

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. 23-098

**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: 1000.0400 Sheriff's Office**

<u>Item Description</u>	<u>VIN/Serial No.</u>	<u>Inv. No.</u>	<u>Tag No.</u>	<u>Est. Value</u>
2019 Dodge Charger	2C3CDXAT2KH644816	V.2.124		\$0

**IT IS SO ORDERED**

\_\_\_\_\_  
Allen Dodson  
Faulkner County Judge  
Date: \_\_\_\_\_

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 24, 2023

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

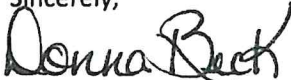
RE: Inventory

Dear Judge Dodson & Ms. Wooley

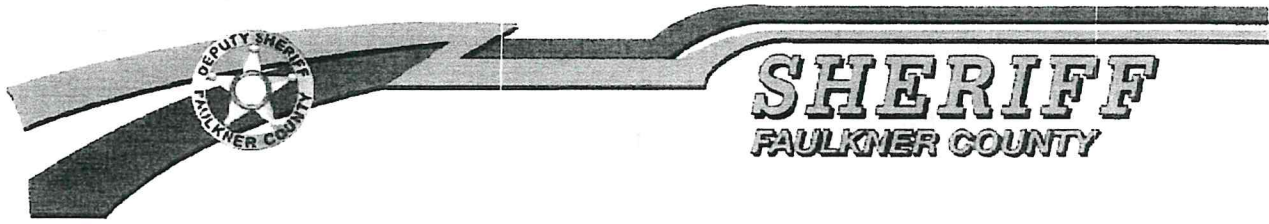
The Faulkner County Assessor's Office has been asked to prepare a letter to remove the following vehicle from County Inventory for the Faulkner County Sheriff's Office. According to the appraisal evaluation, the vehicle is considered a total loss due to an accident. Therefore, the vehicle listed below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

<u>Item Description</u>	<u>VIN Number</u>	<u>Inventory Number</u>
2019 Dodge Charger	2C3CDXAT2KH644816	V.2.124

Sincerely,



Donna Beck  
Chief Deputy Assessor



Sheriff Tim Ryals

Chief Deputy Chad Wooley

January 23, 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# 1911-2019 Dodge Charger	2C3CDXAT2KH644816	V.2.124		Totaled 12-15-2022, AAC PAID CK#21655, AAC Claim# AAC-0041054, Treasurer's Receipt# 20763

Sincerely,

Angie Wooley  
Finance Officer

New Inventory #   
Tag #

## Inventory Control Record

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

Fund # 1000 Dept. # 0400

Disposed of:

Description : 2019 Dodge Charger

Location: \_\_\_\_\_

Serial Number: 2C3CDXAT2KH644816 Date Acquired: \_\_\_\_\_  
(mm/dd/yy)

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

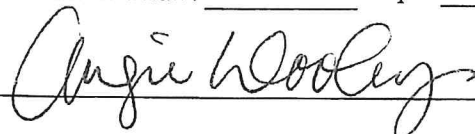
Trade-in: Yes  No

If Trade in; Inventory # V.2.124 Amount Received: \$ 22,733.00

Comments: Disposed/Totaled Vehicle 12-15-2022, AAC Paid CK# 21655 (AAC Claim# AAC-0041054), Treasurer's Receipt# 20763

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: 20763  
 Entry Date: 01/20/2023  
 page 1 of 1



<b>Received From:</b> Association of Arkansas Counties		<b>Receipt Date:</b>
<b>Source:</b> Total Loss Claim AAC-0041054 - FCSO		01/20/2023
<i>Unit # 1911</i>		<b>Cashier:</b> Lisa Cook
<b>Payment Type</b>	<b>Amount</b>	<b>Account #</b>
CK 21655	22,733.00	3407.8718
		<b>Description</b>
		Insurance Proceeds
		<b>Amount</b>
		22,733.00
		<b>Total Receipt:</b> 22,733.00

Authorized Signature: *Scott Sanson*

21655



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

BANK OZK  
81-727/829

PAY Twenty Two Thousand Seven Hundred Thirty Three and 00/100 dollars

TO THE  
ORDER OF

Faulkner County  
C/O Allen Dodson, County Judge  
801 Locust St.  
Conway, AR 72032

DATE

01/04/2023

AMOUNT

\$22,733.00

VOID AFTER 60 DAYS

*Allen Dodson*  
AUTHORIZED SIGNATURE  
*Dwight Norman*

Check features details on back

⑈021655⑈ ⑆082907273⑆ 2038017253⑈

21655

3407.8718

Faulkner County  
C/O Allen Dodson, County Judge  
801 Locust St.  
Conway, AR 72032

21655

**Member**

Faulkner County - Sheriff's Dept.

**Claimant**

Sheriffs Dept Faulkner County

801 Locust St  
Conway, AR 72032

**Check Amt:** \$22,733.00  
**Check Date:** 01/04/2023  
**Claimant:** Sheriffs Dept Faulkner County  
**Claim No:** AAC-0041054  
**Date of Loss:** 12/15/2022  
**Adjuster:** Jacob Trumble

**Invoice Number:**  
**Payee Name:** Faulkner County  
**Payment Type:** Total Loss (Collision)  
**Service Dates:** 2023-01-04 thru 2023-01-04

VIN# 4816 Unit# 1911

**Payable Comment**

Full and Final Settlement property damage 2019 Charger



## Chad Wooley

---

**From:** Jacob Trumble [jtrumble@arcounties.org]  
**Sent:** Tuesday, December 27, 2022 11:14  
**To:** Chad Wooley  
**Subject:** RE: Crash, AAC-0041054  
**Attachments:** Eclipse Report.pdf

Chief Deputy Wooley,

I've received our appraiser's report back for this claim, see attached. The 2019 Dodge Charger was determined a total loss, your total loss settlement options are as follows:

ACV: \$23,233.00  
High Salvage Bid: \$5,671.62

Option 1, Retaining Salvage: You can decide to keep the vehicle. You would receive a settlement payment for the ACV less the High Salvage Bid less your \$500 deductible, for a total of \$17,561.38.

Option 2, NOT Retaining Salvage: You can decide to NOT keep the vehicle, I would send Copart out to pick it up for the salvage sale. You would receive a settlement payment for the ACV less your \$500 deductible, for a total of \$22,733.00. We will need title sent to us.

The title needs to be signed on the front and the "Seller Printed Name" and "Seller Signature" fields on the back. Mailing address for the title:

AAC Risk Management Services  
C/O Jacob Trumble  
1415 W. 3<sup>rd</sup> St.  
Little Rock, AR 72201

Please let me know which option you would like to select. Also, if you are NOT retaining please let me know when the vehicle is cleared for pick up by Copart to avoid any more storage fees at Pro Auto.

Thanks,

**Jacob Trumble, Claims Analyst**  
AAC Risk Management Services  
1415 West Third Street  
Little Rock, AR 72201  
Direct: 501-375-8805 ext. 561  
Facsimile: 501-375-8671



# Eclipse Appraisal Inc.

## Total Loss Evaluation

Claim Rep Name/ID Number: Jacob Trumble Claim Number: AAC-0041054

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

Phone: 501-450-4914 Zip Code: 72034 Type of Loss:  T(Theft)  C(Other)

Vehicle ID Number: 2C3CDXAT2KH644816

State: AR Loss Date: 12/15/22 Year: 2019 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: 5.7 Cylinders:  3  4  6  8  10  12  Turbo  Diesel  
 Transmission:  AT  S6  S5  S4  S3  OD  4W Mileage: 76316

### POWER OPTIONS

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

### RADIO

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

### WHEEL OPTIONS

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

### 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

### 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

### 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
- PO P
- DW Dual Rear Wheels

### 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

Guide Book NADA

Month Dec

Base Book	25,825
Miles + -	-1,850
Total Retail Book Value	23,975

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

Reconditioning	Re-Place	Re-Pair	Old damage, mechanical repair, interior trim, refinishing, and any missing interior equipment (battery, radio, spare, etc.)						
	<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
Total Reconditioning Amount									

