

FAULKNER COUNTY  
ALLEN DODSON  
COUNTY JUDGE  
801 LOCUST STREET • CONWAY, AR 72034

FILED

FEB 16 2023

MARGARET DARTER  
FAULKNER COUNTY CLERK

BY Watters DC

IN THE COUNTY COURT OF FAULKNER COUNTY, ARKANSAS

COURT ORDER NO. 23-096

**IN THE MATTER OF  
REMOVAL OF COUNTY PROPERTY  
FROM FAULKNER COUNTY INVENTORY**

After having reviewed the documents provided by the Faulkner County Assessor's Office, the County Court hereby Finds, and Orders as follows per A.C.A § 14-16-106:

The vehicle listed below is considered a total loss due to an accident. Therefore, the vehicle should be disposed of and removed from county inventory.

**Department: 3407.0421 County Jail**

<u>Item Description</u>	<u>VIN/Serial No.</u>	<u>Inv. No.</u>	<u>Tag No.</u>	<u>Est. Value</u>
2016 Dodge Charger	2C3CDXAG4GH251359	V.2.103		\$0

**IT IS SO ORDERED**



Allen Dodson  
Faulkner County Judge

Date: 2-16-23

FAULKNER COUNTY ASSESSOR'S OFFICE  
KRISSEY LEWIS, ASSESSOR

806 FAULKNER STREET  
CONWAY, AR 72034  
PHONE (501) 450-4905  
FAX (501) 450-4908  
E-MAIL [krissy.lewis@faulknercounty.org](mailto:krissy.lewis@faulknercounty.org)

January 27, 2023

Allen Dodson, Faulkner County Judge  
Angie Wooley, Finance Officer-Faulkner County Sheriff's Office

RE: Inventory

Dear Judge Dodson & Ms. Wooley

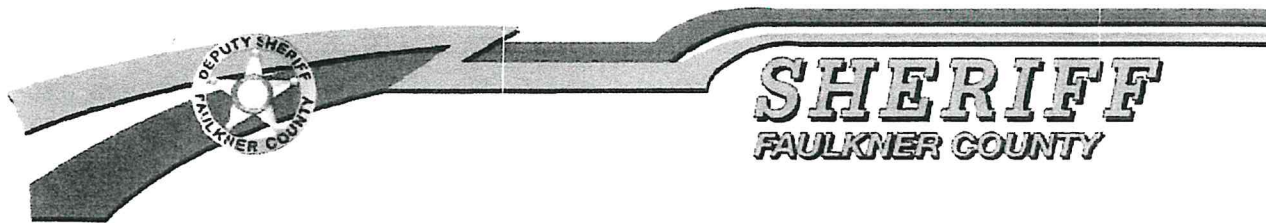
The Faulkner County Assessor's Office has been asked to prepare a letter to remove the following vehicle from County Inventory for the Faulkner County Sheriff's Office. According to the appraisal evaluation, the vehicle is considered a total loss due to an accident. Therefore, the vehicle listed below needs to be removed from County Inventory.

<u>Item Description</u>	<u>VIN Number</u>	<u>Inventory Number</u>
2016 Dodge Charger	2C3CDXAG4GH251359	V.2.103

Sincerely,



Donna Beck  
Chief Deputy Assessor



Sheriff Tim Ryals

Chief Deputy Chad Wooley

January 26, 2023

Jim Baker, County Judge

Krissy Lewis, County Assessor

Dear Judge Baker & Ms. Lewis,

I am requesting that the County Judge order the following property listed below to be removed from the inventory list for our department:

<u>Item Description</u>	<u>Serial/VIN #</u>	<u>Inventory #</u>	<u>Tag #</u>	<u>Reason for Removal</u>
Unit# 1607-2016 Dodge Charger	2C3CDXAG4GH251359			Totaled 1-3-2023, AAC PAID CK#21704, AAC Claim# AAC-00411130, Treasurer's Receipt# 20785

Sincerely,

Angie Wooley  
Finance Officer

New Inventory #   
Tag #

## Inventory Control Record

Check One: Cash Purchase  Transferred in:  Donated or Seized:

Fund # 3407 Dept. # 0421

Disposed of:

Description : 2016 Dodge Charger

Location: Unit# 1607

Serial Number: 2C3CDXAG4GH251359 Date Acquired: \_\_\_\_\_  
(mm/dd/yy)

Purchase Price or Value: \$ \_\_\_\_\_ Claim # \_\_\_\_\_

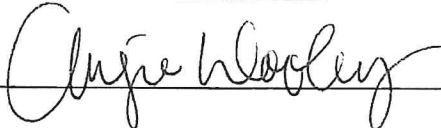
Trade-in: Yes  No

If Trade in; Inventory # \_\_\_\_\_ Amount Received: \$ 11,220.50

Comments: Disposed/Totaled Vehicle 1-3-2023, AAC Paid CK# 21704 (AAC Claim# AAC-0041130), Treasurer's Receipt# 20785)

Is Tax Included? Yes  No  Use Tax Claim # \_\_\_\_\_  
(If Applicable)

Transferred From: Fund#: \_\_\_\_\_ Dept#: \_\_\_\_\_

Signature: 

All items over \$1,000 purchased out of Capital Outlay Expenditure,  
including shipping/taxes, must be added to inventory.

\*\*\* Please include the following documentation with Claim \*\*\*

*Cash purchases: Copy of Claim and retailer's invoice.*

*Donated items: Paperwork showing transaction.*

*Seized items: Copy of Judgment of seizure.*

Treasurer  
Scott Sanson  
801 Locust Street  
CONWAY, AR 72034

**Treasurer's Receipt**

Receipt Number: 20785

page 1 of 1

Entry Date: 01/26/2023



<b>Received From:</b> Association of Arkansas Counties		<b>Receipt Date:</b> 01/26/2023
<b>Source:</b> Total Loss Claim #AAC-0041130 Insurance Proceeds - FCSO		<b>Cashier:</b> Angie Casey
<b>Payment Type</b>	<b>Amount</b>	<b>Account #</b>
CK 21704	11,220.50	3407.8718
		<b>Description</b>
		Insurance Proceeds
		<b>Amount</b>
		11,220.50
		<b>Total Receipt:</b> 11,220.50

Authorized Signature:

*Scott Sanson*



ASSOCIATION OF ARKANSAS COUNTIES  
 RISK MANAGEMENT FUND/CLAIMS ACCT.  
 1415 WEST THIRD STREET  
 LITTLE ROCK, ARKANSAS 72201

BANK OZK  
 81-727/829

21704

PAY  
 TO THE  
 ORDER OF

Eleven Thousand Two Hundred Twenty and 50/100 dollars

Faulkner County  
 C/O Allen Dodson, County Judge  
 801 Locust St  
 Conway, AR 72034

DATE  
 01/18/2023

AMOUNT  
 \$11,220.50

VOID AFTER 60 DAYS

*Allen Dodson*  
 AUTHORIZED SIGNATURE  
*Doree Dodson*

FD Security Features Available on Bank

⑈021704⑈ ⑆082907273⑆ 2038017253⑈

21704

3407.8718

Faulkner County  
 C/O Allen Dodson, County Judge  
 801 Locust St  
 Conway, AR 72034

21704

**Member**

Faulkner County - Sheriff's Dept.

