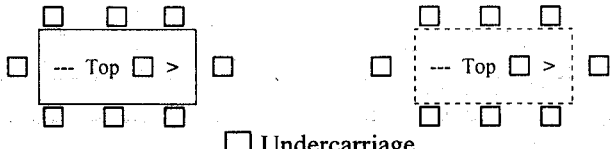
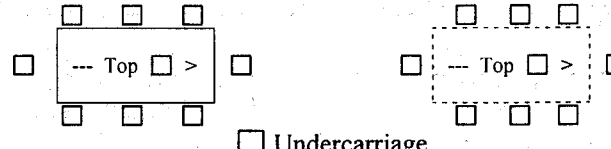


ARKANSAS MOTOR VEHICLE COLLISION REPORT

Report #		Unit Assigned		Premises		Geo Code		District	
Mo/Day/Yr	Day of Week	Time Of Collision <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 _____ <small>Distance Direction City Limits</small>				Speed Limit	
Road / Street / Highway			Section	Log Mile	At Intersection With			Posted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Not At Intersection, But _____ <small>Distance</small>				<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Reference Point			

VEHICLE # _____ (PEDESTRIAN # _____)	VEHICLE # _____ (PEDESTRIAN # _____)
Commercial Vehicle Supplement Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Vehicle Supplement Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's Name (First/MI/Last Name)	Driver's Name (First/MI/Last Name)
Inj. Code	Inj. Code
Address	Address
Safety Equip.	Safety Equip.
Eject Code	Eject Code
City	City
State	State
Zip Code	Zip Code
Additional Information	
DOB	Race
Sex	Driver's License State
Class	Class
#	End.
Blood/Breath/Urine Test Requested	Results (If Known)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Owner's Name (First/MI/Last Name)	
Address	
City	State
Zip Code	Zip Code
Vehicle Description	Year
Make	Make
Model	Body Style
Color	Color
Vehicle Identification Number	Estimated Damage
Vehicle License Plate	<input type="checkbox"/> None
Year	State
Number	Number
Trailers	# Of Units
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. State
Plate #	Plate #
Prior Vehicle Damage? If Yes, Describe Damage & Location	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Damage As Result Of Collision	
<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	Zip Code
Additional Information	
Insurance Company	Policy #
EMS Notified	<input type="checkbox"/> AM <input type="checkbox"/> PM
Transported By	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  <input type="checkbox"/> Undercarriage	Vehicle # _____ Point Of Initial Contact  <input type="checkbox"/> Undercarriage
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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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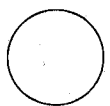
Witness Name(s) (First/MI/Last Name)	Address (City/State/Zip Code)

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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Diagram



Indicate North By Arrow

ARKANSAS COMMERCIAL MOTOR VEHICLE COLLISION REPORT SUPPLEMENT

Page ____ of ____

Report # _____

Requirements For Use Of Commercial Motor Vehicle Supplement

A Commercial Motor Vehicle Supplement is required to be completed when the collision involves:

- A motor vehicle with a gross vehicle weight rating or a combination gross vehicle rating in excess of 10,000 pounds that is being used on a public highway to carry property; or
 - A motor vehicle displaying a hazardous material placard; or
 - A motor vehicle that is designed to transport 7 or more people including the driver;
- AND**
- The collision results in injury which requires the transportation of the injured person to a medical facility; or
 - The collision results in a fatality; or
 - Any vehicle involved in the collision is towed from the scene.

Gross Vehicle Rating

- 10,001 To 26,000 Pounds More Than 26,000 Pounds

Carrier's Identification Number

U.S. Dot # _____

ICC MC # _____

Carrier's Information

Name: _____

Address: _____

City: _____ State _____ Zip _____

Interstate Carrier? Yes No

Sequence Of Events

1. Ran Off Roadway
2. Jackknife
3. Overturn (Rollover)
4. Downhill Runaway
5. Cargo Loss/Shift
6. Explosion/ Fire
7. Separation Of Units
8. Collision Involving Pedestrians
9. Collision With A Motor Vehicle In Transport
10. Collision With Parked Motor Vehicle
11. Collision With Train
12. Collision With Pedacycle
13. Collision With Animal
14. Collision With Fixed Object
15. Collision With Other Object
16. Collision With Work Zone Maintenance Equipment
17. Collision With Other Moveable Object
18. Collision With Unknown Moveable Object
19. Non-Collision
20. Non-Collision Equipment Failure
21. Non-Collision Other
22. Non-Collision Unknown
23. Other

1st 2nd 3rd 4th

Hazardous Material

Did Vehicle Have A Haz Mat Placard? Yes No

Was There Hazardous Material Leakage? (Don't Count Fuel From Fuel Tank) Yes No

If The Vehicle Has A Placard Indicate The Following:

4-Digit Placard Number From Diamond Box 1-Digit Number From Bottom Of Diamond

Cargo Body Type

- 1A. Bus (Designated To Transport 7-15 People)
- 1B. Bus (Designated To Transport 16 Or More People)
2. Van/Enclosed Box
3. Cargo Tank
4. Flatbed
5. Dump
6. Concrete Mixer
7. Auto Transporter
8. Garbage/Refuse
9. Grain/Chips/Gravel
10. Pole
11. Not Applicable

Vehicle Configuration

- 1A. Bus (Seats 7 + People Including Driver)
- 1B. Bus (Seats 16 + People Including Driver)
2. Single Truck 2 Axle 6 Tires
3. Single Truck 3 Or More Axles
4. Truck/Trailer
5. Truck Tractor (Bobtail)
6. Tractor/Semi-Trailer
7. Tractor/Doubles
8. Tractor/Triples
9. Passenger Car (Haz Mat)
10. Light Truck (Haz Mat)
11. Unknown Heavy Truck