

FAULKNER COUNTY

ALLEN DODSON  
COUNTY JUDGE

801 LOCUST STREET • CONWAY, AR 72034

FILED  
TIME: 12.42

JUL 10 2023

MARGARET DARTER  
FAULKNER COUNTY CLERK

BY Watters DC

IN THE COUNTY COURT OF FAULKNER COUNTY, ARKANSAS

COURT ORDER NO. 23-217

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: 3399 Commimssary

<u>Item Description</u>	<u>VIN/Serial No.</u>	<u>Inv. No.</u>	<u>Tag No.</u>	<u>Est. Value</u>
2015 Dodge Charger	2C3CDXAG0FH806306	V.2.89		

IT IS SO ORDERED



Allen Dodson  
Faulkner County Judge

Date: 7-10-23

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 23, 2023

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

RE: Inventory

Dear Judge Dodson & Ms. Wooley

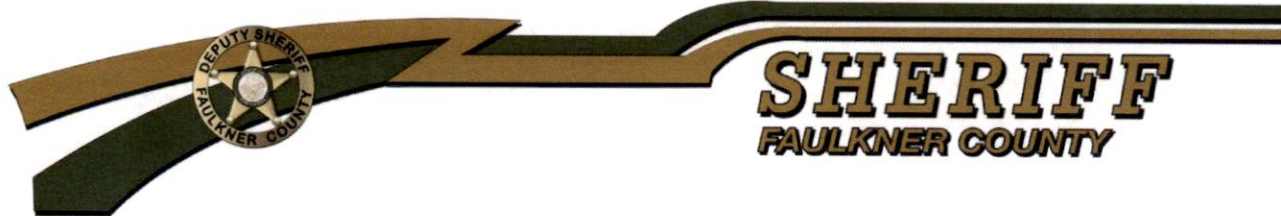
The Faulkner County Assessor's Office has been asked to prepare a letter to remove the following vehicle from County Inventory for the Sheriff's Office. According to the appraisal evaluation, the vehicle is considered a total loss due to an accident. Therefore, the vehicle listed below needs to be removed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

<u>Item Description</u>	<u>VIN Number</u>	<u>Inventory Number</u>
2015 Dodge Charger	2C3CDXAG0FH806306	V.2.89

Sincerely,



Donna Beck  
Chief Deputy Assessor



Sheriff Tim Ryals

Chief Deputy Chad Wooley

June 22, 2023

Allen Dodson, County Judge

Krissy Lewis, County Assessor

Dear Judge Dodson & 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# 1510-2015 Dodge Charger	2C3CDXAG0FH806306			Totaled 5-8-2023, AAC PAID CK#22365, AAC Claim# AAC-0042094, Treasurer's Receipt# 21275

Sincerely,

*Angie Wooley*

Angie Wooley  
Finance Officer

Drivers' Last Names Rivas

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

# of Motor Vehicles 1

Rev. 2019-1

Crash Report # 2023-00214

# of Non-Motorists 0

Investigating Agency FAULKNER COUNTY SO

Investigating Officer

Deputy Haight Brant Rank Last First Middle Suffix Badge # F25

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

Form with fields for County, City, Latitude, Longitude, Road/Street/Highway, Section, Log Mile, At Intersection With, Not in City, but, Not at Intersection, but.

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, Type of Collision, Type of Intersection, Light Condition, Roadway Conditions, Road System, Environmental Factors, Relation to Junction, Property Classification, Trafficway Classification.

WORK ZONE CRASH INFORMATION

Form with columns for Work Zone, Location Relative to Work Zone, Work Zone Type, Worker(s) Present, Law Enforcement Present.

