

Irene Turner Soft-dew  
770-451-9283

Computer Safety Products

H: - Someone hit your  
car and I wanted to  
make sure you were contacted  
by them. Call me if you want.  
I saw the U Haul hit it.

Case #  
98196072  
Copy of Report @ Records Room  
2nd

Your neighbor,

David  
Pallis

U Haul Truck

404-325-4857

License Plate #  
~~CP439~~

Carmen Hickman  
Moving out

CP4998

Moving out

1439c  
294-2911  
DeKalb Police

(California  
Plate)

1455

officer who took report  
(404)294-2590

U Haul Corporate Office  
404-681-0505  
Customer Service

4716	1436	111 Jackson Ave Unit 1201	843	1/17	814-12363		
WORK ORDER #	APARTMENT OR PROPERTY NUMBER	NAME	REPAIRS NEEDED / INSPECTION REQUIRED	TIME	DATE	DATE COMP. OR NEW WORK ORDER #	COST
				WRITTEN			

### MAINTENANCE REQUEST AND WORK ORDER

04796

**PERMISSION TO ENTER UNIT:**

- ( ) ANYTIME  
 ( ) BY APPOINTMENT, OCCUPANT PRESENT  
 (DATE) 1/18/99 (TIME) 3:21  
 TELEPHONE NO. \_\_\_\_\_

REQUEST IS OFF

**UNIT ENTRY NOTICE:**

WE WERE IN YOUR APARTMENT TODAY TO PERFORM THE NECESSARY REPAIRS OR INSPECTIONS:

(DATE) \_\_\_\_\_ (TIME ENTERED) \_\_\_\_\_  
 (TIME DEPARTED) \_\_\_\_\_

**JOB STATUS:**

- ( ) COMPLETE  
 ( ) INCOMPLETE BECAUSE OF \_\_\_\_\_  
 \_\_\_\_\_  
 ( ) WILL RETURN TO COMPLETE  
 (DATE) \_\_\_\_\_ (TIME) \_\_\_\_\_  
 ( ) OUTSIDE PROFESSIONAL ASSISTANCE  
 REQUIRED P.O. # \_\_\_\_\_

WORK DONE AND MATERIALS USED: Replaced MR Lock

**MAINTENANCE PERFORMED BY:**

Belue Oshka

**COST OF REPAIR:**

TOTAL HOURS \_\_\_\_\_  
 COST OF LABOR \_\_\_\_\_  
 COST OF MATERIAL \_\_\_\_\_  
 TOTAL REPAIR COST \_\_\_\_\_

**WORK AUTHORIZED BY:**

*The Park at Briarcliff*  
 1491 DRUID VALLEY DRIVE N.E.  
 ATLANTA, GEORGIA 30329  
 (404) 321-7930

# SCREENING

GEORGIA UNIFORM MOTOR VEHICLE PRIVATE PROPERTY ACCIDENT REPORT

THIS FORM TO BE USED FOR PRIVATE PROPERTY ONLY

C 21500

\*\*\*\*\*

Case Number 98196072 Date 051798 Time Officer Notified 1357

County DeKalb City \_\_\_\_\_ Time Officer Arrived NA

Location of Accident 1439 DEWID VALLEY DR.

Driver # 1 CARMAN (UNKNOWN/SEE NARRATIVE) Sex F Race UNK D.O.B. UNK

Hickman

Driver's License # UNK State UNK Class UNK Expiration Date UNK

Vehicle Owner, Address and Phone # UNK

U-HAUL

Vehicle # 1 Make TRUCK Model UNK Year UNK Tag # PT4998 Year UNK State UNK

CP4998

Insurance Company and Policy # UNK

Charges (NONE AT THIS TIME)

