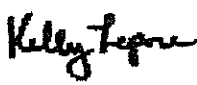
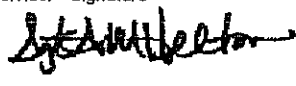




Arkansas Uniform Motor Vehicle Collision Report

2010-66178

S U M M A R Y	Date	6/20/2010	Day	SUNDAY	Time	09:03 AM	Time Notified	09:03 AM	Time Arrived	09:03 AM	Unit Assigned	1Y70	District	X70
	Road/Street/Highway					Latitude		Longitude		Section		Log Mile		
	CANTRELL RD.													
	At Intersection With					Not at Intersection, But		Direction		Of Reference Point				
RIVER MOUNTAIN RD.														
County					County GLC		City		City GLC					
PULASKI					AR 05 119		LITTLE ROCK		AR 052320119					
Hit and Run		Not in City, But		Direction		Of Reference City		Speed Limit Posted		Speed Limit		Speed Limit 2		
<input type="checkbox"/> Yes								YES		40				
<input type="checkbox"/> No														
		Number of Vehicles		Number of Carriers		Number of Pedestrians		Number of Witnesses		Number of Property Owners				
		1		0		1		2		0				
E N V I R O N M E N T	Atmospheric Conditions				Light Conditions				Accident Locale					
	CLEAR				DAYLIGHT				URBAN					
	Surface Conditions				Road System				Road Surface					
	DRY				CITY STREET				ASPHALT					
	Road Alignment				Road Profile				Traffic Lanes(#)		Traffic Flow			
	STRAIGHT				LEVEL				7		NOT DIVIDED			
	Construction/Maintenance Zone				Roadway Defects									
NO				NO DEFECTS										
Relation to Junction				Traffic Controls										
INTERSECTION				TRAFFIC LANES MARKED, TRAFFIC SIGNAL										
Traffic Control Devices				Type of Collision				Fire Occurrence						
FUNCTIONING PROPERLY				ANGLE, HEAD ON				NO FIRE OCCURRENCE						
Rank		Officer - Last Name			Officer - First Name			Officer - MI		Officer - Suffix				
		LEPORE			KELLY									
Officer - Signature				Officer - Badge Number				Officer - Department						
				23693				LITTLE ROCK PD						
				Reviewing Officer				Date Filed		Photos				
				MONK-HELTON, ASHLEY				20-Jun-10		YES				
Rank		Supervisor - Last Name			Supervisor - First Name			Supervisor - MI		Supervisor - Suffix				
SGT		MONK-HELTON			ASHLEY									
Supervisor - Signature				Supervisor - Badge Number				Supervisor Da						
				16785										
				Supervisor - Department										
				LITTLE ROCK PD										



