



ARKANSAS MOTOR VEHICLE CRASH REPORT

Report # _____ **Unit Assigned** _____ **Premises** _____ **Lat/Long** _____ **District** _____

Mo/Day/Yr	Day of Week	Time Of Crash <input type="checkbox"/> AM <input type="checkbox"/> PM	No. Of Vehicles	Time Notified <input type="checkbox"/> AM <input type="checkbox"/> PM	Time Arrived <input type="checkbox"/> AM <input type="checkbox"/> PM	Hit & Run <input type="checkbox"/> Yes <input type="checkbox"/> No	Direction Of Travel V# _____ V# _____	Official Use Only
County		City		Not In City, But _____ Of _____ Distance _____ Direction _____ City Limits _____		Speed Limit		
Road / Street / Highway				Section	Log Mile	At Intersection With		Posted <input type="checkbox"/> Yes <input type="checkbox"/> No
Not At Intersection, But _____ Distance _____				<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Reference Point		

VEHICLE # _____ (PEDESTRIAN # _____)	
	Also Complete Truck and Bus Crash Report for each qualifying vehicle, if crash involves fatality, injury or tow.
Driver's Name (First/MI/Last Name)	Inj. Code
Address	SafetyEquip Air Bag Eject
City	State Zip Code
Additional Information	
DOB Race Sex	Driver's License State _____ Class _____ # _____ End. _____
Test Blood Breath Urine Toxicology	None Req. Results: _____ <input type="checkbox"/>
Vehicle Owner's Name (First/MI/Last Name)	
Address	
City	State Zip Code
Vehicle Description Year _____ Make _____	
Model _____ Body Style _____ Color _____	
Vehicle Identification Number	Estimated Damage
Vehicle License Plate <input type="checkbox"/> None	
Year _____ State _____	Number _____
Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	# Of Units Reg. State Plate #
Prior Vehicle Damage? If Yes, Describe Damage & Location <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Damage As Result Of Crash <input type="checkbox"/> Disabled <input type="checkbox"/> Other Damage <input type="checkbox"/> Functional <input type="checkbox"/> No Damage	
Towed? Name of Tow Service <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address Vehicle Removed To	
City	State Zip Code
Additional Information	
Insurance Company	Policy #
EMS Notified _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Transported By
EMS Arrived _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> No Injury/Transport
Injured Transported To (Hospital Name/City/State)	

VEHICLE # _____ (PEDESTRIAN # _____)	
	Also Complete Truck and Bus Crash Report for each qualifying vehicle, if crash involves fatality, injury or tow.
Driver's Name (First/MI/Last Name)	Inj. Code
Address	SafetyEquip Air Bag Eject
City	State Zip Code
Additional Information	
DOB Race Sex	Driver's License State _____ Class _____ # _____ End. _____
Test Blood Breath Urine Toxicology	None Req. Results: _____ <input type="checkbox"/>
Vehicle Owner's Name (First/MI/Last Name)	
Address	
City	State Zip Code
Vehicle Description Year _____ Make _____	
Model _____ Body Style _____ Color _____	
Vehicle Identification Number	Estimated Damage
Vehicle License Plate <input type="checkbox"/> None	
Year _____ State _____	Number _____
Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	# Of Units Reg. State Plate #
Prior Vehicle Damage? If Yes, Describe Damage & Location <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Damage As Result Of Crash <input type="checkbox"/> Disabled <input type="checkbox"/> Other Damage <input type="checkbox"/> Functional <input type="checkbox"/> No Damage	
Towed? Name of Tow Service <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address Vehicle Removed To	
City	State Zip Code
Additional Information	
Insurance Company	Policy #
EMS Notified _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Transported By
EMS Arrived _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> No Injury/Transport
Injured Transported To (Hospital Name/City/State)	

Vehicle # _____ Point Of Initial Contact _____ <div style="text-align: center; margin-top: 20px;"> </div>	Vehicle # _____ Point Of Initial Contact _____ <div style="text-align: center; margin-top: 20px;"> </div>
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Damage To Property Other Than Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Object Struck	Owner's Name Address (City/State/Zip Code)	Damage Estimate \$ Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
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Witness Name(s) (First/MI/Last Name)	Address (City/State/Zip Code)

