

Drivers' Last Names

Page 1 of

Juvenile Involved ☐ Yes ☐ No

## ARKANSAS MOTOR VEHICLE CRASH REPORT

Severity

☐ Fatality☐ Injury☐ PDO

Rev. 2018-2

Crash Report #

# of Motor Vehicles

Automobiles, Motorcycles, etc.

# of Non-Motorists

Pedestrians, Bicyclists, etc.

Investigating Agency

Investigating Officer

Signature

Rank

Last

First

Middle

Suffix

Badge #

## CRASH DATE AND TIME

Date of Crash (MM/DD/YYYY)	Time of Crash (HH:MM AM/PM)	Date Police Notified	Time Police Notified	Date Police Arrived	Time Police Arrived
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## CRASH LOCATION

County	City	Latitude	Longitude
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Road/Street/Highway	Section	Log Mile	At Intersection With
---------------------	---------	----------	----------------------

Not in City, but

of the City Limits of

Distance (feet or miles to two decimal places)

Direction (N/S/E/W)

City

Not at Intersection, but

of

Distance (feet or miles to two decimal places)

Direction (N/S/E/W)

Reference point

## CRASH FACTORS AND CONDITIONS

First Harmful Event	Location of First Harmful Event	School Bus Related	Roadway Surface Condition	Weather Conditions
<input type="checkbox"/> 100 Overturn/rollover <input type="checkbox"/> 101 Fire/explosion <input type="checkbox"/> 102 Immersion, full or partial <input type="checkbox"/> 103 Jackknife <input type="checkbox"/> 104 Cargo/equipment loss or shift <input type="checkbox"/> 113 Fell/jumped from motor vehicle <input type="checkbox"/> 115 Object thrown or fallen on or near motor vehicle <input type="checkbox"/> 198 Other non-collision	<input type="checkbox"/> 100 On roadway <input type="checkbox"/> 101 Shoulder <input type="checkbox"/> 102 Median <input type="checkbox"/> 103 Roadside <input type="checkbox"/> 104 Gore <input type="checkbox"/> 105 Separator <input type="checkbox"/> 106 In parking lane or zone <input type="checkbox"/> 107 Off roadway, location unknown <input type="checkbox"/> 108 Outside right-of-way (trafficway) <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 000 No, school bus not involved <input type="checkbox"/> 100 Yes, school bus directly involved <input type="checkbox"/> 101 Yes, school bus indirectly involved	<input type="checkbox"/> 100 Dry <input type="checkbox"/> 101 Wet <input type="checkbox"/> 102 Snow <input type="checkbox"/> 103 Slush <input type="checkbox"/> 104 Ice or frost <input type="checkbox"/> 105 Water (standing or moving) <input type="checkbox"/> 106 Sand <input type="checkbox"/> 107 Mud, dirt, or gravel <input type="checkbox"/> 108 Oil <input type="checkbox"/> 198 Other	Check all that apply: <input type="checkbox"/> 100 Clear <input type="checkbox"/> 101 Cloudy <input type="checkbox"/> 102 Fog <input type="checkbox"/> 103 Smog <input type="checkbox"/> 104 Smoke <input type="checkbox"/> 105 Rain <input type="checkbox"/> 106 Sleet <input type="checkbox"/> 107 Hail <input type="checkbox"/> 108 Freezing rain or freezing drizzle <input type="checkbox"/> 109 Snow <input type="checkbox"/> 110 Blowing snow <input type="checkbox"/> 111 Severe crosswinds <input type="checkbox"/> 112 Blowing sand, soil, or dirt <input type="checkbox"/> 198 Other
<input type="checkbox"/> 200 Pedestrian <input type="checkbox"/> 201 Pedalcycle <input type="checkbox"/> 202 Other non-motorist <input type="checkbox"/> 203 Railway vehicle (train, engine) <input type="checkbox"/> 204 Animal (live) <input type="checkbox"/> 205 Motor vehicle in transport <input type="checkbox"/> 206 Parked motor vehicle <input type="checkbox"/> 207 Falling/shifting cargo or anything set in motion by motor vehicle <input type="checkbox"/> 208 Work zone/maintenance equipment <input type="checkbox"/> 298 Other non-fixed object	Type of Collision <input type="checkbox"/> 100 Single vehicle crash <input type="checkbox"/> 200 Front to rear <input type="checkbox"/> 201 Front to front <input type="checkbox"/> 202 Angle <input type="checkbox"/> 203 Sideswipe, same direction <input type="checkbox"/> 204 Sideswipe, opposite direction <input type="checkbox"/> 205 Rear to side <input type="checkbox"/> 206 Rear to rear <input type="checkbox"/> 980 Other (describe below)	Type of Intersection <input type="checkbox"/> 000 Not an intersection <input type="checkbox"/> 100 Four-way intersection <input type="checkbox"/> 101 T-intersection <input type="checkbox"/> 102 Y-intersection <input type="checkbox"/> 103 L-intersection <input type="checkbox"/> 104 Traffic circle <input type="checkbox"/> 105 Roundabout <input type="checkbox"/> 106 Five-point or more <input type="checkbox"/> 999 Unknown	Light Condition <input type="checkbox"/> 100 Daylight <input type="checkbox"/> 101 Dawn <input type="checkbox"/> 102 Dusk <input type="checkbox"/> 103 Dark - lighted <input type="checkbox"/> 104 Dark - not lighted <input type="checkbox"/> 105 Dark - unknown lighting <input type="checkbox"/> 198 Other	Roadway Conditions Check all that apply: <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Backup due to prior crash <input type="checkbox"/> 101 Backup due to prior non-recurring incident <input type="checkbox"/> 102 Backup due to regular congestion <input type="checkbox"/> 103 Toll booth / plaza related <input type="checkbox"/> 104 Road surface condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 105 Debris <input type="checkbox"/> 106 Ruts, holes, or bumps <input type="checkbox"/> 107 Work zone <input type="checkbox"/> 108 Worn, travel-polished surface <input type="checkbox"/> 109 Obstruction in roadway <input type="checkbox"/> 110 Traffic control device inoperative, missing, or obscured <input type="checkbox"/> 111 Shoulders (none, low, soft, high) <input type="checkbox"/> 112 Non-highway work <input type="checkbox"/> 198 Other: <input type="checkbox"/> 999 Unknown
<input type="checkbox"/> 300 Impact attenuator/crash cushion <input type="checkbox"/> 301 Bridge overhead structure <input type="checkbox"/> 302 Bridge pier or support <input type="checkbox"/> 303 Bridge rail <input type="checkbox"/> 304 Cable barrier <input type="checkbox"/> 305 Culvert <input type="checkbox"/> 306 Curb <input type="checkbox"/> 307 Ditch <input type="checkbox"/> 308 Embankment <input type="checkbox"/> 309 Guardrail face <input type="checkbox"/> 310 Guardrail end <input type="checkbox"/> 311 Concrete traffic barrier <input type="checkbox"/> 312 Other traffic barrier <input type="checkbox"/> 313 Tree (standing) <input type="checkbox"/> 314 Utility pole/light support <input type="checkbox"/> 315 Traffic sign support <input type="checkbox"/> 316 Traffic signal support <input type="checkbox"/> 317 Other post, pole, or support <input type="checkbox"/> 318 Fence <input type="checkbox"/> 319 Mailbox <input type="checkbox"/> 320 Building <input type="checkbox"/> 398 Other fixed object	Relation to Junction <input type="checkbox"/> 000 Non-junction <input type="checkbox"/> 100 Intersection <input type="checkbox"/> 101 Intersection related <input type="checkbox"/> 102 Entrance or exit ramp <input type="checkbox"/> 103 Entrance or exit ramp related <input type="checkbox"/> 104 Railway grade crossing <input type="checkbox"/> 105 Crossover related <input type="checkbox"/> 106 Driveway access <input type="checkbox"/> 107 Driveway access related <input type="checkbox"/> 108 Shared-use path or trail <input type="checkbox"/> 109 Acceleration or deceleration lane <input type="checkbox"/> 110 Through roadway <input type="checkbox"/> 198 Other location within an interchange area (median, shoulder, and roadside) <input type="checkbox"/> 999 Unknown	Road System <input type="checkbox"/> 100 Interstate <input type="checkbox"/> 101 US highway <input type="checkbox"/> 102 State highway <input type="checkbox"/> 103 County road <input type="checkbox"/> 104 City street <input type="checkbox"/> 105 Frontage road <input type="checkbox"/> 106 Ramp <input type="checkbox"/> 999 Unknown	Environmental Factors Check all that apply: <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Weather conditions <input type="checkbox"/> 101 Visual obstructions <input type="checkbox"/> 102 Glare <input type="checkbox"/> 103 Animals in roadway <input type="checkbox"/> 198 Other: <input type="checkbox"/> 999 Unknown	
<input type="checkbox"/> 999 Unknown		Property Classification <input type="checkbox"/> 100 Public property <input type="checkbox"/> 101 Private property		
		Trafficway Classification <input type="checkbox"/> 100 Trafficway, on road <input type="checkbox"/> 101 Trafficway, not on road <input type="checkbox"/> 102 Non-trafficway (describe below)		

If 198, 298, or 398, describe:

## WORK ZONE CRASH INFORMATION

Work Zone	Location Relative to Work Zone	Work Zone Type	Worker(s) Present	Law Enforcement Present
<input type="checkbox"/> 000 No <input type="checkbox"/> 100 Yes <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 100 Before the first work zone warning sign <input type="checkbox"/> 101 Advance warning area <input type="checkbox"/> 102 Transition area <input type="checkbox"/> 103 Activity area <input type="checkbox"/> 104 Termination area <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 100 Lane closure <input type="checkbox"/> 101 Lane shift or crossover <input type="checkbox"/> 102 Work on shoulder or median <input type="checkbox"/> 103 Intermittent or moving work <input type="checkbox"/> 198 Other  <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 000 No <input type="checkbox"/> 100 Yes <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 000 No law enforcement presence <input type="checkbox"/> 100 Officer present <input type="checkbox"/> 101 Law enforcement vehicle only present <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown

CRASH REPORT - CRASH SUMMARY

Photos Taken Yes  No	ATTACHMENTS	
	Type	Description

NON-VEHICULAR PROPERTY DAMAGE				
Description of Property Damage	Damage Estimate	Owner Contacted	Name	Address
				Street City State Postal Code

WITNESSES' CONTACT INFORMATION							
Last Name	First Name	Middle Name	Suffix	Address	City	State	Postal Code

DESCRIPTION AND IDENTIFICATION

<div>Check if this vehicle had no driver</div> <div></div>	<div>Hit and Run</div> <div>000 No, did not leave the scene100 Yes, vehicle &amp; driver left the scene</div> <div>001 No, vehicle &amp; driver left the scene101 Yes, only driver left the scene</div> <div>002 No, only driver left the scene</div>	<div>Vehicle Body Type</div> <div>Passenger Vehicles</div> <div>100 2-door101 4-door102 Hatchback103 Convertible104 Station wagon105 Pick-up106 Mini-van107 Passenger van (seats any number if personal; up to 8 if business)108 Cargo van (10,000 lbs or less)109 Sport utility vehicle110 Large utility vehicle111 Motor home/recreational vehicle198 Other passenger vehicle</div> <div>Truck (&gt; 10,000 lbs)</div> <div>200 Single unit truck (2 axles)201 Single unit truck (3 or more axles)202 Single unit truck with trailer203 Truck tractor only (bobtail)204 Tractor/semi-trailer205 Tractor/doubles206 Construction/maintenance equipment207 Farm equipment298 Other heavy vehicle (GVWR/GCWR &gt; 10,000 lbs)</div> <div>Bus / Van / Limo (9 or more seats, including driver)</div> <div>300 School bus301 Transit/city bus302 Motor coach/intercity/cross-country bus303 Limousine304 Van (seats 9-15, including driver)390 Other vehicle (seats 9-15, including driver)391 Other vehicle (seats 16 or more, including driver)</div> <div>Cycle / Low Speed</div> <div>400 Motorcycle401 Motor scooter402 Moped403 ATV (3, 4, or 6 wheels)404 Snowmobile405 Golf cart406 Low speed vehicle498 Other motorized cycle/low speed vehicle</div> <div>Unknown</div> <div>999 Unknown type of motor vehicle</div> <div>If 198, 298, 390, 391, or 498, describe below:</div>
VIN		
Vehicle Year, Make, and Model		
Year	Make	Model
License Plate		<div>Missing</div> <div>Unknown (fill in all known details)</div>
State	Number	Year
Trailer #1 License Plate		<div>Missing</div> <div>Unknown (fill in all known details)</div>
State	Number	
Trailer #2 License Plate		<div>Missing</div> <div>Unknown (fill in all known details)</div>
State	Number	
Owner Name		<div>Same as driver</div> <div>Unknown</div>
Owner Address		<div>Same as driver</div> <div>Unknown</div>
Street	City	State Postal Code
Motor Carrier Type	Motor Carrier ID Numbers	
000 Personal transportation100 Interstate carrier101 Intrastate carrier102 Not in commerce - government103 Not in commerce - other truck999 Unknown	USDOT # MC/MX # State #	
Motor Carrier Name		<div>Unknown</div>
Motor Carrier Address		<div>Unknown</div>
Street	City	State Postal Code
Cargo Body Type		
000 No cargo body100 Bus101 Van / enclosed box102 Grain / chips / gravel103 Pole trailer	104 Cargo tank105 Log106 Intermodal container chassis107 Vehicle towing another vehicle108 Flatbed	109 Dump110 Concrete mixer111 Auto transporter122 Garbage / refuse999 Unknown
GVWR/GCWR	Hazardous Materials Placard	Hazardous Material ID (4-digit # or name from middle of diamond or rectangular box)
100 10,000 lbs or less101 10,001 - 26,000 lbs102 More than 26,000 lbs970 Not applicable	000 Placard not required100 Placard displayed200 Placard required but not displayed999 Unknown	Hazardous Material Class (1-digit # from bottom of diamond)
		Hazardous Materials Released from Vehicle Cargo Compartment
		000 No, hazardous materials not released100 Yes, hazardous materials released970 Not applicable (not carrying hazardous materials)

