Page       of       ARKANSAS MOTOR VEHICLE COLLISION REPORT       (Rev. 05/00)															
Report #										Distri	ct				
Mo/Day/Yr	Day Wee	k C	Cime Of Collision	No. Of Vehicles		e Notified	Time A		Hit & R	5	Dir V# V#	ection C	of Trave	el Of 	ficial Use Only
Cour	ntv		AM D PM City			M D PM	□ AM	□ РМ		Of					Speed Limit
Distance								rection	-			ity Limits	s		
Road / Street / Highway   Section   Log Mi							lile		1	At Inters	section	With		Posted Ves No	
Not At Intersection, But Distance N S S E W											Re	ference Poi	nt		
VEHICLE # (PEDESTRIAN # )							VEH	ICLE ;	#				STRIAN	# )	
Commercial Vehicle Supplement Required?  Yes No							Comm	ercial Veh	icle	Suppler	nent Re	quired?	Yes	No	
Driver's Nan						Inj. C	ode		s Name (l						Inj. Code
Address				Safety E	quip.	Eject (	Code	Addres	S				S	Safety Equip.	Eject Code
City				State	e	Zip C	ode	City State Zip Cod					Zip Code		
Additional Ir	formati	on		·				Additio	onal Infor	natio	on				
DOB	Race	Sex	Driver's L	icense State	e	Clas	s	DOI	3 Ra	ce	Sex	Driver	's Licer	nse State	Class
			#			End.						#			End
Blood/Breath		Fest Rec	luested	Re	sults (If	f Known)	$\boldsymbol{\prec}$	Blood/Breath/Urine Test Requested Results (If Known)							
Vehicle Own		me (Firs	t/MI/Last N	lame)				Vehicle Owner's Name (First/MI/Last Name)							
Address								Address							
City				State		Zip Code		City						State	Zip Code
Vehicle Desc	cription	Yea	r	Make				Vehicl	e Descript	tion	Ye	ar	·	Make	
Model		Bod	ly Style		Cole	or		Model			Body	Style		Co	blor
Vehicle Iden	tification	n Numbe	er		Estin	mated Dam	nage	Vehicle	e Identific	atior	n Numbe	er		Est	imated Damage
Vehicle License Plate								Vehicle	License	Plate	•		None	I	
Year State Number							Year State Number								
Trailers		Of Units	Reg. S	State		Plate #			ilers	#(	Of Units	s Re	g. State	e	Plate #
Prior Vehicle Damage? If Yes, Describe Damage & Location Yes No							Prior Vehicle Damage? If Yes, Describe Damage & Location Yes No								
Vehicle Damage As Result Of Collision Disabled Other Damage Functional No Damage							Vehicle Damage As Result Of Collision           Disabled         Other Damage         Functional         No Damage								
Towed?     Name Of Tow Service       Yes     No								Towed? Name Of Tow Service							
Address Vehicle Removed To							Address Vehicle Removed To								
City State Zip Code				City State Zip Code											
Additional Information Addit							Additional Information								
Insurance Company Policy #						Insurance Company Policy #									
						EMS Notified AM PM Transported By									
EMS Arrived AM PM						EMS Arrived          Mo Injury/Transport          Injured Transported To (Hospital Name/City/State)									
Injured Transported To (Hospital Name/City/State)						Injured	Transpor	ted 7	Го (Hos	pital Na	me/Cit	y/State)			

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Vehicle # Point Of Initial Conta		Vehicle # Point Of Init	
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Top [] >   []   [] [] e	□ □ Top □ > □ □ □ □ □ □ □ □ □ □ Und	Top
Damage To Property Other Than VehicleObject StruckYesNo	Owner's Name Address (City/State/Zip 0	Code)	Damage Estimate \$ Owner Notified Yes I No
