Entered - 06/24/98 - sb
CL 98L0438 - GWENDOLYN BURNS

CLAIM OF: ARTHUR LEE
1270 West Peachtree Street
Atlanta, Georgia 30309

01-L-0520

For damages alleged to have been sustained from an improperly impounded vehicle on May 24, 1997 at 74 Ashby Street.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell by Robin N. Ely DCA
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0438 Date: March 14, 2001

Claimant /Victim ARTHUR LEE
BY: (Atty) (Ins. Co.) _____
Address: 1270 West Peachtree Street, Atlanta, Georgia 30309
Subrogation: _____ Claim for Property damage $ 6,631.00 Bodily Injury $ _____
Date of Notice: 5/19/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 12/20/97 Place: 74 Ashby Street
Department POLICE Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he suffered damages when his vehicle was impounded by Atlanta Police and the personal property within the vehicle was removed and never returned to him upon recovering the vehicle. However, the claimant has failed to pursue his claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay $ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager: _____ Concur/date 03-16-01
Committee Action: _____ Council Action _____

FORM 23-61

uncil of The City o' lanta
erk of The Council
ity Hall
55 Trinity Ave. S.E
Atlanta, Ga 30335

BURNS
06/23/98

RECEIVED
JUN 12 1998
MUNICIPAL CLERK

Re: Claim for Damages

Today's Date: 6/12/98 over 6 mo

Dear Sir or Madam

ENTERED - 6-24-98 - SB
98L0438 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the sum of $ 6651 Property and/or $ — 0 — bodily for which I contend the City is liable.

1. Date of Incident 5-24-97 (Month/Day/Year) 2. Police Called — (Yes) (No)

3 Location of Incident ASHBY STREET

4 Name of your Insurance Company: — Policy # —

5. State what and how the incident occured: MY CAR WAS IMPOUNDED BY THE CITY, WHEREUPON THE ITEMS LISTED ON THE BACK WERE MISSING WHEN THE PROPERTY (CAR) WAS RECOVERED. NONE OF THE ITEMS

6 ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION.

7 The registered owner must make the claim for vehicle damages. Complete the following and attach two (2) estimates of repair.

Your Vehicle: — NA — (make) (year) (tag #) (drivers name)

City Vehicle: — (make) (drivers name) (department)

8. Witness: (name) (address) (phone)

9. The acknowledgement of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

Arthur Lee

D/B'

(Claimant) (SEAL)

1276 W. Price St.
(Address)

Atlanta, Ga 30309
(City) (State) (Zip)

404 885-9571
(Home Phone)

APD INCIDENT REPORT

I

GA CODES (3)	STATUS	VIC #	UCR CLASS	PAGE	OF	INCIDENT NUMBER
9999			9999	1	3	97354050 4

INCIDENT

GENERAL INCIDENT DATA

Report Date: (mm/dd/yy) (hh/mm)	Date/Time Incident Occurred: (mm/dd/yy) (hh/mm)	(mm/dd/yy) (hh/mm)	Reserved
12/20/97 0546	12/20/97 0546	12/20/97 0546	TT 6206

Reporting Officer: (L/F/M,Suffix)	APD ID Number	Assignment #	Off Days: T/W
MITCHELL Q.K	2380	1113	Court Time: 0800

Describe How Crime Committed: Driving without a driver's license

Attempt Only: ☐ Yes ☒ No

Weapon or tool used: ☒ 33 None ☐ 01 Revolver Pistol ☐ 02 Semi-Auto Pistol ☐ 03 Rifle (all types) ☐ 07 Knife ☐ 08 Phy. force / intimidate ☐ 14 Rock or brick ☐ 16 Board / Club / Bat ☐ 99 Unknown ☐ 96 Other (list below)

Location : (Street Address, Apt. #, Zip Code) 74 Ashby St.