INSURANCE

DAMAGE

<div>Insurance</div> <div>Uninsured at time of crashUnknown (fill in any known details)</div>	<div>Damage Severity</div> <div>000 No damage100 Minor damage101 Functional damage102 Disabling damage999 Unknown</div> <div>Damage Estimate</div> <div>Damage Prior to the Crash</div> <div>No prior damageYes (describe below)</div>	<div>Initial Contact Point (check 1)</div> <div><div><div>7891011</div><div>6<div><div></div><div></div><div></div><div></div><div></div></div>12</div><div>54321</div></div><div><div>000 Non-collision100 Cargo loss113 Top114 Undercarriage999 Unknown</div></div></div>	<div>Damaged Areas (check all that apply)</div> <div><div><div>7891011</div><div>6<div><div></div><div></div><div></div><div></div><div></div></div>12</div><div>54321</div></div><div><div>097 No damage113 Top114 Undercarriage999 Unknown</div></div></div>
Insurance Company			
NAIC #			
Policy #			

TOWING

<div>Towed</div> <div>000 Not towed100 Towed, but not due to disabling damage101 Towed due to disabling damage</div>	<div>Towed By</div> <div>Towed To</div> <div>Street</div> <div>City</div> <div>State</div> <div>Postal Code</div>
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## MOTOR VEHICLE CIRCUMSTANCES

<b>Vehicle Usage</b>	<b>Emergency Vehicle Usage</b>	<b>Vehicle Maneuver</b>
000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services vehicle 112 Incident response 999 Unknown	100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment not in use 103 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown  <b>Travel Direction</b> 100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown	100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other  999 Unknown
<b>Vehicle Defects</b> <i>Check all that apply.</i> 000 None  100 Brake 103 Steering 106 Tires 109 Tail lights 112 Mirrors 115 Fuel system  198 Other  999 Unknown		<b>Traffic Control Device Types and Statuses</b> <i>Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.</i> 100 Functioning properly 101 Functioning improperly 102 Inoperative or missing 999 Unknown
<b>Trafficway Description</b>		<b>Traffic Control Device Type</b> <i>Check all that apply.</i>
100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (painted >4 feet) median 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier  999 Unknown		000 None
<b>Roadway Surface</b>		100 Flashing traffic control signal
100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other  999 Unknown		101 Traffic control signal
<b>Roadway Grade</b>		102 Stop sign
100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom)  999 Unknown		103 Yield sign
<b>Roadway Alignment</b>		104 Slow or warning sign
100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown		105 Person (officer, flagman, crossing guard)
<b>Total # of Lanes</b>		106 School zone sign/device
100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown		107 Pedestrian signal
<b>Posted Speed Limit</b> <i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i>		108 No passing signal
100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown		109 Words or symbols painted on roadway
<b>Collision with Non-Fixed Object</b>		110 Traffic lanes marked
200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object		111 Railway crossing with gate and signals
<b>Collision with Fixed Object</b>		112 Railway crossing with flashing signals only
300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support		113 Railway crossing with crossbuck only
<b>Unknown</b>		198 Other:
100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fell/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision		999 Unknown

## MOTOR VEHICLE EVENTS

<b>Sequence of Events</b>	1	2	3	4	5	6	7	8	9	10
<b>Most Harmful Event</b>										

<b>Non-Collision</b>	<b>Collision with Non-Fixed Object</b>	<b>Collision with Fixed Object</b>	<b>Unknown</b>
100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fell/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision	200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object	300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support	317 Other post, pole, or support 318 Fence 319 Mailbox 398 Other fixed object  <i>If 198, 298, or 398 is used, describe below:</i>

DRIVER INFORMATION					
Name Unknown			Date of Birth/Age	Sex Male Female Unknown	Race 100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Islander 104 American Indian 198 Other 999 Unknown
<small>Last First Middle Suffix</small>					
Address Unknown					
<small>Street City State Postal Code</small>					

DRIVER LICENSE INFORMATION			
License Status	License Number	Restrictions on License	Restrictions Violated
000 Not licensed 100 Valid license 200 Suspended 201 Revoked 202 Expired 203 Cancelled or denied 204 Disqualified 999 Unknown		000 None	000 None
	License State License Class	100 With licensed adult	100 With licensed adult
		101 Corrective lenses	101 Corrective lenses
	Is Commercial Driver License? Yes No	102 Mechanical aid	102 Mechanical aid
		103 Prosthetic aid	103 Prosthetic aid
Endorsements on License	Endorsements Violated	104 Automatic transmission	104 Automatic transmission
000 None	000 None	105 Outside mirror	105 Outside mirror
100 Double/triple trailers	100 Double/triple trailers	106 Daylight only	106 Daylight only
101 Passenger	101 Passenger	107 Class B or C with passengers and class D	107 Class B or C with passengers and class D
102 Tank vehicle	102 Tank vehicle	108 Class C only with passengers	108 Class C only with passengers
103 Hazardous materials	103 Hazardous materials	109 Vehicles without airbrakes	109 Vehicles without airbrakes
104 Tank vehicle & hazardous materials	104 Tank vehicle & hazardous materials	110 Interlock device	110 Interlock device
105 School	105 School	111 School, church, or transit bus	111 School, church, or transit bus
106 Motorcycle	106 Motorcycle	112 Class D only with passengers	112 Class D only with passengers
107 Motor driven cycle	107 Motor driven cycle	113 Diesel fuel, fertilizer only	113 Diesel fuel, fertilizer only
108 Valid without photo	108 Valid without photo	114 Seasonal farm service vehicle	114 Seasonal farm service vehicle
198 Other (describe below)	198 Other (describe below)	198 Other (describe below)	198 Other (describe below)

