



MOTOR VEHICLE CRASH REPORT INSTRUCTIONS GUIDE

FOR USE WITH UNIFORM CRASH REPORTS DATED JANUARY 2007

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INTRODUCTION

This manual is designed to assist Arkansas law enforcement officers in providing complete and accurate information when completing the Arkansas Motor Vehicle Crash Report. The report is used to capture Arkansas crash data and provide information to interested parties. Data captured from crash reports is analyzed and distributed to the National Highway Traffic Safety Administration, Federal Highway Administration, and many other national, state and local government agencies, in addition to private entities and citizens. The data is used for decisions related to highway safety projects such as traffic enforcement, impaired driver initiatives, identifying traffic control, and highway improvement needs. For these reasons, accurate, complete, and timely submission of the Report is imperative.

Arkansas law requires a prescribed report for every crash that occurs on any public roadways and involves at least one motor vehicle in transport, and one or more of the following criteria:

- Crashes resulting in one or more fatalities;
- Crashes resulting in one or more injuries; or
- Crashes resulting in total property damage in excess of \$1,000.00

See Arkansas Code Annotated §27-53-202

The report may be handwritten, typed or generated by computer.

Arkansas law also requires the reports be filed with the Arkansas State Police within five (5) days of the conclusion of the initial investigation. *See Arkansas Code Annotated §27-53-303 (c)*. The reports should be submitted the following address.

**Arkansas State Police Headquarters
Crash Record Section
One State Police Plaza Drive
Little Rock, Arkansas 72209**

BAC and toxicology findings, when not available at the time of the initial report, should be filed as supplements and forwarded to Arkansas State Police at the same address.

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General Instructions – Crash Report Page One

Page Number: Indicate the page number and the total number of pages of the report. Count all pages, including any supplements, driver statements, witness statements, diagrams, etc. Front and back are counted as two pages.

Example: 1 of 6, 2 of 6, etc.

Report Number: (Crash/Dispatch Number) Record your department report number. For crashes worked by the Arkansas State Police, this will be the assigned number given by Troop Headquarters in which the crash occurred. The numbers should be grouped by the two-digit county code, two-digit month, two-digit year then the number of the crash.

Example: A crash that occurred in Pulaski County in April, 2004 and the number of that crash was 785 would be recorded as 6004040785.

Unit Assigned: Record your unit number.

Premises, Lat/Long and District: Record the latitude and longitude in the Lat/Long box. Record all digits (including all zeroes). The format will be recorded as dd.mm.ss.ss/dd.mm.ss.ss (*dd identifies degrees, mm identifies minutes, first set of ss data identifies seconds and the second set of ss data identifies tenths of seconds*). Use a slash mark (/) to separate latitude and longitude. Use of the Premises and District fields are left-up to the individual agency to define as needed. For Arkansas State Police purposes these fields should be left blank.

Month/Day/Year: Record the date of the crash with numerical digits only. Use two digits per grouping.

Example: Crash date April 3, 2004 would be 04/03/04.

Day of Week: Record the abbreviated day of the week.

Example: Mon, Tue, Wed, Thu, Fri, Sat or Sun.

Time of Crash: Record the time the crash occurred. Use standard time, not military time. Check the appropriate AM or PM box.

Example: 315 or 645.

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Number of Vehicles: Record the number of motor vehicles involved in the crash. For crash reporting purposes, a motor vehicle is defined as a self propelled land device, and its cargo or load is designed for the transportation of people or goods, and it does not operate on rails. This includes passenger cars, trucks, motorcycles, buses, and trolleys propelled by electric power obtained from overhead trolley wires but not operated on rails. This does not include locomotives or cars designed for operation exclusively on rails, watercraft or aircraft.

Although information on trains, phantom vehicles, non-contact vehicles and pedacycles need to be recorded, these are not considered involved motor vehicles and should not be included in this count. All information (make, model, VIN and owner) should be detailed in the narrative.

Time Notified: Record the time the officer was notified of the crash. Check the appropriate AM or PM box.

Time Arrived: Record the time the officer arrived at the scene of the crash. Check the appropriate AM or PM box.

Hit And Run: Check the appropriate box. A hit-and-run crash occurs when a driver involved in the crash does not stop to render aid or leaves the scene to evade responsibility.

Direction of Travel: Record the vehicle number starting with vehicle 1 and the direction of travel for each motor vehicle involved in the crash. Indicate the direction of the highway. Use one letter only, N S, E, or W.

Official Use Only: This box should be left blank. It is for Arkansas State Police Central Record's use only.

County: Record the full name or four-letter abbreviation of the county where the crash occurred.

City: Record the full name of the city where the crash occurred only if the crash occurred inside the city limits. If the crash occurred outside the city limits leave this box blank and refer to the next box.

Not In City: If the crash occurred outside the city limits, record the distance (in miles, tenths of miles or feet) and direction (N, S, E, or W) and the nearest city.

Speed Limit: Record the posted speed limit on the roadway. If more than one speed limit is posted, record both. Record the posted speed limit (black/white signs) only - not suggested speeds displayed on yellow warning signs.

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Example: The posted speed limit of 65 for passenger cars and 55 for commercial trucks should be recorded as 65/55.

Road/Street/Highway: Determine on what roadway the crash occurred. Record this information according to the order of importance for identification and classification of roadways. Abbreviations may be used for 1 – 4.

- | | |
|---------------------------|-----------|
| 1. Interstate | I |
| 2. U.S. Highway | US |
| 3. Arkansas State Highway | SH |
| 4. County Road | CR |
| 5. City Street | |
| 6. Frontage Road | |
| 7. Ramp | |

When a roadway is co-existent with another roadway, such as a U.S. Highway/City Street or Frontage Road/City Street, then the order of higher classified roads should be used to record the information.

Example: US 70/University Avenue; US 67/Warden Road

Section: A section is a two-digit number or two-digit, one letter combination. Sections apply to all roadways except city streets and county roads. Information can be obtained from a bridge marker, culvert marker or log mile book. If the crash occurred on a frontage road or ramp, record the section of the corresponding main lane.

Example: 03

Sections that have two-digit combinations are considered alternate sections. The letter assignments could be one of the following:

- | | |
|--------------------------|-----------------------------------------------|
| A Alternate Route | T Truck Route |
| B Business Route | Y Y Leg |
| C City Route | X Other direction of a one-way couplet |
| S Spur | |

Log Mile: This is a specific point within the highway section. Record the log mile to the nearest hundredth. Log miles apply to all roadways except city streets and county roads. Information can be obtained from a log mile post, bridge marker, culvert marker or log mile book. If the crash occurred on a frontage road or ramp, record the log mile of the corresponding main lane.

Example: 123.45

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At Intersection With: Indicate the name of the intersecting street or highway only if the crash occurred inside the intersection. If the crash did not occur at an intersection leave this box blank and refer to the line below this box on the form.

Posted: Fill in the Yes or No box to indicate if the speed limit was posted.

Not at Intersection, But: If the crash occurred outside the intersection, record the distance (using units of miles, tenths of miles or feet) and direction (N, S, E, or W) and the reference point. This should be a permanent object. A reference can be a highway, city street, county road, bridge, railroad crossing, overpass, underpass, milepost, state line or county line. Do not use city limits as they can change from time to time. Do not use businesses, residences, private driveways, mailboxes, block numbers, utility poles or boxes or landmarks that would be known only to the local population (i.e. the hollow tree).

Vehicle # (Pedestrian #): Indicate the proper vehicle or pedestrian by number. If multiple vehicles or pedestrians are involved, use additional pages. If a train or pedestrian is involved, record your information on the right side of the page. Record pedestrian and train information only after all vehicle information has been completed.

Truck and Bus Crash Report: A Truck and Bus Crash Report is required to be completed when the crash involves:

- A motor vehicle with a gross vehicle weight rating or a combination gross vehicle rating of at least 10,001 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 seats 9 or more people including the driver;

And if the crash includes:

- A fatality; or
- Results in an injury which requires the immediate transportation of the injured person to a medical facility; or
- Any vehicle involved in the crash is towed from the scene.

Driver's Name/Pedestrian's Name: Record the name (First, MI, Last). If a pedestrian or other non-motorist is involved, you must also list the name, race, sex, age and action/location on page 3 of the report.

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Injury Code: Indicate the injury severity of the driver. The codes are:

- 1. Fatal Injury** – Any injury that directly results in the death of a living person within 30 days of a motor vehicle crash;
- 2. Incapacitating Injury** – Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. Injury code 2 is the most serious survivable injury;
- 3. Non-Incapacitating Injury** – Any injury other than a fatal injury or an incapacitating injury, which is evident to observers at the scene;
- 4. Possible Injury** – Any injury reported or claimed which cannot be determined by the officer at the scene and is not a fatal injury, incapacitating injury or non-incapacitating evident injury;
- 5. Non-Injury/Property Damage Only** – No personal injury.

**See Appendix A for a listing of inclusions and exclusions.*

Address: Record driver's current residential address. Do not use PO Box if possible.

Safety Equipment: Record the safety equipment code used by the driver. Be aware of the difference between a lap belt, shoulder belt only (probably a 3-point restraint being used improperly) and a lap and shoulder belt. The codes are:

| | | | |
|----------|---------------------|-----------|-------------------------|
| 0 | None used | 7 | Helmet |
| 1 | Shoulder belt | 8 | Helmet with face shield |
| 2 | Lap belt | 9 | Eye protection |
| 3 | Lap & shoulder belt | 98 | Other |
| 4 | Child restraint | 99 | Unknown |

Airbag Deployment: Record airbag deployment code for all drivers. The codes are:

- | | |
|----------|----------------------|
| 0 | Not applicable |
| 5 | Deployed |
| 6 | No airbag deployment |

Ejection Code: Record the ejection code for all drivers. The codes are:

- | | |
|-----------|-------------------|
| 0 | Not applicable |
| 1 | Totally ejected |
| 2 | Partially ejected |
| 99 | Unknown |

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City: Record the city or town. Do not abbreviate.

State: Record the USPS standard abbreviation. Capitalize both letters. See Appendix B for abbreviation listing.

Zip Code: Record the USPS standard five (5) digit code.

Additional Information: Use this box for phone numbers or other information needed to identify or contact the driver.

DOB: Record the date of birth for each driver using the standard two (2) digit system with slash marks (/). It is imperative that this information is recorded accurately as it is the only means to calculate the driver's age.

Example: May 7, 1964 is recorded as 05/07/64.

Race: Record the predominant race for each driver using one letter only. If mixed race individual, record race as indicated on license or other identification. Choose from the following:

| | | |
|-------------------|-------------------|----------------|
| B Black | H Hispanic | W White |
| O Oriental | U Unknown | X Other |

Sex: Record the sex for each driver.

Driver's License State: Record the USPS code for the state. See Appendix B for state abbreviation listing.

Driver's License Class: Record the class of the driver's license. If unlicensed driver, write "None". Choose from the following:

| | |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| DL Non-CDL license | CDL Commercial Driver License <i>*Specify particular class of CDL (i.e. A,B,C)</i> |
| ID Identification Card <i>*No driver license</i> | |

Note within the narrative if the DL or CDL is suspended, revoked or expired.

Driver's License Number: Record the driver's license number.

Driver's License Endorsements: Record the letter(s) of all endorsements.

Blood/Breath/Urine/Toxicology Test Requested: Record which test(s) the driver was given by checking the box indicating the type of test(s). Indicate the

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results of the test if known. If the results are unknown, write “Pending”. If the driver refused the test write “Refused” in the results. If no test was requested, check the “None REQ” box. More than one test can be requested, if so, all should be indicated. (i.e. blood and toxicology)

Vehicle Owner’s Name: Record the vehicle owner’s name (First, MI, Last). If the driver is the vehicle owner you may write “Same” and skip to Vehicle Description.

Address: Record owner’s current physical residential address. Do not use PO Box if possible.

City: Record the city or town. Do not abbreviate.

State: Record the USPS standard abbreviation. Capitalize both letters. See Appendix B for abbreviation listing.

Zip Code: Record the USPS standard five (5) digit code.

Vehicle Description Year: Record the four (4) digit year the vehicle was manufactured.

