



Arkansas Uniform Motor Vehicle Collision Report

2012-008550

SUMMARY	Date	1/24/2012	Day	TUESDAY	Time	03:05 PM	Time Notified	03:15 PM	Time Arrived	03:45 PM	Unit Assigned	S80	District	X90
	Road/Street/Highway					Latitude		Longitude		Section		Log Mile		
	UNIVERSITY AVENUE													
	At Intersection With					Not at Intersection, But		Direction		Of Reference Point				
						291 Ft		NORTH		OF THE NCL OF I30 EB FRONTAG				
ENVIRONMENT	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		45			
	<input checked="" type="checkbox"/> No	Number of Vehicles		Number of Carriers		Number of Pedestrians		Number of Witnesses		Number of Property Owners				
	5		0		0		1		0					
ENVIRONMENT	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				GRADE				5		DIVIDED BY PERMANENT BARRIE			
Construction/Maintenance Zone				Roadway Defects										
NO				NO DEFECTS										
Relation to Junction				Traffic Controls										
NON-JUNCTION				LANE MARKINGS										
Traffic Control Devices				Type of Collision						Fire Occurrence				
NOT PRESENT				SIDESWIPE SAME DIRECTION						NO FIRE OCCURRENCE				
Rank	Officer - Last Name			Officer - First Name				Officer - MI		Officer - Suffix				
	SIMS			NATASHA										
Officer - Signature				Officer - Badge Number				Officer - Department						
<i>jc Sims 18791</i>				18791				LITTLE ROCK PD						
				Reviewing Officer				Date Filed		Photos				
										YES				
Rank	Supervisor - Last Name			Supervisor - First Name				Supervisor - MI		Supervisor - Suffix				
Supervisor - Signature				Supervisor - Badge Number						Supervisor Da				
				Supervisor - Department										
				LITTLE ROCK PD										



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2012-008550

D R I V E R	Driver - Last Name LAKE		Driver - First Name KENYATA			Driver - MI M	Driver - Suffix	Driver - Telephone #											
	Driver - Address 7009 DAHALA		Driver - City LITTLE ROCK			Driver - State AR	Driver - Zip Code 72209												
	Driver - License Number NO DL	DL State AR	DL Endorse.	DL Class	DL Restrictions	Driver - Date of Birth 7/5/1978	Driver - Race AFRICAN AMERICAN	Driver - Sex MALE											
	1 Driver - Ejection Code NOT EJECTED		Driver - Injury FATAL INJURY				Air Bag NO AIRBAG DEPLOYMENT												
	Driver - Safety Equipment NONE USED																		
	Driver - Vision Obscured UNKNOWN																		
	Test Requested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Test Type(s) <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input checked="" type="checkbox"/> Toxicology		Driver - Condition UNKNOWN		Driver - Impairment UNKNOWN													
	Blood/Breath/Urine Results PENDING																		
	<hr/>																		
	V E H I C L E	Owner - Last Name LAKE		Owner - First Name KENYATA			Owner - MI M	Owner - Suffix											
Owner - Address 7009 DAHALA		Owner - City LITTLE ROCK			Owner - State AR	Owner - Zip Code 72209													
License Plate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Year 2099	Make LINCOLN-CONTINENTAL	Model TOWN CAR		Plate - Year 2012	Plate - State AR	Plate - Number 854RGX											
Vehicle - Body 4 DOOR		Vehicle - Color 1 RED		Vehicle - Color 2		Vehicle Identification Number 1LNHM83W9XY618835													
Insurance - Company Name NONE		Insurance - Policy Number UNKNOWN			Number of Passengers 1	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		Number of Trailers		Registration State		Plate Number													
Vehicle Damage					Estimated Damage \$5,000.00														
Point of Initial Contact <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">TRAILER</td> <td style="text-align: center; width: 50%;">CAR</td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> -- TOP <input type="checkbox"/> > </td> <td style="text-align: center;"> <input type="checkbox"/> -- TOP <input type="checkbox"/> > </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> Unknown </td> <td style="text-align: center;"> <input type="checkbox"/> Undercarriage </td> </tr> </table>					TRAILER	CAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> -- TOP <input type="checkbox"/> >	<input type="checkbox"/> -- TOP <input type="checkbox"/> >	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Undercarriage	Direction of Travel SOUTH		Vehicle Action AVOIDING VEHICLE		
TRAILER		CAR																	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>																		
<input type="checkbox"/> -- TOP <input type="checkbox"/> >	<input type="checkbox"/> -- TOP <input type="checkbox"/> >																		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Undercarriage																		
Collision Damage DISABLED					First Harmful Event ON ROADWAY														
First Harmful Collision With MV IN TRANSPORT					Contributing Factors UNKNOWN														
Collision with fixed object UTILITY POLE					Vehicle Defects UNKNOWN														
Vehicle Defects UNKNOWN					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 7801 JAMISON														
		City Vehicle Removed To LITTLE ROCK			State Vehicle Removed To AR		Zip Vehicle Removed To 72209												
Injury Transported <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EMS Notified 03:09 PM		EMS Arrived 03:15 PM		Transported By MEMS													
		Hospital Name ST VINCENT DOCTORS HOSPITAL - LR			Hospital City LITTLE ROCK		Hospital State AR												