**Claimant**

Sheriffs Dept Faulkner County

801 Locust St  
 Conway, AR 72034

**Check Amt:** \$11,220.50  
**Check Date:** 01/18/2023  
**Claimant:** Sheriffs Dept Faulkner County  
**Claim No:** AAC-0041130  
**Date of Loss:** 01/03/2023  
**Adjuster:** Jacob Trumble  
**Invoice Number:**  
**Payee Name:** Faulkner County  
**Payment Type:** Total Loss (Collision)  
**Service Dates:** 2023-01-17 thru 2023-01-17

**Payable Comment**

Total loss Payment 2016 Dodge Charger #1359

*Unit # 1607*



# Eclipse Appraisal Inc.

Total Loss Evaluation

Claim Rep Name/ID Number: Jacob Trumble Claim Number: AAC-0041130

Insured's Name: Faulkner County Sheriff's Dept. Owner's Name: Same

Phone: 501-450-4914 Zip Code: 72032 Type of Loss:  T(Theft)  C(Other)

Vehicle ID Number: **2 C 3 C D X A G 4 G H 2 5 1 3 5 9**

State: AR Loss Date: 12/8/22 Year: 2016 Make: Dodge Model: Charger

Body Style:  2DR  4DR  Lift/Hatchback  Convertible  Wagon  Pickup  Van  Utility  Motorcycle

1/2 Ton  3/4 Ton  1 Ton  Shortbed  Longbed  Cab & Chassis  Fleetside  Fenderside

Engine Detail: Size: 3.6 Cylinders:  3  4  6  8  10  12  Turbo  Diesel

Transmission:  AT  S6  S5  S4  S3  OD  4W Mileage: 127000

- POWER OPTIONS**
- PS Pwr Steering
  - PB Pwr Brakes
  - PG Pwr Windows
  - PL Pwr Locks
  - PC Pwr Pass Seat

- DÉCOR/CONVENIENCE**
- AC Air Conditioner
  - RD Rear Defogger
  - TW Tilt Wheel
  - CC Cruise Control
  - CS Cloth Seats
  - LS Leather Seats
  - DB 4 WHl Disc Brakes
  - TL Telescopic Wheel
  - AL Auto Load Level
  - 3S 3<sup>rd</sup> Seat (Wagons Only)
  - 8P 8 Passenger
  - DA Dual Air Conditioning

- TRUCKS/VANS/UTV/OTHER**
- SB Step Bumper
  - SW Sliding Rear Window
  - XT Auxiliary Fuel Tank
  - 2T Two Tone Paint
  - D2 Deluxe 2-Tone Paint
  - MP Metallic Paint
  - TG Tinted Glass
  - CI Soft Top
  - HT Hard Top
  - FL Fog Lights
  - BD Running Boards
  - BL Bed Liners
  - AR Chrome Bed Rails
  - TP Trailing Package
  - RB Roll Bar
  - TB Tool Box (Permanent)
  - GG Grill Guards
  - POP
  - DW Dual Rear Wheels

Guide Book NADA

Month January

- RADIO**
- AM AM
  - FM FM
  - ST Stereo
  - CA Cassette
  - SE Srch/Scan
  - CD Sngle Disc
  - CD Changer
  - EQ Equalizer

- ROOF OPTIONS**
- VR Vinyl Roof
  - RF Cabriolet Roof
  - ES Electric Steel
  - EG Electric Glass
  - MS Manual Steel
  - MG Manual Glass
  - FR Flip Roof
  - TT T-Tops
  - GT Glass T-Tops
  - RR Roof Rack

**OTHER OPTIONS**

- WG Woodgrain
- BN Body Side Moldings
- BS Bucket Seats
- IW Intermittent Wipers
- PA Power Antenna
- PM Power Mirrors
- PT Power Trunk
- WP Rear Window Wiper
- RL Reclining Seats

- WHEEL OPTIONS**
- AW Aluminum
  - AY Alloy
  - LC Locking Wire
  - SA Spoked Aluminum
  - SY Styled Steel
  - WW Wire
  - WC Wire Covers

Base Book	13,575
Miles + -	-2,950
Total Retail Book Value	10,625

APPRAISER C. Russell  
 LOCATION Conway  
 PHONE 501-977-4436

	Re-Place	Re-Pair	Old damage, mechanical repair, interior trim, refinishing, and any missing interior equipment (battery, radio, spare, etc.)					
Reconditioning	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	Tire Tread Depth	LF	RF	LR	RR	Spare	Tires Net Amount	
	Total Reconditioning Amount							

DEALER QUOTES			STOCK		Quote
Dealership	Phone	Salesperson	Yes	No	
1. Your Choice Autos	847-860-6224	Internet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9,999
2. Carface Auto Group	440-517-7431	Internet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12,950
3. Schurr Auto	855-931-3097	Internet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12,500
Average of Quotes					12,816

SALVAGE BIDS			
Company	Person	Phone	Bid
1. Copart			6371.73
2. Pratt's Auto Salvage	Adam	870-886-7145	1758
3. Russell Towing	Donnie	501-354-8726	850
Salvage Location	Pro Auto Collision	Charges day	Towing

ACV CALCULATIONS	
1 Book Value	\$ 10,625
2 Avg of Quotes	\$ 12,816
3 Avg Lines 1 & 2	\$ 11,720.5
4 Reconditioning + -	\$
5 Suggested ACV	\$ 11720.5
6 Sales Tax	\$
7 Grand Total	\$

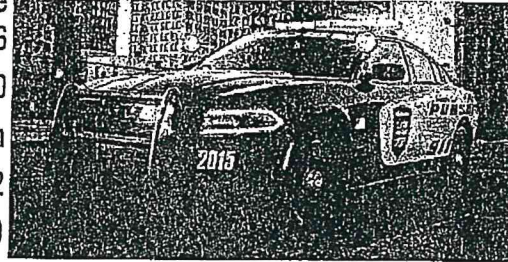
Additional Comments \_\_\_\_\_

Eclipse Appraisal Inc.

