

FAULKNER COUNTY

ALLEN DODSON  
COUNTY JUDGE

801 LOCUST STREET • CONWAY, AR 72034

FILED

JUN 16 2023

MARGARET DARTER  
FAULKNER COUNTY CLERK

BY C. Walters DC

IN THE COUNTY COURT OF FAULKNER COUNTY, ARKANSAS

COURT ORDER NO. 23-198

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:

One item listed below is considered a total loss due to an accident and one has been stolen. Therefore, the items should be removed from county inventory. The item considered a total loss should be discarded.

Department: 3402.0201 / 2000.0200 -Road Dept.

<u>Item Description</u>	<u>VIN/Serial No.</u>	<u>Inv. No.</u>	<u>Reason</u>
Driver Feedback Sign#11	2214-00154	COM.6.12	Totaled
Driver Feedback Sign #4	201284236	COM.6.5	Stolen

IT IS SO ORDERED

  
\_\_\_\_\_

Allen Dodson  
Faulkner County Judge

Date: 6-15-23  
\_\_\_\_\_

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@faulknercountyar.org](mailto:krissy.lewis@faulknercountyar.org)

June 15, 2023

Allen Dodson, Faulkner County Judge  
Mark Ledbetter, Faulkner County Road Department

RE: Inventory

Dear Judge Dodson & Mr. Ledbetter

The Faulkner County Assessor's Office has been asked to prepare a letter to remove the following items from County Inventory for the Road Department. Per paperwork provided, one of the items was totaled and the other one was stolen. Therefore, the items listed below need to be removed from County Inventory.

<u>Item Description</u>	<u>Serial Number</u>	<u>Inventory Number</u>	<u>Reason</u>
Driver Feedback Sign #11	2214-00154	COM.6.12	Totaled
Driver Feedback Sign #4	201284236	COM.6.5	Stolen

Sincerely,



Donna Beck  
Chief Deputy Assessor

June 14, 2023

Krissy Lewis, Assessor

Allen Dodson, County Judge

RE: Inventory

Dear Judge Dodson and Ms. Lewis

I am requesting that the County Judge order the property listed below to be removed from the inventory list for Departments & Reasons stated:

One was totaled in a hit and run, and the second was stolen.

**Department: 3402.0201 / 2000.0200 -Road Dept.**

<u>Item Description</u>	<u>Serial Number</u>	<u>Inv Number</u>	<u>Tag Number</u>
Driver Feedback Sign#11	2214-00154	COM.6.12	
Driver Feedback Sign #4	201284236	COM.6.5	

Sincerely,

Mark Ledbetter

sm

Capital Assets Adjustments Documents Notes History

Capital Assets

Category: COM, Item: 6, Fund: 2000, Description: DRIVER FEEDBACK SIGN #11, Location: NORTH ROOSTER ROAD, Function: COMMUNICATIONS, MISC., County Road, General government, Reassign Key: \*, Inv #: 12, Dept #: 0200, Tag #: , Grant #:

Asset Information

Serial #: 2214-00154, Make & Model: , Year: , Plate: , Plate Expiration: , Purchase Mileage: , Warranty Date: , Second Warranty Date: , Insurance Type:

Installed On Information

Acquisition Information

Acquisition Date: 04/14/2022, Acquisition Type: Cash Purchase, Record Trade In: \*, Vendor #: 01\*02767, Vendor Inquiry: \*, Claim #: 01\*02767\*22.3973, Claim/Invoice Amount: 2,979.95, Claim Inquiry: \*, PO Number: NP235470, PO Inquiry: \*, Current Value: 2,979.95, Reason: , Adjustment Date: , Adj Comment:

Depreciation

Method: No Depreciation, Years: , Estimated Scrap Value: , Depreciated Value:

Disposition

Date: , Amount Received: , Disposal Comment: , How Disposed:

Scan Documents

View All Documents

0154

Drivers' Last Names [Redacted]

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

# of Motor Vehicles  Rev. 2019-1 Crash Report # 2023-00245

# of Non-Motorists  Investigating Agency FAULKNER COUNTY SO

Investigating Officer DEPUTY LEE NICK F37 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. Includes fields for Road/Street/Highway, Section, Log Mile, At Intersection With.