☒ NW ☐ NE ☐ SW ☐ SE ☒ Fulton ☐ Dekalb ☐ Airport Beat: 113

Location Type:
☐ 01 Air/Bus/Train Term. ☐ 02 Bank/Savings & Loan ☐ 03 Bar/Night Club ☐ 04 House of Worship ☐ 05 Commercial/Off Bldg. ☐ 06 Construction Site ☐ 07 Convenience Store ☐ 08 Dept/Discount Store
☐ 10 Field/Woods ☐ 11 City Govt/Public Bldg* ☐ 12 Grocery/Supermarket ☒ 13 Hwy/Rd/Alley/Street ☐ 14 Hotel/Motel/Etc. ☐ 17 Liquor Store ☐ 18 Parking Lot/Garage ☐ 20 Residence/Home ☐ 21 Restaurant
☐ 23 Service/Gas station ☐ 26 Apartment/Multi Fam. ☐ 28 Hospital ☐ 29 Industrial Site ☐ 30 Library ☐ 31 Park ☐ 32 MARTA Property ☐ 33 State Property* ☐ 34 Federal Property*
☐ 35 School* ☐ 36 AHA Property*
* List the Name of the School, Property, City, State, or Federal Property/Bldg. Below
☐ 25 Other (List Below)

Temperature: ☐ Hot ☐ Warm ☐ Cold ☒ Cool

Weather: ☐ 2 Cloudy ☐ 4 Snow ☐ 6 Fog ☒ 1 Clear ☐ 3 Rain ☐ 5 Sleet ☐ 7 Other

Forced Entry	Alcohol Rel.	Bias Incident	Special Event	Gang Related	Family Viol.	Security Dev.
☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No

Does the incident appear to be drug related? ☐ Yes ☒ No If yes, Indicate the Type of Drug(s)
☐ 01 Amphetamine ☐ 02 Barbiturate ☐ 03 Cocaine ☐ 04 Hallucinogen ☐ 05 Heroin ☐ 06 Marijuana ☐ 07 Methamphetamine ☐ 08 Opium ☐ 09 Synthetic Narcotic ☐ U Unknown

ENTER VICTIM AND WITNESS INFORMATION BELOW

☒ Reporting Person | Law Enforcement Only: Reported Case ☐ Witnessed Case ☒

No. 1 ☐ Victim ☒ Witness | Name: (L/F/M, Suffix/Business) Mitchell, Q.h. (Police Officer) | ☐ Male ☐ Female | Date of Birth | ☐ Adult ☐ Juvenile
Race: ☐ A Asian ☐ B Black ☐ I Am. Indian ☐ W White ☐ X White Hisp. ☐ Y Black Hisp. ☐ U Unknown | City Resident: ☐ Yes ☒ No

No. ☐ Victim ☐ Witness | Name: (L/F/M, Suffix/Business) | ☐ Male ☐ Female | Date of Birth | ☐ Adult ☐ Juvenile
Race: ☐ A Asian ☐ B Black ☐ I Am. Indian ☐ W White ☐ X White Hisp. ☐ Y Black Hisp. ☐ U Unknown | City Resident: ☐ Yes ☐ No

No. ☐ Victim ☐ Witness | Name: (L/F/M, Suffix/Business) | ☐ Male ☐ Female | Date of Birth | ☐ Adult ☐ Juvenile
Race: ☐ A Asian ☐ B Black ☐ I Am. Indian ☐ W White ☐ X White Hisp. ☐ Y Black Hisp. ☐ U Unknown | City Resident: ☐ Yes ☐ No

No. ☐ Victim ☐ Witness | Name: (L/F/M, Suffix/Business) | ☐ Male ☐ Female | Date of Birth | ☐ Adult ☐ Juvenile
Race: ☐ A Asian ☐ B Black ☐ I Am. Indian ☐ W White ☐ X White Hisp. ☐ Y Black Hisp. ☐ U Unknown | City Resident: ☐ Yes ☐ No

APD INCIDENT REPORT (back)