Citation(s) Issued To (First/MI/Last Name)	Charge(s) And Statute Number(s)	Citation Number

Narrative

Officer's Name (Rank/First/MI/Last Name)	Badge No.	Department	Reviewing Officer	Date Filed	Photos <input type="checkbox"/> Yes <input type="checkbox"/> No
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ATMOSPHERIC CONDITIONS 0 Clear 1 Rain 2 Sleet 3 Snow 4 Fog 5 High Winds 6 Smoke 7 Smog 8 Dust 9 Mist 99 Unknown					RELATION TO JUNCTION 0 Non-Junction 1 Intersection 2 Intersection Related 3 Driveway 4 Alley 5 Exit Lane 6 Entrance Lane 7 R.R. Crossing 8 Crossover Lane 98 Other 99 Unknown					
LIGHT CONDITIONS 1 Daylight 2 Dark 3 Dawn 4 Dusk 5 Dark /But Lighted 6 Dark /Light Not Functional 98 Other 99 Unknown					TRAFFIC CONTROLS 0 No Traffic Controls 1 Flashing Beacon 2 Traffic Signal 3 Stop Sign 4 Yield Sign 5 R.R. Crossing W/Gate & Signals 6 R.R. Crossing W/Flashing Signals Only 7 R.R. Crossing W/Crossbuck Only 8 School Zone 9 Pedestrian Signal 10 Lane Symbols Painted on Roadway 11 Traffic Lanes Marked 12 No Passing Signal 13 Slow Or Warning Sign 14 Officer Or Flagman 98 Other 99 Unknown					
ACCIDENT LOCALE 1 Rural 2 Urban 99 Unknown					TRAFFIC CONTROL DEVICE 0 Device Not Present 1 Device Not Functioning 2 Device Functioning Properly 3 Device Not Functioning Properly					
ROADWAY SURFACE CONDITION 1 Dry 2 Wet 3 Ice 4 Sand 5 Dirt 6 Oil 98 Other 99 Unknown					TYPE OF COLLISION 0 Single Vehicle / Non Collision With Motor Vehicle In Transport 1 Head On 2 Rear End 3 Angle 4 Sideswipe Same Direction 5 Sideswipe Opp. Direction 6 Backing 98 Other					
ROAD SYSTEM 1 Interstate 2 U.S. Highway 3 State Highway 4 County Road 5 City Street 6 Frontage Road 7 Ramp 99 Unknown					CONTRIBUTING FACTORS 0 None 1 Too Fast For Conditions 2 Failure to Yield 3 Driving Without Lights 4 Failure To Dim Headlights 5 Disregard Stop Sign 6 Disregard Yield Sign 7 Disregard Traffic Signal 8 Wrong Side Of Road 9 Wrong Way/One Way Traffic 10 Following Too Close 11 Improper Right Turn 12 Improper Left Turn 13 Improper Lane Change 14 Improper Passing 15 Prohibited U Turn 16 Defective Lights 17 Defective Brakes 18 Other Defective Equipment 19 Improper Backing 20 Failure Or Improper Signal 21 Disregard Officer/Flagman 22 Cutting In 23 Impeding Traffic 24 Improperly Parked 25 Crowded Off Road 26 Alcohol 27 Drugs 28 Careless/Prohibited Driving 29 Crossing Median 98 Other 99 Unknown					
ROAD SURFACE 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 98 Other 99 Unknown					ROAD ALIGNMENT 1 Straight 2 Curve					
ROAD PROFILE 1 Level 2 Grade 3 Hillcrest 4 Sag 98 Other 99 Unknown					CONSTRUCTION/MAINTENANCE ZONE 1 Yes 2 No					
TRAFFIC FLOW 1 Not Divided 2 Divided By Median - No Barrier 3 Divided By Perm. Barrier 4 Divided By Temp. Barrier 5 One Way Traffic 98 Other 99 Unknown					VEHICLE ACTION 1 Going Straight 2 Negotiating Curve 3 Slowing 4 Stopped In Traffic Lane 5 Merging 6 Enter Parked Position 7 Exiting Parked Position 8 Parked 9 Making Right Turn 10 Making Right Turn On Red 11 Making Left Turn 12 Making Left Turn On Red 13 Making U Turn 14 Backing 15 Avoiding Vehicle 16 Avoiding Pedestrian 17 Avoiding Animal 18 Avoiding Other Object 19 Passing 20 Changing Lanes 21 Ran Off Road-Right 22 Ran Off Road-Left 23 Crossing Median 98 Other 99 Unknown					