Arkansas Uniform Motor Vehicle Collision Report

2010-66178

D R I V E R 1	Driver - Last Name BOOTH			Driver - First Name PAT			Driver - MI		Driver - Suffix		Driver - Telephone # (501)-868-5864	
	Driver - Address 9021 PINNACLE VALLEY			Driver - City LITTLE ROCK			Driver - State AR		Driver - Zip Code 72223			
	Driver - License Number 902015293		DL State AR	DL Endorse. NONE	DL Class D	DL Restrictions NONE	Driver - Date of Birth 4/2/1946		Driver - Race CAUCASIAN		Driver - Sex FEMALE	
	Driver - Ejection Code NOT EJECTED			Driver - Injury NO INJURY / PROPERTY DAMAGE					Air Bag NO AIRBAG DEPLOYMENT			
	Driver - Safety Equipment LAP AND SHOULDER BELT											
	Driver - Vision Obscured NOT OBSCURED											
	Test Requested		Test Type(s)			Driver - Condition APPEARED NORMAL						
	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine			Driver - Impairment NONE						
	<input type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology									
	Blood/Breath/Urine Results PENDING											
V E H I C L E 1	Owner - Last Name BOOTH			Owner - First Name PAT			Owner - MI		Owner - Suffix			
	Owner - Address 9021 PINNACLE VALLEY			Owner - City LITTLE ROCK			Owner - State AR		Owner - Zip Code 72223			
	License Plate	Year 2000	Make JEEP	Model WRANGLER			Plate - Year 2009	Plate - State AR	Plate - Number 984NLS			
	<input checked="" type="checkbox"/> Yes	Vehicle - Body WRANGLER		Vehicle - Color 1 BEIGE		Vehicle - Color 2		Vehicle Identification Number 1J4FA59S54P713627				
	<input type="checkbox"/> No											
	Insurance - Company Name STATE FARM			Insurance - Policy Number 0886705-D09-04			Number of Passengers 2		MultiPass Req'd. NO			
	CMV Qualifying Information <input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/> Haz Mat Placard (any vehicle type)											
	Trailer(s) Attached NO		Number of Trailers		Registration State			Plate Number				
	Vehicle Damage						Estimated Damage \$1,500.00					
<p>Point of Initial Contact</p> <p>TRAILER CAR</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Undercarriage</p>						Direction of Travel WEST		Vehicle Action GOING STRAIGHT				
						Collision Damage FUNCTIONAL		First Harmful Event ON ROADWAY				
						First Harmful Collision With PEDACYCLE						
						Contributing Factors DISREGARD TRAFFIC SIGNAL						
						Collision with fixed object NO COLLISION WITH FIXED OBJECT						
Vehicle Defects NO DEFECTS						Prior Vehicle Damage NO		Damage Location				
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Towing Service METRO TOWING AND RECOVERY LLC				Address Vehicle Removed To 11710 VIMY RIDGE RD						
		City Vehicle Removed To ALEXANDER				State Vehicle Removed To AR		Zip Vehicle Removed To 72002				
Injury Transported <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EMS Notified		EMS Arrived		Transported By						
		Hospital Name				Hospital City		Hospital State				