PAGE	OF	INCIDENT NUMBER
1	3	971354050 4

ENTER ARRESTED PERSON, SUSPECT, OR MISSING PERSON INFORMATION BELOW

INCIDENT

No.	Involvement: Arrest: ARR ☒ Physical ☐ Copy	Suspect: SUS ☐	Missing Person: MIS ☐		
1	Name: (L/F/M, Suffix) LEE, Art	☒ Male ☐ Female	Date of Birth: 10 / 21 / 68	Age 29	☒ Adult ☐ Juvenile
	Race: ☐ A Asian ☒ B Black ☐ I Am. Indian ☐ W White ☐ X White Hisp. ☐ Y Black Hisp. ☐ U Unknown				
No.	Involvement: Arrest: ARR ☐ Physical ☐ Copy	Suspect: SUS ☐	Missing Person: MIS ☐		
	Name: (L/F/M, Suffix)	☐ Male ☐ Female	Date of Birth:	Age	☐ Adult ☐ Juvenile
	Race: ☐ A Asian ☐ B Black ☐ I Am. Indian ☐ W White ☐ X White Hisp. ☐ Y Black Hisp. ☐ U Unknown				
No.	Involvement: Arrest: ARR ☐ Physical ☐ Copy	Suspect: SUS ☐	Missing Person: MIS ☐		
	Name: (L/F/M, Suffix)	☐ Male ☐ Female	Date of Birth:	Age	☐ Adult ☐ Juvenile
	Race: ☐ A Asian ☐ B Black ☐ I Am. Indian ☐ W White ☐ X White Hisp. ☐ Y Black Hisp. ☐ U Unknown				

NARRATIVE

On the above date & time while conducting a roadblock at 70 Ashby St S.W. Subject above drove thru. Mr. Lee did not have any driver licenses and no proof of insurance. Mr. Lee was taken to the city jail and vehicle towed and impounded by A-Tow.

[redacted]

AFFIDAVIT

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OR HER OATH, DISPOSES AND STATES THAT THE FOREGOING IS TRUE, CORRECT, COMPLETE AND LEGIBLE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

Referred To: ☐ Burglary ☐ Sex Crimes ☐ Homicide ☐ Larceny ☐ Vice ☐ Auto Theft ☐ Robbery ☐ Zone

Additional Instructions:

REPORTING OFFICER'S SIGNATURE: A.N. Mitchell — APD ID NUMBER: 7380

SWORN TO AND SUBSCRIBED BEFORE ME THIS 20 DAY OF DECEMBER, 19 97

SUPERVISOR'S SIGNATURE: [redacted] — APD ID NUMBER: [redacted]

REVIEWER'S SIGNATURE: [redacted] — APD ID NUMBER: [redacted]

9999/9999

SUPPLEMENT: ARRESTED PERSON / SUSPECT / MISSING PERSON

PAGE	OF	DATE (mm/dd/yy)	INCIDENT NUMBER
2	3	12/20/97	97 354050

DESCRIPTION

No. 1

Involvement: **Arrest:** ARR ☒ Physical ☐ Copy **Suspect:** SUS ☐ **Missing Person:** MIS ☐

Name: (L/F/M, Suffix) LEE [illegible] T | UCR Code | GCIC | STATUS

☒ Male ☐ Female | Date of Birth: 10/21/69 | Age 28 | ☒ Adult ☐ Juvenile | Race ☐ A Asian ☒ B Black ☐ I Am. Indian ☐ W White ☐ X White Hisp. ☐ Y Black Hisp. ☐ U Unknown

☐ Alias ☐ Assoc. Name: ☐ Nickname | Who Identified this Person?

Residence: (Street No., Apt. #, City, St., Zip, Phone) 1270 W. PEACHTREE St.

Occupation / Grade: | Gang Membership:

Social Security No. | Driver's License No. | State | School:

Arrest: Date/Time (mm/dd/yy) (hh/mm) 12/20/97 0546 | Arrest Location: (Name, Street Address) 74 Ashby St | At Scene: ☒ Yes ☐ No

Armed With: Weapon #1 Auto. Wpn. ☐ | Weapon #2 Auto. Wpn. ☐

Charges 2 | Court: Date/Time (mm/dd/yy) (hh/mm) 01/05/98 0800 | Sobriety: ☒ 1 Not Drinking ☐ 2 Not Known ☐ 4 UI/Alcohol ☐ 5 UI/Drugs ☐ 6 UI/Combination of Alcohol/Drugs

Charge 1 (Title/Code #) 40-5-20 (A) DRIVING W/O LICENSE | Charge 2 (Title/Code #) 40-6-10 NO PROOF OF INSURANCE

