



Arkansas Uniform Incident Report

Incident Report Number 2013-003546
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S U M M A R Y	Type Incident HIT/RUN ACCIDENT		Incident Date 1/10/2013		Incident Time 01:15 PM	
	Call Location 12TH AND S. UNIVERSITY AV		Call Date 1/10/2013		Call Time 01:30 PM	
	Incident Address 12TH AND S.UNIVERSITY AV		Incident City LITTLE ROCK		Incident State AR	Incident Zip Code 72205
	Number of Subjects 2		Number of Vehicles 2		Unit Assigned 1X54	

S U B J E C T 1	The Subject is: SUSPECT					Subject SSN	
	Subject - Last Name UNK		Subject - First Name UNK		Subject - MI	Subject - Suffix	Subject - Telephone #
	Subject - Address UNK		Subject - City UNK		Subject - State AR	Subject - Zip Code 99999	
	Subject - Driver License Number		Subject - DL State AR	Subject - DL Endorsements		Subject - DL Class	DL Restrictions
	Subject - DOB	Subject - Race CAUCASIAN	Subject - Sex FEMALE	Subject - Height	Subject - Weight	Subject - Hair Color	Subject - Eye Color
	Subject - Employer					Subject - Work Number	
	Subject - Employer Address		Subject - Employer City		Employer State	Subject - Employer Zip Code	
	Injury Transported <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TRANSPORTED BY				
	HOSPITAL NAME				HOSPITAL CITY		HOSPITAL STATE
	Subject - Additional Information						

S U B J E C T 2	The Subject is: OPERATOR					Subject SSN	
	Subject - Last Name MCCAIN		Subject - First Name NICOLE		Subject - MI	Subject - Suffix	Subject - Telephone # (501)-258-6707
	Subject - Address 9 LOMBARDY LN		Subject - City LITTLE ROCK		Subject - State AG	Subject - Zip Code 72207	
	Subject - Driver License Number 904351606		Subject - DL State AG	Subject - DL Endorsements NONE		Subject - DL Class D	DL Restrictions NO
	Subject - DOB 8/5/1970	Subject - Race CAUCASIAN	Subject - Sex FEMALE	Subject - Height	Subject - Weight	Subject - Hair Color	Subject - Eye Color
	Subject - Employer					Subject - Work Number	
	Subject - Employer Address		Subject - Employer City		Employer State	Subject - Employer Zip Code	
	Injury Transported <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TRANSPORTED BY				
	HOSPITAL NAME				HOSPITAL CITY		HOSPITAL STATE
	Subject - Additional Information						

V E H I C L E 1	Vehicle Class SUSPECT					
	Year 2012	Make CHEVROLET		Model CORVETTE	Plate - Year	Plate - State ARKANSAS
	Plate - Number 80	Vehicle - Body COUPE		Vehicle - Color BLUE	Vehicle Identification Number 99999999	
	Vehicle Towed <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAME OF TOWING SERVICE		ADDRESS VEHICLE REMOVED		
	CITY VEHICLE REMOVED		STATE VEHICLE REMOVED		ZIP VEHICLE REMOVED	
	Remarks STATE REPRESENTATIVE TAG					

V E H I C L E 2	Vehicle Class				SUBJECT OF REPORT					
	Year	2012	Make	CHEVROLET	Model	EQUINOX	Plate - Year	2013	Plate - State	ARKANSAS
	Plate - Number	306SCS	Vehicle - Body	SPORT UTILITY	Vehicle - Color	WHITE	Vehicle Identification Number			
	Vehicle Towed		NAME OF TOWING SERVI			ADDRESS VEHICLE REMOVED				
	<input type="checkbox"/> YES		CITY VEHICLE REMOVED			STATE VEHICLE REMOVED			ZIP VEHICLE REMOVED	
	<input checked="" type="checkbox"/> NO		Remarks							

Narrative

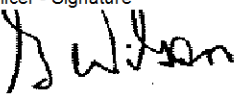

V 1 LEFT SCENE PRIOR TO MY ARRIVAL.

OPER 2 ADVISED SHE WAS TRAVELING SOUTH ON S. UNIVERSITY AV IN THE RIGHT LANE AND V 1 WAS BEHIND HER . OPER 2 STATED V 1 PASSED HER AND STRUCK V 2 ON THE REAR DRIVER SIDE. OPER 2 STATED V 1 DID NOT STOP. O2 WAS NOT HURT.

V 2 ESTIMATED COST TO REPAIR FIVE HUNDRED DOLLARS.

V 2 INSURANCE ZURICH POLICY # BAP303668307.

OWNER OF V 2 PETERSON TRUST.

Rank	Officer - Last Name	Officer - First Name	Officer - MI	Officer - Suffix
OFC	WILSON	GEORGE		
Officer - Signature		Officer - Department		
		LITTLE ROCK PD		
		Officer - Badge Number		
		18204		
Rank	Supervisor - Last Name	Supervisor - First Name	Supervisor - MI	Supervisor - Suffix
SGT	WATSON	VAN		
Supervisor - Signature		Supervisor - Department		
		LITTLE ROCK PD		
		Supervisor - Badge Number		
		21344		