Vehicle Description Make: Record the manufacturer’s make of the vehicle. Do not abbreviate unless it is absolutely necessary.

Vehicle Description Model: Record the manufacturer’s model of the vehicle. Do not abbreviate unless it is absolutely necessary using as many letters of the model as will fit in the space. For example, COR could be Corvair, Corsica or Corvette. See Appendix C for a listing of common SUV, LUV, minivan and large vans.

Vehicle Description Body Style: Record the body style of the vehicle. You may want to refer to vehicle registration. (2D,4D, SW, SUV, LUV, mini-van, van, large truck, bus, motorcycle)

Vehicle Color: Record the primary vehicle color(s). You may want to refer to the vehicle’s registration to determine color description.

Vehicle Identification Number: Record the entire identification number. Record the number directly from the vehicle when possible.

Estimated Damage: Estimate the cost to repair the vehicle in whole dollars using \$50.00 increments. If there was no damage, enter \$0.00.

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Vehicle License Plate: If the vehicle did not have any license plate check the None box. Record the Year the tag was issued using four digits. Record the State that issued the license using the two (2) letter abbreviation. See Appendix B for state abbreviations. Record the plate Number.

Trailers: Check the Yes or No box. Boats, campers and trailers such as low-boys, etc. behind passenger vehicles also qualify as trailing units.

of Units: Indicate the number of trailing units.

Reg. State: Record the trailing unit(s) state of registration. (See Appendix B for state abbreviations.) If no plate exists, enter "None."

Plate #: Record the plate number. If more than one trailing unit exists, record the rear most plate number here and the other units in the narrative. If no plate exists, enter "None."

Prior Vehicle Damage: Check the Yes or No box to indicate prior damage to vehicle. If you check the Yes box, describe location and type of damage.

Vehicle Damage As Result of Crash: Check the appropriate box to indicate Disabled, Functional, Other Damage or No Damage. See Appendix D for Vehicle Damage Scale with definitions, inclusions and exclusions for each damage level.

Towed: If the vehicle was not towed, check the No box. If the vehicle was towed check the Yes box and indicate the name of the towing service.

Address Vehicle Removed To: If the vehicle was removed from the scene, whether by a tow service or private individual, other than the owner or driver, indicate the address, city, state and zip code where the vehicle was taken.

Additional Information: This area is for the investigator to record if the vehicle was left at the scene, or if it was driven off and by whom. Any other information needed about the vehicle can be entered here.

Insurance Company/Policy #: If there is no insurance carrier, indicate "No Insurance", otherwise, record the name of the insurance company (not the agent's name) and the policy number.

EMS Notified/Arrived: Record the correct time EMS was notified and fill in the appropriate AM or PM box. Record the correct time EMS arrived and fill in the appropriate AM or PM box. Indicate EMS Notified and Arrival times even if the

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only transport was a fatality and it was by coroner or funeral home. If there was no personal injury, fill in the no injury/transport box.

Transported By: If the injured were transported by ambulance or other EMS, indicate the name of the service, hospital, etc. If the injured were taken by private vehicle, enter this here. If the only transport was by coroner or funeral home then indicate same. If there was injury but the person refused transport, record "Refused Transport" under Transported By.

Injured Transported To: Record the hospital name, city and state. If there was no injury, leave blank.

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General Instructions – Crash Report Page Two

Page Number: Record page 2 and the total number of pages in the report including driver and witness statements. If more than two vehicles are involved, additional pages will be necessary to indicate point of initial contact, etc. for the additional vehicles. Number the pages accordingly.

Report Number: Crash/Dispatch Number.

Vehicle # /Point Of Initial Contact: Record the number of the vehicle that corresponds with page 1. Fill in the box(s) that represent the initial point of contact for that vehicle. The solid block represents the vehicle and the broken outline represents a trailer or other trailing unit.

Damage To Property Other Than Vehicle: Indicate Yes or No.

Object Struck: Record what property, other than the vehicle, that was damaged. If there was no damage to property other than the vehicle, leave blank.

Owner's Name/Address: Record the name (First, MI, Last) and address of the owner (City/State/Zip Code) of the property that was damaged. If there was no damage to property other than the vehicle, leave blank.

Damage Estimate/Owner Notified: Estimate the amount of damage in \$50.00 increments and record the amount. Fill in Yes or No for owner notification. If there was no damage to property other than the vehicle, leave blank.

Witness Name(s)/Address: Record the names (First, MI, Last) and addresses of any witnesses (City, State and Zip Code). If no witnesses are found, indicate by recording "None Located." Additional witnesses may be listed in the narrative.

Citations Issued To/Charges And Statute Numbers/Citation Number: Record the name (First, MI, Last) of the person(s) issued a citation(s) with the citation number, charge(s) and statute. If no citations were issued enter "None Issued". Additional citations may be listed at the end of the narrative.

Narrative: Use this area to describe what happened prior to, during, and after the crash. It should contain pertinent facts and information that can be used with the diagram to describe each event. The driver of each vehicle should be connected with the vehicle at least once in the investigator's statement.

Examples: Driver of V1 (Smith) was; Driver of V2 (Jones) was; OR the Smith vehicle (V1) was; the Jones vehicle (V2) was;.

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NOTE: Attach additional pages to the narrative as needed and indicate within the narrative additional pages have been included.

Officer's Name: Record investigator's name (Rank, First, MI, Last). Rank and name should be printed or typed. The investigator's signature should be placed above the printed name.

Badge Number: Record the investigating officer's badge, ID or employee number.

Department: Print the investigating officer's department's full name.

Reviewing Officer: Record reviewing officer's initials and date of review after report has been reviewed.

Date Filed: Record the date the report is filed within the investigating officer's department.

Photos: Indicate whether photographs were taken by checking Yes or No. Indicate the name of the person taking the photos in the narrative and where copies of the photos can be obtained (address, phone numbers, etc.).

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General Instructions – Crash Report Page Three

More than one response may be placed in some, but not all, of the reporting fields. Should more than one answer apply, record the most important first. A slash mark (/) should be used to separate the numbers. If more than two vehicles are involved, additional pages will be necessary to indicate contributing factors. The additional pages should be numbered accordingly.

Page Number: Record the page number and total pages in the report in the upper left corner of the page.

Report Number: Record the investigating officer's department report number.

Atmospheric Conditions: Record the conditions as they were at the time of the crash.

Light Condition: Record the light condition as it was at the time of the crash. Choose only one.

Accident Locale: Record the appropriate code: Rural for areas with a population of less than 5,000, Urban for areas with a population of 5,000 and above. Choose only one.

Roadway Surface Condition: Record the surface condition at the time of the crash. Choose only one.

Road System: Record the road system of the Road/Street/Highway that you indicated on page 1 of the report using the order of importance. (US Highways are over State Highways; State Highways, Frontage Roads and Ramps are over city streets.) The codes are as follows:

1. An Interstate is a trafficway on the National System of Interstate and Defense Highways as defined in Section 101, Title 23, United States Code.

2. A US Highway is a trafficway numbered by the American Association of State Highway Officials, but not an Interstate highway.

3. A State Highway is a trafficway within the state trafficway system, but not an Interstate or US Highway.

4. A County Road is a trafficway within a county trafficway system that is not an Interstate, US Highway or State Highway.

5. A City Street is a trafficway within a city trafficway system that is not an Interstate, US Highway, State Highway or County Road.

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6. A Frontage Road is a roadway generally paralleling an expressway, freeway, parkway or through street so designed as to intercept, collect and distribute traffic desiring to cross, enter or leave such facility and to furnish access to property which otherwise would be isolated as a result of controlled-access features. The frontage road may be within the same trafficway as the main roadway or in a separate trafficway. The route, section and log mile will be the same as the main lane location. See diagram on page 4 in Appendix G.

7. A Ramp is an auxiliary roadway used for entering or leaving through-traffic lanes. The route, section and log mile will be the same as the main lane location. See diagram on page 2 in Appendix G.

99. Unknown

Road Surface: Record what type of road surface exists at the point of the harmful event or loss of control. Choose only one.

Road Alignment: Record the alignment. Choose only one.

Road Profile: Record the profile most prominent at the point of the harmful event or loss of control. Choose only one.

Construction/Maintenance Zone: Record if the harmful event or loss of control occurred in a construction or maintenance zone (also known as a work zone). Coding 1 Yes does not imply that the crash was caused by the construction activity or zone. See Appendix E for definitions, inclusions and exclusions. Choose only one.

Traffic Flow: Record the traffic flow that corresponds with the Road/Street/Highway that was indicated on page 1 of the report. Choose only one. See Appendix F for definitions, inclusions, exclusions and diagrams.

Number of Traffic Lanes: Record the number of traffic lanes. Choose only one.

Roadway Defects: Record the apparent defect of the roadway that may have contributed to the crash.

Driver Distraction: Record the distraction which may have influenced the driver performance as stated by the driver or otherwise substantiated through investigation. The distraction(s) can be inside the vehicle or outside the vehicle. This is important for evaluating the effect that driver behavior has on crashes. Be specific about the type of electronic device in the narrative. Choose only one. If you feel there was more than one distraction, be sure and indicate this in the narrative. Record the code for each driver. The codes are as follows:

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- 0 Not distracted
- 1 Electronic communication devices (i.e. phone, pager, etc.)
- 2 Other electronic devices (i.e. navigation, PDA, etc.)
- 3 Other inside the vehicle
- 4 Other outside the vehicle
- 99 Unknown

Option references:

1. Both hand-held and hands-free cellular telephones, pagers, etc.
2. Other devices, in particular, navigation aids, personal desktop assistants, laptop computers or other types of electronic notebook devices, fax machines, printers, and other electronic messaging equipment, information presentations (e.g., speed, turn signal, engine diagnostics) to the driver that appears to be in a HUD outside the vehicle in front of the windshield. The image is reflected from the windshield into the driver's field of vision. The projection of the image occurs upward through the top of the dash in the area behind the steering wheel. There may be a projection area visible on the top of the dash that is either raised from the surface or flush with the dash, etc.
3. Other elements, items or incidences inside the vehicle such as other passengers or loose items in the vehicle
4. Other elements, items or incidences outside the vehicle such as children playing, billboards, etc. which may have drawn the driver's attention away from their driving.
99. Unknown is to be used when you cannot be reasonably certain the driver was not distracted.

Occupancy: If the person is a Non-Motorist record 0. Otherwise, record the number of the vehicle the person was in/on. This number must correspond with the vehicle numbers indicated in the vehicle information. Then enter the vehicle position information pertaining to passengers and/or other non-motorists in boxes 13 through 23 on the bottom page 3. Information for every person in every vehicle and every non-motorist is required and should be completed. This includes every passenger on a bus. Do not re-enter information about the driver.

A driver or occupant that is ejected from a vehicle, and sustains additional injury, as a result of a crash event should be listed as a driver or occupant in the report.

**A non-motorist is any person that is not an occupant of a motor vehicle in transport. This includes:*

- Pedestrian;
- Pedacyclist (bicyclist or other non-motorized cyclist);
- Person in a wheelchair – whether motorized or operated manually);

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- Person in/on a segway
- Person on a skateboard or roller skates;
- Person on horseback;
- Person in a motor vehicle not in transport (i.e. parked motor vehicle or motor vehicle stopped outside the trafficway);
- Person in/on a non-motor vehicle transport device (i.e. wagon or other animal-drawn conveyance);
- Person in/on a transport device while being used as equipment (working highway maintenance trucks, cherry pickers, etc.);
- Injured persons on railway trains;
- Person in a building;
- Any other person not in/on a motor vehicle in transport.