DEALER QUOTES				STOCK		Quote
Dealership	Phone	Salesperson	Yes	No		
1. Your Car Company	757-702-5394	Internet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21,999	
2. Noel Daniels Motor Company	769-224-8934	Internet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22,500	
3. Huffines Chevrolet Lewisville	972-694-1714	Internet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22,977	
Average of Quotes					22,492	

SALVAGE BIDS			
Company	Person	Phone	Bid
1. Copart			5671.62
2. Pratt's Auto Salvage	Adam	870-886-7145	4647
3. Russell Towing	Donnie	501-354-8726	2500
Salvage Location	Charges day	Towing	

ACV CALCULATIONS		
1 Book Value	\$	23,975
2 Avg of Quotes	\$	22,492
3 Avg Lines 1 & 2	\$	23,233
4 Reconditioning + -	\$	
5 Suggested ACV	\$	23,233
6 Sales Tax	\$	
7 Grand Total	\$	

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

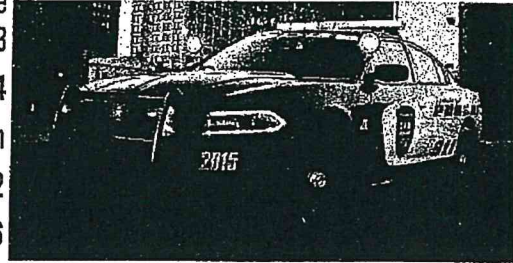


Eclipse Appraisal Inc.

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

**Vehicle Information**

Vehicle: 2019 Dodge Charger Sedan 4D Police  
 5.7L V8  
 Reference #: AAC-0041054  
 Region: Southwestern  
 Period: December 15, 2022  
 VIN: 2C3CDXAT2KH644816  
 Mileage: 76,316  
 Base MSRP: \$34,555  
 Typically Equipped MSRP: \$35,900



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

	Base	Mileage Adj.	Option Adj.	Adjusted Value
Clean Retail	\$25,825	-\$1,850	N/A	<b>\$23,975</b>

**Selected Options**

	Trade-In/Loan w/body	Retail w/body
Automatic Climate Control		

Juvenile Involved  Yes  No **ARKANSAS MOTOR VEHICLE CRASH REPORT** Severity  Fatally  Injury  PDO

# of Motor Vehicles 2 Rev. 2019-1 Crash Report # 22-1202285  
Automobiles, Motorcycles, etc.

# of Non-Motorists 0 Investigating Agency CONWAY PD  
Pedestrians, Bicyclists, etc.

Investigating Officer OFC Stubbe Bethany 591 Signature  
Rank Last First Middle Suffix Badge #

CRASH DATE AND TIME					
Date of Crash (MM/DD/YYYY)	Time of Crash (HH:MM AM/PM)	Date Police Notified	Time Police Notified	Date Police Arrived	Time Police Arrived
12/15/2022	12:20 AM	12/15/2022	12:26 AM	12/15/2022	12:30 AM

CRASH LOCATION			
County	City	Latitude	Longitude
Faulkner	Conway	35.093449° N	92.445579° W

Road/Street/Highway	Section	Log Mile	At Intersection With
DUNCAN ST (DUNCANST)	1	0.083	

Not In City, but \_\_\_\_\_ of the City Limits of \_\_\_\_\_  
Distance (feet or miles to two decimal places) Direction (N/S/E/W) City

Not at Intersection, but \_\_\_\_\_ of \_\_\_\_\_  
Distance (feet or miles to two decimal places) Direction (N/S/E/W) Reference point

**CRASH FACTORS AND CONDITIONS**

<b>First Harmful Event</b> <u>206</u> 100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 113 Fell/jumped from motor vehicle 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision	<b>Location of First Harmful Event</b> <u>100</u> 100 On roadway 101 Shoulder 102 Median 103 Roadside 104 Gore 105 Separator 106 In parking lane or zone 107 Off roadway, location unknown 108 Outside right-of-way (trafficway) 999 Unknown	<b>School Bus Related</b> <u>000</u> 000 No, school bus not involved 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved	<b>Roadway Surface Condition</b> <u>100</u> 100 Dry 101 Wet 102 Snow 103 Slush 104 Ice or frost 105 Water (standing or moving) 106 Sand 107 Mud, dirt, or gravel 108 Oil 198 Other 999 Unknown	<b>Weather Conditions</b> Check all that apply: <input checked="" type="checkbox"/> 100 Clear <input type="checkbox"/> 101 Cloudy <input type="checkbox"/> 102 Fog <input type="checkbox"/> 103 Smog <input type="checkbox"/> 104 Smoke <input type="checkbox"/> 105 Rain <input type="checkbox"/> 106 Sleet <input type="checkbox"/> 107 Hail <input type="checkbox"/> 108 Freezing rain or freezing drizzle <input type="checkbox"/> 109 Snow <input type="checkbox"/> 110 Blowing snow <input type="checkbox"/> 111 Severe crosswinds <input type="checkbox"/> 112 Blowing sand, silt, or dirt <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown
<b>Collision with Non-Fixed Object</b>	<b>Relation to Junction</b> <u>000</u> 000 Non-junction 100 Intersection 101 Intersection related 102 Entrance or exit ramp 103 Entrance or exit ramp related 104 Railway grade crossing 105 Crossover related 106 Driveway access 107 Driveway access related 108 Shared-use path or trail 109 Acceleration or deceleration lane 110 Through roadway 198 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown	<b>Road System</b> <u>104</u> 100 Interstate 101 US highway 102 State highway 103 County road 104 City street 105 Frontage road 106 Ramp 999 Unknown	<b>Environmental Factors</b> Check all that apply: <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Weather conditions <input type="checkbox"/> 101 Visual obstructions <input type="checkbox"/> 102 Glare <input type="checkbox"/> 103 Animals in roadway <input type="checkbox"/> 198 Other: <input type="checkbox"/> 999 Unknown	<b>Roadway Conditions</b> Check all that apply: <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Backup due to prior crash <input type="checkbox"/> 101 Backup due to prior non-recurring incident <input type="checkbox"/> 102 Backup due to regular congestion <input type="checkbox"/> 103 Toll booth / plaza related <input type="checkbox"/> 104 Road surface condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 105 Debris <input type="checkbox"/> 106 Ruts, holes, or bumps <input type="checkbox"/> 107 Work zone <input type="checkbox"/> 108 Worn, travel-polished surface <input type="checkbox"/> 109 Obstruction in roadway <input type="checkbox"/> 110 Traffic control device inoperative, missing, or obscured <input type="checkbox"/> 111 Shoulders (none, low, soft, high) <input type="checkbox"/> 112 Non-highway work <input type="checkbox"/> 198 Other: <input type="checkbox"/> 999 Unknown
<b>Collision with Fixed Object</b>	<b>Trafficway Classification</b> <u>100</u> 100 Public property 101 Private property	<b>Trafficway Classification</b> <u>100</u> 100 Trafficway, on road 101 Trafficway, not on road 102 Non-trafficway (describe below)		

**WORK ZONE CRASH INFORMATION**

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

Photos Taken  
 Yes  
 No

ATTACHMENTS	
Type	Description

**NON-VEHICULAR PROPERTY DAMAGE**

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

**WITNESSES' CONTACT INFORMATION**

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

Motor Vehicle #

1

# ARKANSAS MOTOR VEHICLE CRASH REPORT

## VEHICLE INFORMATION

Page 3 of 13

Crash Report # 22-1202285

### DESCRIPTION AND IDENTIFICATION

Check if this vehicle had no driver <input type="checkbox"/>	<b>Hit and Run</b> 000 No, did not leave the scene 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> 101 <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 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) <b>Bus / Van / Limo (9 or more seats, including driver)</b> 300 School bus 301 Trans/Vcity 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 WAUMF78K29N031648				
<b>Vehicle Year, Make, and Model</b> 2009 Audi A4 <i>Year Make Model</i>				
<b>License Plate</b> CO AHKB27 2022 <i>State Number Year</i>				
<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 Manuel Escobar				
<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown PO BOX 1804 DILLON CO 80435 <i>Street City State Postal Code</i>				
<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 <i>Street City State Postal Code</i>				
<b>Cargo Body Type</b> 000 000 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				
<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> <i>(4-digit # or name from middle of diamond or rectangular box)</i> <b>Hazardous Material Class</b> <i>(1-digit # from bottom of diamond)</i>		
		<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 checked="" type="checkbox"/> Insured at time of crash <input type="checkbox"/> Unknown (fill in any known details)	<b>Damage Severity</b> 102 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown	<b>Initial Contact Point (check 1)</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input 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" style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" 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 checked="" type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
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																																																	
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5	4	3	2	1																																																	
<b>Insurance Company</b>	<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																																																			
<b>VAIC #</b>	<b>Damage Prior to the Crash</b> <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)	<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																																																			
<b>Policy #</b>																																																					