NUMBER OF TRAFFIC LANES 1. 1 3. 3 5. 5 7. 7 2. 2 4. 4 6. 6 8. 8					FIRST HARMFUL EVENT COLLISION WITH / NON COLLISION 1 Pedestrian 2 Pedacycle 3 Train 4 MV in Transport 5 MV In Other Roadway 6 Parked Vehicle 7 Animal 8 Other Object Not Fixed 9 Unknown Obj. Not Fixed 10 Overturned 11 Fire 12 Immersion 13 Fell From Vehicle 14 Jackknife 15 Bank or Ledge 16 Tree(s) 17 Utility Pole 18 Fence or Fence Post 19 Guard Rail or Post 20 Bridge or Underpass 21 Sign/Traffic Signal 22 Impact Cushion Device 23 House/Building 24 Light/Luminary Pole 25 Concrete Barrier 26 Culvert/Ditch 27 Bridge Rail 28 Other Fixed Object 98 Other 99 Unknown					
ROADWAY DEFECTS 0 No Defects 1 Obstruction Warning 2 Obstruction No Warning 3 Loose Materials On Surface 4 Holes 5 Ruts 6 Bumps 7 Defective Shoulder 8 No Markings 9 Reduced Width 98 Other 99 Unknown					FIRST HARMFUL EVENT LOCATION 1 On Roadway 2 Shoulder 3 Median 4 Roadside 5 Outside Traffic Way 99 Unknown					
DRIVER DISTRACTION 0 Not Distracted 1 Electronic Communication Device (cell phone, pager, etc.) 2 Other Electronic Device (navigation device, palm pilot, etc.) 3 Other Inside the Vehicle 4 Other Outside the Vehicle 99 Unknown					FIRE OCCURRENCE 0 No Fire Occurrence 1 Fire Occurrence					
OCCUPANCY 0 Non-Motorist 1-999 Vehicle Number of Occupant					DRIVER VISION OBSCURED 0 Not Obscured 1 Rain/Snow/Sleet On Windshield 2 Fog 3 Sunlight 4 Headlights 5 Building 6 Billboard 7 Trees/Shrub/ Etc 8 Parked Vehicle(s) 9 Moving Vehicle(s) 10 Broken Windshield 11 Dirty Windshield 12 Obscured By Vehicle Load 13 Hillcrest 98 Other 99 Unknown					
POSITION IN/ON VEH 10 X 2 3 4 5 6 7 8 9 10 10 Riding Or Hanging Outside 11 Bed Of Pickup 12 Trailing Unit 13 Sleeper Section 98 Other Enclosed 99 Unknown					VEHICLE DEFECTS 0 No Defects 1 Defective Lights 2 Defective Brakes 3 Defective Steering 4 Worn/Slick Tires 5 Motor Trouble 6 Windshield/Mirrors 98 Other 99 Unknown					
SAFETY EQUIPMENT USED 0 None Used 1 Shoulder Belt 2 Lap Belt 3 Lap & Shoulder Belt 4 Child Restraint 7 Helmet 8 Helmet W/Face shield 9 Eye Protection 98 Other 99 Unknown					PEDESTRIAN ACTION/LOCATION 1 Crossing At Intersection With Signal 2 Crossing At Intersection Against Signal 3 Crossing At Intersection No Signal 4 Crossing At Intersection Diagonally 5 Crossing Not At Intersection/Rural 6 Crossing Not at Intersection/Urban 7 Coming from Behind Parked Car 8 Unloading/Loading on School Bus 9 Playing in Roadway 10 Unloading/Loading on Other 11 Lying in Roadway 12 Walking on Roadway with Traffic/ Sidewalks Available 13 Waling On Roadway With Traffic/ Sidewalks Not Available 14 Walking On Roadway Against Traffic/ Sidewalks Available 15 Walking On Roadway Against Traffic/ Sidewalks Not Available 16 Working In Roadway 17 Standing In Roadway 18 Not In Roadway 98 Other 99 Unknown					
AIR BAG 0 Not Applicable 5 Deployed Air Bag 6 No Air Bag Deployment					CONDITION OF DRIVERS AND PED 1 Appeared Normal 2 Illness 3 Fatigue 4 Fell Asleep 5 Physical Disability / Disease/Disorder 6 Mental Disability / Disease/Disorder 7 Defective Sight 8 Defective Hearing 9 Seizure / Blackout 98 Other 99 Unknown					
EJECTION FROM VEHICLE 0 Not Ejected 1 Totally Ejected 2 Partially Ejected 99 Unknown					ALCOHOL/ DRUGS IMPAIRMENT 1 None 2 Impaired 3 Not Impaired 4 Unknown					
PASSENGER/PEDESTRIAN Race Sex Age										
13	14	15	16	17	18	19	20	21	22	23 Name Of Passenger(s)/Pedestrian(s) Address, City, State, Zip Code