Choose only one. **DO NOT INDICATE A DRIVER.**

Position In/On Vehicle: Record the code for the seating position of the occupant as follows:

0. Pedestrian, Pedacyclist or other non-motorist;
2. Front seat, center;
3. Front seat, right side
4. Second seat, left side
5. Second seat, center
6. Second seat, right side
7. Third seat, left side (vans, etc.)
8. Third seat, center (vans, etc.)
9. Third seat, right side (vans, etc.)
10. Riding on outside of the vehicle (hood, roof, trunk, stepside or hanging out of window)
11. Bed of pickup
12. Riding in/on a trailing unit (trailers, boats, campers, etc.)
13. Sleeper section of truck
98. Other Enclosed Area
99. Unknown

If four passengers are seated in front, second or third seat of a passenger vehicle other than a bus, persons in center positions are to be coded as 2A, 2B, 5A, 5B, 8A or 8B. Persons in unusual locations such as berths in a motor home or trailer in a single unit vehicle are to be coded as 98 – Other Enclosed Area. (This does not include sleeper sections in large trucks which are coded 13.) Passengers on motorcycles and ATV vehicles are coded as 4. Second passengers on motorcycles and ATV vehicles are coded as 7. If the vehicle is a bus or other vehicle which seats more than 9 persons including the driver, use ASP 115 Multi-Passenger

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Vehicle Seating Chart Form, an example is in the back of this manual (check requirements for completing the State of Arkansas Truck and Bus Crash Report).

Safety Equipment Used: Record the code for the type of equipment in use by occupant/passenger. Be aware of the difference between a lap belt, shoulder belt only (probably a 3-point restraint being used improperly) and a lap and shoulder belt.

Use code 0 for pedestrians, pedacyclists and other non-motorists.

Air Bag: Record the code for air bag deployment for every person.

Ejected From Vehicle: Record the code for ejection. If pedestrian, pedacyclists and other non-motorists, leave blank. Passengers of motorcycles, ATVs, and in the bed of non-enclosed pickups cannot be ejected.

Race: Record the code for race of every person. They are as follows:

| | |
|--------------|-------------|
| B – Black | W - White |
| H – Hispanic | X - Other |
| O – Oriental | U - Unknown |

Sex: Record the code for sex of every person.

Age: Record the age of every person in years only. Use 1 for infants less than 1 year and make a notation in the narrative. Continue to use age in years for persons age 100 and over. If unknown, use 999.

Injury Code: Indicate the injury severity of every person. The codes are:

1. Fatal Injury – Any injury that directly results in the death of a living person within 30 days of a motor vehicle crash.
2. Incapacitating Injury – Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. Such injuries include severe lacerations, broken or distorted limbs, skull or chest injuries, or abdominal injuries or the victim was unconscious or unable to leave the scene without assistance. This injury severity does not include momentary unconsciousness. Injury Code 2 is the most serious survivable injury.

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3. Non-Incapacitating Injury – Any injury other than a fatal injury or an incapacitating injury, which is evident or visible to observers at the scene.
4. Possible Injury – Any injury reported or claimed which cannot be determined by the officer at the scene and is not a fatal injury, incapacitating injury or non-incapacitating evident injury.
5. No Injury/Property Damage Only – No personal injury

See Appendix A for a listing of inclusions and exclusions.

Relation To Junction: Record the relation to junction of the roadway where the first harmful event or loss of control occurred. An intersection is an area which contains a crossing or connection of two or more roadways not classified as driveway access and is embraced within the prolongation of the lateral curb lines or the lateral boundary lines of the roadways. Where the distance along a roadway between two areas meeting these criteria is less than 10 meters (33 feet), the two areas and the roadway connecting them are considered to be parts of a single intersection. A driveway access is a roadway providing access to property adjacent to a trafficway. See Appendix G for diagrams depicting intersection, interchange, driveway and gores. Choose only one. The codes are as follows:

1. Intersection – The first harmful event occurs within the limits of an intersection
2. Intersection Related – The first harmful event occurs on an approach to or exit from an intersection and results from an activity, behavior or control related to the movement of traffic units through the intersection
3. Driveway – The first harmful event occurs on a driveway access or involves a road vehicle entering or leaving another roadway by way of a driveway access
4. Alley – The first harmful event occurs on an alley access or involves a road vehicle entering or leaving another roadway by way of an alley access
5. Exit Lane – The first harmful event occurs on an exit lane access or involves a road vehicle entering or leaving another roadway by way of an exit lane access
6. Entrance Lane – The first harmful event occurs on an entrance lane access or involves a road vehicle entering or leaving another roadway by way of an entrance lane access
7. RR Crossing – The first harmful event occurs on a railroad crossing

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8. Crossover Lane – The first harmful event occurs on a crossover lane access or involves a road vehicle entering or leaving another roadway by way of a crossover lane access

Traffic Controls: Identify the traffic control device(s) in place at the time of the crash.

NOTE: Traffic control devices include, but are not limited to, painted lanes, directional markings, posted signs and electronic signals.

Traffic Control Device: This code relates to function/non-function of the device previously indicated.

Type of Collision: Record the type of collision. This code specifically relates to crashes involving motor vehicles in transport. If this is a single vehicle crash, this code will always be 0 – Single Vehicle/Non-Collision with Motor Vehicle In Transport. See Appendix I for diagrams and guidelines depicting various Type of Collision codes. Choose only one.

Contributing Factors: Record the codes(s) related to any action by the operator or condition of the vehicle that contributed to the crash. Indicate the most prevalent code first. If more than one code is chosen for one operator, separate the codes with a slash mark (/). Note the Vehicle Defects box below and use it if possible. Record the code(s) for the operator of each vehicle. If there are more factors than space allows, code the most prevalent here and indicate the other factors in the narrative.

Vehicle Action: Record the code related to the action, or intended action of the driver(s) prior to the beginning of the harmful event or loss of control. Choose only one. Record the code for the each vehicle.

First Harmful Event Collision with/Non-Collision: Record the code for each vehicle related to the first injury or damage producing event in the crash. Choose only one per vehicle

First Harmful Event Location: Record the code related to the location of the first harmful event. Choose only one. See the diagrams in Appendix F for clarification.

Fire Occurrence: Record if fire occurrence is a result of the crash.

Driver Vision Obscured: Record the code related to driver(s) obscured vision. Record the code for each driver.

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Vehicle Defects: Record the code related to any defect which may have contributed to the crash. Record the code for each vehicle.

Pedestrian Action/Location: Record the code most closely related to the action and location of every pedestrian, pedacyclist, and other non-motorist.

Name of Passenger(s)/Pedestrian(s), Address, City, State, Zip Code: Record the name and residential address including city, state and zip code for every person including pedestrians, pedacyclists, and other non-motorists.

Condition of Drivers and Pedestrian: Record the code related to the condition of each driver and/or each non-motorist involved in the crash. If there is no non-motorist involved, leave blank.

Alcohol/Drug Impairment: Record the code related to the impairment of each driver and/or each non-motorist involved in the crash. If there is no non-motorist involved, leave blank. Choose only one.

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General Instructions – Crash Report Page Four

Page Number: Record the page number and total pages in the report in the upper left corner of the page.

Report Number: Record the investigating officer's department report number.

Diagram: A diagram is needed for every crash regardless of severity and even if the vehicles have been moved prior to the investigator's arrival at the scene. Use this area to draw the crash scene. The diagram should depict the probable positions and paths of all vehicles and/or non-motorists prior to impact, at the point of impact, and at the final rest or final position. These conclusions should be based on evidence gathered at the scene, information from witnesses and the officer's investigation. The diagram, when combined with the narrative, should clearly portray the events of the crash.

To have an accurate diagram, the investigator should do the following:

- Indicate by checking the box if diagram depicted from driver/witness statements and/or vehicles moved prior to investigator's arrival.
- Indicate true north by arrow.
- Indicate whether the diagram is to scale. If not, record and indicate: "Diagram Not To Scale".
- Use a ruler and template when possible;
- Indicate each vehicle (and connected trailing units, if applicable) with the number corresponding with the same number used previously in the report. The vehicle that was indicated as Vehicle 1 on page 1 will be V1 in the narrative and will be V1 in the diagram, etc.
- Use a broken outline to indicate a pre-crash vehicle;
- Use a solid outline to indicate a post-crash vehicle;
- Identify and Indicate:
 - Any skid, scuff, scrub, tire prints, gouge or yaw marks;
 - Indicate road width, shoulder width, lane width, etc.;
 - All traffic control devices and signs, including pedestrian controls;
 - Identify all roadways by their proper name and/or number;
 - All obstructions to driver and/or pedestrian and distance from roadway;
 - Identify any landmark that might aid in pinpointing the crash;
 - Identify any temporary hazardous conditions that contributed to the crash. For example: Standing water, debris, etc.;
 - Area of impact or point of impact;
 - Any other object which may have been pertinent to the crash (i.e., trees, shrubs, animals, parked vehicles, etc.)

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If the vehicles were moved prior to your arrival and the diagram is created using driver and/or witness statements or debris in the roadway then you may indicate this by checking the box at the top of the diagram page.

A supplemental report is required to be filed if any of the following occurs:

- When you receive the pending BAC or drug test results;
- When any person involved in the crash dies as a result of the crash. The death must occur within 30 days of the crash;
- When any information was left off the main form and needs to be added for clarification purposes;
- When information that was missing or not known to the investigator needs to be added;
- When a Hit and Run vehicle is located;
- When a previously unknown driver is located;
- When additional citations are issued;
- When it is discovered that information on the original form was incorrect and needs to be corrected; or
- Any other situation arises that the investigator or supervisor feels the report needs to be corrected or amended.

Fill out the following on a Motor Vehicle Crash Report:

- Write or type “supplement” on top of each supplemental page;
- Record the next Page Number (from the original report) and new total number of pages on upper left of page;
- Record the original departmental Report Number;
- Officer’s name and badge number;
- Officer’s department;
- Reviewing officer;
- Date filed; and
- New photographs? (Yes or No).

ARKANSAS MOTOR VEHICLE CRASH REPORT

Arkansas Truck & Bus Crash Report - Introduction

The information on this report is required by the Federal Motor Carrier Safety Administration (FMCSA). This information on interstate and intrastate carriers is provided to the FMCSA by entry into the SAFETYNET system. FMCSA uses the data to target unsafe carriers for more in-depth investigations. A poor safety record can lead to a carrier losing its operating authority. Missing or inaccurate carrier information when reporting on a qualifying crash can allow “unsafe” carriers to escape regulation or cause “safe” carriers to inappropriately have their safety records affected.

This report should be completed for any vehicle included on the primary crash report that has:

- A gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) over 10,000 pounds; or
- Seats to transport nine (9) or more people, including the driver’s seat; or
- A hazardous materials placard (regardless of the vehicle’s weight).

And this crash includes:

- A Fatality: Any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash; or
- An Injury: Any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene; or
- Tow-Away: Any motor vehicle (truck or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

NOTE: This includes government vehicles, military vehicles, and personal rental vehicles (i.e. U-haul, Penske). This excludes non-commercial personal-use vehicles (i.e. private citizen utilizing a boat trailer or a large family traveling in a 10-passenger van).

NOTE: A qualifying vehicle may not necessarily require a CDL license to operate.

ARKANSAS MOTOR VEHICLE CRASH REPORT

Arkansas Truck & Bus Crash Report - Instructions

Page Number: Record the page number and total number of pages contained in the report in the upper left corner of the page.

Report Number: Record the investigating officer's department report number.

Driver Name: Record the name (Last, MI, First) of the driver of this vehicle. The name must correspond with the name listed on Page 1 of the report.

Qualifying Information

The data recorded in this section follows the criteria outlined for completing this form.

This form is being completed because this vehicle is: Check which qualification this vehicle meets for inclusion on this supplement. If more than one is met, check all that apply.

Number of: In the space provided record how many of each of the following occurred in the crash this vehicle was involved in:

- The number of vehicles involved in the crash
- The number of persons sustaining fatal injuries
- The number of persons transported for immediate medical treatment
- The number of vehicles towed from the scene due to disabling damage

NOTE: Disabling Damage (Code of Federal Regulations): Damage which precludes departure of a motor vehicle from the scene of the crash in its usual manner in daylight after simple repairs. It includes damage to motor vehicles that could be driven, but would be further damaged in doing so. It excludes damage to tires, headlamps, or taillights.

At the time of the crash, THIS vehicle was: Record whether this vehicle was in-motion within the trafficway (In-Transport) or stopped other than in a travel lane (Parked) at the time it became involved in the crash.