Witness Name(s) (First/MI/Last Name)	Address (City/State/Zip	Code)	
Citation(s) Issued To (First/MI/Last Name)	Charge(s) And Statute	e Number(s)	Citation Number
Narrative			

Officer's Name (Rank/First/MI/Last Name)	Badge No.	Department	Reviewing Officer	Date Filed	Photos Yes No

ATMOSPHERIC CONDI 0 Clear 1 Rain	TONS 4 Fog 5 High Winds	8 Dus 9 Mis		RELATION TO JUN 0 Non-Junction 1 Intersection	NCTION 4 Alley 5 Exit Lane	8 Crossover Lane 98 Other	
2 Sleet 3 Snow	6 Smoke 7 Smog	98 Othe 99 Unk		2 Intersection Related 3 Driveway			
3 Snow	/ 5110g	99 UNK		3 Driveway	5 R.R. Crossing W/Gate & Sig		
1 Daylight 3 1	awn 5 Dark /But Ligh		0 No Tr	affic Controls	6 R.R. Crossing W/Flashing Si	gnals Only 12 No Passing Signal	
	usk 6 Dark /Light No	t Functional 9		ng Beacon	7 R.R. Crossing W/Crossbuck		'
ACCIDENT LOCALE 1 Rural	2 Urban	99 Unk		c Signal ign	8 School Zone 9 Pedestrian Signal	14 Officer Or Flagman 98 Other	
			4 Yield		10 Lane Markings	99 Unknown	
ROADWAY SURFACE C		TRAFFIC CON			e Functioning Properly		
1 Dry 4 Sand	98 Other	1 Device Not Fu		3 Devic	e Not Functioning Properly		
2 Wet 5 Dirt 3 Ice 6 Oil	99 Unknown	1 Head On 3		Same Direction 7 Le	ft Turn Same Direction 9 Rig	ht Turn Same Direction 11 Backing	
ROAD SYSTEM			1		U	ht Turn Opp. Direction 98 Other	
1 Interstate	6 Frontage Road	CONTRIBUTIN	ý í	**	¥		
2 U.S. Highway	98 Other	0 None		11 Improper Right T		22 Cutting In	
3 State Highway 4 County Road	99 Unknown	1 Too Fast For C 2 Failure to Yiel		12 Improper Left Tu 13 Improper Lane Ch		23 Impeding Traffic 24 Improperly Parked	V
5 City Street		3 Driving Witho		14 Improper Passing		25 Crowded Off Road	ľ
ROAD SURFACE		4 Failure To Din		15 Prohibited U Turr	n	26 Alcohol	
1 Concrete 3 Grav 2 Asphalt 4 Dirt	l 98 Other 99 Unknown	5 Disregard Stop 6 Disregard Yiel		16 Defective Lights 17 Defective Brakes		27 Drugs 28 Careless/Prohibited Driving	V
ROAD ALIG NMENT	99 Ulikilowii	7 Disregard Traf	•	18 Other Defective E		98 Other	Ň
1 Straight		8 Wrong Side O	of Road	19 Improper Backing	, , , , , , , , , , , , , , , , , , ,	98 Unknown	
2 Curve		9 Wrong Way/O	ne Way Traffic	20 Failure Or Improj	per Signal		
DOAD BROEILE		10 Following Too		21 Disregard Officer	/Flagman		_
ROAD PROFILE 1 Level 4 Sag			0 No Collision With F		Pole 6 Bridge O	r Underpass 9 House/Building	g V
2 Grade 98 Oth			1 Bank Or Ledge	4 Fence C	Dr Fence Post 7 Sign/Trai	fic Signal 98 Other	
3 Hillcrest 99 Unk			2 Tree(s)	5 Guard F	Rail Or Post 8 Impact C	ushion Device 99 Unknown	V
CONSTRUCTION/MAIN 1 Yes	FENANCE ZONE 6 Protected No		VEHICLE ACTION 1 Going Straight		13 Making U Turn		
2 No	7 Reduced Lane		2 Negotiating Curve		14 Backing		
3 Highway Const.	8 Road Repair		3 Slowing		15 Avoiding Vehicle		
4 Utility 5 Protected Yes	<ol> <li>9 Maintenance</li> <li>98 Other</li> </ol>		<ol> <li>Stopped In Traffic I</li> <li>Merging</li> </ol>	Lane	16 Avoiding Pedestrian 17 Avoiding Animal		Ň
5 FIOICCIEU IES	98 Other 99 Unknown		6 Enter Parked Positio	n	17 Avoiding Animal 18 Avoiding Other Object		
TRAFFIC FLOW			7 Exiting Parked Posi	tion	19 Passing		L
1 Divided	6 One Way Traffic		8 Parked		20 Changing Lanes		V