DRIVER SEATING AND SAFETY INFORMATION																																																																					
Seating Position					Restraint Systems Used					Motorcycle Helmet Usage																																																											
Standard Vehicle Seats					Other Seating Positions																																																																
<table><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Other</th></tr><tr><td>1</td><td>110</td><td>120</td><td>130</td><td>180</td></tr><tr><td>2</td><td>210</td><td>220</td><td>230</td><td>280</td></tr><tr><td>3</td><td>310</td><td>320</td><td>330</td><td>380</td></tr><tr><td>4</td><td>410</td><td>420</td><td>430</td><td>480</td></tr><tr><td>5</td><td>510</td><td>520</td><td>530</td><td>580</td></tr></table>					Front					Row	Left	Middle	Right	Other	1	110	120	130	180	2	210	220	230	280	3	310	320	330	380	4	410	420	430	480	5	510	520	530	580	800 Sleeper section of cab (truck) 801 Passenger section of bus 802 Enclosed passenger/cargo area 803 Unenclosed passenger/cargo area 804 Passenger/cargo area, unknown if enclosed 805 Trailing unit 806 Riding on motor vehicle exterior  Unknown 999 Unknown					000 None used - motor vehicle occupant 100 Shoulder and lap belt used 101 Shoulder belt only used 102 Lap belt only used 103 Restraint used - type unknown 104 Child restraint system - forward facing 105 Child restraint system - rear facing 106 Booster seat 107 Child restraint - type unknown 198 Other  970 Not applicable 999 Unknown					000 No helmet worn 100 DOT-compliant motorcycle helmet worn 101 Non-DOT-compliant motorcycle helmet worn 102 Helmet worn, unknown if DOT-compliant 999 Unknown if helmet worn  Eye Protection Usage Yes No Unknown																			
Front																																																																					
Row	Left	Middle	Right	Other																																																																	
1	110	120	130	180																																																																	
2	210	220	230	280																																																																	
3	310	320	330	380																																																																	
4	410	420	430	480																																																																	
5	510	520	530	580																																																																	
Bus Seating Position					Air Bags Deployed					Ejection																																																											
(Complete if 801 was selected for Seating Position above.)					Check all that apply: 000 Not deployed 100 Deployed: front 101 Deployed: side 102 Deployed: curtain 198 Deployed: other  970 Not applicable 999 Unknown					000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown																																																											
<table><tr><th colspan="6">Front</th></tr><tr><th colspan="3">Driver</th><th rowspan="7">Aisle</th><th colspan="3"></th></tr><tr><td>1A</td><td>1B</td><td>1C</td><td>1D</td><td>1E</td><td>1F</td></tr><tr><td>2A</td><td>2B</td><td>2C</td><td>2D</td><td>2E</td><td>2F</td></tr><tr><td>3A</td><td>3B</td><td>3C</td><td>3D</td><td>3E</td><td>3F</td></tr><tr><td>4A</td><td>4B</td><td>4C</td><td>4D</td><td>4E</td><td>4F</td></tr><tr><td>5A</td><td>5B</td><td>5C</td><td>5D</td><td>5E</td><td>5F</td></tr><tr><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td></tr><tr><td>##A</td><td>##B</td><td>##C</td><td>##D</td><td>##E</td><td>##F</td></tr></table>					Front						Driver			Aisle				1A	1B	1C	1D	1E	1F	2A	2B	2C	2D	2E	2F	3A	3B	3C	3D	3E	3F	4A	4B	4C	4D	4E	4F	5A	5B	5C	5D	5E	5F	⋮	⋮	⋮	⋮	⋮	⋮	##A	##B	##C	##D	##E	##F	Ejection Path 000 Not ejected 100 Side door opening 101 Side window 102 Windshield 103 Back window 104 Back door/tailgate opening 105 Roof opening (sun roof, convertible top down) 106 Roof (convertible top up) 198 Other (e.g., back of pickup truck, torn-off roof, car cut in half)					970 Not applicable 999 Unknown				
Front																																																																					
Driver			Aisle																																																																		
1A	1B	1C		1D	1E	1F																																																															
2A	2B	2C		2D	2E	2F																																																															
3A	3B	3C		3D	3E	3F																																																															
4A	4B	4C		4D	4E	4F																																																															
5A	5B	5C		5D	5E	5F																																																															
⋮	⋮	⋮		⋮	⋮	⋮																																																															
##A	##B	##C	##D	##E	##F																																																																