Vehicle Information

Vehicle Configuration: Record the code for the configuration of the vehicle. See Appendix J and back of supplement form for examples.

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Cargo Body Type: Record the cargo body type of the vehicle. See Appendix K and back of supplement form for examples.

Gross Vehicle Rating: Record the applicable category for the single vehicle's gross vehicle weight rating (GVWR) or combination vehicle's gross combination weight rating (GCWR). This information is found on the certification label located on the driver's door or door frame, cab behind the seat or driver-side visor. GVWR and GCWR are manufacturer designated weights, not the loaded weights from the bill of lading or the scaled weight of the vehicle. GCWR is the sum of all GVWR's for each unit in a combination-unit motor vehicle and should be used when recording the weight of qualifying combination vehicles. The use of GCWR to determine selection becomes especially important when vehicles that would NOT qualify by GVWR alone are involved in crashes when pulling a trailer. The label for trailers should be affixed to a location on the forward half of the left side

Use gross combination weight ratings (GCWR) for truck combinations.

Bus Use: Record bus use for this vehicle. Choose only one.

Hazardous Material Involvement: Record whether the vehicle has a Hazardous Material Placard by checking Yes or No. If you indicated Yes, record the four (4) digit number, either in the diamond shaped or rectangular placard which can be an orange panel or a white square-on-point panel. Record the one (1) digit number or one digit number with a decimal at the bottom of the diamond. These numbers identify the product that is being carried. Record whether there was a hazardous material leak (Yes or No). Fuel leakage from the vehicle's fuel tank does not qualify as a hazardous material leak.

NOTE: Placards should be on all four sides of the vehicle. Vehicles carrying hazardous materials are required to carry shipping papers containing the HM Class and ID number (or name). Shipping papers must also accurately communicate the hazards of the materials being transported and contain an emergency response telephone number.

Motor Carrier Information

Motor Carrier Vehicle Use: Record the use for which this vehicle is registered. The information for the entity responsible for the load for the trip on which the crash occurs should be recorded in this section of the supplement. This may or may not be the company on the vehicle door or trailer. In order to determine the carrier responsible and locate that carrier's information, it is important to utilize all the sources of information available. A Motor Carrier is the business entity, individual,

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partnership, corporation, or religious organization responsible for the transportation of the goods, property, or people. Choose only one from the following:

- Interstate Carrier – This selection is used for a carrier that has authority to operate across state lines. Interstate operators are required to have a USDOT Number.
- Intrastate Carrier – This selection is used for a carrier that operates entirely within the state and does not have the authority to engage in interstate commerce. Intrastate operators are not required to have a USDOT Number.
- Not In Commerce – Government – This selection is used for any government vehicle whether it is operated by the local, state, or federal government. In most circumstances, the government-owned vehicle will not have a USDOT Number. If this category is selected, record the name of the government entity responsible for the safe movement of the vehicle in "Carrier Name" and all other information available as normal.
- Not In Commerce – Other Trucks - This selection is used for personal rental vehicles (e.g. - U-Haul, Ryder, Penske) that qualify by size (Over 10,000 lbs. GVWR/ GCWR) that are operated by a private individual. In these situations the rental company is NOT the carrier and should not be recorded. Rather, the word "Individual" should be recorded as the "Carrier Name". Personal information (address, etc.) and USDOT Number fields are left blank. All other applicable fields would be recorded normally. If the investigating officer determines that a rental vehicle is being operated for commercial purposes, then it is appropriate to record the renting business entity as the responsible carrier.

Carrier Name: Record the name of the responsible carrier. Many carriers around the country have the same or similar names, so the complete name is very important to match this crash to a valid carrier listed in the Motor Carrier Management Information System (MCMIS). Do not use partial names or abbreviations. Record the complete Carrier Name or "DBA" (Doing Business As) name of the entity responsible for the trip on which the crash occurs.

Carrier Street Address (P.O. Box only if no street address): Record the address of the responsible carrier.

City/State/Zip: Record the city, state and zip code of the responsible carrier.

Carrier Identification Number: Record the USDOT # of the responsible carrier as it appears on the side of the vehicle or with the operator's paperwork. A

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USDOT number is an assigned number sequence required for all interstate carriers. Not all commercial motor vehicles have USDOT numbers. Record the USDOT number for the responsible carrier (entity recorded in the Carrier Name field) as it appears on the side of the vehicle (power unit) or with the operator's paperwork. If no USDOT number, record the ICC/MC or State #.

Sequence of Events

Sequence of Events: Record the code(s) for the events in the order in which they occurred. For crashes with more than four events in the sequence, omit the event(s) least relevant to describing the crash. See Appendix K for code definitions.

NON-COLLISION

- 1 Ran off road
- 2 Jackknifed
- 3 Overturn (rollover)
- 4 Downhill runaway
- 5 Cargo loss or shift
- 6 Explosion or fire
- 7 Separation of units
- 8 Cross median or centerline
- 9 Equipment failure (i.e. tire, brakes, steering, etc.)
- 10 Non-collision – other
- 11 Non-collision - unknown

COLLISION/WITH

- 12 Pedestrian
- 13 Motor vehicle in transport
- 14 Parked motor vehicle
- 15 Train
- 16 Pedacycle
- 17 Animal
- 18 Fixed object
- 19 Work zone maintenance equipment
- 20 Other moveable object
- 98 Other (describe)

Officer's Signature: Record investigator's name (Rank, First, MI, Last). Rank and name should be printed or typed. The investigator's signature should be placed above the printed name.

Officer Badge #: Record the investigating officer's badge, ID or employee number.

Reporting Agency: Print the investigating officer's department's full name.

Date of Report: Record the date the report is filed within the investigating officer's department.

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Appendix A - Injury Severity Levels

Fatal Injury (Code 1): Any injury that directly results in the death of a living person within 30 days of a motor vehicle crash. Death to a fetus should be noted in the narrative but not listed or counted as a living person.

Incapacitating Injury (Code 2): Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. This is the most serious survivable injury.

Inclusions:

- Severe lacerations
- Broken or distorted limbs
- Skull or chest injuries
- Abdominal injuries
- Unconsciousness at or when taken from the scene
- Unable to leave the scene without assistance
- And others

Exclusions:

- Momentary unconsciousness
- And others

Non-Incapacitating Injury (Code 3): Any injury other than a fatal injury or an incapacitating injury, which is evident to observers at the scene.

Inclusions:

- Lump on head
- Abrasions
- Bruises
- Minor lacerations
- And others

Exclusions:

- Limping (the injury cannot be seen)
- And others

Possible Injury (Code 4): Any injury reported or claimed which cannot be determined by the officer at the scene and is not a fatal injury, incapacitating injury or non-incapacitating evident injury.

Inclusions:

- Momentary unconsciousness
- Claim of injuries not evident, complaint of pain

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- Limping, nausea, hysteria
- And others

Property Damage Only (PDO) – or – Non-Injury (Code 5) (no personal injury):

Inclusions:

- Harm to wild animals, or birds, which have monetary value
- And others
- Mechanical failure during normal operation, such as tire blowout, broken fan belt or axle

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Appendix B - State Abbreviations

| State | Abbreviation | State | Abbreviation |
|----------------------|---------------------|----------------|---------------------|
| Alabama | AL | Nebraska | NE |
| Alaska | AK | Nevada | NV |
| Arizona | AZ | New Hampshire | NH |
| Arkansas | AR | New Jersey | NJ |
| California | CA | New Mexico | NM |
| Canada | CN | New York | NY |
| Colorado | CO | North Carolina | NC |
| Connecticut | CT | North Dakota | ND |
| Delaware | DE | Ohio | OH |
| District of Columbia | DC | Oklahoma | OK |
| Florida | FL | Oregon | OR |
| Georgia | GA | Pennsylvania | PA |
| Guam | GU | Puerto Rico | PR |
| Hawaii | HI | Rhode Island | RI |
| Idaho | ID | South Carolina | SC |
| Illinois | IL | South Dakota | SD |
| Indiana | IN | Tennessee | TN |
| Iowa | IA | Texas | TX |
| Kansas | KS | United Nations | UN |
| Kentucky | KY | US Government | US |
| Louisiana | LA | Utah | UT |
| Maine | ME | Vermont | VT |
| Maryland | MD | Virgin Islands | VI |
| Massachusetts | MA | Virginia | VA |
| Mexico | MX | Washington | WA |
| Michigan | MI | West Virginia | WV |
| Minnesota | MN | Wisconsin | WI |
| Mississippi | MS | Wyoming | WY |
| Missouri | MO | Other | OT |
| Montana | MT | Unknown | ZZ |

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Appendix C - Common SUV's, LUV's, Minivans & Large Van Models

| SUV's | | LUV's | Minivans | Large Vans |
|--------------|-------------|-------------------|-----------------|-------------------|
| 4-Runner | QX4 | Bronco (fullsize) | Aerostar | B-Series Van |
| Amigo | RaiderSport | Cherokee | Astro Van | Econoline |
| Axiom | RAV4 | Escalade | Axxess | E-Series Van |
| Aztek | Rendezvous | Blazer (fullsize) | Caravan | G-series van |
| Bravada | Rocky | Tahoe | Eurovan | Ram Van |
| Bronco | Rodeo | Jimmy (fullsize) | Lumina APV | Ram Wagon |
| Bronco II | Rodeo Sport | Yukon | Minivan | Savana |
| Cherokee | RX300 | Hummer | Montana | Van (fullsize) |
| CJ Series | S-10 Blazer | Landcruiser | MPV | |
| CR-V | Samurai | LX450/LX470 | Odyssey | |
| Discovery | Santa Fe | MDX | Previa | |
| Durango | Sidekick | Navigator | Quest | |
| Envoy | SLX | Ramcharger | Safari | |
| Escape | Sportage | Range Rover | Sedona | |
| Explorer | Tracker | Scout | Sienna | |
| Forester | Trailblazer | Expedition | Silhouette | |
| Geo Tracker | Tribute | Sequoia | Town & Country | |
| Grand Vitara | Trooper | Excursion | Trans Sport | |
| Highlander | Trooper II | Grand | Van | |
| Jimmy | Typhoon | Wagoneer | Vanagon | |
| Liberty | Vitara | | Venture | |
| M/ML Class | Vue | | Villager | |
| Montero | Wrangler | | Vista Van | |
| Montero | X5 | | Voyager | |
| Sport | XL7 | | Windstar | |
| Mountaineer | Xterra | | | |
| Navajo | YJ series | | | |
| Passport | YJ series | | | |
| Pathfinder | | | | |

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Appendix D Vehicle Damage Scale

Disabling Damage: Disabling damage is road vehicle damage which precludes departure of the vehicle from the scene of the crash in its usual operating manner by daylight after simple repairs.

Inclusions:

- Vehicles which could be driven but would be further damaged thereby
- And others

Exclusions:

- Damage which can be remedied temporarily at the scene without special tools or parts other than tires
- Tire disablement without other damage even if no spare tire is available
- Headlamp or taillight damage, which would make night driving hazardous but would not affect daytime driving
- Damage to turn signals, horn or windshield wipers which makes them inoperative
- And others

Functional Damage: Functional damage is any road vehicle damage, other than disabling damage, which affects operation of the road vehicle or its parts.

Inclusions:

- Doors, windows, hood, and trunk lids which will not operate properly
- Broken glass which obscures vision
- Any damage which would prevent the motor vehicle from passing an official motor vehicle inspection
- Tire damage even though the tire may be changed at the scene
- Bumpers which are loose
- And others

Exclusions:

- Dented or bent fenders, bumpers, grills, body panels, destroyed hubcaps
- And others

Other Damage: Other damage is any road vehicle damage, other than disabling or functional damage.

Inclusions:

- Dented or bent fenders, bumpers, grills, body panels
- Destroyed hubcaps
- And others

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Appendix E - Maintenance Zone

Construction/Maintenance Zone: A work zone is defined as an area of traffic way with highway construction, maintenance or utility work activities. A work zone is typically marked by signs, channelizing devices, barriers, pavement markings and/or work vehicles. It extends from the first warning sign or flashing lights on a vehicle to the END OF WORK sign or the last traffic control device. A work zone may be for short or long durations and may include stationary or moving activities.