PO BOX 84  
 Solgohachia, AR 72156  
 5019774436  
 curtis@eclipseappraisal.com

**Vehicle Information**

Vehicle: 2016 Dodge Charger Sedan 4D:Police  
 3.6L V6  
 Reference #: AAC-0041130  
 Region: Southwestern  
 Period: December 8, 2022  
 VIN: 2C3CDXAG4GH251359  
 Mileage: 127,000  
 Base MSRP: \$31,570  
 Typically Equipped MSRP: \$32,665



**J.D. POWER Used Cars/Trucks Values**

	Base	Mileage Adj.	Option Adj.	Adjusted Value
Monthly				
Trade-In				
Average	\$10,000	-\$2,950	N/A	\$7,050
Clean Retail	\$13,575	-\$2,950	N/A	\$10,625

**Selected Options**

	Trade-In/Loan w/body	Retail w/body
Fog Lights		



Drivers' Last Names JOHNSON, GARDNER

Juvenile Involved [ ] Yes [X] No ARKANSAS MOTOR VEHICLE CRASH REPORT Severity [ ] Fatality [X] Injury [ ] PDO

# of Motor Vehicles 2

Rev. 2019-1

Crash Report # 202300208ASP

# of Non-Motorists 0

Investigating Agency STATE POLICE TROOP A

Investigating Officer

CPL GLOVER THOMAS 330 Signature

CRASH DATE AND TIME

Table with 6 columns: Date of Crash, Time of Crash, Date Police Notified, Time Police Notified, Date Police Arrived, Time Police Arrived.

CRASH LOCATION

Table with 4 columns: County, City, Latitude, Longitude.

Table with 4 columns: Road/Street/Highway, Section, Log Mile, At Intersection With.

Not in City, but of the City Limits of

Not at Intersection, but of

CRASH FACTORS AND CONDITIONS

Large form with multiple columns for crash factors: First Harmful Event, Location of First Harmful Event, School Bus Related, Roadway Surface Condition, Weather Conditions, Collision with Non-Fixed Object, Collision with Fixed Object, Road System, Property Classification, Trafficway Classification, Light Condition, Roadway Conditions, Environmental Factors.

WORK ZONE CRASH INFORMATION

Table with 4 columns: Work Zone, Location Relative to Work Zone, Work Zone Type, Worker(s) Present, Law Enforcement Present.

Photos Taken		ATTACHMENTS	
<input type="checkbox"/> Yes	Type	Description	
<input checked="" type="checkbox"/> No	Driver statement	Statement from Driver 1	
	Driver statement	Statement from Driver 2	

NON-VEHICULAR PROPERTY DAMAGE

Description of Property Damage	Damage Estimate	Owner Contacted	Name		Address		
			Street	City	State	Postal Code	

WITNESSES' CONTACT INFORMATION

Last Name	First Name	Middle Name	Suffix	Address	City	State	Postal Code

ARKANSAS MOTOR VEHICLE CRASH REPORT  
VEHICLE INFORMATION

Crash Report # 202300208ASP

Motor Vehicle # 1

DESCRIPTION AND IDENTIFICATION

<input type="checkbox"/> Check if this vehicle had no driver <input type="checkbox"/> Hit and Run 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene		100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene		000 <b>Vehicle Body Type</b> 105 <b>Passenger Vehicles</b> 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Mini-van 107 Passenger van (seats any number if personal; up to 8 if business) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle <b>Truck (&gt; 10,000 lbs)</b> 200 Single unit truck (2 axes) 201 Single unit truck (3 or more axes) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) <b>Bus / Van / Limo (9 or more seats, including driver)</b> 300 School bus 301 Transit/city bus 302 Motor coach/intercity/cross-country bus 303 Limousine 304 Van (seats 9-15, including driver) 390 Other vehicle (seats 9-15, including driver) 391 Other vehicle (seats 16 or more, including driver) <b>Cycle / Low Speed</b> 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle <b>Unknown</b> 999 Unknown type of motor vehicle <i>If 198, 298, 390, 391, or 498, describe below:</i>	
VIN 1FT7W2BT7HED99178 <b>Vehicle Year, Make, and Model</b> 2017 Ford F-Series pickup Year Make Model		<b>License Plate</b> AR DV27938 2023 State Number Year <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)		<b>Trailer #1 License Plate</b> <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)	
<b>Trailer #2 License Plate</b> <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)		<b>Owner Name</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown CHARLES JOHNSON		<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 52 BUDDY LN CONWAY AR 72032-9715 Street City State Postal Code	
<b>Motor Carrier Type</b> 000 000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 999 Unknown		<b>Motor Carrier ID Numbers</b> USDOT # MC/MX # State # State		<b>Motor Carrier Name</b> <input type="checkbox"/> Unknown	
<b>Motor Carrier Address</b> <input type="checkbox"/> Unknown Street City State Postal Code		<b>Cargo Body Type</b> 000 000 No cargo body 100 Bus 101 Van / enclosed box 102 Grain / ch/lps / gravel 103 Pole trailer 104 Cargo tank 105 Log 106 Intermodal container chassis 107 Vehicle towing another vehicle 108 Flatbed 109 Dump 110 Concrete mixer 111 Auto transporter 112 Garbage / refuse 198 Other 999 Unknown		<b>GVWR/GCWR</b> 970 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable	
<b>Hazardous Materials Placard</b> 000 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown		<b>Hazardous Material ID</b> (4-digit # or name from middle of diamond or rectangular box) <b>Hazardous Material Class</b> (1-digit # from bottom of diamond)		<b>Hazardous Materials Released from Vehicle Cargo Compartment</b> 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)	