ARKANSAS MOTOR VEHICLE CRASH REPORT  
VEHICLE INFORMATION

Crash Report # 2023-00214

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		<input type="checkbox"/> 100 Yes, vehicle & driver left the scene <input type="checkbox"/> 101 Yes, only driver left the scene		000 <b>Vehicle Body Type</b> <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 Transi/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:	
VIN 2C3CDXAG0FH806306		101			
<b>Vehicle Year, Make, and Model</b> 2015 Dodge Charger Year Make Model					
<b>License Plate</b> AR 645TAD State Number Year <input type="checkbox"/> Missing <input checked="" 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 FAULKNER COUNTY SHERIFFS OFFICE					
<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 801 LOCUST ST CONWAY AR 72034-5330 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		000			
<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> 100 000 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
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>Insurance Company</b> AAC		<b>Damage Estimate</b> \$3,000		<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
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>NAIC #</b> 90046		<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> RMF-1035																														

TOWING

<b>Towed</b> 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage		<b>Towed By</b> Pro Auto			
		<b>Towed To</b> #6 Ranchette Rd Street City State Postal Code			

Motor Vehicle #

1

ARKANSAS MOTOR VEHICLE CRASH REPORT  
VEHICLE INFORMATION

Crash Report # 2023-00214

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	108	<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	103	<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	101
		<b>Travel Direction</b> 100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown	102		

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

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

198 Other  
Traction Control, ABS, Check engine, and TPMS sensors

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
<i>Check all that apply. Use above codes.</i>	
<input type="checkbox"/> 000 None	
<input type="checkbox"/> 100 Flashing traffic control signal	
<input type="checkbox"/> 101 Traffic control signal	
<input type="checkbox"/> 102 Stop sign	
<input type="checkbox"/> 103 Yield sign	
<input type="checkbox"/> 104 Slow or warning sign	
<input type="checkbox"/> 105 Person (officer, flagman, crossing guard)	
<input type="checkbox"/> 106 School zone sign/device	
<input type="checkbox"/> 107 Pedestrian signal	
<input type="checkbox"/> 108 No passing signal	
<input type="checkbox"/> 109 Words or symbols painted on roadway	
<input 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> 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	103	<b>Roadway Alignment</b> 100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown	200
---	-----	--	-----

<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  105 2  107 3  307 4  5  6  7  8  9  10

Most Harmful Event  307

Non-Collision	Collision with Non-Fixed Object	Collision with Fixed Object	Unknown
100 Overtum/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 # 2023-00214

Motor Vehicle # 1

DRIVER INFORMATION

Name  Unknown  
 Rivas Juan Manuel Date of Birth/Age 03/09/2000 Sex  Male Race 102  
 Last First Middle Suffix Age: 23  Female 101 White/Caucasian  
 Unknown 102 Black/African-American  
 103 Asian/Pacific Islander  
 104 American Indian  
 198 Other  
 999 Unknown

Address  Unknown  
 801 Locust Street Conway AR 72034  
 Street City State Postal Code

DRIVER LICENSE INFORMATION

License Status 100 License Number 939572249 Restrictions on License Check all that apply. Restrictions Violated Check all that apply.

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

License State AR License Class D

Is Commercial Driver License?  
 Yes  No

Endorsements on License Check all that apply. Endorsements Violated Check all that apply.

000 None  000 None

100 Double/triple trailers  100 Double/triple trailers

101 Passenger  101 Passenger

102 Tank vehicle  102 Tank vehicle

103 Hazardous materials  103 Hazardous materials

104 Tank vehicle & hazardous materials  104 Tank vehicle & hazardous materials

105 School  105 School

106 Motorcycle  106 Motorcycle

107 Motor driven cycle  107 Motor driven cycle

108 Valid without photo  108 Valid without photo

198 Other (describe below)  198 Other (describe below)

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)

DRIVER SEATING AND SAFETY INFORMATION

Seating Position 110 Restraint Systems Used 100 Motorcycle Helmet Usage 000

Standard Vehicle Seats Other Seating Positions

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

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

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 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	Front		
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 Extrication 000

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

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 # 2023-00214

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 _____ <b>Transported to Medical Facility By</b>	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> <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> 000 000 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 989 Unknown if distracted <i>If 980 or 981, describe below:</i>	<b>Driver Vision Obscured By</b> 000 000 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)	000 106 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Alcohol Test Type Given</b> 000 000 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> 970 100 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> 101 000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown
--	---	---	---	---