Inclusions:

- Construction of appurtenances such as guardrails or ditches;
- Surveying activity;
- Long-term stationary highway construction such as building a new bridge, adding travel lanes to the roadway, extending an existing traffic way, etc.;
- Mobile highway maintenance such as striping the roadway, median and roadside grass mowing/landscaping, pothole repair, etc.;
- Short-term stationary utility work such as repairing electric, gas or water lines within the traffic way.

Exclusions:

- Private construction, maintenance or utility work outside the traffic way.

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Appendix F - Traffic Flow Definitions

Median: A median is an area of a traffic way between parallel roads separating travel in opposite directions (*see* Figure 1). A median should be four or more feet wide.

Inclusions:

- Physical barriers separating roads with travel in opposite directions
- Depressed, raised or flush areas between roads with travel in opposite directions
- Painted medians of four or more feet between roads with travel in opposite directions

Exclusions:

- Shoulders, separators

Examples:

- A depressed grassy median separating directions of travel of a divided highway
- A median with a concrete traffic barrier, guardrail or other physical barrier, separating roads of a multi-lane divided highway
- A flush, painted median of four or more feet of a divided highway

Separator: A separator is the area of a trafficway between parallel roads separating travel in the same direction or separating a frontage road from other roads (*see* Figures 2 and 3).

Inclusions:

- Physical barriers separating roads with travel in the same direction
- Physical barriers separating a frontage road from other roads of a trafficway
- Depressed, raised or flush areas between roads with travel in the same direction
- Depressed, raised or flush areas between a frontage road and other roads of a trafficway

Exclusions:

- Shoulders, medians

Examples:

- A depressed grassy separator of a freeway between the main travel lanes and a frontage road
- A concrete separator between the express travel lanes and local travel lanes of a freeway

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Shoulder: A shoulder is that part of a traffic way contiguous with the roadway for emergency use, for accommodation of stopped road vehicles, and for lateral support of the roadway structure.

Figure 1 – Trafficway

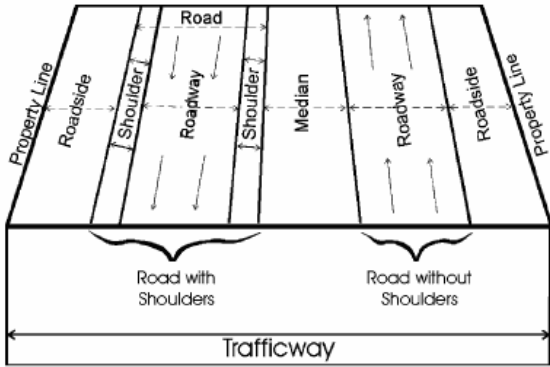


Figure 2 – Trafficway

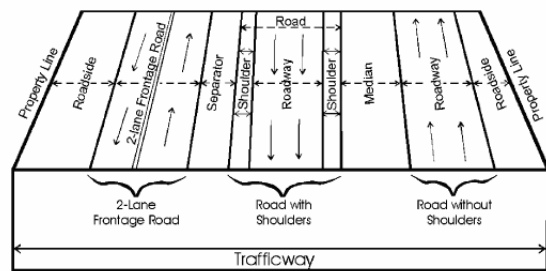
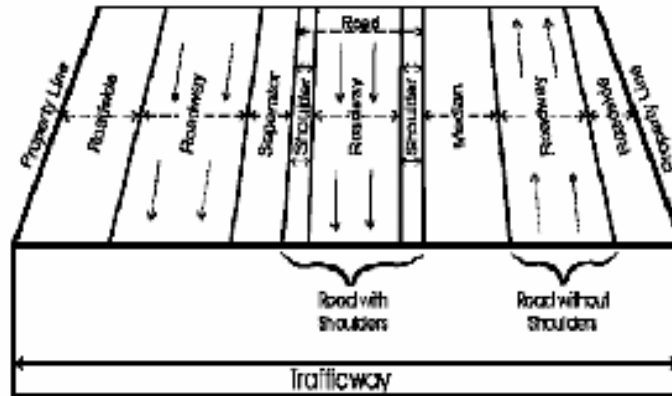
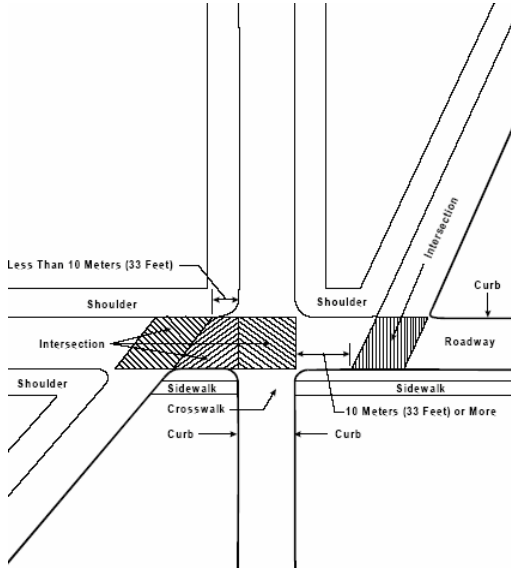


Figure 3 – Trafficway

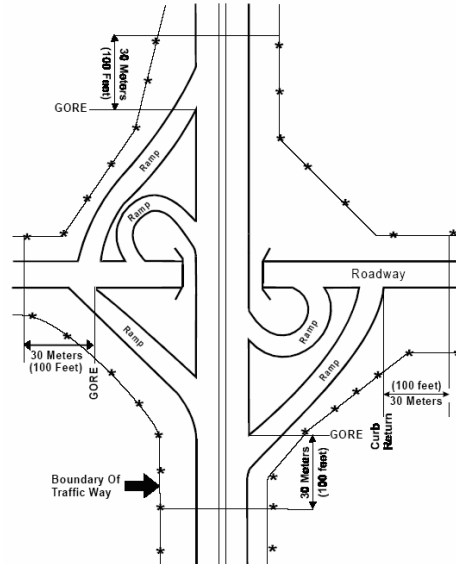


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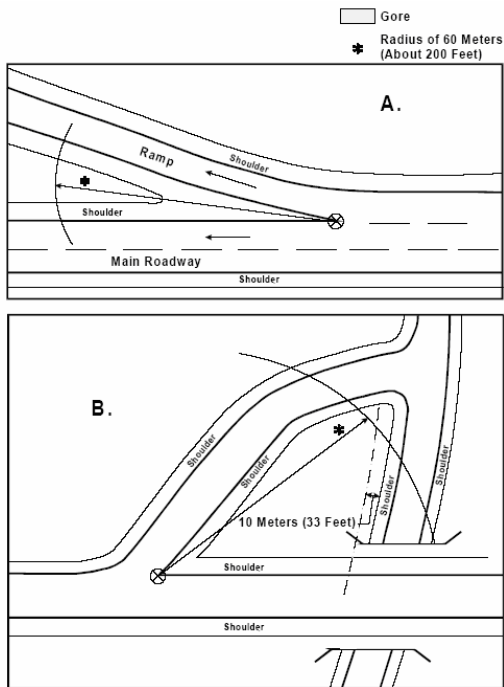
Appendix G - Relation To Junction Diagrams



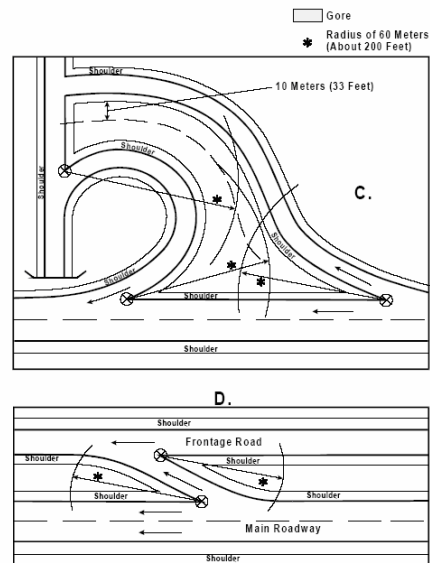
Intersection



Interchange



Gore



Gore (continued)

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Appendix H - Type of Collision

Code 0: Single Vehicle – Not Collision w/Motor Vehicle In Transport – This code is to be used when there is only one vehicle involved in the crash.

Type of Collision Codes: These codes are to be used for motor vehicle in transport/multi-vehicle crashes only and are based on impact location and vehicle orientation.

Code 1: Head On – This type of collision is one in which the front end of one vehicle collides with the front end of another vehicle while traveling in opposite directions. *See Diagram 1.*

Code 2: Rear End – This type of collision is one in which the front end of one vehicle collides with the back of another vehicle while the two vehicles are traveling in the same direction. *See Diagram 1.*

Code 3: Angle – This type of collision is one in which the front end of one vehicle collides with any point along the side of another vehicle while the two vehicles are traveling in different directions. The front of one vehicle can make contact anywhere along the side of the other. *See Diagram 1.*

Code 4: Sideswipe Same Direction – This type of collision is one in which all of the following are true:

- a) Both vehicles are traveling in the same direction;
- b) The initial engagement does not overlap the corner of either vehicle by more than four inches, so that there is no significant involvement of the front or rear surface areas;
- c) There is no pocketing of the impact in the suspension areas and the impact then swipes along the surface of the vehicle parallel to the direction of travel; and
- d) There is low retardation of the force along the surface of the vehicle.

See Diagram 2

Code 5: Sideswipe Opposite Direction – This type of collision is one in which all of the following are true:

- a) Both vehicles are traveling in the opposite direction;

ARKANSAS MOTOR VEHICLE CRASH REPORT

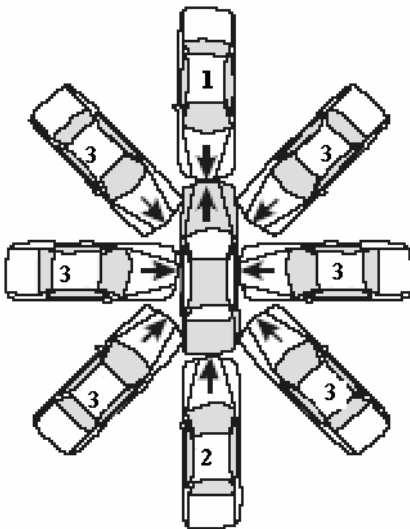
- b) The initial engagement does not overlap the corner of either vehicle by more than four inches, so that there is no significant involvement of the front or rear surface areas;
- c) There is no pocketing of the impact in the suspension areas and the impact then swipes along the surface of the vehicle parallel to the direction of travel; and
- d) There is low retardation of the force along the surface of the vehicle.

See Diagram 2

Code 6: Backing – This type of collision (also known as Rear-To-Rear) is one in which the rear end of one vehicle collides with another vehicle while traveling in different directions.

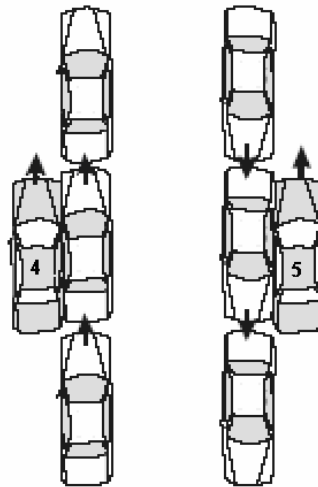
Code 98 – Other – This code to be used only if the type of collision can not be ascertained by any means.