INSURANCE

DAMAGE

<b>Insurance</b> <input type="checkbox"/> Uninsured at time of crash <input type="checkbox"/> Unknown (fill in any known details)		<b>Damage Severity</b> 101 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown		<b>Initial Contact Point (check 1)</b> <table border="1"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>		7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	<b>Damaged Areas (check all that apply)</b> <table border="1"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>		7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
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<b>Insurance Company</b> SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY		<b>Damage Estimate</b> \$5,000		<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																																																			
<b>NAIC #</b> 18325		<b>Damage Prior to the Crash</b> <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)																																																							
<b>Policy #</b> MV01150447																																																									

TOWING

<b>Towed</b> 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage		<b>Towed By</b> <b>Towed To</b> Street City State Postal Code	
----------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------	--

Motor Vehicle #

1

ARKANSAS MOTOR VEHICLE CRASH REPORT
VEHICLE INFORMATION

Crash Report # 202300208ASP

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage, Emergency Vehicle Usage, Vehicle Maneuver, Vehicle Defects, Trafficway Description, Roadway Surface, Roadway Grade, Roadway Alignment, Total # of Lanes, Posted Speed Limit, Traffic Control Device Types and Statuses.

MOTOR VEHICLE EVENTS

Sequence of Events 1 205 2 3 4 5 6 7 8 9 10

Most Harmful Event 205

Non-Collision, Collision with Non-Fixed Object, Collision with Fixed Object, Unknown. Includes descriptions like 100 Overturn/rollover, 200 Pedestrian, 300 Impact attenuator/crash cushion.

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DRIVER INFORMATION

Motor Vehicle #  
1

Crash Report # 202300208ASP

DRIVER INFORMATION

Name  Unknown  
 JOHNSON CHARLES EDWARD  
*Last First Middle Suffix*  
 Date of Birth/Age 06/27/1948 Age: 74  
 Sex  Male  Female  Unknown  
 Race 100  
 100 White/Caucasian  
 101 Black/African-American  
 102 Hispanic  
 103 Asian/Pacific Islander  
 104 American Indian  
 198 Other  
 999 Unknown

Address  Unknown  
 52 BUDDY LN CONWAY AR 720329715  
*Street City State Postal Code*

DRIVER LICENSE INFORMATION

License Status 100  
 000 Not licensed  
 100 Valid license  
 200 Suspended  
 201 Revoked  
 202 Expired  
 203 Cancelled or denied  
 204 Disqualified  
 999 Unknown

License Number 901954768  
 License State AR License Class B  
 Is Commercial Driver License?  Yes  No

Restrictions on License *Check all that apply.*  
 000 None  
 100 With licensed adult  
 101 Corrective lenses  
 102 Mechanical aid  
 103 Prosthetic aid  
 104 Automatic transmission  
 105 Outside mirror  
 106 Daylight only  
 107 Class B or C with passengers and class D  
 108 Class C only with passengers  
 109 Vehicles without airbrakes  
 110 Interlock device  
 111 School, church, or transit bus  
 112 Class D only with passengers  
 113 Diesel fuel, fertilizer only  
 114 Seasonal farm service vehicle  
 198 Other (describe below)

Restrictions Violated *Check all that apply.*  
 000 None  
 100 With licensed adult  
 101 Corrective lenses  
 102 Mechanical aid  
 103 Prosthetic aid  
 104 Automatic transmission  
 105 Outside mirror  
 106 Daylight only  
 107 Class B or C with passengers and class D  
 108 Class C only with passengers  
 109 Vehicles without airbrakes  
 110 Interlock device  
 111 School, church, or transit bus  
 112 Class D only with passengers  
 113 Diesel fuel, fertilizer only  
 114 Seasonal farm service vehicle  
 198 Other (describe below)

Endorsements on License *Check all that apply.*  
 000 None  
 100 Double/triple trailers  
 101 Passenger  
 102 Tank vehicle  
 103 Hazardous materials  
 104 Tank vehicle & hazardous materials  
 105 School  
 106 Motorcycle  
 107 Motor driven cycle  
 108 Valid without photo  
 198 Other (describe below)

Endorsements Violated *Check all that apply.*  
 000 None  
 100 Double/triple trailers  
 101 Passenger  
 102 Tank vehicle  
 103 Hazardous materials  
 104 Tank vehicle & hazardous materials  
 105 School  
 106 Motorcycle  
 107 Motor driven cycle  
 108 Valid without photo  
 198 Other (describe below)

DRIVER SEATING AND SAFETY INFORMATION

Seating Position 110  
 Standard Vehicle Seats  

Front				
Row	Left	Middle	Right	Other
1	110	120	130	180
2	210	220	230	280
3	310	320	330	380
4	410	420	430	480
5	510	520	530	580

 Other Seating Positions  
 800 Sleeper section of cab (truck)  
 801 Passenger section of bus  
 802 Enclosed passenger/cargo area  
 803 Unenclosed passenger/cargo area  
 804 Passenger/cargo area, unknown if enclosed  
 805 Trailing unit  
 806 Riding on motor vehicle exterior  
 Unknown  
 999 Unknown

Restraint Systems Used 100  
 000 None used - motor vehicle occupant  
 100 Shoulder and lap belt used  
 101 Shoulder belt only used  
 102 Lap belt only used  
 103 Restraint used - type unknown  
 104 Child restraint system - forward facing  
 105 Child restraint system - rear facing  
 106 Booster seat  
 107 Child restraint - type unknown  
 198 Other  
 970 Not applicable  
 999 Unknown

Motorcycle Helmet Usage 000  
 000 No helmet worn  
 100 DOT-compliant motorcycle helmet worn  
 101 Non-DOT-compliant motorcycle helmet worn  
 102 Helmet worn, unknown if DOT-compliant  
 999 Unknown if helmet worn

Eye Protection Usage  
 Yes  
 No  
 Unknown

Bus Seating Position  
 (Complete if 801 was selected for Seating Position above.)  