2 Not Divided 3 Divided By Median	98 Other 99 Unknown		9 Making Right Turn 10 Making Right Turn		21 Ran Off Road-Right 22 Ran Off Road-Left		
4 Divided By Other Barrier			11 Making Left Turn		98 Other	Г <b>—</b>	
5 Divided By Temp. Barrier			12 Making Left Turn C		99 Unknown		V
NUMBER OF TRAFFIC				VENT COLLISION WI	TH		
1. 1 3. 3 2. 2 4. 4	5. 5 7. 7 6. 6 8. 8		1 Pedestrian 2 Pedacycle	11 Fire 12 Explosi	on		1
2. 2 4. 4 ROADWAY DEFECTS	0.0 0.0		3 Train	12 Explosion 13 Immers		IRST HARMFUL EVENT OCCURRED	Ť
0 No Defects	7 Defective Sl		4 MV In Transport	14 Seizure/	/Blackout 1	On Roadway	
1 Obstruction Warning 2 Obstruction No Warning	8 No Marking 9 Reduced Wi		5 MV In Other Road 6 Parked Vehicle	way 15 Fell Fro 98 Other		Shoulder Median	V
3 Loose Materials On Surfa		iuuli	7 Animal	98 Other 99 Unknow		Roadside	ľ
4 Holes	99 Unknown		8 Other Object Not F		5	Outside Trafficway	
5 Ruts 6 Bumps			9 Fixed Object 10 Overturned			3 Other 9 Unknown	V
	TION IN/ON VEH I	NJURY CODE	FIRE OCCURRENC	E 0 No Fire 0		Vehicle #1	
1 Vehicle #1		tal Injury				Vehicle #2	-
2 Vehicle #2		istorted Member	DRIVER VISION OF		Building	11 Dirty Windshield	
3-10 Vehicle # 10	4 5 6 10 3 Ot	ther Visible Injury	0 Not Obscured	6	Billboard	12 Obscured By Vehicle Load	V
11 Pedacycle		brasion, Limp, Etc.	1 Rain/Snow/Sleet On		Trees/Shrub/ Etc	13 Hillcrest	
12 Pedestrian 13 Motor Driven 10 Ri		o Visible Injury operty Damage	2 Fog 3 Sunlight		Parked Vehicle(s) Moving Vehicle(s)	98 Other 99 Unknown	Ň
	tside	-renj Samage	4 Headlights	10	) Broken Windshield		Ì
	d Of Pickup		VEHICLE DEFECTS				
15 Motor Driven 12 Tr Bigwala 08 Of			0 No Defects	3 Defective Steerir 4 Worn/Slick Tires			V
Bicycle 98 Ot			1 Defective Lights				1
	nown IPMENT USED		2 Defective Brakes PEDESTRIAN ACTION	5 Motor Trouble	99 Unknown	CONDITION OF DRIVERS AND PEI	
0 None Used	6 Non Deployed		1 Crossing At Intersection		alking On Roadway With Traffic.		- I
1 Shoulder Bel		-	2 Crossing At Intersection	-	lewalks Available	2 Illness	V
2 Lap Belt	8 Helmet W/Face	eshield	3 Crossing At Intersection	n No Signal 13 Wa	alking On Roadway With Traffic		
3 Lap & Shoul	•		4 Crossing At Intersection		dewalks Not Available	4 Fell Asleep	
4 Child Restrai			5 Crossing Not At Interse		alking On Roadway Against Traf		V
5 Deployed Ai	Bag 99 Unknown		6 Crossing Not At Interse 7 Coming From Behind P		dewalks Available	6 Mental Disability / Disease/Disorder fic/ 7 Defective Eyesight 98 Other	
FIEC	ION FROM VEHICLE		7 Coming From Behind P 8 Unloading/Loading On 3		alking On Roadway Against Traf dewalks Not Available	fic/ 7 Defective Eyesight 98 Other 8 Defective Hearing 99 Unknown	F
						8 Defective Hearing 99 Unknown ALCOHOL/ DRUGS IMPAIRMENT	
0 Not E 1 Ejec	• •		9 Playing In Roadway 10 Unloading/Loading On		orking In Roadway anding In Roadway	1 None	N
1 Ejec	77 UIKIOWN		11 Lying In Roadway		anding in Roadway ot In Roadway	2 Impaired	
			, <u>,</u>	98 Oti	•	3 Not Impaired	V
	PASSENGERS/PEDEST	RIANS			known	4 Unknown	
	Race Sex	Age					Р
		19 20 2	21 22 Name Of Passe	nger(s)/Pedestrian(s)	23 Passenger(s)/P	edestrian(s) Address, City, State, Zip Code	