V1

V2

V1

V2

V1

V2

V1

V2

V1

V2

V1

V2

V1

V2

Ped

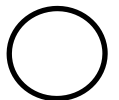
V1

V2

Ped

Check this box if diagram depicted is from driver/witness statements and/or vehicles were moved prior to investigators arrival.

Sample



Indicate North by Arrow

COMPLETE THIS REPORT FOR EACH OF THE FOLLOWING INVOLVED VEHICLES:

1. **Any** truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) over 10,000 pounds used on public highways,
2. **Any** motor vehicle with seats to transport nine (9) or more people, including the driver's seat,
3. **Any** vehicle displaying a hazardous materials placard (regardless of weight).

AND THIS CRASH INCLUDES:










at least one motor vehicle in-transport operating on a trafficway open to the public, which results in:

A FATALITY: **Any** person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash, **OR**
















AN INJURY: **Any** person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene, **OR**

A TOW-AWAY: **Any** motor vehicle (truck or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

Vehicle Configuration

<p>Bus - (9-15 Seats Including Driver)</p> 	<p>Truck Tractor (Bobtail)</p> 
<p>Bus - (16 or More Seats Including Driver)</p> 	<p>Tractor/Semi Trailer (one trailer)</p> 
<p>Single-Unit (2 axles, 6 tires)</p> 	<p>Truck Tractor/Double (two trailers)</p> 
<p>Single-Unit (3 or more axles)</p> 	<p>Truck Tractor/Triples (three trailers)</p> 
<p>Truck/Trailer (Single-Unit Truck pulling a trailer)</p> 	

Cargo Body Type

<p>Bus - (9-15 Seats Including Driver)</p> 	<p>Dump</p> 	<p>Pole</p> 
<p>Bus - (16 or More Seats Including Driver)</p> 	<p>Concrete Mixer</p> 	<p>Log</p> 
<p>Van/Enclosed Box</p> 	<p>Auto Transporter</p> 	<p>Intermodal Chassis</p> 
<p>Cargo Tank</p> 	<p>Garbage/Refuse</p> 	<p>Vehicle Towing Vehicle</p> 
<p>Flat Bed</p> 	<p>Grain, Chips, Gravel</p> 	<p>No Cargo Body</p> 

State of Arkansas Truck and Bus Crash Report

Report Number: ____

Driver Name: ____

General Instructions - Complete this form for EACH qualifying vehicle if the crash meets the criteria on the previous page.