Front					
Driver			Aisle		
1A	1B	1C	1D	1E	1F
2A	2B	2C	2D	2E	2F
3A	3B	3C	3D	3E	3F
4A	4B	4C	4D	4E	4F
5A	5B	5C	5D	5E	5F
...	...	...	...	...	...
##A	##B	##C	##D	##E	##F

Air Bags Deployed *Check all that apply.*  
 000 Not deployed  
 100 Deployed: front  
 101 Deployed: side  
 102 Deployed: curtain  
 198 Deployed: other  
 970 Not applicable  
 999 Unknown

Ejection 000  
 000 Not ejected  
 100 Ejected, partially  
 101 Ejected, totally  
 970 Not applicable  
 999 Unknown

Extrication 000  
 000 Not extricated  
 100 Extricated  
 999 Unknown

Ejection Path 000  
 000 Not ejected  
 100 Side door opening  
 101 Side window  
 102 Windshield  
 103 Back window  
 104 Back door/tailgate opening  
 105 Roof opening (sun roof, convertible top down)  
 106 Roof (convertible top up)  
 198 Other (e.g., back of pickup truck, torn-off roof, car cut in half)

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DRIVER INFORMATION

Crash Report # 202300208ASP

Motor Vehicle # 1

MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

<b>Condition at Time of Crash</b> <i>Check all that apply:</i>	<b>Driver Distracted By</b> 981	<b>Driver Vision Obscured By</b> 000
<input checked="" type="checkbox"/> 000 Apparently normal <input type="checkbox"/> 100 Physically impaired <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> 102 Ill (sick) or fainted <input type="checkbox"/> 103 Asleep or fatigued <input type="checkbox"/> 104 Under the influence of medication or drugs <input type="checkbox"/> 105 Under the influence of alcohol <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown	000 Not distracted 100 Manually operating an electronic communication device (texting, typing, dialing) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <i>If 980 or 981, describe below:</i> PAFFORD TRUCK RUNNING CODE	000 No obstruction noted 100 Rain, snow, fog, smoke, sand, or dust 101 Reflected glare, bright sunlight, or headlights 102 Curve, hill, or other roadway design feature 103 Building, billboard, or other structure 104 Trees, crops, or vegetation 105 In-transport motor vehicle (including load) 980 Other visual obstruction (describe below)

<b>Driver Suspected of Alcohol Usage</b>	<b>Alcohol Test Type Given</b> 000	<b>Alcohol Test Result Status</b> 970	<b>Blood Alcohol Content</b>	<b>Speeding Related</b> 000
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test 999 Unknown if tested	100 Results pending 101 Results received 970 Not applicable 999 Unknown	<input type="checkbox"/> Result received from Crime Lab	000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown

<b>Driver Suspected of Drug Usage</b>	<b>Drug Test Type Given</b> 000	<b>Drug Test Results</b>	<input type="checkbox"/> Result received from Crime Lab	<b>Citations</b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested	<b>Pending/Negative</b> <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending <b>Positive Results (check all that apply)</b> <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbiturates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 298 Other positive result (describe below)	<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<b>Citation #</b> 100A0292445 <b>Charges</b> 27-51-104 CARELESS AND PROHIBITED DRIVING

DRIVER ACTIONS AT TIME OF CRASH

*Check all that apply:*

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

ARKANSAS MOTOR VEHICLE CRASH REPORT  
VEHICLE INFORMATION

Crash Report # 202300208ASP

Motor Vehicle #  
2

DESCRIPTION AND IDENTIFICATION

<input type="checkbox"/> Check if this vehicle had no driver <input type="checkbox"/> Hit and Run 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene		<input type="checkbox"/> 100 Yes, vehicle & driver left the scene <input type="checkbox"/> 101 Yes, only driver left the scene		<input type="checkbox"/> 000 Vehicle Body Type Passenger Vehicles 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Mini-van 107 Passenger van (seats any number if personal; up to 8 if business) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle Truck (> 10,000 lbs) 200 Single unit truck (2 axles) 201 Single unit truck (3 or more axles) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) Bus / Van / Limo (9 or more seats, including driver) 300 School bus 301 Transit/city bus 302 Motor coach/intercity/cross-country bus 303 Limousine 304 Van (seats 9-15, including driver) 390 Other vehicle (seats 9-15, including driver) 391 Other vehicle (seats 16 or more, including driver) Cycle / Low Speed 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle Unknown 999 Unknown type of motor vehicle If 198, 298, 390, 391, or 498, describe below:		<input type="checkbox"/> 101	
VIN 2C3CDXAG4GH251359							
Vehicle Year, Make, and Model 2016 Dodge Charger							
License Plate AR 636VCE 2023 State Number Year		<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)					
Trailer #1 License Plate State Number		<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)					
Trailer #2 License Plate State Number		<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)					
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown FAULKNER COUNTY SHERIFF'S OFFICE							
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 801 LOCUST AVE. CONWAY AR 72034 Street City State Postal Code							
Motor Carrier Type 000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 999 Unknown		<input type="checkbox"/> 000 Motor Carrier ID Numbers USDOT # _____ MC/MX # _____ State # _____ State _____		Motor Carrier Name <input type="checkbox"/> Unknown			
Motor Carrier Address <input type="checkbox"/> Unknown Street City State Postal Code							
Cargo Body Type 000 No cargo body 100 Bus 101 Van / enclosed box 102 Grain / chips / gravel 103 Pole trailer 104 Cargo tank 105 Log 106 Intermodal container chassis 107 Vehicle towing another vehicle 108 Flatbed 109 Dump 110 Concrete mixer 111 Auto transporter 112 Garbage / refuse 198 Other 999 Unknown							
GVWR/GCWR 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable		<input type="checkbox"/> 970 Hazardous Materials Placard 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown		<input type="checkbox"/> 000 Hazardous Material ID (4-digit # or name from middle of diamond or rectangular box) Hazardous Material Class (1-digit # from bottom of diamond)			
				<input type="checkbox"/> 970 Hazardous Materials Released from Vehicle Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)			

INSURANCE

DAMAGE

<input type="checkbox"/> Uninsured at time of crash <input type="checkbox"/> Unknown (fill in any known details)		<input type="checkbox"/> 101 Damage Severity 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown		<input type="checkbox"/> 6 Initial Contact Point (check 1) <table border="1"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>		7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	<input type="checkbox"/> 6 Damaged Areas (check all that apply) <table border="1"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>		7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
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6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12																																																					
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6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																					
5	4	3	2	1																																																					
Insurance Company ASS. OF AR. COUNTIES RISK MANAGEMENT FUND		Damage Estimate \$5,000		<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																																																			
NAIC # 90046		<input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)																																																							
Policy # RMF-1035																																																									

TOWING

<input type="checkbox"/> 000 Towed 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage		<input type="checkbox"/> 000 Towed By Towed To Street City State Postal Code	
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ARKANSAS MOTOR VEHICLE CRASH REPORT  
VEHICLE INFORMATION