Diagram 1



Guidelines – Codes 1, 2 and 3
(1) Head-on, (2) Rear-end, (3) Angle

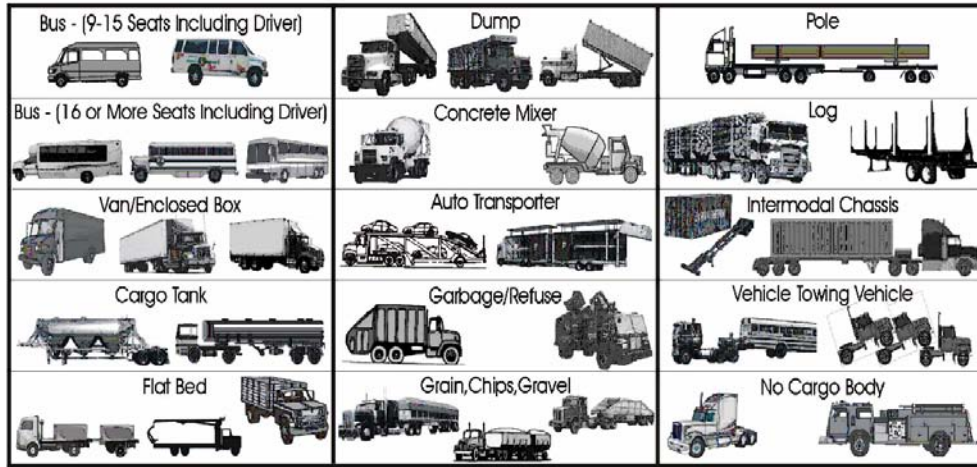
Diagram 2



Guidelines – Codes 4 and 5
(4) Sideswipe same direction, (5) Sideswipe opposite direction

ARKANSAS MOTOR VEHICLE CRASH REPORT

Appendix I - Vehicle configuration Examples



(1) Passenger Cars and (2) Light Trucks (w/ hazmat placards): Codes (1) and (2) are vehicle configurations less than 10,000 lbs. that are required to be recorded in SAFETYNET because they are placarded for hazardous materials.

(3) Bus (seats for 9-15 people, including driver) and (4) Bus (seats for 16 or more people, including driver): To meet FMCSA crash reporting requirements, any vehicle designed to transport 9 or more persons including the driver is recorded as a "bus" on the Arkansas Truck and Bus Crash Report. Buses are recorded identically in both Vehicle Configuration and Cargo Body Type. Buses fit into one of two categories based upon a division by the number of actual seats in the vehicle.

(5) Single-Unit Truck (2 axles, 6 tires), (6) Single-Unit Truck (3 or more axles), and (7) Truck Trailers: Single-unit trucks are vehicle configurations designed to transport property, where the cargo carrying capability of the vehicle is integral to the body of the vehicle (i.e. - it does not carry its cargo in an attached trailer). These vehicles when greater than 10,000 lbs. GVWR are recorded on the Arkansas Truck and Bus Crash Report and reported to FMCSA. Single-unit trucks are grouped based upon number of tires and axles present (down or raised).

Truck trailers are vehicle configurations consisting of any single-unit truck with an attached trailer for hauling cargo. When truck trailers have two different cargo body types between the truck and its attached trailer, select the cargo body type for the power unit (truck) in the combination. If the truck has no applicable cargo body type, use the trailer's cargo body type. Also of NOTE, truck trailers can include

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light trucks (less than 10,000 lbs. GVWR) pulling trailers that increase the GCWR (Gross Combination Weight Rating) to over 10,000 lbs.

A Truck Tractor is a vehicle configuration consisting of a power-unit designed to draw/pull a semi-trailer. Thus, the truck tractor itself has no cargo carrying capability without an attached semi-trailer. A semi-trailer is constructed so that some part of the weight rests upon the power unit. A truck tractor towing other vehicles is considered a "truck tractor" vehicle configuration. These vehicle configurations are recorded on the Arkansas Truck and Bus Crash Report based upon the presence and number of attached semi-trailers as follows:

(8) Truck Tractor (without trailer, bobtail or saddlemount)

(9) Tractor Semi-trailer (one trailer)

(10) Tractor/Doubles (two trailers)

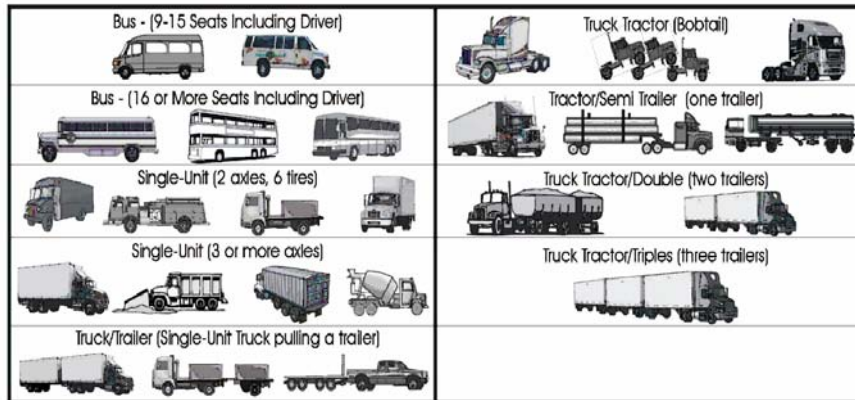
(11) Tractor/Triples (three trailers)

**Illegal to operate on Arkansas highways*

(99) Other Trucks Greater than 10,000 lbs.

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Appendix J - Cargo Body Type Examples



(0) Not Applicable / No Cargo Body: Code (0) should be used for passenger vehicles that are included on the Arkansas Truck and Bus Crash Report because they are placarded for hazardous materials and for vehicles with no cargo hauling capability such as fire trucks or truck tractors without a semi-trailer.

(1) Bus (seats for 9-15 people, including driver) and (2) Bus (seats for 16 or more people, including driver): Buses are recorded identically in both Vehicle Configuration and Cargo Body Type. Buses fit into one of two categories based upon a division by the actual number of seats in the vehicle.

(3) Van / Enclosed Box: This code describes a cargo body type having an enclosed body integral to the frame of the motor vehicle or trailer. This should not be used for auto transporters or open hopper cargo bodies utilizing a protective cover. It applies to both enclosed trailers and cargo vans. This is the most common cargo body type for trucks.

(4) Cargo Tank: This code describes a cargo body type designed to transport dry bulk (fly, ash, etc.), liquid bulk (gasoline, milk, etc.) or gas bulk (propane).

(5) Flatbed: This code describes a cargo body type without sides or a roof, with or without readily removable stakes which may be tied together with chains, slats or panels. This would include "stake body" trucks.

(6) Dump: This code describes a cargo body type that tilts to discharge its load by gravity. "Belly dump" trailers that discharge the load through a gate in the bottom without tilting are given the body type "grain, chips or gravel".

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(7) Concrete Mixer: This code describes a cargo body type specifically designed to transport and mix concrete.

(8) Auto Transporter: This code describes a cargo body type that is specifically designed to transport multiple, fully assembled automobiles. Single-unit flatbed tow-trucks hauling cars DO NOT qualify. Auto transporters are typically configured as truck-trailers.

(9) Garbage / Refuse: This code describes a cargo body type that is specifically designed to collect and transport garbage or refuse and recyclables. It includes conventional, rear-loading and "roll-off" style garbage trucks.

(10) Grain, Chips, Gravel: This code describes a cargo body type used for hauling these or other similar bulk commodities. They may be referred to as "open hoppers" or "belly dumps".

(11) Pole: This code describes a cargo body type that consists of a trailer designed to be attached to a towing vehicle by a reach or pole or by being boomed and secured to the towing vehicle. These are ordinarily used to carry property of a long or irregular shape, such as telephone poles. The "pole" extends or retracts to accommodate varying lengths of cargo.

(12) Vehicle Towing another Motor Vehicle: This code refers to vehicles that have no cargo carrying capability but are in the act of towing another motor vehicle. These are often called "drive-away or tow-away" and will be applicable to tow trucks and specially rigged truck tractors.

(13) Intermodal Chassis: This code describes a cargo body type used for a trailer specifically designed to have a rail or ship container mounted directly on the chassis. These should not be confused with van/enclosed box cargo body types. Intermodal containers may also be mounted on a flatbed trailer, in which case flatbed is the cargo body type.

(14) Log: This code describes a cargo body type for trailers with a fixed middle beam and side support posts specifically designed for carrying logs. If the trailer can "telescope" to carry different log lengths, then it should be considered a pole trailer.

(98) Other Cargo Body (not listed above):

This code describes a cargo body type that does not fit into any of the previous codes.

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Appendix K - Sequence of Event Definitions

Non-Collision Attributes:

(1) **Ran-off-road** - is used if the driver loses control of the vehicle and leaves the roadway (travel lanes).

(2) **Jackknife** - applies to a condition that occurs to an articulated vehicle (any vehicle with a trailing unit(s) connected by a hitch); while in motion. The condition reflects a loss of control of the vehicle by the driver in which the trailer(s) yaws from its normal straight-line path behind the power unit.

(3) **Overturn (Rollover)** - is used when a vehicle rotates 90° or more, side-to-side or end-to-end. Also may be referred to as a “Rollover”. An Overturn or Rollover should be treated as a single event when a vehicle performs multiple rotations in a crash.

(4) **Downhill Run-Away**- refers to a vehicle that loses control due to brake failure on a downhill grade.

(5) **Cargo Loss or Shift** - refers specifically to the loss or shift of items carried on or in a motor vehicle or its trailing unit, and not to the vehicle or trailing unit itself. As an event in the sequence for this vehicle, the loss or shift does not have to be harmful. For example, tractor trailer rounds a sharp curve, causing cargo in its trailer to shift precipitating an overturn.

(6) **Explosion or Fire** - can occur as the cause of the accident or the result of one.

(7) **Separation of Units** - is used when a trailing unit separates from its power unit or another trailing unit(s).

(8) **Cross Median/Centerline** - is used when a vehicle completely crosses the median and enters the shoulder or travel lanes on the opposite side of a divided highway. It also includes crossing over the centerline of a two-way undivided highway.

(9) **Equipment Failure** - Examples include defective: tires/wheels/rims, brakes, steering, suspension, power train, lighting systems, trailer hitch, air bag, wipers, etc.

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(10) Non-Collision Other - would include events such as: vehicle went airborne (driving off a cliff), injured in vehicle (load passes through rear window), gas inhalation (carbon monoxide), fell from vehicle, or thrown or falling object (falling tree/rock).

Collision Involving/With Attributes:

(11) Non-Collision Unknown

(12) Pedestrian - persons traveling on their feet. This also includes persons on Personal Conveyances. A personal conveyance is (1) a human-powered, non-motorized device not propelled by pedaling, (2) such devices even when motorized. Examples include; skateboard riders, people in wheelchairs, roller skates, motorized scooters, etc.

(13) Motor Vehicle In-Transport - Use this code when one motor vehicle collides with another motor vehicle in motion within the trafficway, or on a roadway (In-Transport). Inclusions: motor vehicle in traffic on a highway, driverless motor vehicle in motion, motionless motor vehicle abandoned on a roadway, disabled motor vehicle on a roadway, etc. In roadway lanes used for travel during rush hours and parking during off peak periods, a parked motor vehicle is “in-transport” during periods when parking is forbidden.

(14) Parked Motor Vehicle- refers to the collision of a motor vehicle in-transport with a motor vehicle not in-transport. Parked motor vehicles include vehicles in designated parking spaces, stopped off the roadway (stopped on the shoulder, median, roadside) and those parked in the roadway in lanes not designated for travel at the time of accident.

(15) Train- used when qualifying vehicle strikes a train, cable car or trolley which are on rails. Cable cars and trolleys not on rails are considered motor vehicles in-transport.

(16) Pedacycle - Includes persons riding non-motorized bicycles, tricycles, unicycles. Also includes passengers on those devices.

(17) Animal - is used for collisions with live animals (domesticated or wild) that are not themselves being used as transportation or to draw a wagon, cart or other transport device. (See code “20 – Other Movable Object” for dead animals in the Roadway)

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(18) Fixed Object- refers to permanent or semi-permanent structures such as boulders, impact attenuators, bridges, concrete traffic barriers, embankments, culverts, standing trees, etc.

(19) Work Zone/Maintenance Equipment- Use this code when this motor vehicle strikes a construction, maintenance or utility vehicle in the process of working and not "in-transport." For example, a "cherry picker" working on telephone lines.

(20) Other Movable Object- refers to temporary or not-fixed objects such as ridden animals or animals drawing a device, construction barrels or cones, temporary highway signs, animal carcasses or fallen trees in the roadway.