Not in City, but [Redacted] of the City Limits of [Redacted]

Not at Intersection, but [Redacted] of [Redacted]

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, etc.

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ATTACHMENTS	
	Type	Description

NON-VEHICULAR PROPERTY DAMAGE						
Description of Property Damage	Damage Estimate	Owner Contacted	Name	Address		
				Street	City	State Postal Code
SPEED DETECTOR SIGN	\$3,500	<input checked="" type="checkbox"/>	FAULKNER COUNTY ROAD DEPT.	65 AKLIN GAP RD	CONWAY	AR 72032

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 8

Crash Report # 2023-00245

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		<b>Vehicle Body Type</b> 999 <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 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 If 198, 298, 390, 391, or 498, describe below:	
<b>VIN</b> Unknown		<b>Vehicle Year, Make, and Model</b> Unk Unknown Unknown Year Make Model		<b>License Plate</b> <input type="checkbox"/> Missing <input checked="" type="checkbox"/> Unknown (fill in all known details) State Number Year		<b>Trailer #1 License Plate</b> <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details) State Number	
<b>Trailer #2 License Plate</b> <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details) State Number		<b>Owner Name</b> <input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown		<b>Owner Address</b> <input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown 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 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> (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 checked="" type="checkbox"/> Unknown (fill in any known details)		<b>Damage Severity</b> 999 000 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>		<b>Damage Estimate</b> \$0		<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input checked="" type="checkbox"/> 999 Unknown		<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input checked="" type="checkbox"/> 999 Unknown																																																			
<b>NAIC #</b>		<b>Damage Prior to the Crash</b> <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)																																																							
<b>Policy #</b>																																																									

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			

VEHICLE INFORMATION

Crash Report # 2023-00245

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	999	<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	970	<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	100																																				
<b>Vehicle Defects</b> <i>Check all that apply.</i> <input 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 checked="" type="checkbox"/> 999 Unknown		<b>Travel Direction</b> 100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown	101	<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 border="1"> <thead> <tr> <th>Traffic Control Device Type</th> <th>Device Status</th> </tr> </thead> <tbody> <tr><td><input 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 checked="" type="checkbox"/> 104 Slow or warning sign</td><td>100</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 checked="" type="checkbox"/> 110 Traffic lanes marked</td><td>100</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>	Traffic Control Device Type	Device Status	<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 checked="" type="checkbox"/> 104 Slow or warning sign	100	<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		
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<input type="checkbox"/> 198 Other:																																									
<input type="checkbox"/> 999 Unknown																																									
<b>Trafficway Description</b> 100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (painted >4 feet) median 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier 999 Unknown	200	<b>Roadway Surface</b> 100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown	101																																						
<b>Roadway Grade</b> 100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown	100	<b>Roadway Alignment</b> 100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown	100																																						
<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>	35																																						

MOTOR VEHICLE EVENTS

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

Most Harmful Event

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



Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report # 2023-00245

DRIVER INFORMATION section containing Name, Date of Birth/Age, Sex, Race, and Address fields.

DRIVER LICENSE INFORMATION section containing License Status, License Number, Restrictions on License, Endorsements on License, and Endorsements Violated.

DRIVER SEATING AND SAFETY INFORMATION section containing Seating Position, Restraint Systems Used, Air Bags Deployed, Ejection, and Eye Protection Usage.

Motor Vehicle #

1

# ARKANSAS MOTOR VEHICLE CRASH REPORT

## DRIVER INFORMATION

Page 6 of 8

Crash Report # 2023-00245

### 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 _____ Date _____ Time _____	Date _____ Time _____
<b>Trauma Band #</b>	Unknown	<b>Medical Facility Transported To</b>			
		199 Transported, but method unknown 999 Unknown if transported			

### DRIVER CONDITION AND CIRCUMSTANCES

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

<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>	999
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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>	<b>Citations</b>	<b>Charges</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested		<input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown <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 type="checkbox"/> Result received from Crime Lab	