Arkansas Uniform Motor Vehicle Collision Report

2012-008550

D R I V E R	Driver - Last Name DAY			Driver - First Name LAMAR			Driver - MI		Driver - Suffix		Driver - Telephone #		
	Driver - Address 43 PINDALE				Driver - City MABELVALE				Driver - State AR		Driver - Zip Code 72103		
	Driver - License Number 929847827		DL State AR	DL Endorse.	DL Class D	DL Restrictions		Driver - Date of Birth 8/25/1992		Driver - Race AFRICAN AMERICAN		Driver - Sex MALE	
	2 Driver - Ejection Code NOT EJECTED			Driver - Injury POSSIBLE INJURY					Air Bag NO AIRBAG DEPLOYMENT				
	Driver - Safety Equipment LAP AND SHOULDER BELT												
	Driver - Vision Obscured NOT OBSCURED												
	Test Requested		Test Type(s)			Driver - Condition							
	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine			APPEARED NORMAL							
	<input type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology			Driver - Impairment UNKNOWN							
	Blood/Breath/Urine Results PENDING TAG # 392084												
V E H I C L E	Owner - Last Name DAY			Owner - First Name LAMAR			Owner - MI		Owner - Suffix				
	Owner - Address 43 PINDALE				Owner - City MABELVALE				Owner - State AR		Owner - Zip Code 72103		
	License Plate	Year	Make			Model			Plate - Year	Plate - State	Plate - Number		
	<input checked="" type="checkbox"/> Yes	1984	OLDSMOBILE			CUTLASS/CIERA			2012	AR	272PPZ		
	<input type="checkbox"/> No	Vehicle - Body 2 DOOR			Vehicle - Color 1 GRAY		Vehicle - Color 2		Vehicle Identification Number 1G3AR47A1ER370215				
	Insurance - Company Name GEICO				Insurance - Policy Number 4217071267				Number of Passengers 0		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		Number of Trailers		Registration State				Plate Number				
	Vehicle Damage							Estimated Damage \$2,500.00					
Point of Initial Contact							Direction of Travel SOUTH		Vehicle Action GOING STRAIGHT				
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>TRAILER</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> -- TOP <input type="checkbox"/> ></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Unknown</p> </div> <div style="text-align: center;"> <p>CAR</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> -- TOP <input type="checkbox"/> ></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Undercarriage</p> </div> </div>							Collision Damage DISABLED		First Harmful Event ON ROADWAY				
First Harmful Collision With MV IN TRANSPORT							Contributing Factors UNKNOWN						
Collision with fixed object NO COLLISION WITH FIXED OBJECT							Prior Vehicle Damage YES		Damage Location VARIOUS				
Vehicle Towed		Name of Towing Service METRO TOWING AND RECOVERY LLC				Address Vehicle Removed To 7801 JAMISON							
<input checked="" type="checkbox"/> Yes		City Vehicle Removed To LITTLE ROCK				State Vehicle Removed To AR		Zip Vehicle Removed To 72209					
<input type="checkbox"/> No		EMS Notified		EMS Arrived		Transported By							
<input type="checkbox"/> Yes		Hospital Name				Hospital City		Hospital State					
<input checked="" type="checkbox"/> No													



