2020
Investigation Completed By — **Date Completed**

DETERMINE DISCIPLINARY ACTION

___ 8. Disciplinary Worksheet (Filled out by supervisor)

NON-ADVERSE ACTION

___ 9. Oral Admonishment given to (Employee) _____ by
(Supervisor) _____ for rule _____ on _____

___ 10. Written Reprimand given to (Employee) _____ by
(Supervisor) _____ for rule _____ on

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

ADVERSE DISCIPLINARY ACTION

___ 11. Notice of Proposed Adverse Action (NPAA) issued (Date) _____

___ 12. Extension of time form (When applicable)

___ 13. Notice of Final Adverse Action (NFAA) issued (Date) _____
NFAA issued by (Name)

PROACTIVE CORRECTIVE ACTION

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

P - 2 - 1 - 1

ATLANTA POLICE DEPARTMENT
PRELIMINARY COMPLAINT FORM

[ ] OPS INVESTIGATION [X] COMMAND INVESTIGATION

COMPLAINT NUMBER: 202351793

OPS CONTROL NUMBER: 20-I-0406-VA

DATE & TIME COMPLAINT RECEIVED				DATE OF INCIDENT			
MO	DAY	YR.	TIME	MO	DAY	YR.	TIME
08	22	20	2133	08	22	20	2133

ADDRESS OF OCCURRENCE: 180 Ralph David Abernathy Blvd SW

AUDIO AND VIDEO TAPES THAT ARE PART OF THIS FILE

VIDEO TAPES OF INTERVIEWS [ ] AUDIO TAPES OF 911 RADIO [ ] OTHER TAPES [ ]

BRIEFLY DESCRIBE ALLEGATIONS

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.

Officer Lionel Dely was involved in a traffic accident on 8/22/20 while operating a city vehicle.

COMPLAINANT INFORMATION

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

CODE	NAME (LAST, FIRST, MI)	RACE	SEX	DOB
S	[redacted], Nawin T.	A	M	[redacted]

RESIDENT ADDRESS	HOME PHONE	BUSINESS PHONE
[redacted]	[redacted]	[redacted]

DESCRIBE INJURIES	HOSPITAL TAKEN TO	PHOTO ID #	SUSPECT WEAPON	WEAPON SERIAL #
NONE				

ACCUSED #1 NAME (LAST, FIRST MI)	RANK	RACE	SEX	DOB	DOE	4 DIGIT ID NO
Dely, Lionel	OFC	B	M	[redacted]	3/2015	6650

ASSIGNMENT			DUTY STATUS				FIREARMS DISCHARGE ONLY		
DIVISION	SECTION	WATCH	ON DUTY	OFF DUTY	TMP ASGN	XTRA JOB	WEAPON	WEAPON SERIAL #	# SHOTS
FOD	APEX	EW	X						

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

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

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

Form APD 848 Revised 4/12/10

4.1.1

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)

10-23-2016:20pm
(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)

Form APD 853 Revised 2/22/06

5.1.1

ATLANTA POLICE DEPARTMENT
EMPLOYEE STATEMENT

EMPLOYEE: Dely, Lionel OPS # 20-1-0406-VA

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

I am Investigator's Name Sgt. N. Capell of the Atlanta Police Department You are being questioned as a TYPE STATUS 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.

EMPLOYEE SIGNATURE

Sworn and subscribed to me this 22 day of Oct in the year 2020

Lionel Dely
PRINT EMPLOYEE NAME

NOTARY PUBLIC

P - 6 - 1 - 2

Form APD826 revised 1/1/2000

ATLANTA POLICE DEPARTMENT
EMPLOYEE STATEMENT

EMPLOYEE: Dely, Lionel OPS # 20-1-0406-VA

Q: Is there BWC footage available?