Motor Vehicle #

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DRIVER INFORMATION

Page of  
Crash Report #

MEDICAL INFORMATION			
<b>Injury Status</b>	<b>Type of Medical Transportation</b>	<b>EMS Notified</b>	<b>EMS Arrived</b>
1 (K) Fatal injury 2 (A) Suspected serious injury 3 (B) Suspected minor injury 4 (C) Possible injury 5 (O) No apparent injury	000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other	Date Time Transported to Medical Facility By	Date Time
<b>Trauma Band #</b>	199 Transported, but method unknown 999 Unknown if transported	Medical Facility Transported To	

DRIVER CONDITION AND CIRCUMSTANCES			
<b>Condition at Time of Crash</b> <i>Check all that apply:</i> <input type="checkbox"/> 000 Apparently normal <input type="checkbox"/> 100 Physically impaired <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> 102 Ill (sick) or fainted <input type="checkbox"/> 103 Asleep or fatigued <input type="checkbox"/> 104 Under the influence of medication or drugs <input type="checkbox"/> 105 Under the influence of alcohol <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown	<b>Driver Distracted By</b> 000 Not distracted 100 Manually operating an electronic communication device (texting, typing, dialing) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <i>If 980 or 981, describe below:</i>	<b>Driver Vision Obscured By</b> 000 No obstruction noted 100 Rain, snow, fog, smoke, sand, or dust 101 Reflected glare, bright sunlight, or headlights 102 Curve, hill, or other roadway design feature 103 Building, billboard, or other structure 104 Trees, crops, or vegetation 105 In-transport motor vehicle (including load) 980 Other visual obstruction (describe below)	106 Not in-transport motor vehicle (parked, working) 107 Splash or spray of passing vehicle 108 Inadequate defrost or defog system 109 Inadequate vehicle lighting system 110 Obstruction interior to the vehicle 111 External mirrors 112 Broken or improperly cleaned windshield 113 Obstructing angles on vehicle 199 Vision obscured - no details

<b>Driver Suspected of Alcohol Usage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Alcohol Test Type Given</b> 000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test 999 Unknown if tested	<b>Alcohol Test Result Status</b> 100 Results pending 101 Results received 970 Not applicable 999 Unknown	<b>Blood Alcohol Content</b> <input type="checkbox"/> Result received from Crime Lab	<b>Speeding Related</b> 000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown
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<b>Driver Suspected of Drug Usage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Drug Test Type Given</b> 000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested	<b>Drug Test Results</b> <input type="checkbox"/> Result received from Crime Lab	<b>Citations</b>	
		<b>Pending/Negative</b> <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending <b>Positive Results (check all that apply)</b> <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbituates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 298 Other positive result (describe below)	<b>Not Applicable/Unknown</b> <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<b>Citation #</b>

DRIVER ACTIONS AT TIME OF CRASH		
<i>Check all that apply:</i> <input type="checkbox"/> 000 No contributing action <input type="checkbox"/> 999 Unknown		
<b>Disregarded Traffic Signs or Controls</b> <input type="checkbox"/> 100 Disregarded red light <input type="checkbox"/> 101 Disregarded other traffic signal <input type="checkbox"/> 102 Disregarded stop sign <input type="checkbox"/> 103 Disregarded yield sign <input type="checkbox"/> 104 Disregarded other traffic sign <input type="checkbox"/> 105 Disregarded other road markings <input type="checkbox"/> 106 Disregarded officer or flagman	<b>Improper Maneuver</b> <input type="checkbox"/> 300 Improper right turn <input type="checkbox"/> 301 Improper left turn <input type="checkbox"/> 302 Improper U-turn <input type="checkbox"/> 303 Improper backing <input type="checkbox"/> 304 Improper passing <input type="checkbox"/> 305 Improper lane change <input type="checkbox"/> 306 Improperly parked	<b>Other Actions</b> <input type="checkbox"/> 600 Impeding traffic <input type="checkbox"/> 601 Ran off roadway <input type="checkbox"/> 602 Crowded off roadway <input type="checkbox"/> 603 Crossing median <input type="checkbox"/> 604 Failed to yield right-of-way <input type="checkbox"/> 605 Failed to keep in proper lane <input type="checkbox"/> 606 Wrong side of road <input type="checkbox"/> 607 Wrong way <input type="checkbox"/> 608 Followed too closely <input type="checkbox"/> 609 Cutting in <input type="checkbox"/> 610 Over-correcting or over-steering <input type="checkbox"/> 980 Other contributing action (describe below)
<b>Swerved or Avoided</b> <input type="checkbox"/> 200 Swerved or avoided due to wind <input type="checkbox"/> 201 Swerved or avoided due to slippery surface <input type="checkbox"/> 202 Swerved or avoided due to motor vehicle <input type="checkbox"/> 203 Swerved or avoided due to non-motorist in roadway <input type="checkbox"/> 204 Swerved or avoided due to object in roadway <input type="checkbox"/> 205 Swerved or avoided due to animal in roadway	<b>Improper Use of Lights or Signals</b> <input type="checkbox"/> 400 Driving without lights <input type="checkbox"/> 401 Failed to dim headlights <input type="checkbox"/> 402 Failed to or improper signal <b>Unsafe Operation</b> <input type="checkbox"/> 500 Reckless operation <input type="checkbox"/> 501 Aggressive operation <input type="checkbox"/> 502 Inattentive, careless, negligent, or erratic operation <input type="checkbox"/> 503 Under the influence of alcohol <input type="checkbox"/> 504 Under the influence of drugs	

PASSENGER INFORMATION

Crash Report #

Complete this sheet for passengers in each motor vehicle.