Arkansas Uniform Motor Vehicle Collision Report

2012-008550

D R I V E R	Driver - Last Name BROWN		Driver - First Name JUSTIN			Driver - MI	Driver - Suffix	Driver - Telephone #			
	Driver - Address 9500 STARDUST TRL		Driver - City LITTLE ROCK			Driver - State AR	Driver - Zip Code 72209				
	Driver - License Number 904596901	DL State AR	DL Endorse.	DL Class D	DL Restrictions	Driver - Date of Birth 10/14/1980	Driver - Race AFRICAN AMERICAN	Driver - Sex MALE			
3	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Test Type(s) <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> Toxicology		Driver - Condition APPEARED NORMAL							
	Driver - Impairment UNKNOWN										
	Blood/Breath/Urine Results PENDING TAG # 392085										
V E H I C L E	Owner - Last Name BROWN		Owner - First Name JUSTIN			Owner - MI	Owner - Suffix				
	Owner - Address 9500 STARDUST TRL		Owner - City LITTLE ROCK			Owner - State AR	Owner - Zip Code 72209				
	License Plate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Year 2004	Make CHEVROLET	Model AVALANCHE		Plate - Year 2012	Plate - State AR	Plate - Number 667PCY			
3	Vehicle - Body PICKUP		Vehicle - Color 1 GRAY		Vehicle - Color 2		Vehicle Identification Number 2GNEK12T44G148268				
	Insurance - Company Name UNKNOWN		Insurance - Policy Number UNK		Number of Passengers 0		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		Number of Trailers		Registration State		Plate Number					
Vehicle Damage					Estimated Damage \$8,000.00						
Point of Initial Contact <table style="width:100%; border:none;"> <tr> <td style="text-align:center; width:50%;">TRAILER</td> <td style="text-align:center; width:50%;">CAR</td> </tr> <tr> <td style="text-align:center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown </td> <td style="text-align:center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage </td> </tr> </table>					TRAILER	CAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage	Direction of Travel NORTH		Vehicle Action GOING STRAIGHT
TRAILER	CAR										
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage										
Collision Damage DISABLED					First Harmful Event ON ROADWAY						
First Harmful Collision With MV IN TRANSPORT											
Contributing Factors NONE											
Collision with fixed object NO COLLISION WITH FIXED OBJECT											
Vehicle Defects UNKNOWN					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 9500 STARDUST RL						
		City Vehicle Removed To LITTLE ROCK		State Vehicle Removed To AR		Zip Vehicle Removed To 72209					
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