### TOWING

<b>Towed</b> 101 00 Not towed 00 Towed, but not due to disabling damage 01 Towed due to disabling damage	<b>Towed By</b> Steve's Auto <b>Towed To</b> 280 HWY 64E <i>Street</i> Conway AR 72032 <i>City State Postal Code</i>
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# ARKANSAS MOTOR VEHICLE CRASH REPORT

## VEHICLE INFORMATION

Motor Vehicle # 1

Crash Report # 22-1202285

### MOTOR VEHICLE CIRCUMSTANCES

<b>Vehicle Usage</b> <span style="float: right;">000</span> 000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services vehicle 112 Incident response 999 Unknown	<b>Emergency Vehicle Usage</b> <span style="float: right;">970</span> 100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment not in use 103 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown	<b>Vehicle Maneuver</b> <span style="float: right;">100</span> 100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other 999 Unknown																																																												
<b>Vehicle Defects</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None  <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 100 Brake</td> <td><input type="checkbox"/> 101 Exhaust system</td> <td><input type="checkbox"/> 102 Body or doors</td> </tr> <tr> <td><input type="checkbox"/> 103 Steering</td> <td><input type="checkbox"/> 104 Power train</td> <td><input type="checkbox"/> 105 Suspension</td> </tr> <tr> <td><input type="checkbox"/> 106 Tires</td> <td><input type="checkbox"/> 107 Wheels</td> <td><input type="checkbox"/> 108 Headlights</td> </tr> <tr> <td><input type="checkbox"/> 109 Tail lights</td> <td><input type="checkbox"/> 110 Turn signals</td> <td><input type="checkbox"/> 111 Windows or windshield</td> </tr> <tr> <td><input type="checkbox"/> 112 Mirrors</td> <td><input type="checkbox"/> 113 Wipers</td> <td><input type="checkbox"/> 114 Truck coupling, trailer hitch, or safety chains</td> </tr> <tr> <td><input type="checkbox"/> 115 Fuel system</td> <td><input type="checkbox"/> 116 Cruise control</td> <td></td> </tr> </table> <input type="checkbox"/> 198 Other  <input type="checkbox"/> 999 Unknown		<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		<b>Traffic Control Device Types and Statuses</b> <i>Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.</i> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 100 Functioning properly</td> </tr> <tr> <td><input type="checkbox"/> 101 Functioning improperly</td> </tr> <tr> <td><input type="checkbox"/> 102 Inoperative or missing</td> </tr> <tr> <td><input type="checkbox"/> 999 Unknown</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Traffic Control Device Type</th> <th style="text-align: center;">Device Status</th> </tr> <tr> <th colspan="2" style="text-align: center;"><i>Check all that apply.</i></th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/> 000 None</td><td></td></tr> <tr><td><input type="checkbox"/> 100 Flashing traffic control signal</td><td></td></tr> <tr><td><input type="checkbox"/> 101 Traffic control signal</td><td></td></tr> <tr><td><input type="checkbox"/> 102 Stop sign</td><td></td></tr> <tr><td><input type="checkbox"/> 103 Yield sign</td><td></td></tr> <tr><td><input type="checkbox"/> 104 Slow or warning sign</td><td></td></tr> <tr><td><input type="checkbox"/> 105 Person (officer, flagman, crossing guard)</td><td></td></tr> <tr><td><input type="checkbox"/> 106 School zone sign/device</td><td></td></tr> <tr><td><input type="checkbox"/> 107 Pedestrian signal</td><td></td></tr> <tr><td><input type="checkbox"/> 108 No passing signal</td><td></td></tr> <tr><td><input type="checkbox"/> 109 Words or symbols painted on roadway</td><td></td></tr> <tr><td><input type="checkbox"/> 110 Traffic lanes marked</td><td></td></tr> <tr><td><input type="checkbox"/> 111 Railway crossing with gate and signals</td><td></td></tr> <tr><td><input type="checkbox"/> 112 Railway crossing with flashing signals only</td><td></td></tr> <tr><td><input type="checkbox"/> 113 Railway crossing with crossbuck only</td><td></td></tr> <tr><td><input type="checkbox"/> 198 Other:</td><td></td></tr> <tr><td><input type="checkbox"/> 999 Unknown</td><td></td></tr> </tbody> </table>	<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	<i>Check all that apply.</i>		<input checked="" type="checkbox"/> 000 None		<input type="checkbox"/> 100 Flashing traffic control signal		<input type="checkbox"/> 101 Traffic control signal		<input type="checkbox"/> 102 Stop sign		<input type="checkbox"/> 103 Yield sign		<input type="checkbox"/> 104 Slow or warning sign		<input type="checkbox"/> 105 Person (officer, flagman, crossing guard)		<input type="checkbox"/> 106 School zone sign/device		<input type="checkbox"/> 107 Pedestrian signal		<input type="checkbox"/> 108 No passing signal		<input type="checkbox"/> 109 Words or symbols painted on roadway		<input type="checkbox"/> 110 Traffic lanes marked		<input type="checkbox"/> 111 Railway crossing with gate and signals		<input type="checkbox"/> 112 Railway crossing with flashing signals only		<input type="checkbox"/> 113 Railway crossing with crossbuck only		<input type="checkbox"/> 198 Other:		<input type="checkbox"/> 999 Unknown	
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<input type="checkbox"/> 999 Unknown																																																														
<b>Trafficway Description</b> <span style="float: right;">200</span> 100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (painted >4 feet) median 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier  999 Unknown	<b>Roadway Surface</b> <span style="float: right;">101</span> 100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other  999 Unknown																																																													
<b>Roadway Grade</b> <span style="float: right;">100</span> 100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom)  999 Unknown	<b>Roadway Alignment</b> <span style="float: right;">100</span> 100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown																																																													
<b>Total # of Lanes</b> <span style="float: right;">2</span>	<b>Posted Speed Limit</b> <span style="float: right;">30</span> <i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i>																																																													

### MOTOR VEHICLE EVENTS

Sequence of Events: 1 206 2  3  4  5  6  7  8  9  10

Most Harmful Event: 206

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

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

# ARKANSAS MOTOR VEHICLE CRASH REPORT

## DRIVER INFORMATION

Motor Vehicle # 1

Crash Report # 22-1202285

### DRIVER INFORMATION

Name <input type="checkbox"/> Unknown		Date of Birth/Age	Sex <input type="checkbox"/> Male	Race
Castro Lillian		05/31/1999 Age: 23	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Islander 104 American Indian 198 Other 999 Unknown
Address <input type="checkbox"/> Unknown				
36 Oliver Street		Conway	AR	72034
Street		City	State	Postal Code