PASSENGER INFORMATION													
MOTOR VEHICLE # <div></div>								PASSENGER # <div></div>					
Name						Date of Birth/Age		Sex	Male Female Unknown	Air Bags Deployed			
<div>Last</div> <div>First</div> <div>Middle</div> <div>Suffix</div>										Check all that apply: 000 Not deployed 100 Deployed: front 101 Deployed: side 102 Deployed: curtain 198 Deployed: other 970 Not applicable 999 Unknown			
Address						Race		If 198 is checked, describe below					
<div>Street</div> <div>City</div> <div>State</div> <div>Postal Code</div>													
Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used							
Type of Medical Transportation	EMS Notified		Transported To Medical Facility By			Eye Protection							
	<div>Date (MM/DD/YYYY)</div> <div>Time (HH:MM AM/PM)</div>						Trauma Band #						
	EMS Arrived		Medical Facility Transported To										
	<div>Date (MM/DD/YYYY)</div> <div>Time (HH:MM AM/PM)</div>												
MOTOR VEHICLE # <div></div>								PASSENGER # <div></div>					
Name						Date of Birth/Age		Sex	Male Female Unknown	Air Bag Deployed			
<div>Last</div> <div>First</div> <div>Middle</div> <div>Suffix</div>										Check all that apply: 000 Not deployed 100 Deployed: front 101 Deployed: side 102 Deployed: curtain 198 Deployed: other 970 Not applicable 999 Unknown			
Address						Race		If 198 is checked, describe below					
<div>Street</div> <div>City</div> <div>State</div> <div>Postal Code</div>													
Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used							
Type of Medical Transportation	EMS Notified		Transported To Medical Facility By			Eye Protection							
	<div>Date (MM/DD/YYYY)</div> <div>Time (HH:MM AM/PM)</div>						Trauma Band #						
	EMS Arrived		Medical Facility Transported To										
	<div>Date (MM/DD/YYYY)</div> <div>Time (HH:MM AM/PM)</div>												
MOTOR VEHICLE # <div></div>								PASSENGER # <div></div>					
Name						Date of Birth/Age		Sex	Male Female Unknown	Air Bag Deployed			
<div>Last</div> <div>First</div> <div>Middle</div> <div>Suffix</div>										Check all that apply: 000 Not deployed 100 Deployed: front 101 Deployed: side 102 Deployed: curtain 198 Deployed: other 970 Not applicable 999 Unknown			
Address						Race		If 198 is checked, describe below					
<div>Street</div> <div>City</div> <div>State</div> <div>Postal Code</div>													
Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used							
Type of Medical Transportation	EMS Notified		Transported To Medical Facility By			Eye Protection							
	<div>Date (MM/DD/YYYY)</div> <div>Time (HH:MM AM/PM)</div>						Trauma Band #						
	EMS Arrived		Medical Facility Transported To										
	<div>Date (MM/DD/YYYY)</div> <div>Time (HH:MM AM/PM)</div>												
PASSENGER CODES													
Injury Status	Ejection	Ejection Path	Restraint Systems Used	Vehicle Seating Position									
1 (K) Fatal injury 2 (A) Suspected serious injury 3 (B) Suspected minor injury 4 (C) Possible injury 5 (O) No apparent injury	000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	000 Not ejected 100 Side door opening 101 Side window 102 Windshield 103 Back window 104 Back door/tailgate opening 105 Roof opening (sun roof, convertible top down) 106 Roof (convertible top up) 198 Other (e.g., back of pickup truck, torn-off roof, car cut in half) 970 Not applicable 999 Unknown	000 None used - motor vehicle occupant 100 Shoulder and lap belt used 101 Shoulder belt only used 102 Lap belt only used 103 Restraint used - type unknown 104 Child restraint system - forward facing 105 Child restraint system - rear facing 106 Booster seat 107 Child restraint - type unknown 198 Other 970 Not applicable 999 Unknown	800 Sleeper section of cab (truck) 801 Passenger section of bus 802 Enclosed passenger/cargo area 803 Unenclosed passenger/cargo area 804 Passenger/cargo area, unknown if enclosed 805 Trailing unit 806 Riding on motor vehicle exterior 999 Unknown									
Race	Extrication												
100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Islander 104 American Indian 198 Other 999 Unknown	000 Not extricated 100 Extricated 999 Unknown												
Type of Medical Transportation	Motorcycle Helmet Used		Eye Protection Used										
000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other 199 Transported, but method unknown 999 Unknown if transported	000 No helmet worn 100 DOT-compliant motorcycle helmet worn 101 Non-DOT-compliant motorcycle helmet worn 199 Helmet worn, unknown if DOT-compliant 999 Unknown if helmet worn		000 No 100 Yes 999 Unknown										
				Bus Seating Position (use if 801 is selected)									
				Front									
				Driver					Aisle		Front		
				1A 1B 1C							1D 1E 1F		
				2A 2B 2C							2D 2E 2F		
				3A 3B 3C							3D 3E 3F		
				: : :							: : :		
				##A ##B ##C							##D ##E ##F		
CRASH REPORT - PASSENGER INFORMATION													