A: Yes

Q: Were you or anyone involved injuried 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 Dely
PRINT EMPLOYEE NAME

NOTARY PUBLIC

Form APD826 revised 1/1/2000

ATLANTA POLICE DEPARTMENT
OFFICE OF PROFESSIONAL STANDARDS

OPS - VEHICLE ACCIDENT REQUEST FORM

OFFICER INFORMATION

Employee Involved:Off. Lionel Dely Employee E-mail Address:ljdely@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
SPO Glenn Cone gcone@atlantaga.gov
Off. Kai Mitchell kdmitchell@atlantaga.gov

7-1-1(

GEORGIA MOTOR VEHICLE CRASH REPORT

Agency Case Number	Agency NCIC Number	County	Date Rec. by GDOT
202351793 - 00	GAAPL[illegible]mb	FULTON	

Estimated Crash Date	Estimated Crash Time	Dispatch Date	Dispatch Time	Arrival Date	Arrival Time	Total Number of Vehicles	Total Number of Injuries	Total Number of Fatalities	Inside City Of
08/22/20	2133	08/22/20	2133	08/22/20	2133	2	0	0	ATL

Road of Occurrence: RALPH D ABERNATHY BLVD SW
At Its Intersection With:
Not At Its Intersection But: [ ] Miles [ ] Feet [ ] North [ ] South [ ] East [ ] West Of:
Latitude (Y) (Format): 033.73673 00000000 [redacted] 084.39379 00000000

[ ] Corrected Report
[ ] Sup To Original
[ ] Hit and Run

Unit # 1

[X] Driver [ ] Ped [ ] Bike
[X] Susp At Fault

LAST NAME: PATTERSON
FIRST: CHELSEA
MIDDLE: [redacted]
Address: [redacted]
City: COVINGTON
State: GA
Zip: 03[redacted]98
Driver's License No.: [redacted]
Class:
State:
Country:
Insurance Co.: ALLSTATE
Policy No.: [redacted]
Telephone No.: (404) 493-3552
Year: 2011
Make: TOYT
Model: CAM
VIN: [redacted]
Vehicle Color:
Tag #: ATU6156
State: GA
County:
Year:
Trailer Tag #:
State:
County:
Year:

[ ] Same as Driver
Owner's Last Name: PATTERSON
First:
Middle: [redacted]
Address: [redacted]
City: COVINGTON
State: GA
Zip:

Removed By:
[ ] Request [ ] List

Alco Test:	Type:	Results:	Drug Test:	Type:	Results:
2			2	[redacted]	

First Harmful Event: 11
Most Harmful Event: 11
Operator/Ped Cond: 1
Operator Contributing Factors: 18
Vehicle Contributing Factors:
Roadway Contributing Factors: 1
Direction of Travel: 2
Vehicle Maneuver: 7
Non-Motor Maneuver:
Vehicle Class: 1
Vehicle Type: 1
Vision Obscured: 1
Number of Occupants: 3
Area of Initial Contact: 6
Damage to Veh: 2
Traffic-Way Flow: 1
Road Comp: 2
Road Character: 1
Number of Lanes:
Posted Speed: 0
Work Zone: 0
Traffic Control: 7
Device Inoperative: [ ] Yes [X] No

Citation Information:
Citation # 0000 -
O.C.G.A. § 40-6-240

COMMERCIAL MOTOR VEHICLES ONLY

Carrier Name:
Address:
City:
State:
Zip:
U.S. D.O.T. #:
No. of Axles:
G.V.W.R.:
Cargo Body Type:
Vehicle Config.:
[ ] Interstate [ ] Intrastate
Fed. Reportable [ ] Yes [X] No
C.D.L.? [ ] Yes [X] No
C.D.L. Suspended? [ ] Yes [X] No
Vehicle Placarded? [ ] Yes [X] No
Hazardous Materials? [ ] Yes [X] No
Haz Mat Released? [ ] Yes [X] No
If YES: Name or four-digit number from Diamond or Box:
One-digit number from bottom of Diamond:

[ ]Ran Off Road [ ]Downhill Runaway [ ]Cargo Loss or Shift [ ]Separation of Units

Unit # 2

[X] Driver [ ] Ped [ ] Bike
[ ] Susp At Fault

LAST NAME: DELY
FIRST: L
MIDDLE:
Address: 226 PEACHTREE ST
City: ATL
State: GA
Zip: 30303
DOB:
Driver's License No.:
Class:
State:
Country:
Insurance Co.: CITY OF ATLANTA
Policy No.:
Telephone No.: [redacted]
Year: 2017
Make: FORD
Model: XPL
VIN: [redacted]
Vehicle Color: BLU
Tag #: GV8645L
State: GA
County:
Year:
Trailer Tag #:
State:
County:
Year:

[ ] Same as Driver
Owner's Last Name: CITY OF ATL
First:
Middle:
Address: [redacted]
City: ATL
State: GA
Zip:

Removed By:
[ ] Request [ ] List

Alco Test:	Type:	Results:	Drug Test:	Type:	Results:
2			2		

First Harmful Event: 11
Most Harmful Event: 11
Operator/Ped Cond: 1
Operator Contributing Factors: 1
Vehicle Contributing Factors:
Roadway Contributing Factors: 1
Direction of Travel: 1
Vehicle Maneuver: 8
Non-Motor Maneuver:
Vehicle Class: 1
Vehicle Type: 11
Vision Obscured: 1
Number of Occupants: 3
Area of Initial Contact: 1
Damage to Veh: 2
Traffic-Way Flow: 1
Road Comp: 2
Road Character: 1
Number of Lanes:
Posted Speed: 0
Work Zone: 0
Traffic Control: 1
Device Inoperative: [ ] Yes [X] No

Citation Information:
Citation # -
O.C.G.A. §

COMMERCIAL MOTOR VEHICLES ONLY

Carrier Name:
Address:
City:
State:
Zip:
U.S. D.O.T. #:
No. of Axles:
G.V.W.R.:
Cargo Body Type:
Vehicle Config.:
[ ] Interstate [ ] Intrastate
Fed. Reportable [ ] Yes [X] No
C.D.L.? [ ] Yes [X] No
C.D.L. Suspended? [ ] Yes [X] No
Vehicle Placarded? [ ] Yes [X] No
Hazardous Materials? [ ] Yes [X] No
Haz Mat Released? [ ] Yes [X] No
If YES: Name or four-digit number from Diamond or Box:
One-digit number from bottom of Diamond:

[ ]Ran Off Road [ ]Downhill Runaway [ ]Cargo Loss or Shift [ ]Separation of Units

7.2.11

Agency Case Number	Agency NCIC Number	GEORGIA MOTOR VEHICLE CRASH REPORT	County	Date Rec. by GDOT
202351793 - 00	GAAPD		FULTON	

Estimated Crash Date	Estimated Crash Time	Dispatch Date	Dispatch Time	Arrival Date	Arrival Time	Total Number of Vehicles	Total Number of Injuries	Total Number of Fatalities	Inside City Of
08/22/20	2133	08/22/20	2133	08/22/20	2133	2	0	0	ATL

Road of Occurrence: RALPH D ABERNATHY BLVD SW
At Its Intersection With:
Not At Its Intersection But: [] Miles [] North [] East [] Feet [] South [] West Of
Latitude (Y) (Format): 033.73673 (00000000)
Longitude (X) (Format): 084.39379 (00000000)

[] Corrected Report
[] Sup To Original
[] Hit and Run

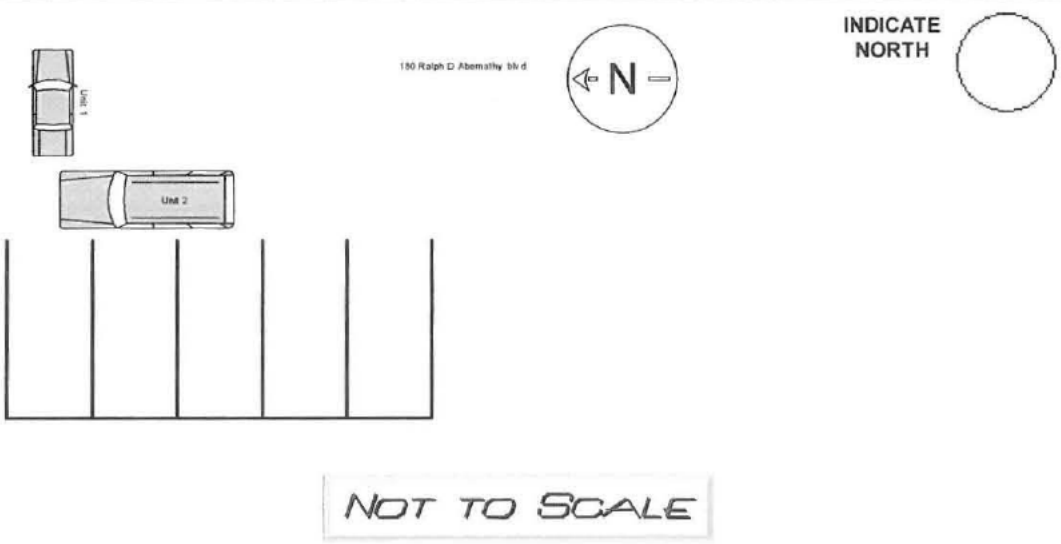
COLLISION FIELDS

Manner of Collision:	Location at Area of Impact:	Weather:	Surface Condition:	Light Condition:
1		1	1	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: [redacted]					
	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 [X] No By:

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 **Accident Type:** VEHICLE DAMAGE/ NO INJURIES
Photos Taken By: **Fwd to Hit and Run?:** No
Primary Factor (PCF): Improper Backing **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

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 #: [redacted]4436
Policyholder Name: Insurance Company #:
Registered Owner: PATTERSON, CHELSEA
Owner Address: [redacted] [redacted]N, GA

Veh #: 2 License #: [redacted]
VIN: [redacted]
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: [redacted]
Driver's License #: [redacted]
Employer:
Emp Address:

Unit #: 2 Rec Type: DRIVER
Name: DELY, L DOB: [redacted]
Driver's License #:
Employer:
Emp Address:

Unit #: 2 Rec Type: PASSENGER
Name: MASSEY, A DOB: [redacted]
Driver's License #:

7.6.11

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.

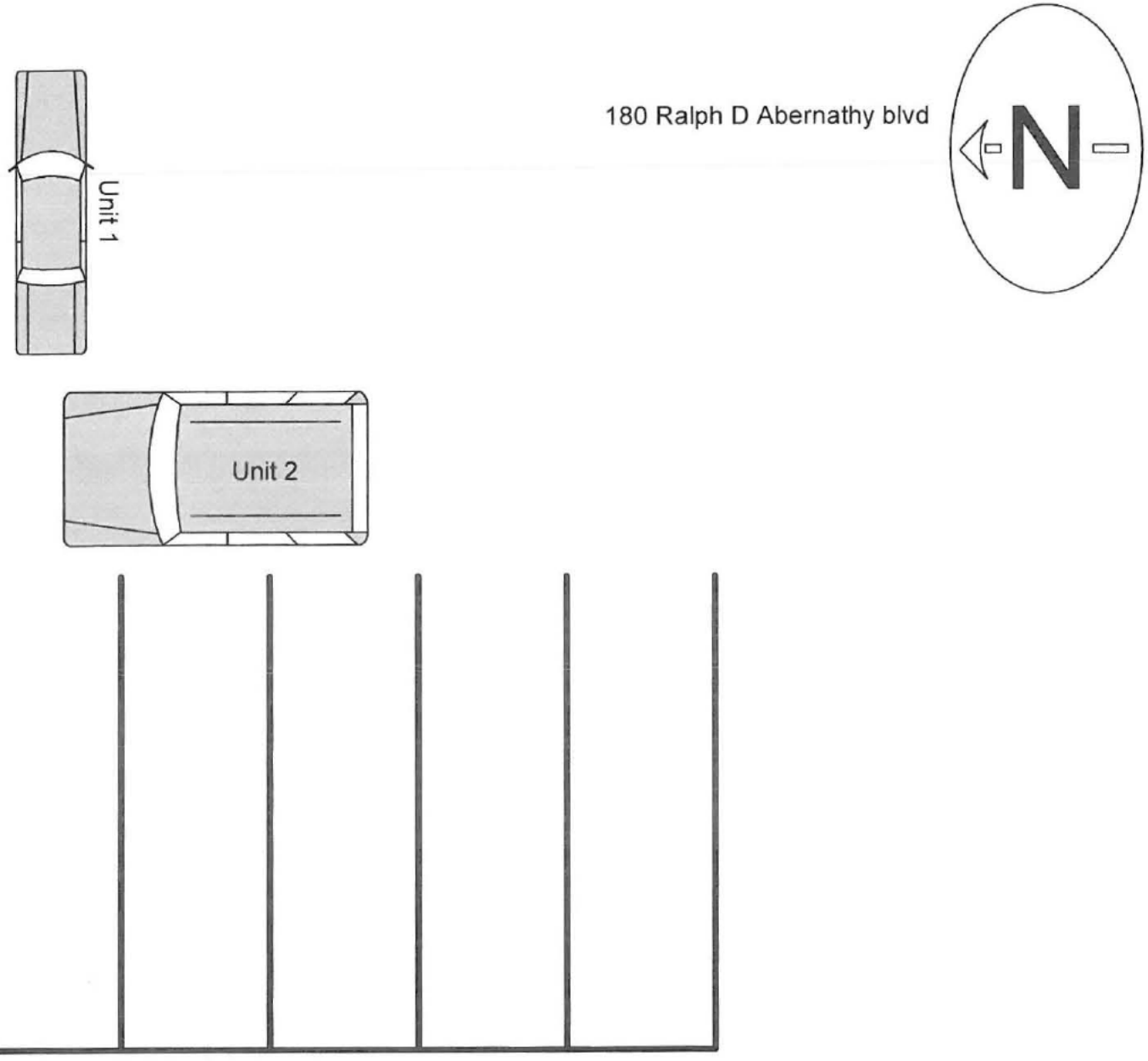
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7.7.11