2012-008550

D R I V E R	Driver - Last Name PIPPINS		Driver - First Name KENISHA		Driver - MI	Driver - Suffix	Driver - Telephone #	
	Driver - Address 10501 TOPAZ CT #B		Driver - City LITTLE ROCK		Driver - State AR	Driver - Zip Code 72209		
	Driver - License Number 930346726	DL State AR	DL Endorse.	DL Class PERMIT	DL Restrictions	Driver - Date of Birth 3/5/1993	Driver - Race AFRICAN AMERICAN	Driver - Sex FEMALE
	5 Driver - Ejection Code NOT EJECTED		Driver - Injury NON-INCAPACITATING INJURY			Air Bag DEPLOYED AIRBAG		
	Driver - Safety Equipment LAP AND SHOULDER BELT							
Driver - Vision Obscured NOT OBSCURED								
Test Requested		Test Type(s)		Driver - Condition				
<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine		APPEARED NORMAL				
<input type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology		Driver - Impairment UNKNOWN				
Blood/Breath/Urine Results PENDING TAG #392082								
V E H I C L E	Owner - Last Name JOB CORPS		Owner - First Name		Owner - MI	Owner - Suffix		
	Owner - Address 6900 SCOTT HAMILTON		Owner - City LITTLE ROCK		Owner - State AR	Owner - Zip Code 72209		
	License Plate	Year	Make	Model	Plate - Year	Plate - State	Plate - Number	
	<input checked="" type="checkbox"/> Yes	2010	CHEVROLET	MALIBU	2012	AR	G107700K	
	<input type="checkbox"/> No	Vehicle - Body 4 DOOR	Vehicle - Color 1 GOLD	Vehicle - Color 2	Vehicle Identification Number 1G1ZA5E03AF283477			
Insurance - Company Name JOB CORPS		Insurance - Policy Number SELF INSURED		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 \$5,000.00				
Point of Initial Contact				Direction of Travel NORTH		Vehicle Action STOPPED IN TRAFFIC LANE		
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>TRAILER</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> -- TOP <input type="checkbox"/> ></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Unknown</p> </div> <div style="text-align: center;"> <p>CAR</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> -- TOP <input type="checkbox"/> > <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Undercarriage</p> </div> </div>				Collision Damage DISABLED		First Harmful Event ON ROADWAY		
				First Harmful Collision With MV IN TRANSPORT				
				Contributing Factors NONE				
				Collision with fixed object NO COLLISION WITH FIXED OBJECT				
Vehicle Defects UNKNOWN				Prior Vehicle Damage NO		Damage Location		
Vehicle Towed		Name of Towing Service		Address Vehicle Removed To				
<input checked="" type="checkbox"/> Yes		METRO TOWING AND RECOVERY LLC		7801 JAMISON				
<input type="checkbox"/> No		City Vehicle Removed To		State Vehicle Removed To		Zip Vehicle Removed To		
		LITTLE ROCK		AR		72209		
Injury Transported		EMS Notified		EMS Arrived		Transported By		
<input checked="" type="checkbox"/> Yes		03:09 PM		03:15 PM		MEMS		
<input type="checkbox"/> No		Hospital Name		Hospital City		Hospital State		
		UAMS MED CTR		LITTLE ROCK		AR		



Arkansas Uniform Motor Vehicle Collision Report

2012-008550

PASSENGER 1	Passenger - Last Name SMITH		Passenger - First Name JASMINE		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #1		
	Passenger - Address 9600 SATTERFIELD		Passenger - City LITTLE ROCK		Passenger - State AR	Passenger - Zip Code 72227			
	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		Riding/Hanging Outside <input type="checkbox"/>		Bed of Pickup <input type="checkbox"/>		Trailing <input type="checkbox"/>		Other/Unknown <input type="checkbox"/>
	Passenger - Race AFRICAN AMERICAN		Passenger - Sex FEMALE		Age 22				
	Safety Equipment Used NONE USED		Ejection Code NOT EJECTED		Injury Code FATAL INJURY		Air Bag NO AIRBAG DEPLOYMENT		
Injury Transported <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EMS NOTIFIED 03:09 PM	EMS ARRIVED 03:15 PM	TRANSPORTED BY MEMS					
HOSPITAL NAME ST VINCENT DOCTORS HOSPITAL - LR		HOSPITAL CITY LITTLE ROCK		HOSPITAL STATE AR					