Crash Report # 202300208ASP

Motor Vehicle #  
2

MOTOR VEHICLE CIRCUMSTANCES

<b>Vehicle Usage</b> 108	<b>Emergency Vehicle Usage</b> 100	<b>Vehicle Maneuver</b> 112
000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services vehicle 112 Incident response 999 Unknown	100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment not in use 103 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown	100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other
	<b>Travel Direction</b> 102	
	100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown	

**Vehicle Defects** Check all that apply.

000 None

<input type="checkbox"/> 100 Brake	<input type="checkbox"/> 101 Exhaust system	<input type="checkbox"/> 102 Body or doors
<input type="checkbox"/> 103 Steering	<input type="checkbox"/> 104 Power train	<input type="checkbox"/> 105 Suspension
<input type="checkbox"/> 106 Tires	<input type="checkbox"/> 107 Wheels	<input type="checkbox"/> 108 Headlights
<input type="checkbox"/> 109 Tail lights	<input type="checkbox"/> 110 Turn signals	<input type="checkbox"/> 111 Windows or windshield
<input type="checkbox"/> 112 Mirrors	<input type="checkbox"/> 113 Wipers	<input type="checkbox"/> 114 Truck coupling, trailer hitch, or safety chains
<input type="checkbox"/> 115 Fuel system	<input type="checkbox"/> 116 Cruise control	

198 Other

999 Unknown

999 Unknown

**Traffic Control Device Types and Statuses**  
Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.

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

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

<b>Trafficway Description</b> 200	<b>Roadway Surface</b> 101
100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (painted >4 feet) median 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier 999 Unknown	100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown
<b>Roadway Grade</b> 100	<b>Roadway Alignment</b> 100
100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown	100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown
<b>Total # of Lanes</b> 2	<b>Posted Speed Limit</b> 55
	Use the posted speed limit that applied to this vehicle at the time of the crash.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [205] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

Most Harmful Event [205]

Non-Collision	Collision with Non-Fixed Object	Collision with Fixed Object	Unknown
100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fell/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision	200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object	300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support 317 Other post, pole, or support	318 Fence 319 Mailbox 320 Building 398 Other fixed object 999 Unknown

If 198, 298, or 398 is used, describe below:



ARKANSAS MOTOR VEHICLE CRASH REPORT  
DRIVER INFORMATION

Crash Report # 202300208ASP

Motor Vehicle #  
2

DRIVER INFORMATION

Name  Unknown  
 GARDNER JOSHUA LANIER  
*Last First Middle Suffix*  
 Date of Birth/Age 09/10/1981 Age: 41  
 Sex  Male  Female  Unknown  
 Race 100  
 100 White/Caucasian  
 101 Black/African-American  
 102 Hispanic  
 103 Asian/Pacific Islander  
 104 American Indian  
 198 Other  
 999 Unknown

Address  Unknown  
 1013 WATSON PL BENTON AR 720153153  
*Street City State Postal Code*

DRIVER LICENSE INFORMATION

License Status 100 000 Not licensed 100 Valid license 200 Suspended 201 Revoked 202 Expired 203 Cancelled or denied 204 Disqualified 999 Unknown	License Number 906040900	Restrictions on License <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class D <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below)	Restrictions Violated <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class D <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below)
License State AR	License Class D		
Is Commercial Driver License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Endorsements on License <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Double/triple trailers <input type="checkbox"/> 101 Passenger <input type="checkbox"/> 102 Tank vehicle <input type="checkbox"/> 103 Hazardous materials <input type="checkbox"/> 104 Tank vehicle & hazardous materials <input type="checkbox"/> 105 School <input type="checkbox"/> 106 Motorcycle <input type="checkbox"/> 107 Motor driven cycle <input type="checkbox"/> 108 Valid without photo <input type="checkbox"/> 198 Other (describe below)	Endorsements Violated <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Double/triple trailers <input type="checkbox"/> 101 Passenger <input type="checkbox"/> 102 Tank vehicle <input type="checkbox"/> 103 Hazardous materials <input type="checkbox"/> 104 Tank vehicle & hazardous materials <input type="checkbox"/> 105 School <input type="checkbox"/> 106 Motorcycle <input type="checkbox"/> 107 Motor driven cycle <input type="checkbox"/> 108 Valid without photo <input type="checkbox"/> 198 Other (describe below)		

DRIVER SEATING AND SAFETY INFORMATION

Seating Position 110	Restraint Systems Used 100	Motorcycle Helmet Usage 000																																																						
Standard Vehicle Seats <table border="1"> <tr><th colspan="5">Front</th></tr> <tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Other</th></tr> <tr><td>1</td><td>110</td><td>120</td><td>130</td><td>180</td></tr> <tr><td>2</td><td>210</td><td>220</td><td>230</td><td>280</td></tr> <tr><td>3</td><td>310</td><td>320</td><td>330</td><td>380</td></tr> <tr><td>4</td><td>410</td><td>420</td><td>430</td><td>480</td></tr> <tr><td>5</td><td>510</td><td>520</td><td>530</td><td>580</td></tr> </table>	Front					Row	Left	Middle	Right	Other	1	110	120	130	180	2	210	220	230	280	3	310	320	330	380	4	410	420	430	480	5	510	520	530	580	Other Seating Positions 800 Sleeper section of cab (truck) 801 Passenger section of bus 802 Enclosed passenger/cargo area 803 Unenclosed passenger/cargo area 804 Passenger/cargo area, unknown if enclosed 805 Trailing unit 806 Riding on motor vehicle exterior. Unknown 999 Unknown	Motorcycle Helmet Usage 000 000 No helmet worn 100 DOT-compliant motorcycle helmet worn 101 Non-DOT-compliant motorcycle helmet worn 102 Helmet worn, unknown if DOT-compliant 999 Unknown if helmet worn Eye Protection Usage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																			
Front																																																								
Row	Left	Middle	Right	Other																																																				
1	110	120	130	180																																																				
2	210	220	230	280																																																				
3	310	320	330	380																																																				
4	410	420	430	480																																																				
5	510	520	530	580																																																				
Bus Seating Position (Complete if 801 was selected for Seating Position above.)	Air Bags Deployed <i>Check all that apply:</i> <input checked="" type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other  <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Ejection 000 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown Extrication 000 000 Not extricated 100 Extricated 999 Unknown Ejection Path 000 000 Not ejected 100 Side door opening 101 Side window 102 Windshield 103 Back window 104 Back door/tailgate opening 105 Roof opening (sun roof, convertible top down) 106 Roof (convertible top up) 198 Other (e.g., back of pickup truck, torn-off roof, car cut in half)																																																						
<table border="1"> <tr><th colspan="6">Front</th></tr> <tr><th colspan="3">Driver</th><th colspan="3">Aisle</th></tr> <tr><td>1A</td><td>1B</td><td>1C</td><td>1D</td><td>1E</td><td>1F</td></tr> <tr><td>2A</td><td>2B</td><td>2C</td><td>2D</td><td>2E</td><td>2F</td></tr> <tr><td>3A</td><td>3B</td><td>3C</td><td>3D</td><td>3E</td><td>3F</td></tr> <tr><td>4A</td><td>4B</td><td>4C</td><td>4D</td><td>4E</td><td>4F</td></tr> <tr><td>5A</td><td>5B</td><td>5C</td><td>5D</td><td>5E</td><td>5F</td></tr> <tr><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td></tr> <tr><td>##A</td><td>##B</td><td>##C</td><td>##D</td><td>##E</td><td>##F</td></tr> </table>	Front						Driver			Aisle			1A	1B	1C	1D	1E	1F	2A	2B	2C	2D	2E	2F	3A	3B	3C	3D	3E	3F	4A	4B	4C	4D	4E	4F	5A	5B	5C	5D	5E	5F	⋮	⋮	⋮	⋮	⋮	⋮	##A	##B	##C	##D	##E	##F		
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##A	##B	##C	##D	##E	##F																																																			