Charge 3 (Title/Code #) | Charge 4 (Title/Code #)

SUSPECT

Drug Activity: ☐ Buy ☐ Sell ☐ Possess ☐ History of Use | Indicate Type Below:
☐ 01 Amphetamine ☐ 02 Barbiturate ☐ 03 Cocaine ☐ 04 Hallucinogen ☐ 05 Heroin
☐ 06 Marijuana ☐ 07 Methamphetamine ☐ 08 Opium ☐ 09 Synthetic Narcotic ☒ U Unknown

Quantity/Unit of Drug | Med. Treatment Rec'd ☐ Yes ☒ No | Hospital/Treatment Center: ☐ GAB Ga Baptist ☐ HSC HS Child ☐ PMH Piedmont ☐ GRA Grady ☐ Other

Extent of Injury: ☒ 00 None ☐ 02 Serious ☐ 01 Minor ☐ 03 Fatal | Location of Injury on Victim's Body:

Type of Injury: ☒ 00 Not Injured ☐ 01 Gunshot ☐ 02 Stab Wound ☐ 03 Laceration ☐ 05 Broken Bone(s) ☐ 07 Loss of Teeth ☐ 08 Burns ☐ 09 Abrasion/Bruises ☐ 11 Strangled ☐ 12 Trauma ☐ 99 Unknown ☐ 98 Other (list below)

Hat (Style/Color) | Shirt (Style/Color) T-Shirt / GRAY | X Pants ___ Skirt (Style/Color) GREEN

Dress (Style/Color) | Coat (Style/Color) LEATHER / BROWN | Shoes (Style/Color) Black

Clothing: ☐ 99 Unknown ☐ 01 Well dressed ☐ 03 Poorly dressed ☐ 02 Formal ☐ 04 Military ☐ 06 Sports/Athletic ☐ 07 New wave/punk ☐ 08 Western ☒ 05 Casual ☐ 09 Work Clothes ☐ 98 Other

MISSING PERSON

THIS SECTION TO BE FILLED OUT, IN ADDITION TO THE ABOVE, FOR MISSING PERSONS ONLY

Missing Person Type: ☐ 1 Runaway ☐ 2 Parental ☐ 3 Involuntary ☐ 4 Disabled ☐ 8 Other (list below) ☐ 5 Endangered ☐ 7 Voluntary Adult ☐ 9 Unknown

Missing Person Status: ☐ M Missing ☐ B Missing & Recovered ☐ R Recovered | Foul Play? ☐ Yes ☐ No | Missing Person Missing Previously? ☐ Yes ☐ No

Missing Person Recovery Code: ☐ 1 Voluntary ☐ 2 Located / Not returned ☐ 3 Hospitalized ☐ 5 Law Enforce. Custody ☐ 4 Human Resources (State) Custody ☐ 7 Deceased ☐ 98 Other (list below) ☐ 6 Returned to Parents ☐ 99 Unknown

PERSON DETAILS CONTINUED

PAGE	OF	DATE (mm/dd/yy)	INCIDENT NUMBER
2	3	12 20 97	97 13:540 504

Name: (from other side)
Lee, Art

HAIR COLOR ☐ XXX Unknown ☒ BLacK ☐ BLoNde/Strawberry ☐ BROwn ☐ Other (List below) ☐ GRaY ☐ RED/Auburn ☐ SanDY ☐ WHIte

HAIR STYLE ☐ 99 Unknown ☐ 01 Bald ☐ 02 Afro ☐ 04 Crew cut ☒ 05 Short/Above Collar ☐ 10 Ponytail ☐ 11 Braids ☐ 13 Geri-curl ☐ 16 Flat top ☐ 18 Fade ☐ 20 Mohawk ☐ 06 Short/curly ☐ 08 Long/straight ☐ 09 Long/curly ☐ 14 Finger waves ☐ 15 New wave (punk) ☐ 98 Other

EYE COLOR ☐ XXX Unknown ☐ BLacK ☐ BLUe ☒ BROwn ☐ Other (List below) ☐ GReeN ☐ GRaY ☐ HAZel ☐ PiNK