### DRIVER LICENSE INFORMATION

License Status <span style="border: 1px solid black; padding: 0 5px;">000</span>	License Number	Restrictions on License <small>Check all that apply.</small>	Restrictions Violated <small>Check all that apply.</small>
000 Not licensed 100 Valid license 200 Suspended 201 Revoked 202 Expired 203 Cancelled or denied 204 Disqualified 999 Unknown	License State	<input type="checkbox"/> 000 None	<input type="checkbox"/> 000 None
	License Class	<input type="checkbox"/> 100 With licensed adult	<input type="checkbox"/> 100 With licensed adult
	Is Commercial Driver License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 101 Corrective lenses	<input type="checkbox"/> 101 Corrective lenses
		<input type="checkbox"/> 102 Mechanical aid	<input type="checkbox"/> 102 Mechanical aid
		<input type="checkbox"/> 103 Prosthetic aid	<input type="checkbox"/> 103 Prosthetic aid
		<input type="checkbox"/> 104 Automatic transmission	<input type="checkbox"/> 104 Automatic transmission
Endorsements on License <small>Check all that apply.</small>	Endorsements Violated <small>Check all that apply.</small>	<input type="checkbox"/> 105 Outside mirror	<input type="checkbox"/> 105 Outside mirror
<input type="checkbox"/> 000 None	<input type="checkbox"/> 000 None	<input type="checkbox"/> 106 Daylight only	<input type="checkbox"/> 106 Daylight only
<input type="checkbox"/> 100 Double/triple trailers	<input type="checkbox"/> 100 Double/triple trailers	<input type="checkbox"/> 107 Class B or C with passengers and class D	<input type="checkbox"/> 107 Class B or C with passengers and class D
<input type="checkbox"/> 101 Passenger	<input type="checkbox"/> 101 Passenger	<input type="checkbox"/> 108 Class C only with passengers	<input type="checkbox"/> 108 Class C only with passengers
<input type="checkbox"/> 102 Tank vehicle	<input type="checkbox"/> 102 Tank vehicle	<input type="checkbox"/> 109 Vehicles without airbrakes	<input type="checkbox"/> 109 Vehicles without airbrakes
<input type="checkbox"/> 103 Hazardous materials	<input type="checkbox"/> 103 Hazardous materials	<input type="checkbox"/> 110 Interlock device	<input type="checkbox"/> 110 Interlock device
<input type="checkbox"/> 104 Tank vehicle & hazardous materials	<input type="checkbox"/> 104 Tank vehicle & hazardous materials	<input type="checkbox"/> 111 School, church, or transit bus	<input type="checkbox"/> 111 School, church, or transit bus
<input type="checkbox"/> 105 School	<input type="checkbox"/> 105 School	<input type="checkbox"/> 112 Class D only with passengers	<input type="checkbox"/> 112 Class D only with passengers
<input type="checkbox"/> 106 Motorcycle	<input type="checkbox"/> 106 Motorcycle	<input type="checkbox"/> 113 Diesel fuel, fertilizer only	<input type="checkbox"/> 113 Diesel fuel, fertilizer only
<input type="checkbox"/> 107 Motor driven cycle	<input type="checkbox"/> 107 Motor driven cycle	<input type="checkbox"/> 114 Seasonal farm service vehicle	<input type="checkbox"/> 114 Seasonal farm service vehicle
<input type="checkbox"/> 108 Valid without photo	<input type="checkbox"/> 108 Valid without photo	<input type="checkbox"/> 198 Other (describe below)	<input type="checkbox"/> 198 Other (describe below)
<input type="checkbox"/> 198 Other (describe below)	<input type="checkbox"/> 198 Other (describe below)		

### DRIVER SEATING AND SAFETY INFORMATION

Seating Position <span style="border: 1px solid black; padding: 0 5px;">110</span>	Restraint Systems Used <span style="border: 1px solid black; padding: 0 5px;">999</span>	Motorcycle Helmet Usage <span style="border: 1px solid black; padding: 0 5px;">000</span>																																																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5">Standard Vehicle Seats</th> <th colspan="5">Other Seating Positions</th> </tr> <tr> <th colspan="5">Front</th> <td>800 Sleeper section of cab (truck)</td> <td colspan="4"></td> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Other</th> <td>801 Passenger section of bus</td> <td colspan="4"></td> </tr> <tr> <td>1</td> <td>110</td> <td>120</td> <td>130</td> <td>180</td> <td>802 Enclosed passenger/cargo area</td> <td colspan="4"></td> </tr> <tr> <td>2</td> <td>210</td> <td>220</td> <td>230</td> <td>280</td> <td>803 Unenclosed passenger/cargo area</td> <td colspan="4"></td> </tr> <tr> <td>3</td> <td>310</td> <td>320</td> <td>330</td> <td>380</td> <td>804 Passenger/cargo area, unknown if enclosed</td> <td colspan="4"></td> </tr> <tr> <td>4</td> <td>410</td> <td>420</td> <td>430</td> <td>480</td> <td>805 Trailing unit</td> <td colspan="4"></td> </tr> <tr> <td>5</td> <td>510</td> <td>520</td> <td>530</td> <td>580</td> <td>806 Riding on motor vehicle exterior</td> <td colspan="4"></td> </tr> <tr> <td colspan="5"></td> <td>Unknown</td> <td colspan="4"></td> </tr> <tr> <td colspan="5"></td> <td>999 Unknown</td> <td colspan="4"></td> </tr> </table>	Standard Vehicle Seats					Other Seating Positions					Front					800 Sleeper section of cab (truck)					Row	Left	Middle	Right	Other	801 Passenger section of bus					1	110	120	130	180	802 Enclosed passenger/cargo area					2	210	220	230	280	803 Unenclosed passenger/cargo area					3	310	320	330	380	804 Passenger/cargo area, unknown if enclosed					4	410	420	430	480	805 Trailing unit					5	510	520	530	580	806 Riding on motor vehicle exterior										Unknown										999 Unknown					<p>000 None used - motor vehicle occupant</p> <p>100 Shoulder and lap belt used</p> <p>101 Shoulder belt only used</p> <p>102 Lap belt only used</p> <p>103 Restraint used - type unknown</p> <p>104 Child restraint system - forward facing</p> <p>105 Child restraint system - rear facing</p> <p>106 Booster seat</p> <p>107 Child restraint - type unknown</p> <p>198 Other</p> <p>970 Not applicable</p> <p>999 Unknown</p>	<p>000 No helmet worn</p> <p>100 DOT-compliant motorcycle helmet worn</p> <p>101 Non-DOT-compliant motorcycle helmet worn</p> <p>102 Helmet worn, unknown if DOT-compliant</p> <p>999 Unknown if helmet worn</p> <p><b>Eye Protection Usage</b></p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
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ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

MEDICAL INFORMATION

Medical information form including Injury Status (5), Type of Medical Transportation (000), EMS Notified, EMS Arrived, Trauma Band #, and Transported to Medical Facility By.

DRIVER CONDITION AND CIRCUMSTANCES

Driver condition and circumstances form including Condition at Time of Crash (000), Driver Distracted By (104), Driver Vision Obscured By (000), and Alcohol Test Type Given (000).

Alcohol and drug testing results form including Driver Suspected of Alcohol Usage (No), Alcohol Test Result Status (970), Blood Alcohol Content, and Driver Suspected of Drug Usage (No).

Drug test results and citations form including Drug Test Results (000), Citations (287528), and Charges (27-22-104: No liability insurance/No proof).

DRIVER ACTIONS AT TIME OF CRASH

Driver actions at time of crash form including Disregarded Traffic Signs or Controls, Swerved or Avoided, Improper Maneuver, Improper Use of Lights or Signals, Unsafe Operation, and Other Actions.

Motor Vehicle #

2

# ARKANSAS MOTOR VEHICLE CRASH REPORT

## VEHICLE INFORMATION

Page 7 of 13

Crash Report # 22-1202285

### DESCRIPTION AND IDENTIFICATION

<input checked="" type="checkbox"/> Check if this vehicle had no driver	<b>Hit and Run</b> 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>	101
VIN 2C3CDXAT2KH644816			<b>Passenger Vehicles</b>		
<b>Vehicle Year, Make, and Model</b> 2019 Dodge Charger <small>Year Make Model</small>			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>License Plate</b> AR 583YJS <small>State Number Year</small>			<input type="checkbox"/> Missing <input checked="" type="checkbox"/> Unknown (fill in all known details)		
<b>Trailer #1 License Plate</b> <small>State Number</small>			<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)		
<b>Trailer #2 License Plate</b> <small>State Number</small>			<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 FAULKNER COUNTY SHERIFF'S OFFICE			<b>Truck (&gt; 10,000 lbs)</b> 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)		
<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 801 LOCUST AVE CONWAY AR 72034-5330 <small>Street City State Postal Code</small>			<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>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>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>Motor Carrier Name</b> <input type="checkbox"/> Unknown			<b>Unknown</b> 999 Unknown type of motor vehicle If 198, 298, 390, 391, or 498, describe below:		
<b>Motor Carrier Address</b> <input type="checkbox"/> Unknown <small>Street City State Postal Code</small>			<b>Unknown</b>		
<b>Cargo Body Type</b> 000 000 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			<b>Unknown</b>		
<b>GVWR/GCWR</b> 970 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 370 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