Check all that apply:	Qualifying Information
<p>This form is being completed because this vehicle is:</p> <input type="checkbox"/> A truck or truck combination > 10,000 lbs. GVWR/GCWR <input type="checkbox"/> A bus with seats for 9 or more persons, including driver <input type="checkbox"/> A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs. or less)	<p>Number of:</p> Total involved vehicles in the crash: _____ Persons sustaining fatal injuries: _____ Injured persons transported for immediate medical treatment: _____ Vehicles towed from scene due to disabling damage : _____

At the Time of the Crash, THIS Vehicle was:

Operating on a Trafficway open to the public (In-Transport) Parked on or off the Trafficway

Vehicle Information

<p>Vehicle Configuration: ____ (enter one code from below)</p> 1 Passenger Car (only if vehicle has Hazardous Materials Placard) 2 Light Truck (only if vehicle has Hazardous Materials Placard) 3 Bus (seats for 9-15 people, including driver) 4 Bus (seats for 16 people or more, including driver) 5 Single-Unit Truck (2 axles, 6 tires) 6 Single-Unit Truck (3 or more axles) 7 Truck/Trailer(s) [Single-Unit Truck with Trailer(s)] 8 Truck/Tractor (without trailer, bobtail or saddlemount) 9 Tractor/Semi-Trailer (one trailer) 10 Tractor/Doubles (two trailers) 11 Tractor/Triples (three trailers) 99 Other Truck >10,000 lbs. (not listed above)	<p>Cargo Body Type: ____ (enter one code from below)</p> 0 Not Applicable/No Cargo Body 1 Bus (seats for 9-15 people, including driver) 2 Bus (seats for 16 people or more, including driver) 3 Van/Enclosed Box 4 Cargo Tank 5 Flatbed 6 Dump 7 Concrete Mixer 8 Auto Transporter 9 Garbage/Refuse 10 Grain, Chips, Gravel 11 Pole 12 Vehicle Towing Another Motor Vehicle 13 Intermodal Chassis 14 Logging 98 Other Cargo Body (not listed above)
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GVWR/GCWR (use GCWR for truck combinations): ____

1 10,000 lbs. or Less
 2 10,001 – 26,000 lbs.
 3 Greater than 26,000 lbs.

Bus Use: ____

0 Not a Bus 3 Intercity
 1 School (Public or Private) 4 Charter
 2 Transit 5 Other

Hazardous Materials Involvement:
 Did the vehicle have a Haz Mat Placard? YES NO
If YES, include the following information from the Placard:
 HM 4-Digit # or name from diamond or box: ____
 HM Class # from bottom of diamond: ____
 Was Haz Mat released from THIS vehicle's cargo? YES NO

Motor Carrier Information

Check One: Interstate Carrier Intrastate Carrier Not In Commerce-Government Not In Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)

Carrier Name: ____
 Carrier Street Address (P.O. Box only if no street address): ____
 City/State/Zip: ____ Phone #: ____
 Carrier Identification Number(s): NONE USDOT# ____ MC/MX# ____ State# ____

Sequence of Events

Note: For THIS vehicle - list up to four: Event 1 ____ Event 2 ____ Event 3 ____ Event 4 ____

<p>Non-Collision</p> 1 Ran Off Road 2 Jackknife 3 Overturn (Rollover) 4 Downhill Runaway 5 Cargo Loss or Shift 6 Explosion or Fire 7 Separation of Units	<p>Non-Collision (cont.)</p> 8 Cross Median/Centerline 9 Equipment Failure (tire, brakes, steering, etc.) 10 Non-Collision, Other 11 Non-Collision, Unknown <p>Collision Involving/With</p> 12 Pedestrian 13 Motor Vehicle In-Transport 14 Parked Motor Vehicle	<p>Collision Involving/With (cont.)</p> 15 Train 16 Pedicycle 17 Animal 18 Fixed Object 19 Work Zone Maintenance Equipment 20 Other Moveable Object 98 Other (Describe) _____
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Officer Signature	Officer Badge #	Reporting Agency	Date of Report
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