

Juvenile Involved  Yes  No

# ARKANSAS MOTOR VEHICLE CRASH REPORT

Severity  Fatality  Injury  PDO

Rev. 2015-1

# of Motor Vehicles

Automobiles, Motorcycles, etc.

Crash Report #

# of Non-Motorists

Pedestrians, Bicyclists, etc.

Investigating Agency

Investigating Officer

Rank Last First Middle Suffix Badge #

Signature

## 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
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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
100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 113 Fell/jumped from motor vehicle 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision	100 On roadway 101 Shoulder 102 Median 103 Roadside 104 Gore 105 Separator 106 In parking lane or zone 107 Off roadway, location unknown 108 Outside right-of-way (trafficway) 999 Unknown	000 No, school bus not involved 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved	100 Dry 101 Wet 102 Snow 103 Slush 104 Ice or frost 105 Water (standing or moving) 106 Sand 107 Mud, dirt, or gravel 108 Oil 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
Collision with Non-Fixed Object	Type of Collision	Type of Intersection	Light Condition	Roadway Conditions
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	100 Single vehicle crash 200 Front to rear 201 Front to front 202 Angle 203 Sideswipe, same direction 204 Sideswipe, opposite direction 205 Rear to side 206 Rear to rear 980 Other (describe below)	000 Not an intersection 100 Four-way intersection 101 T-intersection 102 Y-intersection 103 L-intersection 104 Traffic circle 105 Roundabout 106 Five-point or more 999 Unknown	100 Daylight 101 Dawn 102 Dusk 103 Dark - lighted 104 Dark - not lighted 105 Dark - unknown lighting 198 Other	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:
Collision with Fixed Object	Relation to Junction	Road System	Environmental Factors	Property Classification
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	000 Non-junction 100 Intersection 101 Intersection related 102 Entrance or exit ramp 103 Entrance or exit ramp related 104 Railway grade crossing 105 Crossover related 106 Driveway access 107 Driveway access related 108 Shared-use path or trail 109 Acceleration or deceleration lane 110 Through roadway 198 Other location within an interchange area (median, shoulder, and roadside)	100 Interstate 101 US highway 102 State highway 103 County road 104 City street 105 Frontage road 106 Ramp 999 Unknown	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	100 Public property 101 Private property
999 Unknown If 198, 298, or 398, describe below:	999 Unknown	Trafficway Classification 100 Trafficway, on road 101 Trafficway, not on road 102 Non-trafficway (describe below)	999 Unknown	100 Public property 101 Private property

## WORK ZONE CRASH INFORMATION

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

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

Check if this vehicle had no driver <input type="checkbox"/>	<b>Hit and Run</b> 000 No, did not leave the scene 100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene	VIN <input type="text"/>	<b>Vehicle Body Type</b> <u>Passenger Vehicles</u> 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Mini-van 107 Passenger van (seats any number if personal; up to 8 if business) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle  <u>Truck (&gt; 10,000 lbs)</u> 200 Single unit truck (2 axles) 201 Single unit truck (3 or more axles) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs)  <u>Bus / Van / Limo (9 or more seats, including driver)</u> 300 School bus 301 Transit/city bus 302 Motor coach/intercity/cross-country bus 303 Limousine 304 Van (seats 9-15, including driver) 390 Other vehicle (seats 9-15, including driver) 391 Other vehicle (seats 16 or more, including driver)  <u>Cycle / Low Speed</u> 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle  Unknown 999 Unknown type of motor vehicle If 198, 298, 390, 391, or 498, describe below:
<b>Vehicle Year, Make, and Model</b> Year <input type="text"/> Make <input type="text"/> Model <input type="text"/>			
<b>License Plate</b> State <input type="text"/> Number <input type="text"/> Year <input type="text"/>		<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)	
<b>Trailer #1 License Plate</b> State <input type="text"/> Number <input type="text"/>		<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)	
<b>Trailer #2 License Plate</b> State <input type="text"/> Number <input type="text"/>		<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)	
<b>Owner Name</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown			
<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Street <input type="text"/> City <input type="text"/> State <input type="text"/> Postal Code <input type="text"/>			
<b>Motor Carrier Type</b> 000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 999 Unknown	<b>Motor Carrier ID Numbers</b> USDOT # <input type="text"/> MC/MX # <input type="text"/> State # <input type="text"/> State <input type="text"/>		
<b>Motor Carrier Name</b> <input type="checkbox"/> Unknown			
<b>Motor Carrier Address</b> <input type="checkbox"/> Unknown Street <input type="text"/> City <input type="text"/> State <input type="text"/> Postal Code <input type="text"/>			
<b>Cargo Body Type</b> 000 No cargo body    104 Cargo tank    109 Dump    198 Other 100 Bus    105 Log    110 Concrete mixer 101 Van / enclosed box    106 Intermodal container chassis    111 Auto transporter 102 Grain / chips / gravel    107 Vehicle towing another vehicle    112 Garbage / refuse 103 Pole trailer    108 Flatbed    999 Unknown			