PASSENGER 2	Passenger - Last Name HINES		Passenger - First Name ELGIN		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #5		
	Passenger - Address 5107 TIMBER CREEK		Passenger - City NORTH LITTLE ROCK		Passenger - State AR	Passenger - Zip Code 72116			
	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		Riding/Hanging Outside <input type="checkbox"/>		Bed of Pickup <input type="checkbox"/>		Trailing <input type="checkbox"/>		Other/Unknown <input type="checkbox"/>
	Passenger - Race AFRICAN AMERICAN		Passenger - Sex MALE		Age 56				
	Safety Equipment Used LAP AND SHOULDER BELT		Ejection Code NOT EJECTED		Injury Code NO INJURY / PROPERTY DAMAGE		Air Bag DEPLOYED AIRBAG		
Injury Transported <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY					
HOSPITAL NAME		HOSPITAL CITY		HOSPITAL STATE					

PASSENGER 3	Passenger - Last Name MCKENNY		Passenger - First Name ONESHIA		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #5		
	Passenger - Address 6900 SCOTT HAMILTON		Passenger - City LITTLE ROCK		Passenger - State AR	Passenger - Zip Code 72209			
	Position In/On Vehicle <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9		Riding/Hanging Outside <input type="checkbox"/>		Bed of Pickup <input type="checkbox"/>		Trailing <input type="checkbox"/>		Other/Unknown <input checked="" type="checkbox"/>
	Passenger - Race AFRICAN AMERICAN		Passenger - Sex FEMALE		Age 19				
	Safety Equipment Used LAP AND SHOULDER BELT		Ejection Code NOT EJECTED		Injury Code NON-INCAPACITATING INJURY		Air Bag NOT APPLICABLE		
Injury Transported <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EMS NOTIFIED 03:09 PM	EMS ARRIVED 03:15 PM	TRANSPORTED BY MEMS					
HOSPITAL NAME UAMS MED CTR		HOSPITAL CITY LITTLE ROCK		HOSPITAL STATE AR					

WITNESS 1

Witness - Last Name HEARD	Witness - First Name BRITNEY	Witness - MI	Witness - Suffix
Witness - Address 125 PROSPECT PARK	Witness - City BRYANT	Witness - State AR	Witness - Zip Code 72022

Narrative

THE FIRST AOI OCCURRED 291' N OF THE NCL OF THE I30 EB FRONTAGE ROAD AND 12'6" E OF THE WCL OF UNIVERSITY AVE. V1 CONTINUED SB AND BEGAN TO ROTATE CLOCKWISE JUST PRIOR TO HITTING A UTILITY POLE. V2 CONTINUED SB CROSSING THE MEDIAN ON TO THE NB TRAFFIC LANES ON UNIVERSITY. AFTER CROSSING THE MEDIAN, V2 HIT THE REAR OF V3 CAUSING V3 TO ROTATE CLOCKWISE. V2 ALSO BEGAN TO ROTATE CONTINUING SB IN THE NB LANE. THE REAR OF V2 HIT V5 WHICH WAS NB BUT AT A STOP. AFTER V3 WAS HIT BY V2 CAUSING V3 TO ROTATE, V3 HIT THE LEFT REAR OF V4 WHICH WAS NB. V4 HIT THE RETAINING WALL WITH THE R FRONT TIRE CAUSING V4 TO BE LIFTED OFF THE GROUND BEFORE COMING TO REST.