EYE DEFECT ☐ 99 Unknown ☒ None ☐ 01 Glasses ☐ 05 Sun Glasses ☐ 07 Blind ☐ 10 Cockeyed ☐ 11 Squints ☐ 12 Glass eye ☐ 09 Crosseyed ☐ 14 Enlarged ☐ 18 Cloudy ☐ 98 Other

FACIAL HAIR ☒ 99 Unknown ☐ 01 Clean Shaven ☐ 02 Full Beard ☐ 03 Partial Beard ☐ 04 Thick Mustache ☐ 05 Thin Mustache ☐ 06 Fu Man Chu ☐ 07 Sideburns ☐ 08 Stubble ☐ 98 Other

TEETH ☐ 99 Unknown ☒ 09 Normal ☐ 01 No Teeth ☐ 02 Dentures ☐ 03 Braces ☐ 04 Gold ☐ 05 Chip / Crack ☐ 06 Missing ☐ 07 Stained ☐ 98 Other

BUILD ☐ U Unknown ☒ A Average ☐ F Fat / Extra Large ☐ T Thin ☐ M Muscular ☐ H Heavy / Stocky ☐ O Other

HEIGHT	WEIGHT
6'00	170

SKIN TONE ☐ UnKnown ☐ ALbino ☐ BLack ☐ DarK ☐ Dark Brown ☒ FAir ☐ LighT

COMPLEXION ☒ Unknown ☐ Acne ☐ Freckles ☐ Pockmarked ☐ Other

HAND USE ☒ UK Unknown ☐ AM Ambidextrous ☐ LH Left Handed ☐ RH Right Handed

JEWELRY ☐ UnKnown ☒ None ☐ EarRing(s) ☐ NEcklace ☐ RIng ☐ WAtch ☐ BRacelet ☐ Other

SPEECH ☐ 99 Unknown ☐ 01 Southern Accent ☐ 03 Lisp ☐ 04 Stammer / Stutter ☐ 05 Impaired ☒ 06 Normal ☐ 02 Foreign Accent ☐ 07 Mute ☐ 08 Jive ☐ 98 Other

ODDITY/TRAIT ☐ 99 Unknown ☒ None ☐ 01 Apologetic ☐ 02 Brutal ☐ 03 Calm ☐ 12 Dirty ☐ 04 Courteous ☐ 05 Irrational ☐ 06 Militant ☐ 08 Quiet ☐ 09 Talkative ☐ 07 Nervous/Twitching ☐ 13 Body odor ☐ 10 Talked Mean/Obscene ☐ 15 Very masculine / macho ☐ 16 Very feminine / effeminate ☐ 98 Other

IMPERSONATE: ☒ None ☐ 1 Wore Mask ☐ 11 Deliv. Person ☐ 12 Drunk ☐ 14 Female ☐ 15 Male ☐ 18 Police Officer ☐ 20 Salesperson ☐ 23 Utility Employee ☐ 98 Other

AMP/DEFORM ☐ 99 Unknown ☒ None ☐ 18 Head ☐ 19 Face ☐ 20 Neck ☐ 21 Chest ☐ 22 Stomach ☐ 23 Back ☐ 02 Cleft Chin ☐ 04 Club Foot ☐ 10 Harelip ☐ 12 Missing Finger ☐ 14 Missing Hand ☐ 11 Missing Arm ☐ 13 Missing Foot ☐ 07 Deformed Arm ☐ 01 Cauliflower Ear ☐ 09 Humpbacked ☐ 16 Extra Finger ☐ 15 Webbed Finger ☐ 05 Crippled /Short Leg ☐ 98 Other

SCARS / MARKS / TATTOO CODES (Scars = "S" / Marks = "M" / Tattoos = "T") For first digit.