<b>Insurance</b> <input type="checkbox"/> Uninsured at time of crash <input checked="" type="checkbox"/> Unknown (fill in any known details)	
<b>Insurance Company</b> Association of Arkansas Counties Risk Management	
<b>IAIC #</b> _____	
<b>Policy #</b> RMF-1035	

<b>Damage Severity</b> 102 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown	
<b>Damage Estimate</b> \$10,000	
<b>Damage Prior to the Crash</b> <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)	

### DAMAGE

<b>Initial Contact Point (check 1)</b> <table style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input checked="" 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 colspan="3" style="text-align: center;">➔</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	➔			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 style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>6</td><td colspan="3" style="text-align: center;">➔</td><td>12</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	➔			12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	4	3	2	1
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5	4	3	2	1																																																	
<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																																																			

### TOWING

<b>Towed</b> 101 0 Not towed 0 Towed, but not due to disabling damage 1 Towed due to disabling damage		<b>Towed By</b> Pro Auto	
<b>Towed To</b> #6 Ranchette Rd <small>Street</small>		Conway AR 72032 <small>City State Postal Code</small>	



Motor Vehicle #  
2

# ARKANSAS MOTOR VEHICLE CRASH REPORT

## VEHICLE INFORMATION

Page 8 of 13

Crash Report # 22-1202285

### MOTOR VEHICLE CIRCUMSTANCES

<b>Vehicle Usage</b> 000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services vehicle 112 Incident response 999 Unknown	<b>000</b>	<b>Emergency Vehicle Usage</b> 100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment not in use 103 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown	<b>970</b>	<b>Vehicle Maneuver</b> 100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other	<b>111</b>
<b>Vehicle Defects</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None  <input type="checkbox"/> 100 Brake <input type="checkbox"/> 103 Steering <input type="checkbox"/> 106 Tires <input type="checkbox"/> 109 Tail lights <input type="checkbox"/> 112 Mirrors <input type="checkbox"/> 115 Fuel system  <input type="checkbox"/> 198 Other  <input type="checkbox"/> 999 Unknown		<b>Travel Direction</b> 100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown	<b>100</b>	<b>Traffic Control Device Types and Statuses</b> <i>Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.</i> 100 Functioning properly 101 Functioning improperly 102 Inoperative or missing 999 Unknown	
				<b>Traffic Control Device Type</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing traffic control signal <input type="checkbox"/> 101 Traffic control signal <input type="checkbox"/> 102 Stop sign <input type="checkbox"/> 103 Yield sign <input type="checkbox"/> 104 Slow or warning sign <input type="checkbox"/> 105 Person (officer, flagman, crossing guard) <input type="checkbox"/> 106 School zone sign/device <input type="checkbox"/> 107 Pedestrian signal <input type="checkbox"/> 108 No passing signal <input type="checkbox"/> 109 Words or symbols painted on roadway <input type="checkbox"/> 110 Traffic lanes marked <input type="checkbox"/> 111 Railway crossing with gate and signals <input type="checkbox"/> 112 Railway crossing with flashing signals only <input type="checkbox"/> 113 Railway crossing with crossbuck only <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown	<b>Device Status</b> <i>Use above codes.</i>
<b>Trafficway Description</b> 100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (painted >4 feet) median 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier 999 Unknown	<b>200</b>	<b>Roadway Surface</b> 100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown	<b>101</b>		
<b>Roadway Grade</b> 100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown	<b>100</b>	<b>Roadway Alignment</b> 100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown	<b>100</b>		
<b>Total # of Lanes</b> 2		<b>Posted Speed Limit</b> <i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i> 30			

### MOTOR VEHICLE EVENTS

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

Most Harmful Event

<b>Non-Collision</b> 00 Overturn/rollover 01 Fire/explosion 02 Immersion, full or partial 03 Jackknife 04 Cargo/equipment loss or shift 05 Equipment failure (blown tire, brake failure, etc.) 06 Separation of units 07 Ran off roadway right 08 Ran off roadway left 09 Deliberately crossed median 10 Unintentionally crossed median 11 Crossed centerline 12 Downhill runaway 13 Fell/jumped from motor vehicle 14 Reentering roadway 15 Object thrown or fallen on or near motor vehicle 18 Other non-collision	<b>Collision with Non-Fixed Object</b> 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	<b>Collision with Fixed Object</b> 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	<b>Unknown</b> 318 Fence 319 Mailbox 320 Building 398 Other fixed object 999 Unknown
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*If 198, 298, or 398 is used, describe below:*

ARKANSAS MOTOR VEHICLE CRASH REPORT  
NARRATIVE

Crash Report # 22-1202285

V1 was traveling north bound on Duncan Street near the intersection of Duncan and Clifton. V1 struck V2 with the front passenger side of the vehicle causing damage to V2's rear and entire driver side of the vehicle.

V2 was sitting stationary and not running in front of a residence near the intersection of Duncan and Clifton. V1 struck V2 in the rear, dragging/pushing V2 roughly 8+ feet, causing V2 to hit a utility pole, which caused more damage to the vehicle. V2's entire front end was damage due to the collision with the utility pole.

The driver of V1 stated that she was distracted by talking to her friend.

Neither of the vehicles were able to be driven off scene.

V1 is at fault for reckless driving, inattentive driving, and running off the roadway.

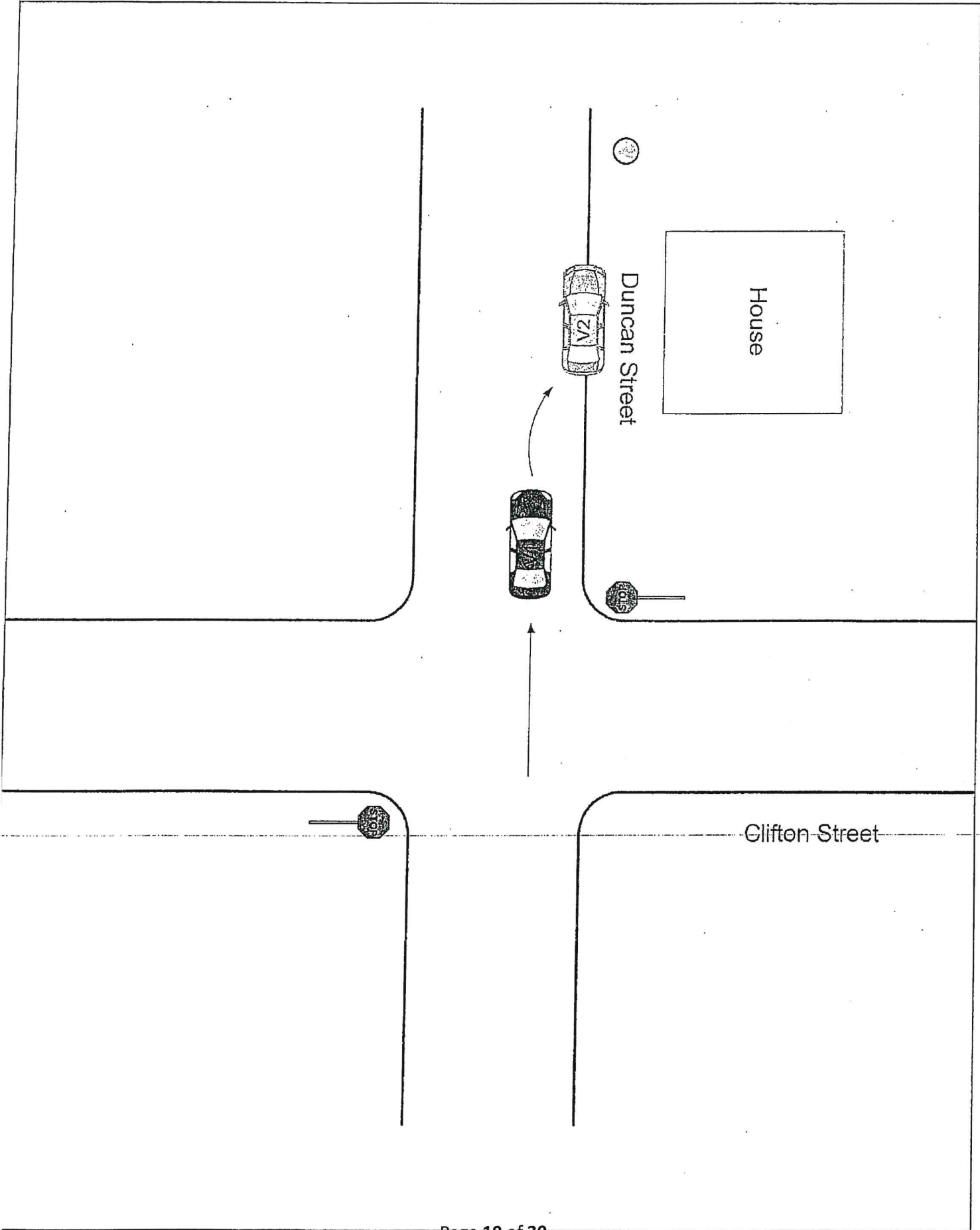
The driver of V1 received a citation for No Driver's License and No Liability Insurance.