<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> 000 000 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"/> Result received from Crime Lab <b>Pending/Negative</b> <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending <b>Positive Results (check all that apply)</b> <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 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)	<b>Not Applicable/Unknown</b> <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<b>Citations</b> <table border="1"> <thead> <tr> <th>Citation #</th> <th>Charges</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Citation #	Charges										
Citation #	Charges															

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>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
	<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  
NARRATIVE

Crash Report # 2023-00214

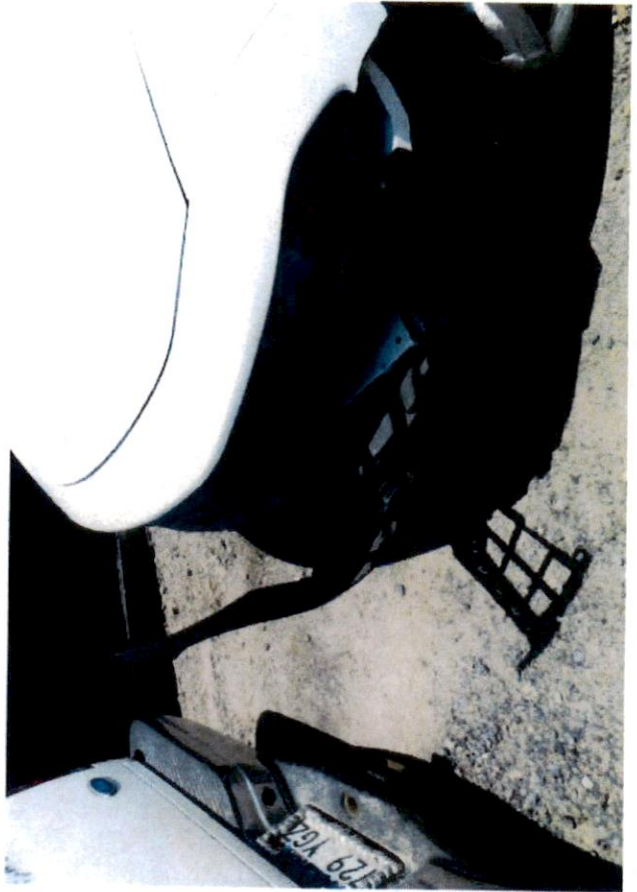
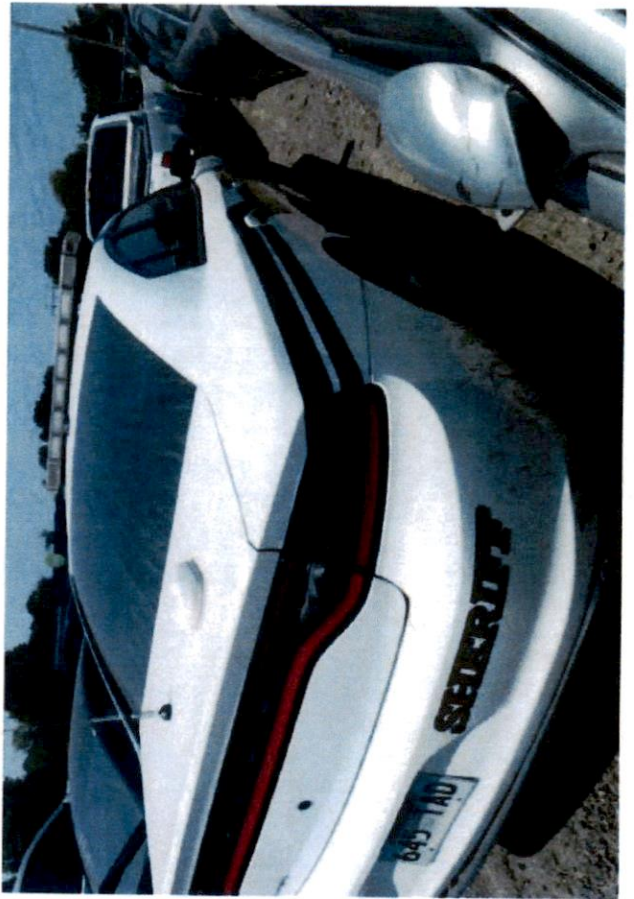
A.O.I was .4 miles east of the east curb line of Williams Ranch Road, 3.5 miles South of the South curb line of Highway 287, and 4.6 miles East of the East curb line of Highway 65.