<b>GVWR/GCWR</b> 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable	<b>Hazardous Materials Placard</b> 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown	<b>Hazardous Material ID</b> (4-digit # or name from middle of diamond or rectangular box)  <b>Hazardous Material Class</b> (1-digit # from bottom of diamond)	<b>Hazardous Materials Released from Vehicle Cargo Compartment</b> 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)
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INSURANCE

<b>Insurance</b> <input type="checkbox"/> Uninsured at time of crash <input type="checkbox"/> Unknown (fill in any known details)	<b>Insurance Company</b> <input type="text"/>	<b>NAIC #</b> <input type="text"/>	<b>Policy #</b> <input type="text"/>
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<b>Damage Severity</b> 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown	<b>Damage Estimate</b> <input type="text"/>	<b>Damage Prior to the Crash</b> <input type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)
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DAMAGE

<b>Initial Contact Point (check 1)</b> <table style="width:100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>	7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	<b>Damaged Areas (check all that apply)</b> <table style="width:100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>	7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
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5	4	3	2	1																																															
<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																																																		

TOWING

<b>Towed</b> 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage	<b>Towed By</b> <input type="text"/>	<b>Towed To</b> <input type="text"/>	Street <input type="text"/> City <input type="text"/> State <input type="text"/> Postal Code <input type="text"/>
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MOTOR VEHICLE CIRCUMSTANCES

<b>Vehicle Usage</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	<b>Emergency Vehicle Usage</b> 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>Vehicle Maneuver</b> 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
<b>Travel Direction</b> 100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown		

**Vehicle Defects** *Check all that apply.*

<input type="checkbox"/> 000 None	<input type="checkbox"/> 101 Exhaust system	<input type="checkbox"/> 102 Body or doors
<input type="checkbox"/> 100 Brake	<input type="checkbox"/> 104 Power train	<input type="checkbox"/> 105 Suspension
<input type="checkbox"/> 103 Steering	<input type="checkbox"/> 107 Wheels	<input type="checkbox"/> 108 Headlights
<input type="checkbox"/> 106 Tires	<input type="checkbox"/> 110 Turn signals	<input type="checkbox"/> 111 Windows or windshield
<input type="checkbox"/> 109 Tail lights	<input type="checkbox"/> 113 Wipers	<input type="checkbox"/> 114 Truck coupling, trailer hitch, or safety chains
<input type="checkbox"/> 112 Mirrors	<input type="checkbox"/> 116 Cruise control	
<input type="checkbox"/> 115 Fuel system		
<input type="checkbox"/> 198 Other		
<input type="checkbox"/> 999 Unknown		

**Traffic Control Device Types and Statuses**  
*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.*

<input type="checkbox"/> 999 Unknown	100 Functioning properly
	101 Functioning improperly
	102 Inoperative or missing
	999 Unknown

Traffic Control Device Type <i>Check all that apply.</i>	Device Status <i>Use above codes.</i>
<input type="checkbox"/> 000 None	
<input type="checkbox"/> 100 Flashing traffic control signal	
<input type="checkbox"/> 101 Traffic control signal	
<input type="checkbox"/> 102 Stop sign	
<input type="checkbox"/> 103 Yield sign	
<input type="checkbox"/> 104 Slow or warning sign	
<input type="checkbox"/> 105 Person (officer, flagman, crossing guard)	
<input type="checkbox"/> 106 School zone sign/device	
<input type="checkbox"/> 107 Pedestrian signal	
<input type="checkbox"/> 108 No passing signal	
<input type="checkbox"/> 109 Words or symbols painted on roadway	
<input type="checkbox"/> 110 Traffic lanes marked	
<input type="checkbox"/> 111 Railway crossing with gate and signals	
<input type="checkbox"/> 112 Railway crossing with flashing signals only	
<input type="checkbox"/> 113 Railway crossing with crossbuck only	
<input type="checkbox"/> 198 Other:	
<input type="checkbox"/> 999 Unknown	