### DRIVER ACTIONS AT TIME OF CRASH

*Check all that apply:*

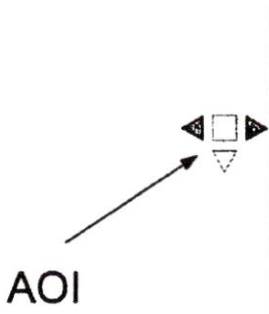
<input type="checkbox"/> 000 No contributing action  <b>Disregarded Traffic Signs or Controls</b> <input type="checkbox"/> 100 Disregarded red light <input type="checkbox"/> 101 Disregarded other traffic signal <input type="checkbox"/> 102 Disregarded stop sign <input type="checkbox"/> 103 Disregarded 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	<input type="checkbox"/> 999 Unknown  <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 checked="" 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	

ARKANSAS MOTOR VEHICLE CRASH REPORT  
NARRATIVE

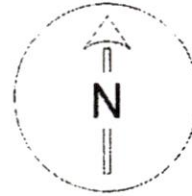
NO VEHICLE OR DRIVER INFORMATION WAS AVAILABLE. IT WAS UNCLEAR WHAT PART OF A VEHICLE OR SOMETHING BEING PULLED BY ONE MIGHT HAVE CAUSED THE DAMAGE. THE VEHICLE WAS LIKELY SOUTHBOUND. AOI WAS APPROXIMATELY 650' NORTH OF THE NORTH CURB LINE OF MIDDLE ROAD AND 2' WEST OF THE WEST CURB LINE OF ROOSTER ROAD.

Serial # 2214-00154

# ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

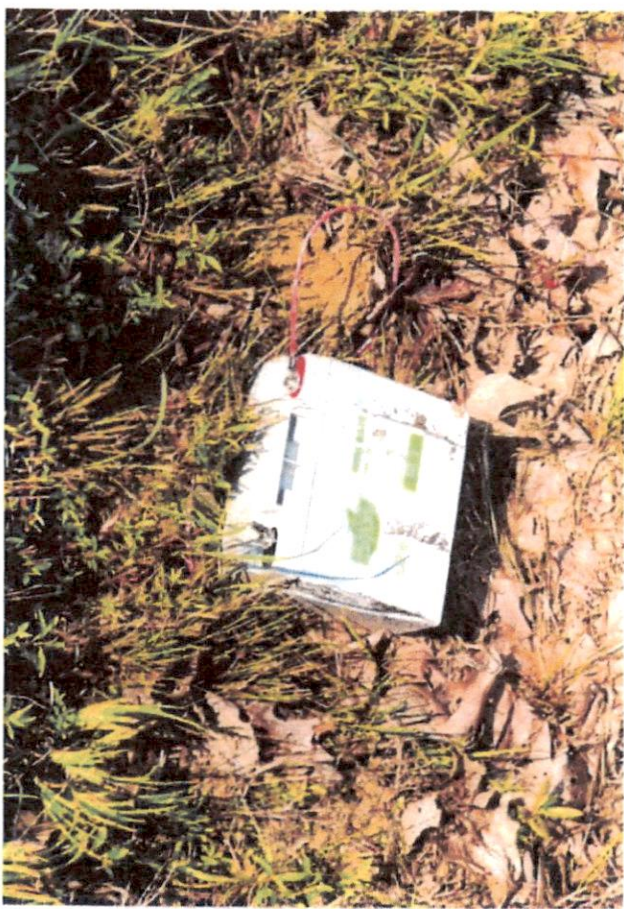


ROOSTER RD



*Not To Scale*

MIDDLE RD



Capital Assets Adjustments Documents Notes History

Capital Assets

Category COM, Item 6, Fund 3402, Description DRIVER FEEDBACK SIGN #4, Location N. SKUNK HOLLOW, Function COMMUNICATIONS, General government, Reassign Key \*

Asset Information

Serial # 201284236, Make & Model, Year, Plate, Plate Expiration, Purchase Mileage, Warranty Date, Second Warranty Date, Insurance Type

Installed On Information

Acquisition Date 12/31/2021, Acquisition Type Cash Purchase, Record Trade In \*, Vendor # 01\*00004, Arkansas Public Employee Retirement System, Vendor Inquiry \*, Claim 01\*00004\*21.164, Claim/Invoice Amount 2,958.55, Claim Inquiry \*, PO Number NP223194, PO Inquiry \*, Current Value 2,958.55, Reason, Adjustment Date, Adj Comment