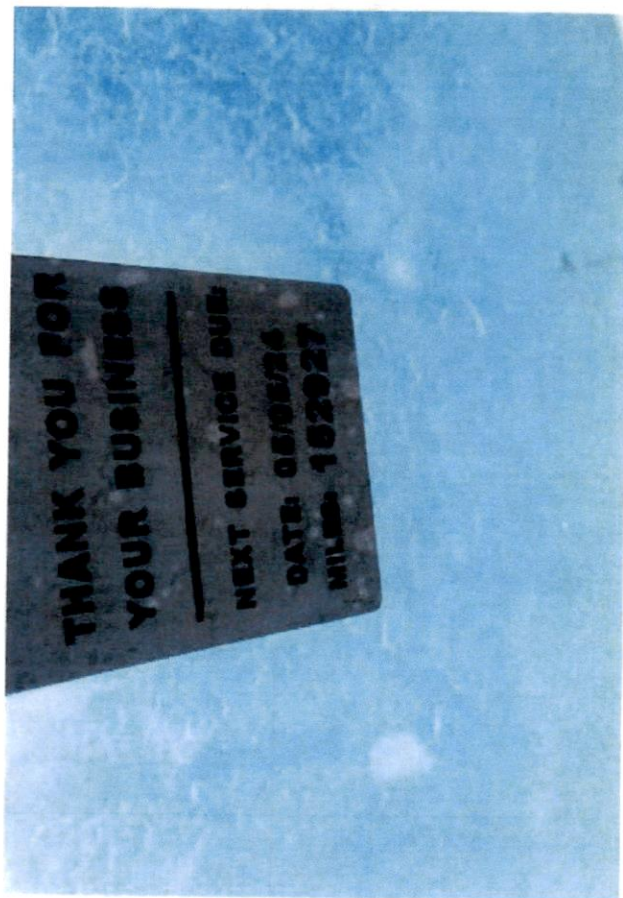
Deputy Rivas was driving East on Acklin Gap Road when he experienced brake fade trying to brake for a corner that was coming up. Deputy Rivas's then tried to over correct but his tires were locked up. He then tried to maneuver out of the ditch but due to mud he was unable to turn. Deputy Rivas's car was able to stop on the driveway to the Cold Springs Retreat Church. Deputy Rivas stated he was doing 62 miles per hour when he first tried to slow down.