<b>Trafficway Description</b> 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	<b>Roadway Surface</b> 100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown
<b>Roadway Grade</b> 100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown	<b>Roadway Alignment</b> 100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown
<b>Total # of Lanes</b>	<b>Posted Speed Limit</b> <i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i>

MOTOR VEHICLE EVENTS

Sequence of Events 1  2  3  4  5  6  7  8  9  10

Most Harmful Event

Non-Collision	Collision with Non-Fixed Object	Collision with Fixed Object	Unknown
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 999 Unknown
			<i>If 198, 298, or 398 is used, describe below:</i>

DRIVER INFORMATION

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

DRIVER LICENSE INFORMATION

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

DRIVER SEATING AND SAFETY INFORMATION

Seating Position	Restraint Systems Used	Motorcycle Helmet Usage
Standard Vehicle Seats	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	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
Other Seating Positions	970 Not applicable 999 Unknown	Eye Protection Usage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Bus Seating Position	Air Bags Deployed	Ejection
(Complete if 801 was selected for Seating Position above.)	Check all that apply: <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other  <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown
Front		Extrication
Driver		000 Not extricated 100 Extricated 999 Unknown
1A 1B 1C	1D 1E 1F	Ejection Path
2A 2B 2C	2D 2E 2F	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)
3A 3B 3C	3D 3E 3F	
4A 4B 4C	4D 4E 4F	
5A 5B 5C	5D 5E 5F	
⋮	⋮	
⋮	⋮	
##A ##B ##C	##D ##E ##F	

### MEDICAL INFORMATION

Injury Status	Type of Medical Transportation	EMS Notified	EMS Arrived
1 Fatal injury 2 Incapacitating injury 3 Non-incapacitating injury 4 Possible injury 5 No apparent injury	000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other	Date <input type="text"/> Time <input type="text"/> Transported to Medical Facility By <input type="text"/>	Date <input type="text"/> Time <input type="text"/>
Trauma Band #	Medical Facility Transported To <input type="text"/>		
	199 Transported, but method unknown 999 Unknown if transported		

### DRIVER CONDITION AND CIRCUMSTANCES

Condition at Time of Crash <i>Check all that apply:</i>	Driver Distracted By	Driver Vision Obscured By	
<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	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>	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

Driver Suspected of Alcohol Usage	Alcohol Test Type Given	Alcohol Test Result Status	Blood Alcohol Content	Speeding Related
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 Results pending 101 Results received 970 Not applicable 999 Unknown	<input type="checkbox"/> Result received from Crime Lab	000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown

Driver Suspected of Drug Usage	Drug Test Type Given	Drug Test Results	Citations	Charges																																															
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Result received from Crime Lab <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)	<input type="checkbox"/> Result received from Crime Lab <b>Not Applicable/Unknown</b> <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Citation #</th> <th style="width: 50%;">Charges</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Citation #	Charges																					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Citation #</th> <th style="width: 50%;">Charges</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Citation #	Charges																						
Citation #	Charges																																																		
Citation #	Charges																																																		

### DRIVER ACTIONS AT TIME OF CRASH

*Check all that apply:*

<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

Complete this sheet for passengers in each motor vehicle.