Narrative and diagram based off driver statement, vehicles were not moved prior to arrival.

Scene #  
1

# ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

Crash Report # 22-1202285

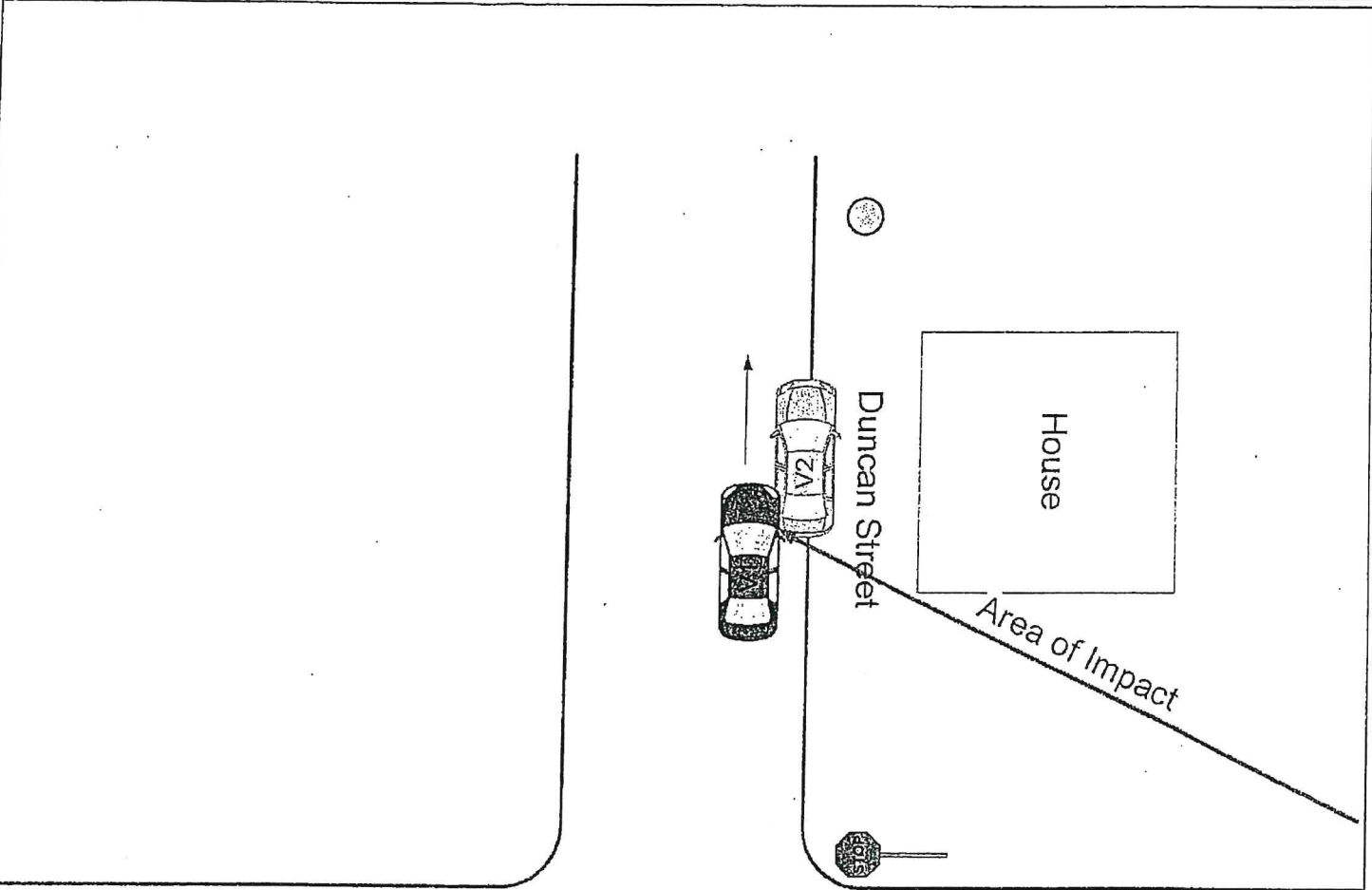


Scene #  
2

# ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

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Crash Report # 22-1202285

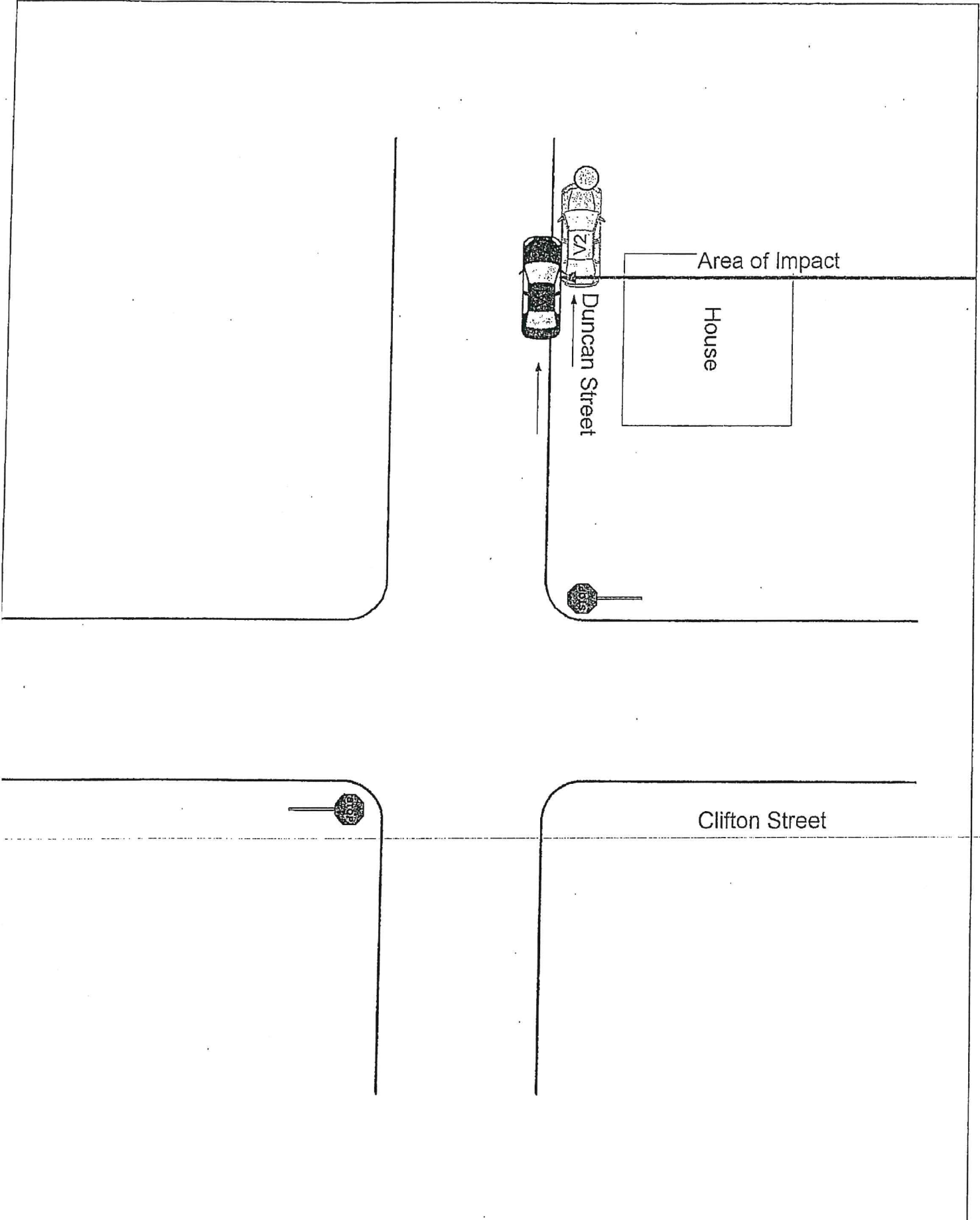


Scene #  
3

# ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

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Crash Report # 22-1202285

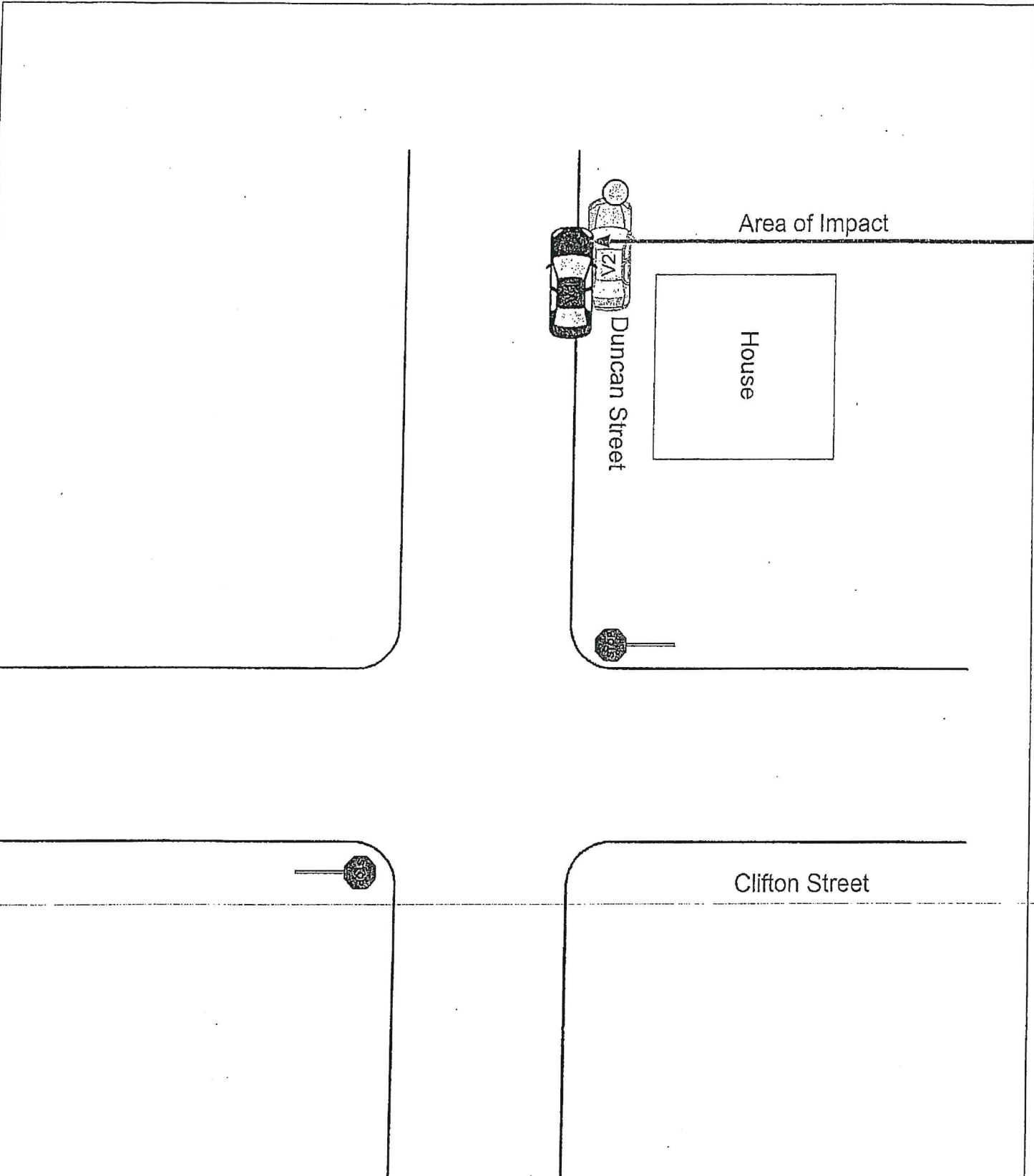


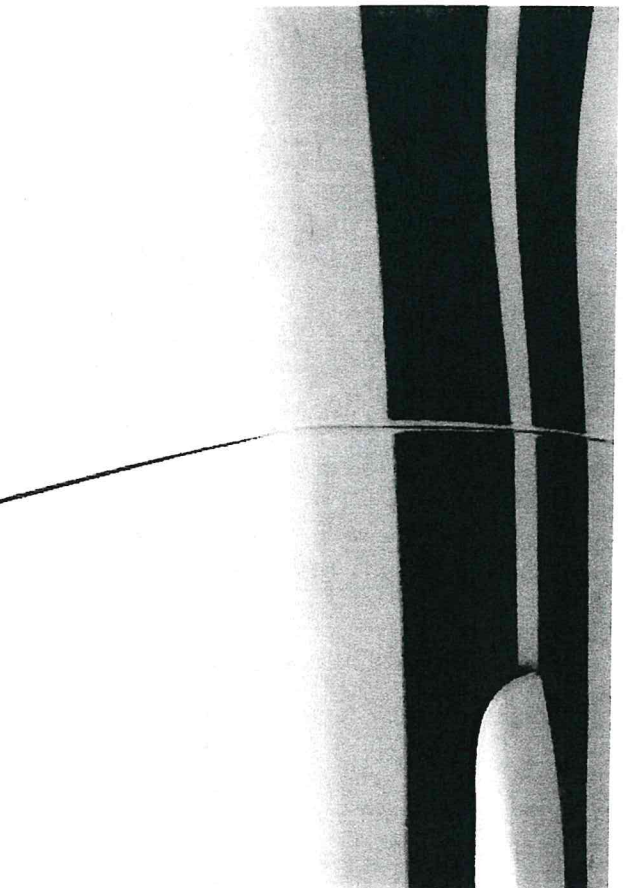
Scene #  
4

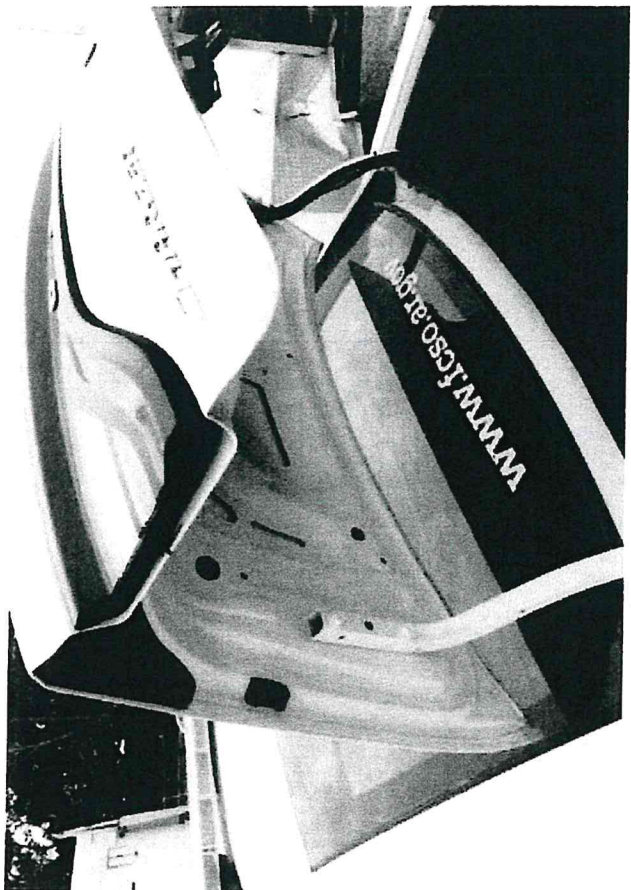
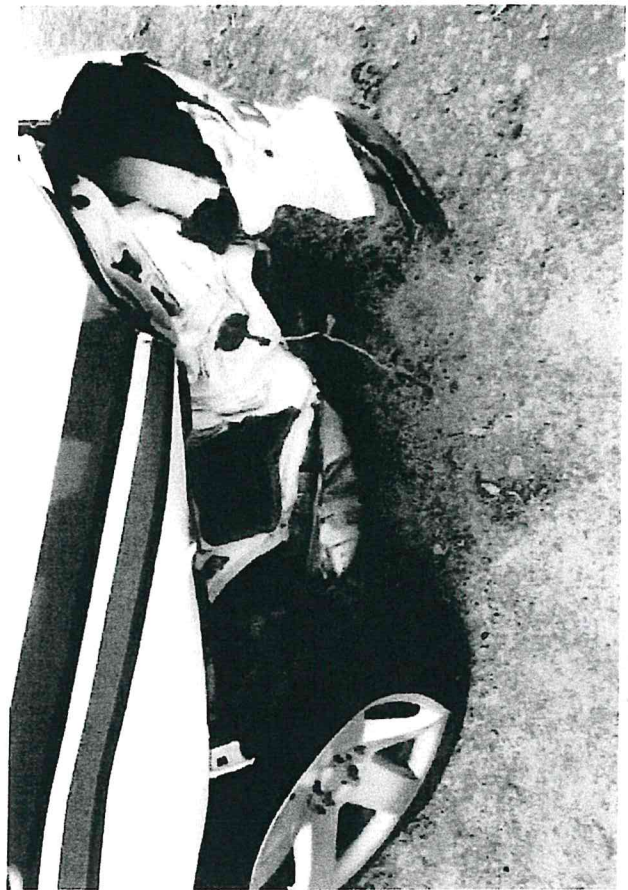
# ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

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Crash Report # 22-1202285









**MFD BY FCA US LLC**

**GWR: 02473 KG**

**05450 LB**

**GWR: 01293 KG**

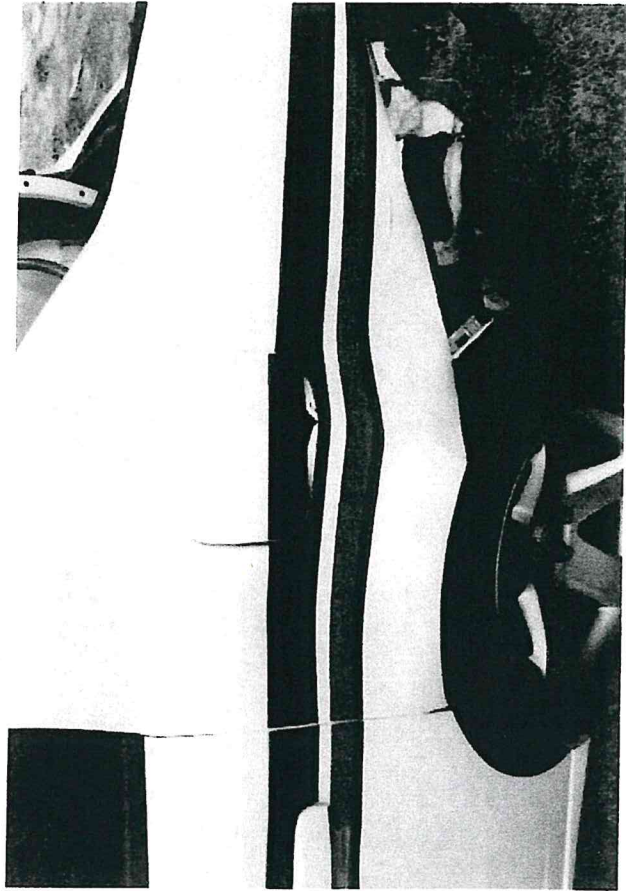