(98) Other (Describe)

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Forms - Crash Report

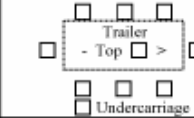

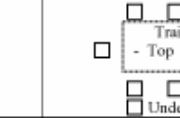
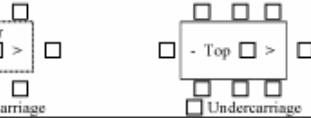
Page ___ of ___ **ARKANSAS MOTOR VEHICLE CRASH REPORT** (Rev. 1/07)

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

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

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

ARKANSAS MOTOR VEHICLE CRASH REPORT

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Page ___ of ___ | | Report Number: _____ | | | |
| Vehicle # _____ | Point Of Initial Contact _____ | Vehicle # _____ | Point Of Initial Contact _____ | | |
|  |  |  |  | | |
| 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 | |
| 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 |

ARKANSAS MOTOR VEHICLE CRASH REPORT

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| Page _____ of _____ | | | | | | | | | | Report Number _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| ATMOSPHERIC CONDITIONS 0 Clear 4 Fog 8 Dust 1 Rain 5 High Winds 9 Mist 2 Sleet 6 Smoke 98 Other 3 Snow 7 Snow 99 Unknown | | | | | RELATION TO JUNCTION 0 Non-Junction 1 Intersection 2 Intersection Related 3 Driveway 4 Alley 5 Exit Lane 6 Entrance Lane 7 R.R. Crossing 8 Crossover Lane 98 Other 99 Unknown | | | | | LIGHT CONDITIONS 1 Daylight 2 Dark 3 Dawn 4 Dusk 5 Dark/Not Lighted 6 Dark/Light Not Functional 98 Other 99 Unknown | | | | | TRAFFIC CONTROL DEVICES 0 Device Not Present 1 Device Not Functioning 2 Device Functioning Properly 3 Device Not Functioning Properly | | | | | ACCIDENT LOCALS 1 Rural 2 Urban 99 Unknown | | | | | ROADWAY SURFACE CONDITION 1 Dry 2 Wet 3 Ice 4 Dry 5 Dirt 6 Oil 98 Other 99 Unknown | | | | | TYPE OF COLLISION 0 Single Vehicle / Non Collision With Motor Vehicle In Transport 1 Head On 2 Rear End 3 Angle 4 Sideways Same Direction 5 Sideways Opp. Direction 6 Backing 98 Other | | | | |
| ROAD SYSTEM 1 Interstate 2 U.S. Highway 3 State Highway 4 County Road 5 City Street 6 Frontage Road 7 Ramp 8 Other 99 Unknown | | | | | CONTRIBUTING FACTORS 0 None 1 Too Fast For Conditions 2 Failure to Yield 3 Driving Without Lights 4 Failure To Use Headlights 5 Deregulated Stop Sign 6 Deregulated Yield Sign 7 Deregulated Traffic Signal 8 Wrong Side Of Road 9 Wrong Way/One Way Traffic 10 Following Too Close 11 Improper Right Turn 12 Improper Left Turn 13 Improper Lane Change 14 Improper Passing 15 Prohibited U-Turn 16 Defective Lights 17 Defective Brakes 18 Other Defective Equipment 19 Improper Braking 20 Failure Or Improper Signal 21 Damaged Officer/Flagman 22 Cutting In 23 Impeding Traffic 24 Improperly Parked 25 Crowded Off Road 26 Alcohol 27 Drugs 28 Careless/Prohibited Driving 29 Crossing Median 98 Other 99 Unknown | | | | | VEHICLE ACTION 1 Going Straight 2 Negotiating Curve 3 Slowing 4 Stopped In Traffic Lane 5 Merging 6 Enter Parked Position 7 Exiting Parked Position 8 Parked 9 Making Right Turn 10 Making Right Turn On Red 11 Making Left Turn 12 Making Left Turn On Red 13 Making U-Turn 14 Backing 15 Avoiding Pedestrian 16 Avoiding Animal 17 Avoiding Other Object 18 Avoiding Other Object 19 Passing 20 Changing Lanes 21 Ran Off Road-Right 22 Ran Off Road-Left 23 Crossing Median 98 Other 99 Unknown | | | | | FIRST HARMFUL EVENT COLLISION WITH/ NON COLLISION 1 Pedestrian 2 Bicyclist 3 Train 4 MV in Transport 5 MV in Other Roadway 6 Parked Vehicle 7 Animal 8 Other Object Not Fixed 9 Unknown Obj. Not Fixed 10 Overturned 11 Fire 12 Immersion 13 Fell From Vehicle 14 Jackknife 15 Bank or Edge 16 Tractor 17 Utility Pole 18 Fence or Fence Post 19 Guard Rail or Post 20 Bridge or Underpass 21 Sign/Traffic Signal 22 Impact Cabinet Device 23 House/Building 24 Light/Lantern Pole 25 Concrete Barrier 26 Culvert/Ditch 27 Bridge Rail 28 Other Fixed Object 98 Other 99 Unknown | | | | | | | | | | | | | | | | | | | |
| CONSTRUCTION/MAINTENANCE ZONE 1 Yes 2 No | | | | | TRAFFIC FLOW 1 Not Divided 2 Divided By Median - No Barrier 3 Divided By Perm. Barrier 4 Divided By Temp. Barrier 5 One Way Traffic 98 Other 99 Unknown | | | | | NUMBER OF TRAFFIC LANES 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 | | | | | FIRST HARMFUL EVENT LOCATION 1 On Roadway 2 Shoulder 3 Median 4 Roadside 5 Outside Traffic Way 99 Unknown | | | | | | | | | | | | | | | | | | | |
| ROADWAY DEFECTS 0 No Defects 1 Obstruction Warning 2 Obstruction No Warning 3 Loose Materials On Surface 4 Holes 5 Ruts 6 Bumps 7 Defective Shoulder 8 No Markings 9 Reduced Width 98 Other 99 Unknown | | | | | DRIVER DISTRACTION 0 Not Disturbed 1 Electronic Communication on Device (cell phone, pager, etc.) 2 Other Electronic Device (navigation device, palm pilot, etc.) 3 Other Inside the Vehicle 4 Other Outside the Vehicle 99 Unknown | | | | | FIRE OCCURRENCE 0 No Fire Occurrence 1 Fire Occurrence 5 Building 6 Billboard 7 Trees/Shrub/ Etc 8 Parked Vehicle(s) 9 Moving Vehicle(s) 10 Broken Windshield 11 Dirty Windshield 12 Obscured By Vehicle Load 13 Hillcrest 99 Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPANCY 0 Non-Motorist 1-999 Vehicle Number of Occupant 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 | | | | | POSITION IN/ON VEH 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 | | | | | INJURY CODE 1 Fatal Injury 2 Incapacitating Injury 3 Non-Incapacitating Injury 4 Possible Injury 5 No Injury/Property Damage Only | | | | | VEHICLE DEFECTS 0 No Defects 1 Defective Lights 2 Defective Brakes 3 Defective Steering 4 Worn/Slick Tires 5 Motor Trouble 6 Windshield/Mirror 98 Other 99 Unknown | | | | | | | | | | | | | | | | | | | |
| SAFETY EQUIPMENT USED 0 None Used 1 Shoulder Belt 2 Lap Belt 3 Lap & Shoulder Belt 4 Child Restraint 5 Helmet 6 Helmet W/Face shield 7 Eye Protection 98 Other 99 Unknown | | | | | PEDESTRIAN ACTION/LOCATION 1 Crossing At Intersection With Signal 2 Crossing At Intersection Against Signal 3 Crossing At Intersection No Signal 4 Crossing At Intersection Diagonally 5 Crossing Not At Intersection/Random 6 Crossing Not at Intersection Urban 7 Crossing from Behind Parked Car 8 Unloading/Loading on School Bus 9 Playing in Roadway 10 Unloading/Loading on Other 11 Lying in Roadway 12 Walking on Roadway with Traffic/ Sidewalk Available 13 Walking On Roadway With Traffic/ Sidewalk Not Available 14 Walking On Roadway Against Traffic/ Sidewalk Available 15 Walking On Roadway Against Traffic/ Sidewalk Not Available 16 Working in Roadway 17 Standing in Roadway 18 Not in Roadway 98 Other 99 Unknown | | | | | CONDITION OF DRIVERS AND PED 1 Appeared Normal 2 Illness 3 Fatigue 4 Fell Asleep 5 Physical Disability / Disease/Disorder 6 Mental Disability / Disease/Disorder 7 Defective Sight 8 Defective Hearing 9 Seizure / Fainting 98 Other 99 Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| AIR BAG 0 Not Applicable 5 Deployed Air Bag 6 No Air Bag Deployment | | | | | EJECTION FROM VEHICLE 0 Not Ejected 1 Totally Ejected 2 Partially Ejected 99 Unknown | | | | | ALCOHOL/DRUGS IMPAIRMENT 1 None 2 Impaired 3 Not Impaired 4 Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| PASSENGER/PEDESTRIAN Race Sex Age 18 19 20 | | | | | 21 22 23 Name Of Passenger(s)/Pedestrian(s) Address, City, State, Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

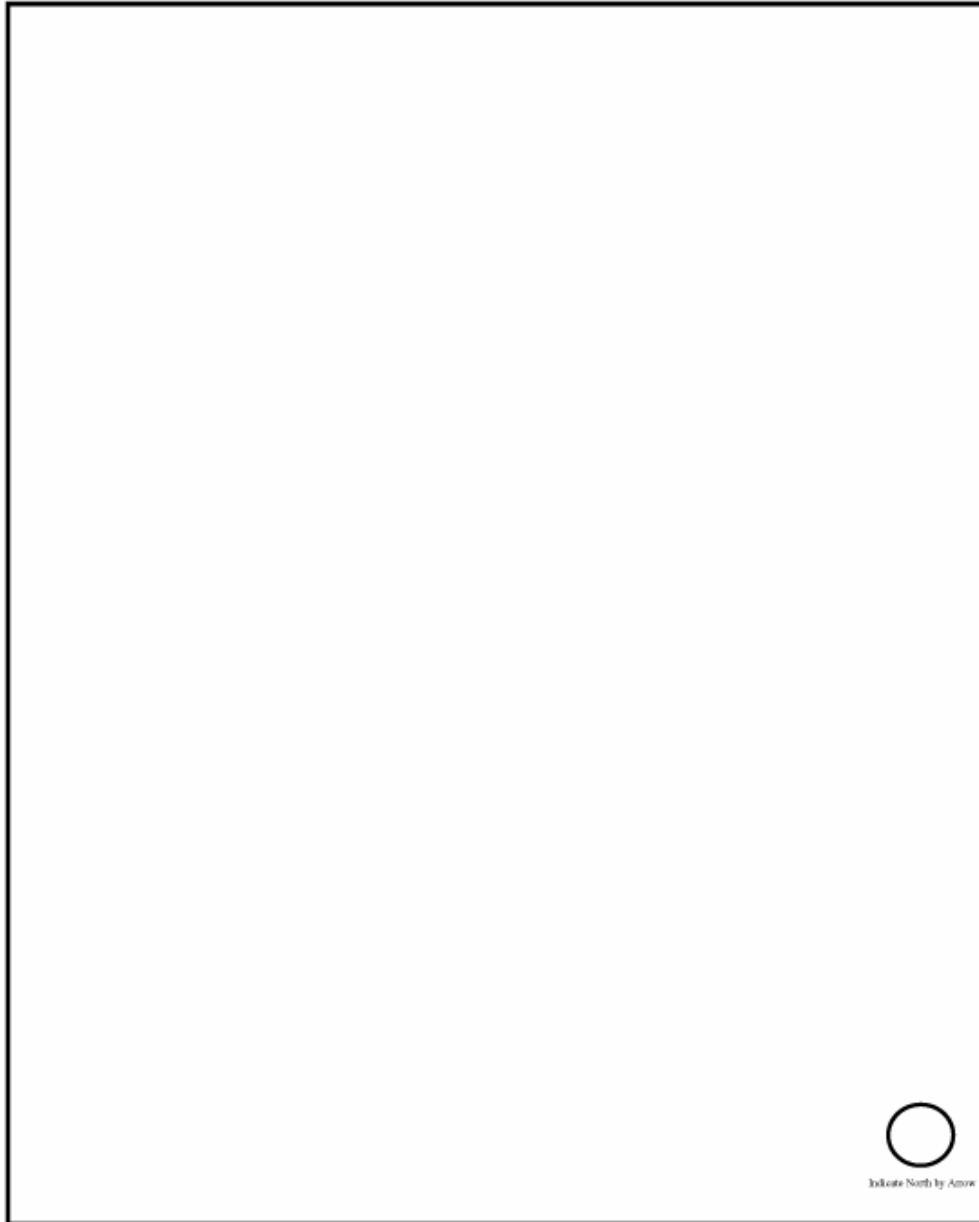
ARKANSAS MOTOR VEHICLE CRASH REPORT


Page ___ of ___

DIAGRAM

Report Number _____

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





Indicate North by Arrow

ARKANSAS MOTOR VEHICLE CRASH REPORT

| | | |
|-------------------|---------------------------------------------------------|---------------------|
| Page ____ of ____ | Reporting Criteria for Truck and Bus Crashes | Report Number _____ |
|-------------------|---------------------------------------------------------|---------------------|