### PASSENGER INFORMATION

MOTOR VEHICLE # <input type="text"/>						PASSENGER # <input type="text"/>	
Name <i>Last First Middle Suffix</i>					Date of Birth/Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Air Bags Deployed <i>check all that apply:</i> <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown <i>If 198 is checked, describe below</i>
Address <i>Street City State Postal Code</i>						Race	
Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used	
Type of Medical Transportation	EMS Notified <i>Date (MM/DD/YYYY) Time (HH:MM AM/PM)</i>		Transported To Medical Facility By			Eye Protection	
	EMS Arrived <i>Date (MM/DD/YYYY) Time (HH:MM AM/PM)</i>		Medical Facility Transported To			Trauma Band #	

MOTOR VEHICLE # <input type="text"/>						PASSENGER # <input type="text"/>	
Name <i>Last First Middle Suffix</i>					Date of Birth/Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Air Bag Deployed <i>Check all that apply:</i> <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown <i>If 198 is checked, describe below</i>
Address <i>Street City State Postal Code</i>						Race	
Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used	
Type of Medical Transportation	EMS Notified <i>Date (MM/DD/YYYY) Time (HH:MM AM/PM)</i>		Transported To Medical Facility By			Eye Protection	
	EMS Arrived <i>Date (MM/DD/YYYY) Time (HH:MM AM/PM)</i>		Medical Facility Transported To			Trauma Band #	

MOTOR VEHICLE # <input type="text"/>						PASSENGER # <input type="text"/>	
Name <i>Last First Middle Suffix</i>					Date of Birth/Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Air Bag Deployed <i>Check all that apply:</i> <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown <i>If 198 is checked, describe below</i>
Address <i>Street City State Postal Code</i>						Race	
Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used	
Type of Medical Transportation	EMS Notified <i>Date (MM/DD/YYYY) Time (HH:MM AM/PM)</i>		Transported To Medical Facility By			Eye Protection	
	EMS Arrived <i>Date (MM/DD/YYYY) Time (HH:MM AM/PM)</i>		Medical Facility Transported To			Trauma Band #	

### PASSENGER CODES

Injury Status 1 Fatal injury 2 Incapacitating injury 3 Non-incapacitating injury 4 Possible injury 5 No apparent injury	Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	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	Restraint Systems Used 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	Vehicle Seating Position					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																																																
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="6">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th colspan="2">Other</th> </tr> <tr> <td>1</td> <td>110</td> <td>120</td> <td>130</td> <td colspan="2">180</td> </tr> <tr> <td>2</td> <td>210</td> <td>220</td> <td>230</td> <td colspan="2">280</td> </tr> <tr> <td>3</td> <td>310</td> <td>320</td> <td>330</td> <td colspan="2">380</td> </tr> <tr> <td>4</td> <td>410</td> <td>420</td> <td>430</td> <td colspan="2">480</td> </tr> <tr> <td>5</td> <td>510</td> <td>520</td> <td>530</td> <td colspan="2">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							
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3	310	320	330	380																																																					
4	410	420	430	480																																																					
5	510	520	530	580																																																					
Race 100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Islander 104 American Indian 198 Other 999 Unknown	Extrication 000 Not extricated 100 Extricated 999 Unknown	Motorcycle Helmet Used 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 Used 000 No 100 Yes 999 Unknown	Bus Seating Position (use if 801 is selected)																																																					
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="9">Front</th> </tr> <tr> <th colspan="3">Driver</th> <th colspan="3">Aisle</th> <th colspan="3"></th> </tr> <tr> <td>1A</td> <td>1B</td> <td>1C</td> <td rowspan="6" style="writing-mode: vertical-rl; text-orientation: mixed;">Aisle</td> <td>1D</td> <td>1E</td> <td>1F</td> <td rowspan="6" style="writing-mode: vertical-rl; text-orientation: mixed;">Aisle</td> <td>1G</td> <td>1H</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>⋮</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	Aisle	1D	1E	1F	Aisle	1G	1H	2A	2B	2C	2D	2E	2F	3A	3B	3C	3D	3E	3F	⋮	⋮	⋮	⋮	⋮	⋮	##A	##B
Front																																																									
Driver			Aisle																																																						
1A	1B	1C	Aisle	1D	1E	1F	Aisle	1G	1H																																																
2A	2B	2C		2D	2E	2F																																																			
3A	3B	3C		3D	3E	3F																																																			
⋮	⋮	⋮		⋮	⋮	⋮																																																			
##A	##B	##C		##D	##E	##F																																																			
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other 199 Transported, but method unknown 999 Unknown if transported																																																									