Depreciation

Method No Depreciation, Years, Estimated Scrap Value, Depreciated Value

Disposition

Date, Amount Received, Disposal Comment, How Disposed

Scan Documents

View All Documents



**Faulkner County Sheriffs Office  
Incident Report  
Case Number: 23001740**

4236

Report Status: FILED IN RECORDS  
Case Status: ADMINISTRATIVELY CLOSED  
Page 1 of 2

<b>Case#:</b> 23001740	<b>Report Date:</b> 05/30/2023 08:28
<b>Report By:</b> Patrol. Nicholas Lee - (F37)	<b>Arrival Time:</b> 08:28
<b>Case Type:</b> THEFT	<b>Reporting Zone:</b> D
<b>Business:</b>	<b>Occurred From:</b> 05/30/2023 00:00
<b>Address:</b> SKUNK HOLLOW RD	<b>Occurred Through:</b> 05/30/2023 08:28
<b>Intersection:</b> GIFFORD LN	<b>Reportable IBRS:</b> Yes
<b>City/State/Zip:</b> CONWAY, AR 72032	<b>School:</b>
<b>Lat/Long:</b> Lat: 35.0568600 / Long: -92.3848605	<b>Case Status:</b> ADMINISTRATIVELY CLOSED
<b>Case Type:</b> THEFT	<b>File / Cad ID:</b>
<b>Assigned To:</b>	<b>Assigned Date:</b>

**UCR / Offenses**

<b>UCR:</b> All Other Larceny - [23H]	<b>Status:</b> Completed
<b>Charge:</b> THEFT OF PROPERTY	
<b>Statute:</b>	<b>Charge Code:</b> 5-36-103
<b>Description:</b> THEFT OF PROPERTY	
<b>Location:</b> Highway / Road / Alley	
<b>Weapon:</b>	
<b>Possibly Using:</b> Not Applicable	<b>Criminal Activity:</b>
<b>Bias:</b> None	<b>Method Of Entry:</b>
<b>Gang Name:</b>	<b>Home Invasion:</b>

**Business Involved**

**Business Type:** Government  
**Business Name:** FAULKNER COUNTY ROAD DEPARTMENT  
**Address:** 65 ACKLIN GAP RD  
**City/State/Zip:** CONWAY, AR 72034  
**Phone:** (501) 450-4930      **Email:**

**Offender / Suspect**

<b>Name:</b> UNKNOWN, UNKNOWN	<b>DOB:</b>	<b>Race/Sex:</b> U/U
<b>Address:</b>	<b>Current Age:</b>	<b>Height:</b>
<b>City/State:</b>	<b>Age:</b> 0	<b>Weight:</b>
<b>Resident:</b> UNKNOWN	<b>Hair Color:</b>	<b>Eyes:</b>

**Property**

**Description:** TRAFFIC SPEED MONITOR  
**Property Type:** Other - [77]      **Quantity:** 1.00  
**Loss Type:** Stolen - [7]      **Value:** 3500.00



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CLOSED  
Page 2 of 2

**Property**

Make/Model: **2012 8423F** Color:  
Serial #: \_\_\_\_\_ Style:  
NCIC#: \_\_\_\_\_ Evidence Item #:  
Owner: FAULKNER COUNTY ROAD DEPARTMENT Recovered On:  
Owner (free form): FAULKNER COUNTY ROAD DEPT.  
UCR: All Other Larceny - [23H]

**Complainant**

Name:	DOB:	Race/Sex:
Address:	Current Age:	Height:
City/State:	Age: 0	Weight:
Email:	Hair Color:	Eyes:
Home:	Cell Phone:	DL#:
Occupation:	Work Phone:	
Employer:		

**Narrative**

On 5-30-2023, at approximately 8:00 a.m., I was taking a hit and run report on Rooster Road for the Faulkner County Road Department (victim). I was advised that in addition to the damaged speed monitor where we were, there was a missing one on Skunk Hollow Road.

I responded to Skunk Hollow Road and confirmed that the equipment was gone. There was no indication of a suspect or time of theft.

LEE, NICHOLAS 5/30/2023, 9:28:08 AM

Reporting Officer  
Patrol. Nicholas Lee - (F37)  
Reported On: 05/30/2023 08:28

Approved By Officer  
Sergeant. Kennon Cook - (F7)  
Approved On: 06/03/2023 07:35

FILED IN RECORDS

Case Status: ADMINISTRATIVELY  
CLOSED

Administrative Use Only - IBRS

Date

145999