Total # of Non-Motorists

## ARKANSAS MOTOR VEHICLE CRASH REPORT

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Crash Report #

## NON-MOTORIST INFORMATION

STRUCK BY MOTOR VEHICLE #		NON-MOTORIST #		NON-MOTORIST TYPE		Non-Motorist Type	
Name				Date of Birth/Age		Sex	Male Female Unknown
Last First Middle Suffix							
Address							
Street City State Postal Code							
Injury Status	Race	Location ATC	Action Prior to Crash	Safety Equipment (enter up to 5)			
Condition at the Time of the Crash (check all that apply)				Going to/from K-12 School		Race	
000 Apparently normal 100 Physically impaired 101 Emotional (depressed, angry, disturbed, etc.) 102 Ill (sick) or fainted 103 Asleep or fatigued				104 Under the influence of medication or drugs 105 Under the influence of alcohol 198 Other 999 Unknown		100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Islander 104 American Indian 198 Other 999 Unknown	
Suspected Alcohol Usage		Alcohol Test Type		Alcohol Test Results		Received from Crime Lab	
Yes No Unknown		000 No test given 001 Test refused 100 Blood test 101 Breath test		102 Urine test 198 Other type of test 999 Unknown if tested		100 Pending 101 Received (BAC: ) 970 Not applicable 999 Unknown	
Suspected Drug Usage		Drug Test Type		Drug Test Results		Received from Crime Lab	
Yes No Unknown		000 No test given 001 Test refused 100 Blood test 101 Urine test		102 Both blood and urine tests 198 Other type of test 999 Unknown if tested		000 Negative 100 Pending 2xx Positive for:	
Action at Time of Crash		Type of Medical Transportation		EMS Notified		EMS Arrived	
Date		Date		Date		Date	
Time		Time		Time		Time	
Transported to Medical Facility By				Medical Facility Transported To			
STRUCK BY MOTOR VEHICLE #		NON-MOTORIST #		NON-MOTORIST TYPE		Non-Motorist Type	
Name				Date of Birth/Age		Sex	Male Female Unknown
Last First Middle Suffix							
Address							
Street City State Postal Code							
Injury Status	Race	Location ATC	Action Prior to Crash	Safety Equipment (enter up to 5)			
Condition at the Time of the Crash (check all that apply)				Going to/from K-12 School		Action at Time of Crash	
000 Apparently normal 100 Physically impaired 101 Emotional (depressed, angry, disturbed, etc.) 102 Ill (sick) or fainted 103 Asleep or fatigued				104 Under the influence of medication or drugs 105 Under the influence of alcohol 198 Other 999 Unknown		000 No improper action 100 Dashed or dashed 101 Failed to yield right-of-way 102 Failed to obey traffic signs, signals, or officer 103 In roadway improperly (standing, lying, working, playing) 104 Disabled vehicle related (working on, pushing, leaving, approaching) 105 Entering or exiting parked or standing vehicle 106 Inattentive (talking, eating, etc.) 107 Not visible (dark clothing, no lighting, etc.) 108 Improper turn or merge 109 Improper passing 110 Wrong-way riding or walking 198 Other 999 Unknown	
Suspected Alcohol Usage		Alcohol Test Type		Alcohol Test Results		Location At Time of Crash (ATC)	
Yes No Unknown		000 No test given 001 Test refused 100 Blood test 101 Breath test		102 Urine test 198 Other type of test 999 Unknown if tested		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Midblock - marked crosswalk 104 Travel lane - other location 105 Bicycle lane 106 Shoulder/roadside 107 Sidewalk 108 Median/crossing island 109 Driveway access 110 Shared-use path or trail 111 Non-trafficway area 198 Other 999 Unknown	
Suspected Drug Usage		Drug Test Type		Drug Test Results			
Yes No Unknown		000 No test given 001 Test refused 100 Blood test 101 Urine test		102 Both blood and urine tests 198 Other type of test 999 Unknown if tested		000 Negative 100 Pending 2xx Positive for:	
Action at Time of Crash		Type of Medical Transportation		EMS Notified		EMS Arrived	
Date		Date		Date		Date	
Time		Time		Time		Time	
Transported to Medical Facility By				Medical Facility Transported To			

CRASH REPORT - NON-MOTORIST INFORMATION



## NARRATIVE

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### Crash Report #

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Scene #

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DIAGRAM

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