Total # of Non-Motorists

# ARKANSAS MOTOR VEHICLE CRASH REPORT

Crash Report #

## NON-MOTORIST INFORMATION

<b>STRUCK BY MOTOR VEHICLE #</b> <input type="text"/>		<b>NON-MOTORIST #</b> <input type="text"/>		<b>NON-MOTORIST TYPE</b> <input type="text"/>		<b>Non-Motorist Type</b>	
<b>Name</b>				<b>Date of Birth/Age</b>		<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
<i>Last First Middle Suffix</i>							
<b>Address</b>							
<i>Street City State Postal Code</i>							
<b>Injury Status</b>	<b>Race</b>	<b>Location ATC</b>	<b>Action Prior to Crash</b>	<b>Safety Equipment (enter up to 5)</b>			
<b>Condition at the Time of the Crash (check all that apply)</b>				<b>Going to/from K-12 School</b>		<b>Race</b>	
<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Suspected Alcohol Usage</b>		<b>Alcohol Test Type</b>		<b>Alcohol Test Results</b>		<b>Safety Equipment</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Breath test <input type="checkbox"/> 102 Urine test <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested		<input type="checkbox"/> Received from Crime Lab <input type="checkbox"/> 100 Pending <input type="checkbox"/> 101 Received (BAC: _____) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		000 None 100 Helmet 101 Protective pads (elbows, knees, shins, etc.) 102 Reflective clothing (jacket, backpack, etc.) 103 Lighting 198 Other 970 Not applicable	
<b>Suspected Drug Usage</b>		<b>Drug Test Type</b>		<b>Drug Test Results</b>		<b>Type of Medical Transportation</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Urine test <input type="checkbox"/> 102 Both blood and urine tests <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested		<input type="checkbox"/> Received from Crime Lab <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown <input type="checkbox"/> 000 Negative <input type="checkbox"/> 100 Pending <input type="checkbox"/> 2xx Positive for: _____		000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other 199 Transported, but method unknown 999 Unknown if transported	
<b>Action at Time of Crash</b>		<b>Type of Medical Transportation</b>	<b>EMS Notified</b>	<b>EMS Arrived</b>	<b>Trauma Band #</b>		
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
<b>Transported to Medical Facility By</b>				<b>Medical Facility Transported To</b>			
<b>STRUCK BY MOTOR VEHICLE #</b> <input type="text"/>		<b>NON-MOTORIST #</b> <input type="text"/>		<b>NON-MOTORIST TYPE</b> <input type="text"/>		<b>Action Prior to Crash</b>	
<b>Name</b>				<b>Date of Birth/Age</b>		<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
<i>Last First Middle Suffix</i>							
<b>Address</b>							
<i>Street City State Postal Code</i>							
<b>Injury Status</b>	<b>Race</b>	<b>Location ATC</b>	<b>Action Prior to Crash</b>	<b>Safety Equipment (enter up to 5)</b>			
<b>Condition at the Time of the Crash (check all that apply)</b>				<b>Going to/from K-12 School</b>		<b>Action at Time of Crash</b>	
<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Suspected Alcohol Usage</b>		<b>Alcohol Test Type</b>		<b>Alcohol Test Results</b>		<b>Location At Time of Crash (ATC)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Breath test <input type="checkbox"/> 102 Urine test <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested		<input type="checkbox"/> Received from Crime Lab <input type="checkbox"/> 100 Pending <input type="checkbox"/> 101 Received (BAC: _____) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		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	
<b>Suspected Drug Usage</b>		<b>Drug Test Type</b>		<b>Drug Test Results</b>		<b>Location At Time of Crash (ATC)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Urine test <input type="checkbox"/> 102 Both blood and urine tests <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested		<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown <input type="checkbox"/> 000 Negative <input type="checkbox"/> 100 Pending <input type="checkbox"/> 2xx Positive for: _____			
<b>Action at Time of Crash</b>		<b>Type of Medical Transportation</b>	<b>EMS Notified</b>	<b>EMS Arrived</b>	<b>Trauma Band #</b>		
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
<b>Transported to Medical Facility By</b>				<b>Medical Facility Transported To</b>			



**ARKANSAS MOTOR VEHICLE CRASH REPORT  
NARRATIVE**

Page  of

Crash Report #

Lined area for writing the narrative.

Scene #

# ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

Page  of

Crash Report #