14 15 16	17 18						
14 15 16	17 18						
14 15 16	17 18						
14 15 16							
14 15 16							

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Digram	Indicate North By Arrow

## ARKANSAS COMMERCIAL MOTOR VEHICLE COLLISION REPORT SUPPLEMENT

Page of		
Report #		
Requirements For Use Of Con	nmercial Motor Vehicle Supplement	Sequence Of Events
<ul> <li>A Commercial Motor Vehicle Su when the collision involves:</li> <li>A motor vehicle with a gross gross vehicle rating in excess on a public highway to carry</li> <li>A motor vehicle displaying a</li> <li>A motor vehicle that is desig including the driver;</li> </ul>	applement is <u>required</u> to be completed a vehicle weight rating or a combination is of 10,000 pounds that is being used property; or a hazardous material placard; or ned to transport 7 or more people AND	<ol> <li>Ran Off Roadway</li> <li>Jackknife</li> <li>Overturn (Rollover)</li> <li>Downhill Runaway</li> <li>Cargo Loss/Shift</li> <li>Explosion/ Fire</li> <li>Separation Of Units</li> <li>Collision Involving Pedestrians</li> <li>Collision With A Motor Vehicle In Transport</li> <li>Collision With Parked Motor Vehicle</li> <li>Collision With Train</li> </ol>
<ul><li>the injured person to a medic</li><li>The collision results in a fata</li></ul>		<ol> <li>Collision With Pedacycle</li> <li>Collision With Animal</li> <li>Collision With Fixed Object</li> <li>Collision With Other Object</li> <li>Collision With Work Zone Maintenance</li> </ol>
10,001 To 26,000 Pounds	Vehicle Rating More Than 26,000 Pounds Intification Number	Equipment 17. Collision With Other Moveable Object 18. Collision With Unknown Moveable Object 19. Non-Collision
U.S. Dot #		<ol> <li>Non-Collision</li> <li>Non-Collision Equipment Failure</li> <li>Non-Collision Other</li> <li>Non-Collision Unknown</li> <li>Other</li> </ol>
Carrier <sup>*</sup> Name: Address:	's Information	
City:	Zip	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Interstate Carrier? Yes	No	Hazardous Material
<ul> <li>Cargo Body Type</li> <li>1A. Bus (Designated To Transport 7-15 People)</li> <li>1B. Bus (Designated To Transport 16 Or More People)</li> </ul>	<ul> <li>Vehicle Configuration</li> <li>1A. Bus (Seats 7 + People Including Driver)</li> <li>1B. Bus (Seats 16 + People Including Driver)</li> <li>2. Single Truck 2 Axle 6 Tires</li> </ul>	Did Vehicle Have A Haz Mat Placard? Yes No Was There Hazardous Material Leakage? (Don't Count Fuel From Fuel Tank) Yes No
<ol> <li>Van/Enclosed Box</li> <li>Cargo Tank</li> <li>Flatbed</li> <li>Dump</li> <li>Concrete Mixer</li> <li>Auto Transporter</li> <li>Garbage/Refuse</li> <li>Grain/Chips/Gravel</li> <li>Pole</li> </ol>	<ol> <li>Single Truck 3 Or More Axles</li> <li>Truck/Trailer</li> <li>Truck Tractor (Bobtail)</li> <li>Tractor/Semi-Trailer</li> <li>Tractor/Doubles</li> <li>Tractor/Triples</li> <li>Passenger Car (Haz Mat)</li> <li>Light Truck (Haz Mat)</li> <li>Unknown Heavy Truck</li> </ol>	If The Vehicle Has A Placard Indicate The Following:         4-Digit Placard Number       1-Digit Number From From Diamond Box         Bottom Of Diamond       1-Digit Number From Diamond
11. Not Applicable		