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DRIVER INFORMATION

Crash Report # 202300208ASP

Motor Vehicle # 2

MEDICAL INFORMATION

<b>Injury Status</b> 1 (K) Fatal Injury 2 (A) Suspected serious injury 3 (B) Suspected minor injury 4 (C) Possible injury 5 (O) No apparent injury	<b>Type of Medical Transportation</b> 000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other	<b>EMS Notified</b> 01/03/2023 07:24 PM <i>Date Time</i>	<b>EMS Arrived</b> 01/03/2023 07:31 PM <i>Date Time</i>
<b>Trauma Band #</b>	199 Transported, but method unknown 999 Unknown if transported	<b>Transported to Medical Facility By</b>	
		<b>Medical Facility Transported To</b>	

DRIVER CONDITION AND CIRCUMSTANCES

<b>Condition at Time of Crash</b> <i>Check all that apply:</i> <input checked="" type="checkbox"/> 000 Apparently normal <input type="checkbox"/> 100 Physically impaired <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> 102 Ill (sick) or fainted <input type="checkbox"/> 103 Asleep or fatigued <input type="checkbox"/> 104 Under the influence of medication or drugs <input type="checkbox"/> 105 Under the influence of alcohol <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown	<b>Driver Distracted By</b> 000 Not distracted 100 Manually operating an electronic communication device (texting, typing, dialing) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <i>If 980 or 981, describe below:</i>	<b>Driver Vision Obscured By</b> 000 No obstruction noted 100 Rain, snow, fog, smoke, sand, or dust 101 Reflected glare, bright sunlight, or headlights 102 Curve, hill, or other roadway design feature 103 Building, billboard, or other structure 104 Trees, crops, or vegetation 105 In-transport motor vehicle (including load) 980 Other visual obstruction (describe below)	106 Not in-transport motor vehicle (parked, working) 107 Splash or spray of passing vehicle 108 Inadequate defrost or defog system 109 Inadequate vehicle lighting system 110 Obstruction interior to the vehicle 111 External mirrors 112 Broken or improperly cleaned windshield 113 Obstructing angles on vehicle 199 Vision obscured - no details
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<b>Driver Suspected of Alcohol Usage</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Alcohol Test Type Given</b> 000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test 999 Unknown if tested	<b>Alcohol Test Result Status</b> 100 Results pending 101 Results received 970 Not applicable 999 Unknown	<b>Blood Alcohol Content</b> <input type="checkbox"/> Result received from Crime Lab	<b>Speeding Related</b> 000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown
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<b>Driver Suspected of Drug Usage</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Drug Test Type Given</b> 000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested	<b>Drug Test Results</b> <input type="checkbox"/> Pending/Negative <input type="checkbox"/> Positive Results (check all that apply) <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbiturates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 298 Other positive result (describe below)	<input type="checkbox"/> Result received from Crime Lab <input checked="" type="checkbox"/> Not Applicable/Unknown <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown <input type="checkbox"/> 206 Methamphetamines <input type="checkbox"/> 207 Opiates <input type="checkbox"/> 208 Oxycodone <input type="checkbox"/> 209 Propoxyphene <input type="checkbox"/> 210 Phencyclidine (PCP)	<b>Citations</b> Citation # Charges
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DRIVER ACTIONS AT TIME OF CRASH

*Check all that apply:*

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

Total # of Passengers  
2

ARKANSAS MOTOR VEHICLE CRASH REPORT

PASSENGER INFORMATION

Crash Report # 202300208ASP

Complete this sheet for passengers in each motor vehicle.

PASSENGER INFORMATION

MOTOR VEHICLE # 1						PASSENGER # 1	
Name JOHNSON PAMELA GAY			Date of Birth/Age 02/28/1956 Age: 66		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown		Air Bags Deployed <i>check all that apply:</i> <input checked="" type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown
Address 52 BUDDY LN CONWAY AR 72032			Race 100		Helmet Used 000		
Injury Status 5		Seating Position 130	Ejection 000	Ejection Path 000	Extrication 000	Restraint Systems 100	Eye Protection 000
Type of Medical Transportation 000	EMS Notified Date (MM/DD/YYYY) Time (HH:MM AM/PM)		Transported To Medical Facility By			Trauma Band #	
	EMS Arrived Date (MM/DD/YYYY) Time (HH:MM AM/PM)		Medical Facility Transported To			If 198 is checked, describe below	

