

# Incident/Investigation Report

Agency: FCPD

Case Number: 2015-3460008

Date: 3/8/2018 13:13:42

## Incident Information

<b>Date/Time Reported</b> 12/12/2015 00:21	<b>Date/Time</b> 12/12/2015 :	<b>Date/Time</b> 12/12/2015 :	<b>Officer</b> [REDACTED]
<b>Incident Location</b> [REDACTED] Alexandria, VA 22308			
<b>Disposition</b>			<b>Case Status</b> INACTIVE
<b>Weather and Light Conditions</b> CLEAR/DARK - STREET LIGHTS			

## Events

<b>1</b>	<b>Charge Type</b> State	<b>Description</b> TRAFFIC - HIT AND RUN ACCIDENT	<b>Statute</b> TRAFF-14	<b>UCR</b> 999	<b>Att</b> <input type="checkbox"/> Com
<b>Alcohol, Drugs or Computers Used</b> <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computers		<b>Criminal Activity</b>	<b>Forced Entry</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Weapons</b> 1. 2. 3.	
<b>Entry</b>	<b>Exit</b>	<b>Security</b>	<b>How Left Scene</b>	<b>Location Type</b> ROAD/HIGHWAY	
<b>Bias Motivation</b>	<b>Bias Target</b>	<b>Bias Circumstances</b>	<b>Hate Group</b>		

## Victims

<b>Employer Name/Address</b> /		<b>Business Phone</b>
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## Other Persons Involved

Employer Name/Address

/

Business Phone

## Vehicles

Seq. #	Year	Color	Style	Make	
1	2010	BLUE	SEDAN, 4 DOOR	TOYOTA	
[REDACTED]					
Status	Status Date		Value		

Vehicle Notes

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### Notes/Narratives

#### NON-REPORTABLE ACCIDENT INFORMATION

Accident Description: V2 parked EB along roadway struck by unknown V1.

Where did this accident occur? Public Property

Did this accident involve a hit & run? Yes

Did the accident involve injuries? No

How many injuries were involved? (Enter N/A if no injuries) N/A

Was the injured person(s) transported? Not Applicable

If yes, where was the injured person(s) transported: Not Applicable

Amount of damage to Vehicle #1 (Enter "unknown" if not known): UNKNOWN

Location of damage on Vehicle #1 (Enter "unknown" if not known): UNKNOWN

Amount of damage to Vehicle #2 (Enter "unknown" if not known): \$1500.00

Location of damage on Vehicle #2 (Enter "unknown" if not known): FRONT PASSENGER SIDE BUMPER

Name of Driver #1 Insurance Company (Enter "unknown" if not known): UNKNOWN

Name of Driver #2 Insurance Company (Enter "unknown" if not known): ██████████

If fault can be determined, which driver would be held at fault: Driver #1

If the accident involved a county police vehicle please indicate if the police officer was wearing a seatbelt: No

Indicate the county police vehicle #, if applicable: N/A

Investigative Actions Taken: No answer chosen

### Notes/Continuation