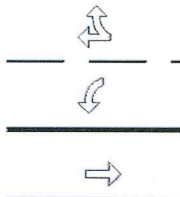
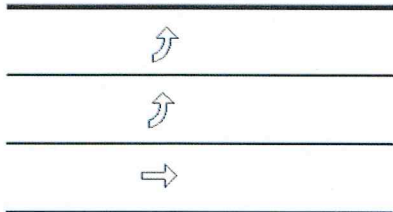
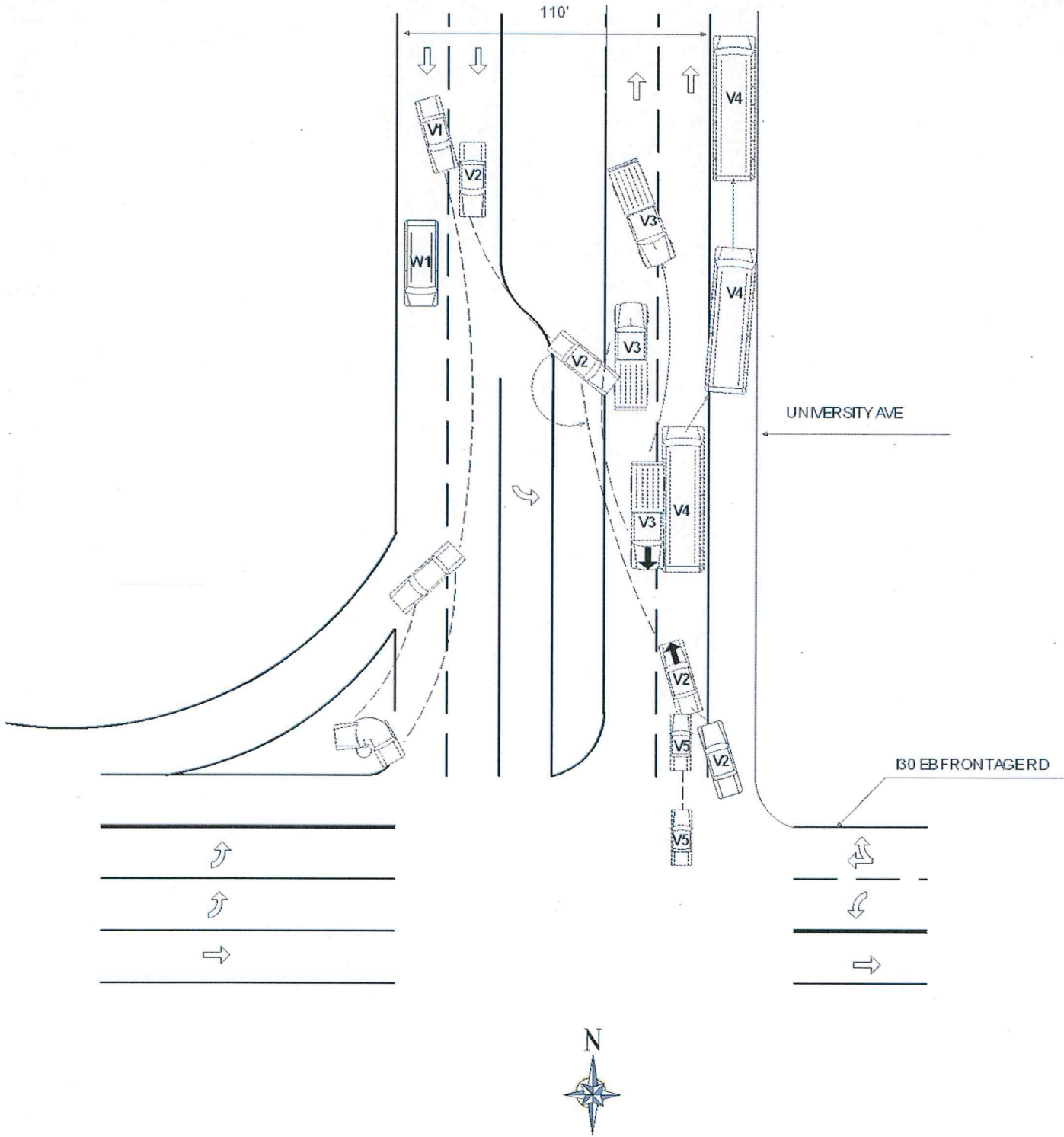
THE DRIVER OF V1, LAKE, WAS PRONOUNCED AT THE SCENE BY CORONER HOBBS AT 1535 HRS. THE PASSENGER OF V1, SMITH, WAS TRANSPORTED BY MEMS TO ST. VINCENTS AND WAS PRONOUNCED BY DR. POLLACK AT 1623 HRS.

FURTHER INVESTIGATION IS PENDING.



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Diagram / Photo 1



NOT TO SCALE