COMPLETE THIS REPORT FOR EACH OF THE FOLLOWING INVOLVED VEHICLES:

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





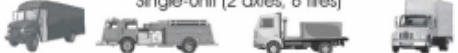
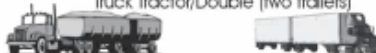


















AND THIS CRASH INCLUDES:

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

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

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

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

| Vehicle Configuration | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Bus - (9-15 Seats Including Driver)  | Truck Tractor (Bobtail)  | |
| Bus - (16 or More Seats Including Driver)  | Tractor/Semi Trailer (one trailer)  | |
| Single-Unit (2 axles, 6 tires)  | Truck Tractor/Double (two trailers)  | |
| Single-Unit (3 or more axles)  | Truck Tractor/Triples (three trailers)  | |
| Truck/Trailer (Single-Unit Truck pulling a trailer)  | | |
| Cargo Body Type | | |
| Bus - (9-15 Seats Including Driver)  | Dump  | Pole  |
| Bus - (16 or More Seats Including Driver)  | Concrete Mixer  | Log  |
| Van/Enclosed Box  | Auto Transporter  | Intermodal Chassis  |
| Cargo Tank  | Garbage/Refuse  | Vehicle Towing Vehicle  |
| Flat Bed  | Grain, Chips, Gravel  | No Cargo Body  |

ARKANSAS MOTOR VEHICLE CRASH REPORT

State of Arkansas Report No. _____
 Page ____ of ____ Truck and Bus Crash Report Driver Name _____

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| General Instructions - Complete this form for EACH qualifying vehicle if the crash meets the criteria on the previous page. | | | |
| Check all that apply: | | Qualifying Information | |
| This form is being completed because this vehicle is: <input type="checkbox"/> A truck or truck combination > 10,000 lbs. GVWR/GCWR <input type="checkbox"/> A bus with seats for 9 or more persons, including driver <input type="checkbox"/> A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs. or less) | | Number of: Total involved vehicles in the crash: _____ Persons sustaining fatal injuries: _____ Injured persons transported for immediate medical treatment: _____ Vehicles towed from scene due to disabling damage: _____ | |
| At the Time of the Crash, THIS Vehicle was: <input type="checkbox"/> Operating on a Trafficway open to the public (In-Transport) <input type="checkbox"/> Parked on or off the Trafficway | | | |
| Vehicle Information | | | |
| Vehicle Configuration: <input type="checkbox"/> (enter one code from below) 1 Passenger Car (only if vehicle has Hazardous Materials Placard) 2 Light Truck (only if vehicle has Hazardous Materials Placard) 3 Bus (seats for 9-15 people, including driver) 4 Bus (seats for 16 people or more, including driver) 5 Single-Unit Truck (2 axles, 6 tires) 6 Single-Unit Truck (3 or more axles) 7 Truck/Trailer(s) [Single-Unit Truck with Trailer(s)] 8 Truck/Tractor (without trailer, bobtail or saddle mount) 9 Tractor/Semi-Trailer (one trailer) 10 Tractor/Doubles (two trailers) 11 Tractor/Triples (three trailers) 99 Other Truck >10,000 lbs. (not listed above) | | Cargo Body Type: <input type="checkbox"/> (enter one code from below) 0 Not Applicable/No Cargo Body 1 Bus (seats for 9-15 people, including driver) 2 Bus (seats for 16 people or more, including driver) 3 Van/Enclosed Box 4 Cargo Tank 5 Flatbed 6 Dump 7 Concrete Mixer 8 Auto Transporter 9 Garbage/Refuse 10 Grain, Chips, Gravel 11 Pole 12 Vehicle Towing Another Motor Vehicle 13 Intermodal Chassis 14 Logging 98 Other Cargo Body (not listed above) | |
| GVWR/GCWR (use GCWR for truck combinations): <input type="checkbox"/> 1 10,000 lbs. or Less 2 10,001 - 26,000 lbs. 3 Greater than 26,000 lbs. | | Hazardous Materials Involvement: Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: _____ HM Class # from bottom of diamond: _____ Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Bus Use: <input type="checkbox"/> 0 Not a Bus 3 Intercity 1 School (Public or Private) 4 Charter 2 Transit 5 Other | | | |
| Check One: | | Motor Carrier Information | |
| <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce-Government <input type="checkbox"/> Not In Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR) | | | |
| Carrier Name: _____ | | | |
| Carrier Street Address (P.O. Box only if no street address): _____ | | | |
| City/State/Zip: _____ | | Phone #: _____ | |
| Carrier Identification Number(s): NONE ___ USDOT# _____ MC/MX# _____ State# _____ | | | |
| Sequence of Events | | | |
| Note: For THIS vehicle - list up to four: Event 1 <input type="checkbox"/> Event 2 <input type="checkbox"/> Event 3 <input type="checkbox"/> Event 4 <input type="checkbox"/> | | | |
| Non-Collision 1 Ran Off Road 2 Jackknife 3 Overturn (Rollover) 4 Downhill Runaway 5 Cargo Loss or Shift 6 Explosion or Fire 7 Separation of Units | Non-Collision (cont.) 8 Cross Median/Centerline 9 Equipment Failure (tire, brakes, steering, etc.) 10 Non-Collision, Other 11 Non-Collision, Unknown Collision Involving/With 12 Pedestrian 13 Motor Vehicle In-Transport 14 Parked Motor Vehicle | Collision Involving/With (cont.) 15 Train 16 Pedacycle 17 Animal 18 Fixed Object 19 Work Zone Maintenance Equipment 20 Other Moveable Object 98 Other (Describe) _____ | |
| Officer Signature | Officer Badge # | Reporting Agency | Date of Report |

ARKANSAS MOTOR VEHICLE CRASH REPORT



Arkansas State Police Multi-Passenger Vehicle Seating Chart Supplement Form

ASP-115
(Rev. 01/07)

Vehicle # _____

Report # _____

| Name | Address | Seat Posn | Type Rest. | Eject Code | Race | Sex | Age | Injury Code |
|------|---------|--------------|---------------|---------------|------|-----|-----|----------------|
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Counting from front to rear, facing the rear of vehicle (do not count or list driver position), indicate seat position starting from right to left. If only one person in seat, indicate center position.

| X - Driver | | | | | |
|------------|----|----|----|----|----|
| 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 |

ARKANSAS MOTOR VEHICLE CRASH REPORT



ARKANSAS STATE POLICE

ASP-81
(Rev. 06/01)

Accident Supplement Driver/Witness Statement Form

Report #: _____

Name: _____ Date: _____ Time: _____ AM PM
(First/MI/Last Name) (Month/Day/Year)

Address: _____
City State Zip Code

Phone Number: () _____ Date of Birth: _____
Area Code Telephone (Month/Day/Year)

Drivers License #: _____ DL CDL State: _____

Vehicle Make: _____ Model: _____ Vehicle License #: _____ State: _____

Location of Accident: _____

Statement of: Driver Passenger Witness **Are You Injured?** Yes No
(Check One) (Check One)

Driver/Passenger/Witness Statement

As the **driver** of the vehicle, were any of the following conditions a contributing factor in this accident?

- Unconsciousness Epileptic Condition
- Other nervous disorder or marked mental confusion
- Result of any physical disability, disease, disorder or any other medical condition

Signature (First/MI/Last Name)

Signature of Officer: (Rank/First/MI/Last Name/Badge #)

ARKANSAS MOTOR VEHICLE CRASH REPORT



ARKANSAS STATE POLICE

ASP-103
(Rev. 01/05)

What To Do After A Collision

1. Contact your insurance agency and advise them you have been involved in a collision. They will need the other party's name(s), address(es) and the name of their insurance company(s).
2. If the collision results in damage to the property of any one person in excess of \$1000.00, in bodily injury, or in the death of any person, you must submit, within 30 days, a written report (SR-1) to the Financial Responsibility Unit, Department of Finance and Administration, P.O. Box 3278, Little Rock, Arkansas, 72203-3278. Forms for this report are available at all Arkansas State Revenue Offices.
3. A copy of your collision report may be obtained from the Arkansas State Police at the address checked below after 5 business days. To obtain a copy, provide the date, time, location and name(s) of the driver(s) involved. Please submit a check or money order in the amount of \$10.00 for each copy requested.

Troop A
1 State Police Plaza Drive
Little Rock, AR 72209
(501) 618-8282

Troop E
6816 Princeton Pike
Pine Bluff, AR 71602
(870) 247-1483

Troop I
2724 Airport Road
Harrison, AR 72601
(870) 741-3455

Troop B
3200 Hwy. 67 North
Newport, AR 72112
(870) 523-2701

Troop F
P.O. Box 750
U.S. 63 North
Warren, AR 71671
(870) 226-3713

Troop J
P.O. Box 626
Highway 64
Clarksville, AR 72830
(479) 754-3096

Troop C
P.O. Box 9059
Jonesboro, AR 72403
(870) 935-7302

Troop G
P.O. Box 634
2501 North Hazel Street
Hope, AR 71802-0634
(870) 777-4641

Troop K
P.O. Box 2040
101 Mid-America
Hot Springs, AR 71914
(501) 767-8550

Troop D
P.O. Box 669
3205 North Washington
Forrest City, AR 72335
(870) 633-1454

Troop H
P.O. Box 4109
5728 Kelly Highway
Fort Smith, AR 72914
(479) 783-5195

Troop L
900 South 48th Street
Springdale, AR 72762
(479) 751-6663

Please Fill Out And Exchange With Other Driver(s) Involved

Accident Report Number: _____ County Accident Occurred In: _____

Name: _____ Phone Number: { } - _____
(First/MI/Last Name) Area Code

Address: _____
Street City State Zip Code

Name Of Insurance Company: _____

Insurance Policy Number: _____

Location Of Accident: _____ Date: _____ Time: _____ AM PM
(Month/Day/Year)

Year & Make Of Auto: _____ License #: _____ DL #: _____

Trooper: _____
(Rank/First/MI/Last Name/Badge#)

ACKNOWLEDGEMENTS

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- *Captain Ray Coston – Arkansas State Police*
- *Lieutenant Jim Johnston – Arkansas State Police*
- *Sergeant Tim Carter – Arkansas State Police*
- *Mr. Kenneth Hackman – National Institute for Safety Research*
- *Mr. John McDonough – National Institute for Safety Research*
- *Mr. Tony Sullivan – Arkansas State Highway and Transportation Department, Maintenance Division*

Resources and references used for this manual include:

- *Arkansas Criminal and Traffic Law Manual, 2005 Edition*
- *Arkansas Motor Vehicle and Traffic Laws and State Highway Commission Regulations, 2005 Edition*
- *ANSI D-16.1 – 1996 Manual on Classification of Motor Vehicle Traffic Accidents, Sixth Edition*
- *ANSI D-20.1 Data Element Dictionary, Second Edition, 1993*
- *Manual on Uniform Traffic Control Devices*
- *Model Minimum Uniform Crash Criteria Guideline, Second Edition, 2003*
- *Fatality Analysis Reporting System Coding and Validation Manual, 2004 Edition*

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