Arkansas Uniform Motor Vehicle Collision Report

2010-66178

P E D E S T R I A N	Pedestrian - Last Name FULPER		Pedestrian - First Name MARILYN		Pedestrian - MI	Pedestrian - Suffix			
	Pedestrian - Address 9 WALNUT VALLEY		Pedestrian - City LITTLE ROCK		Pedestrian - State AR	Pedestrian - Zip Code 72211			
	Pedestrian - Race CAUCASIAN		Pedestrian - Sex FEMALE		Pedestrian - Age 56	Pedestrian Impairment NONE			
	Pedestrian Condition UNKNOWN		Pedestrian Action/Location CROSSING AT INTERSECTION WITH SIGNAL			Pedestrian Injury			
	Injury Transported <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EMS NOTIFIED 09:03 AM	EMS ARRIVED 09:09 AM	TRANSPORTED BY MEMS				
1	HOSPITAL NAME BAPTIST MED CTR - LR		HOSPITAL CITY LITTLE ROCK		HOSPITAL STATE AR				
	Pedestrian Notes PEDACYCLE WAS AT THE STOP LIGHT AT RODNEY PARHAM RD. AND WAS FACING NB. THIS IS ACCORDING TO WITNESSES AND SH								
P A S S E N G E R	Passenger - Last Name CAMERON		Passenger - First Name SALLY		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #1		
	Passenger - Address 58 BLUE MOUNTAIN RD		Passenger - City ASHVILLE		Passenger - State NC	Passenger - Zip Code 28730			
	Position In/On Vehicle <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		Passenger - Race CAUCASIAN		Passenger - Sex FEMALE	Age 12			
	<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Safety Equipment Used EYE PROTECTION, LAP AND SHOULDER BELT		Ejection Code NOT EJECTED				
	Injury Transported <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY NO INJURY / PROPERTY DAMA				
1	HOSPITAL NAME		HOSPITAL CITY		HOSPITAL STATE				
	Passenger - Last Name CAMERON						Passenger - First Name SYDNEY	Passenger - MI	Passenger - Suffix
P A S S E N G E R	Passenger - Address 58 BLUE MOUNTAIN RD		Passenger - City ASHVILLE		Passenger - State NC	Passenger - Zip Code 28730			
	Position In/On Vehicle <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		Passenger - Race CAUCASIAN		Passenger - Sex FEMALE	Age 6			
2	<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Safety Equipment Used LAP AND SHOULDER BELT		Ejection Code NOT EJECTED				
	Injury Transported <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY NO INJURY / PROPERTY DAMA				
	HOSPITAL NAME		HOSPITAL CITY		HOSPITAL STATE				
	WITNESS 1								
	Witness - Last Name GODWIN		Witness - First Name JOANNE		Witness - MI	Witness - Suffix			
	Witness - Address 2612 ECHO VALLEY		Witness - City LITTLE ROCK		Witness - State AR	Witness - Zip Code 72223			
	WITNESS 2								
	Witness - Last Name GODWIN		Witness - First Name DWIGHT		Witness - MI	Witness - Suffix			
	Witness - Address 2612 ECHO VALLEY		Witness - City LITTLE ROCK		Witness - State AR	Witness - Zip Code 72223			
	Narrative								
THE AOI OCCURRED AT APPROXIMATELY (BY FOOT) 4' SOUTH OF THE NORTH C/L OF CANTRELL RD. AND 5' WEST OF THE EAST C/L OF RIVER MOUNTAIN RD. THERE WAS APPROXIMATELY 55' OF SKID LEFT FROM VEH-1. THE OP OF V-1 STATED SHE WAS WEST BOUND ON CANTRELL RD. IN THE RIGHT LANE AND PROCEEDED THROUGH THE INTERSECTION AND DID NOT SEE BIKE-1 AND STRUCK HER. SHE STATED SHE DID NOT KNOW WHAT HAPPENED OR WHERE SHE CAME FROM.									



Arkansas Uniform Motor Vehicle Collision Report

2010-66178

Narrative

WIT#1 STATED SHE WAS FOLLOWING HER HUSBAND AND SHE WAS WEST BOUND ON CANTRELL RD. IN THE LEFT LANE AND SHE WAS STOPPED BEHIND HER HUSBAND WIT#2 BECAUSE THE LIGHT WAS RED. SHE STATED THE BIKE HAD A GREEN LIGHT AND WAS ON RODNEY PARHAM RD. NORTH BOUND TOWARD RIVER MOUNTAIN RD. AND V-1 WAS IN THE RIGHT LANE ON CANTRELL RD. AND RAN THE RED LIGHT AND STRUCK THE BICYCLIST. WIT#1 STATED THAT THE BICYCLIST WAS EJECTED OFF THE BIKE AFTER HITTING THE JEEP AND WENT AIRBORNE AND FELL TO THE GROUND ON THE STREET.

WIT#2 STATED HE WAS WEST BOUND ON CANTRELL RD. AND WAS IN THE LEFT LANE. HE WAS STOPPED BECAUSE THE LIGHT WAS RED. HE STATED V-1 WAS IN THE RIGHT LANE AND RAN THE RED LIGHT AND STRUCK THE BICYCLIST THAT WAS NORTH BOUND FROM RODNEY PARHAM RD. AND SHE HAD THE GREEN LIGHT.

MEMS AND RESCUE WERE NOTIFIED IMMEDIATELY AND RESPONDED. L34 SGT. A. HELTON WAS NOTIFIED ALONG WITH RECONSTRUCTION AND CRIME SCENE. THEY ALL RESPONDED. PED #1 WAS TRANSPORTED BY MEMS TO BAPTIST WITH LIFE THREATENING INJURIES. OFFICERS SECURED THE CRIME SCENE.



Arkansas Uniform Motor Vehicle Collision Report

2010-66178

Diagram / Photo 1