MOTOR VEHICLE # 1						PASSENGER # 2	
Name JOHNSON JAMES			Date of Birth/Age 04/12/1979 Age: 43		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Air Bags Deployed <i>check all that apply:</i> <input checked="" type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown
Address 52 BUDDY LN CONWAY AR 720329715			Race 100		Helmet Used 000		
Injury Status 5		Seating Position 230	Ejection 000	Ejection Path 000	Extrication 000	Restraint Systems 100	Eye Protection 000
Type of Medical Transportation 000	EMS Notified Date (MM/DD/YYYY) Time (HH:MM AM/PM)		Transported To Medical Facility By			Trauma Band #	
	EMS Arrived Date (MM/DD/YYYY) Time (HH:MM AM/PM)		Medical Facility Transported To			If 198 is checked, describe below	

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

PASSENGER CODES

Injury Status		Ejection		Ejection Path		Restraint Systems Used		Vehicle Seating Position	
1 (K) Fatal Injury		000 Not ejected		000 Not ejected		000 None used - motor vehicle occupant		800 Sleeper section of cab (truck)	
2 (A) Suspected serious injury		100 Ejected, partially		100 Slide door opening		100 Shoulder and lap belt used		801 Passenger section of bus	
3 (B) Suspected minor injury		101 Ejected, totally		101 Side window		101 Shoulder belt only used		802 Enclosed passenger/cargo area	
4 (C) Possible injury		970 Not applicable		102 Windshield		102 Lap belt only used		803 Unenclosed passenger/cargo area	
5 (O) No apparent injury		999 Unknown		103 Back window		103 Restraint used - type unknown		804 Passenger/cargo area, unknown if enclosed	
Race		Extrication		104 Back door/fallgate opening		104 Child restraint system - forward facing		805 Trailing unit	
100 White/Caucasian		000 Not extricated		105 Roof opening		105 Child restraint system - rear facing		806 Riding on motor vehicle exterior	
101 Black/African-American		100 Extricated		(sun roof, convertible top down)		106 Booster seat		999 Unknown	
102 Hispanic		999 Unknown		106 Roof (convertible top up)		107 Child restraint - type unknown			
103 Asian/Pacific Islander				198 Other (e.g., back of pickup truck, torn-off roof, car cut in half)		198 Other			
104 American Indian				970 Not applicable		970 Not applicable			
198 Other				999 Unknown		999 Unknown			
999 Unknown									
Type of Medical Transportation		Motorcycle Helmet Used		Eye Protection Used		Bus Seating Position (use if 801 is selected)			
000 Not transported		000 No helmet worn		000 No		Front			
100 EMS air		100 DOT-compliant motorcycle helmet worn		100 Yes		Driver			
101 EMS ground		101 Non-DOT-compliant motorcycle helmet worn		999 Unknown		1A 1B 1C		1D 1E 1F	
102 Law enforcement		102 Helmet worn, unknown if DOT-compliant				2A 2B 2C		2D 2E 2F	
198 Other		999 Unknown if helmet worn				3A 3B 3C		3D 3E 3F	
199 Transported, but method unknown						:		:	
999 Unknown if transported						: #A #B #C		: #D #E #F	

ARKANSAS MOTOR VEHICLE CRASH REPORT  
NARRATIVE

500403

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Crash Report # 202300208ASP

V1 WAS EASTBOUND ON STATE HWY. 286, BEHIND V2. V2 WAS STOPPED FOR TRAFFIC ON STATE HWY. 286 EASTBOUND.

V1 DID NOT SEE V2 STOPPED. THE FRONT OF V1 STRUCK THE REAR OF V2.

V1 AND V2 DROVE TO THE SOUTH SHOULDER OF THE ROADWAY AND CAME TO A STOP, FACING EAST.

Scene #  
1

# ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

Page 13 of 13

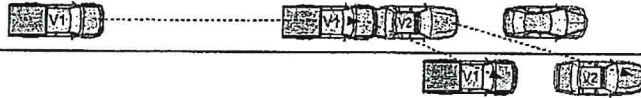
Crash Report # 202300208ASP



Not To Scale

301 HWY. 286

STATE HWY. 286



FAULKNER COUNTY SHERIFF'S OFFICE  
Statement Form

Revised 8/20

TODAY'S DATE: \_\_\_\_\_  
INCIDENT DATES: \_\_\_\_\_  
LOCATION: \_\_\_\_\_

INCIDENT #: \_\_\_\_\_  
CRIME: \_\_\_\_\_

Complainant Information

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DL: \_\_\_\_\_

Victim Information  Check here if same as complainant information

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DL: \_\_\_\_\_

Suspect Information

NAME: Charles E. Johnson DOB: 6/27/68 SEX: M RACE: C  
ADDRESS: 52 Biddy Ln PHONE: 501-631-7535  
Conway AR 72032 DL: \_\_\_\_\_

I was driving westbound on 286 behind me.  
I was <sup>was</sup> that vehicle's lights on when I looked forward,  
the vehicle in front of me had stopped and I hit the  
vehicle in front of me.

Passenger - wife, Pam Johnson ID 9019531170822251  
Rear passenger - Son, James Johnson ID ? DOB 4/24/79

address: 52 Biddy Ln  
Conway, AR 72032

Ch. Johnson 1/3/23 Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Signature / Date

# FAULKNER COUNTY SHERIFF'S OFFICE

## Statement Form

TODAY'S DATE: 01/03/2023 INCIDENT #: \_\_\_\_\_  
INCIDENT DATES: 01/03/2023 CRIME: \_\_\_\_\_  
LOCATION: 300 BLOCK OF HIGHWAY 286

### Complainant Information

NAME: JOSHUA BRADNOR DOB: 09/10/1981 SEX: M RACE: ATI  
ADDRESS: 17208 EAST MAIN ROAD PHONE: 501-286-2295  
LITTLE ROCK AR 72206 DL: 906040900 AR


### Victim Information Check here if same as complainant information

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DL: \_\_\_\_\_

### Suspect Information

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DL: \_\_\_\_\_

WHILE TRAVELING EAST ON HIGHWAY 286 I STOPPED FOR A VEHICLE  
TURNING NORTH INTO A PRIVATE DRIVE. WHILE STOPPED A VEHICLE STRUCK  
THE REAR OF MY PATROL UNIT. I MADE CONTACT WITH THE OCCUPANTS  
WHO STATED THEY WERE UNINSURED. THE DRIVER STATED HE LOOKED  
AT THE "FLASHING LIGHTS" IN HIS REARVIEW THEN LOOKED BACK AT THE ROADWAY  
AND SAW ME STOPPED. I THEN WAITED FOR CORPORAL MARTIN TO  
ARRIVE.

 01/03/2023  
Signature / Date