Damage to Vehicle: None UNK Slight UNK Moderate UNK Extensive UNK

Driver # 2 NO DRIVER (VEHICLE PARKED) Sex NA Race NA D.O.B. NA

Driver's License # NA State NA Class NA Expiration Date NA

Vehicle Owner, Address and Phone # TED GRAHAM JACKSON (404) 325-8268

1439 DEWID VALLEY DR, APT C, ATLANTA, GA 30329

Vehicle # 2 Make TOYOTA Model CELICA Year 94 Tag # 204MND Year 97 State GA

Insurance Company and Policy # UNINSURED

Charges NONE

Damage to Vehicle: None \_\_\_ Slight \_\_\_ Moderate X Extensive \_\_\_

Other Property Damage & Owner NONE

Injuries: \_\_\_\_\_ Inj/Killed

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Vehicle # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Vehicle # \_\_\_\_\_

Vehicle # 1 Towed by \_\_\_\_\_ Vehicle # 2 Towed by \_\_\_\_\_

Officer TR THACKER Badge # 1821 Agency DKPD

Supervisor [Signature]

DPS MICRO FILM NUMBER

(DO NOT WRITE IN THIS SPACE)

MAIL TO: Accident Reporting, P. O. Box 1456, Atlanta, Georgia 30371

DPS-523P (1/88)

**Remarks:**

VICTIM STATED THAT HE WAS ADVISED BY A NEIGHBOR (LISTED WITNESS) THAT A U-HAUL TRUCK STRUCK THE VICTIM'S VEHICLE ON 051698 AT AN UNKNOWN TIME (BETWEEN HOURS OF 1100 AND 2100). VICTIM STATED THAT THE WITNESS STATED THAT THE DRIVER OF THE U-HAUL WAS A FEMALE WHO STATED THAT HER NAME WAS CARMEN <sup>Hickman</sup> AND THAT SHE WAS MOVING OUT OF THE APARTMENT COMPLEX ON THAT DAY (THE PARK AT BRIDGECREST ACCORDING TO THE VICTIM). THE LISTED WITNESS COULD NOT BE REACHED FOR FURTHER INFORMATION AT THE TIME OF THIS REPORT. VICTIM STATED THAT HIS VEHICLE HAD DAMAGE TO THE RIGHT REAR OF THE VEHICLE. NO FURTHER AT THIS TIME. (THE TAG OF THE U-HAUL WAS SAID TO BE CT4998)

**Witnesses:**

Name	Address	Phone
PALLAS, DAVID		(404) 325-4857

**Diagram:**

(NO DIAGRAM DRAWN DUE TO UNKNOWN EXACT EVENTS)

**SCREENING**

Dekalb County



Department of Public Safety

4400 Memorial Drive Complex Decatur, Georgia 30032

051898

Ted Jackson,

Recently you reported an accident where your property was damaged. The tag number furnished on the suspect vehicle \_\_\_\_\_ is registered to UHAUL CORP. of \_\_\_\_\_ on a 19\_\_\_\_\_. You should furnish this information to your insurance company, if you desire.

INSURED BY REPUBLIC CLAIMS - Policy # RA-93

Sincerely,

Traffic Specialist Unit  
Dekalb County Police Department

E.C. Petersen.

(404) 294-2094

Traffic specialist unit  
294-2600

Traffic Dept.  
404-294-2519  
Dekalb

U-Haul  
1-800-528-0463  
Claim Dept want to file a claim

## SERVICE REQUEST

Requested:

Work Order No: 00315

Priority:

Apt/Area: 001439C

Type:

Request By: RESIDENT

Status:

Phone No:

Comments:

Received By: QUINN

Work Category: Miscellaneous

## Notes:

Description: RE FIX KITCHEN LIGHT

NOTE: "T" BROKE THE LIGHT BULB

## Inventory:

Work Performed:

*check for**Light Bulbs O.K*

Work Status:

*Completed*

Date:

*8-22-08*

Time:

Chargeable To:

Resident

Property

Owner

Time:

Signature:

*Nicholas**Miller**8*

\*\*\* Permission to enter: YES \*\*\*

Smoke

*U - M*