H - Head	F - Face	N - Neck	C - Chest
S - Stomach	B - Back	LA - Left Arm	RA - Right Arm
BA - Both Arms	LL - Left Leg	RL - Right Leg	BL - Both Legs
LH - Left Hand	RH - Right Hand	BH - Both Hands	

Scars/Marks Tattoo Code: Remarks/Description:

Scars/Marks Tattoo Code: Remarks/Description:

APD VEHICLE RECORD / IMPOUND REPORT

PAGE	OF	DATE (mm/dd/yy)	INCIDENT NUMBER
3	3	12 20 97	97135405U

GENERAL VEHICLE INFORMATION

Veh. # 1

Reporting Officer (L/F/M, Suffix): Mitchell, Q. K. | APD ID Number: 2320 | Assignment No.: 113

Owner (L/F/M, Suffix): LEE, Art | Home Phone (404 / 770): ( ) | Work Phone (404 / 770): ( )

Owner Address (Street No., Apt #, City, St., Zip): 1270 W PEACHTREE

Driver (L/F/M, Suffix): LEE, Art | Is the driver the owner? ☒ Yes ☐ No | Was the driver arrested? ☒ Yes ☐ No

Record Type: ☒ I Impound ☐ S Stolen ☐ V Suspect Vehicle ☐ R Recovered ☐ Z Seized ☐ Other | Vehicle held as: ☐ Property ☐ Evidence

Vehicle Type: ☒ 01 Pass. Car ☐ 04 Tractor Trailer ☐ 10 Van ☐ 16 Recreation Veh. ☐ Other ☐ 02 Pickup Tk. ☐ 08 Single Unit Truck ☐ 13 Bus ☐ 17 Motorcycle

Year: 90 | Make: VW | Model: CABRIO | VIN: WVWDB4510LK011616U

Vehicle Style: ☒ 2D Sedan, 2 DR ☐ HB Hatchback ☐ MV Minivan ☐ Other ☐ 4D Sedan, 4 DR ☐ SW Station Wagon ☐ SU Sport Utility Veh.

Vehicle Color(s): Red | Tag Number: 442 MLC | Tag State: GA | Tag Year: 95

Tag Type: ☒ PC Pass. Car ☐ TK Truck ☐ NG National Guard ☐ PE Personalized/Customized ☐ CO Commercial ☐ CL College ☐ ST State Vehicle ☐ MC Motorcycle ☐ CU County Veh. ☐ DL Dealer ☐ US US Govt. Vehicle ☐ Other

STOLEN VEHICLE INFORMATION

Date Lost/Stolen: | Value of Vehicle: ☐ Stolen $ ☐ Recovered $ | Veh. Reported Stolen: ☐ In Atlanta ☐ Outside | If out, jurisdiction:

IMPOUND DATA

IMPOUND INFORMATION

Time Wrecker Called/Arrived (hh/mm): 0530 / 0535 | Reason for Impound: Driver Arrested

Impound Location: (Business/Street Address): 70 Ardley St. | Beat: 113

Supervisor (Name) Approving Impound: Sgt Walker | Vehicle checked for stolen on Radio? ☒ Yes ☐ No

Missing Items: ☒ None ☐ Wheels ☐ Battery ☐ Other ☐ Radio

Damage: ☒ None ☐ Windshield ☐ Body damage ☐ Other ☐ Steering Column

Doors Locked? ☐ Yes ☒ No
Ignition locked? ☒ Yes ☐ No
Ignition key with vehicle? ☒ Yes ☐ No

Remaining keys return to owner? ☒ Yes ☐ No
Evidence or property turned in? ☒ Yes ☐ No
If yes, status: ☐ Property ☐ Evidence ☐ Found

Ownership papers left with: ☐ Property Control ☐ Driver ☐ Did not locate ownership papers

Hold vehicle for: OWNER | Supervisor (Name) Approving Hold:

Wrecker Company: A-Tow 1313 Sylvan 753-9933 | Wrecker Driver's Signature: Michael L Rose

Comments: | Impound No.

TRAILER

TRAILER INFORMATION

Year: | Make: | Model: | VIN:

Is the trailer loaded? ☐ Yes ☐ No
Is the trailer sealed? ☐ Yes ☐ No
Cargo Description:

Tag Number: | Tag State: | Tag Year:

ATLANTA POLICE DEPARTMENT APD Form 005, December 20, 1996
Original - Central Records Copy 3 - Wrecker
Copy 2 - Property Control Copy 4 - Owner

01-R-0520