180 Ralph D Abernathy blvd



NOT TO SCALE

7-8-11

Atlanta Police Department

UNAPPROVED

Case # 202351793 - Incident Report

REPORT DATE / TIME	ZONE / BEAT	EVENT START DATE / TIME - EVENT END DATE / TIME
Oct 1, 2020 20:51	3 / 303	Sep 9, 2020 21:33 - 21:34

REPORT AUTHOR	BODY WORN CAMERA?
Lionel Dely #6650	1. Yes — Video Footage Available

REPORT TAKEN LOCATION

180 RALPH DAVID ABERNATHY BLVD SW, ATLANTA, GA 30312

NARRATIVE

There was no visible damage to the patrol vehicle.

INCIDENT INFO

INCIDENT TYPE

Damage to City Property - Bureau (Non-crime)

OFFENSE LOCATION

LOCATION NAME / STREET ADDRESS/LOCATION NAME / APT, UNIT, STE / DESCRIPTION

180 RALPH DAVID ABERNATHY BLVD SW

CITY	STATE	ZIP	COUNTRY CODE
ATLANTA	GA	30312	US

LOCATION CATEGORY	ZONE / BEAT
Parking/ Drop Lot/ Garage	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	STATUS / DATE / REASON FOR CUSTODY	VIN # / SERIAL #	QTY.	TOTAL ($) VALUE
PATROL VEHICLE / Dark Blue	PROPERTY / Sep 9, 2020			UNKNOWN

PROPERTY & ITEMS ADDENDUM

202351793-1 OTHER ITEM - PATROL VEHICLE

ITEM CATEGORY

Law Enforcement Equipment

DESCRIPTION

PATROL VEHICLE

COLOR

Dark Blue

STATUS	STATUS DATE	TOTAL ($) VALUE
PROPERTY	Sep 9, 2020 00:00	UNKNOWN

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


GEORGIA
ATU 6156
IN GOD WE TRUST


POLICE
A.P.E.X.

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 4.4.4	SUSTAINED ☐	NOT SUSTAINED ☐	EXONERATED ☒	UNFOUNDED ☐	EXCEPTIONALLY CLOSED ☐
RULE _____	SUSTAINED ☐	NOT SUSTAINED ☐	EXONERATED ☐	UNFOUNDED ☐	EXCEPTIONALLY CLOSED ☐
RULE _____	SUSTAINED ☐	NOT SUSTAINED ☐	EXONERATED ☐	UNFOUNDED ☐	EXCEPTIONALLY CLOSED ☐
RULE _____	SUSTAINED ☐	NOT SUSTAINED ☐	EXONERATED ☐	UNFOUNDED ☐	EXCEPTIONALLY CLOSED ☐

IV. REVIEWING SIGNATURES *(DOES NOT INDICATE AGREEMENT)*

Sgt. N. Capell 10.23.20
INVESTIGATING SUPERVISOR DATE

Lt. R. Albertini 10-27-20
UNIT COMMANDER DATE

ASSISTANT SECTION COMMANDER DATE

Capt. AB 11/12/2020
SECTION COMMANDER DATE

Form APD-829 revised 1/1/2000

8.1.1

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. Robertson	10.27.20	Capt. Jackson	

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

M E M O R A N D U M

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