**FRONT: 02850 LB**

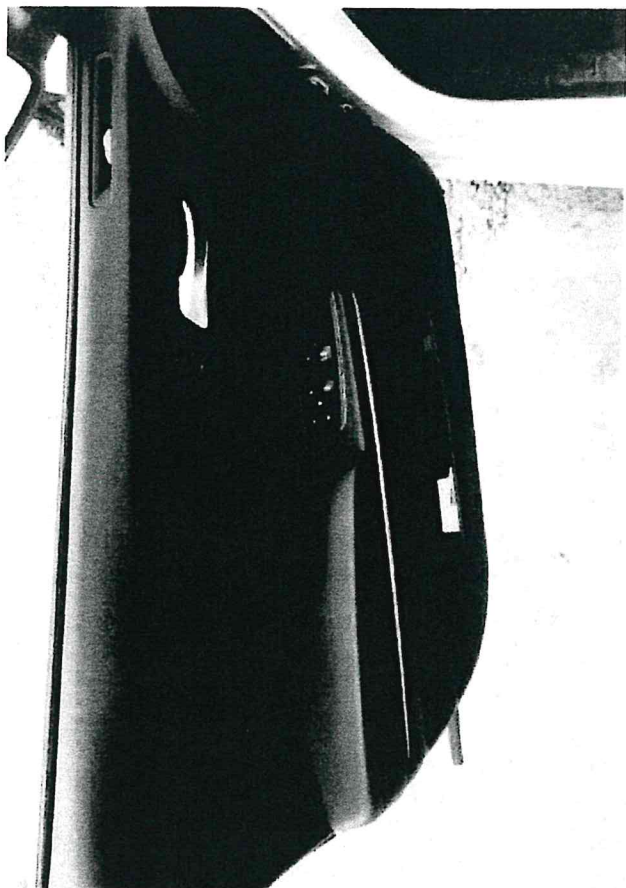
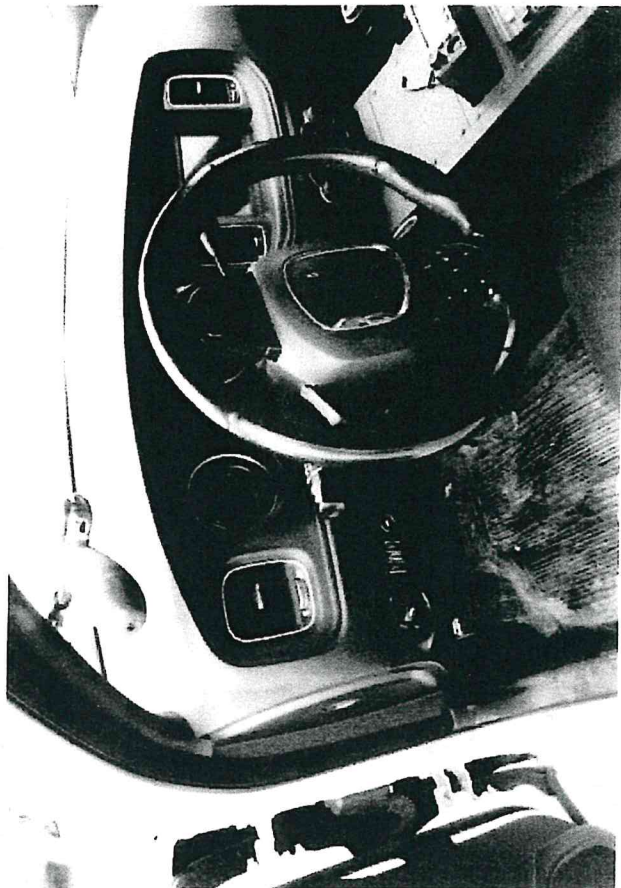
**DATE OF MANUFACTURE: 6-19**

**GWR: 01293 KG**

**REAR: 02850 LB**

**THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S.A. FEDERAL MOTOR VEHICLE SAFETY  
BUMPER, AND THEFT PREVENTION STANDARDS IN EFFECT ON  
THE DATE OF MANUFACTURE SHOWN ABOVE.**





2C3CDXAT2KH644816 TYPE: PASSENGER CAR  
MDH: 060515 451AA PAINT: P47 TRIM: 3819 4658943  
VEHICLE MADE IN CANADA