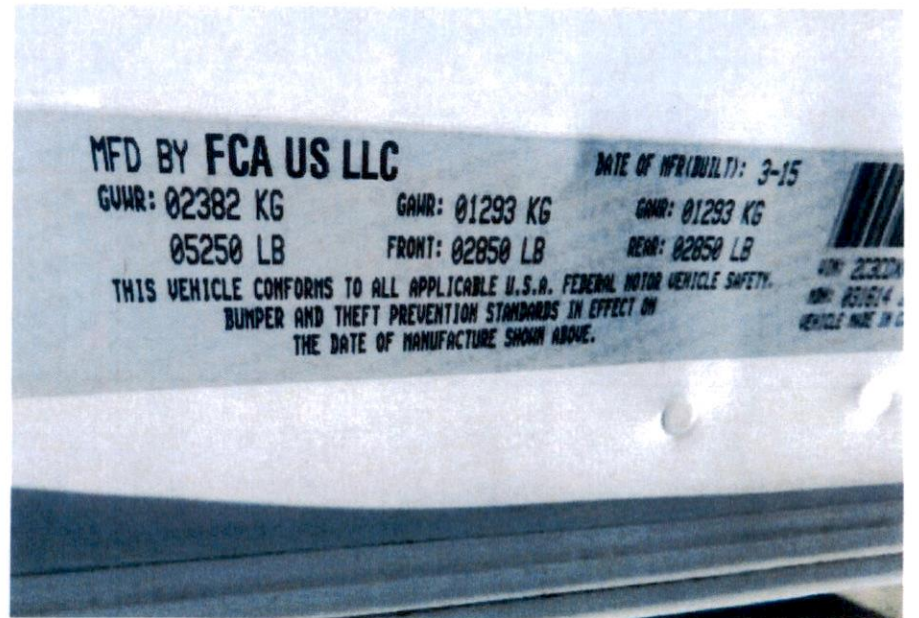
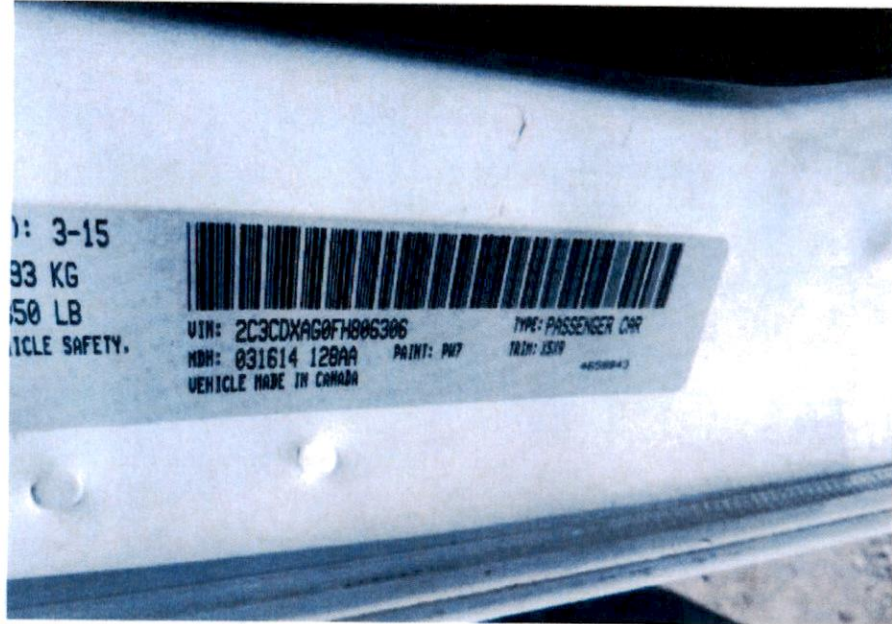
# ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

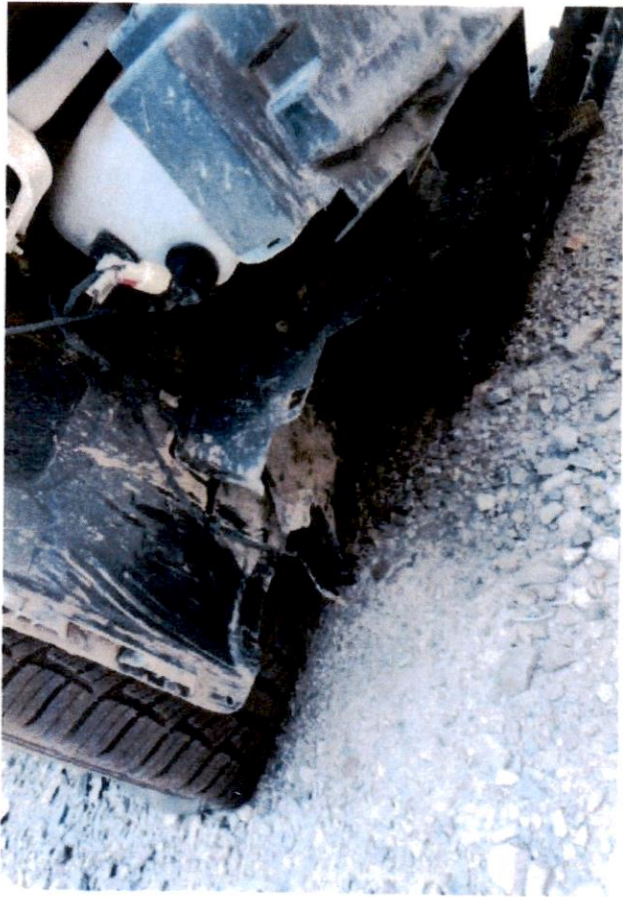
Scene #  
1

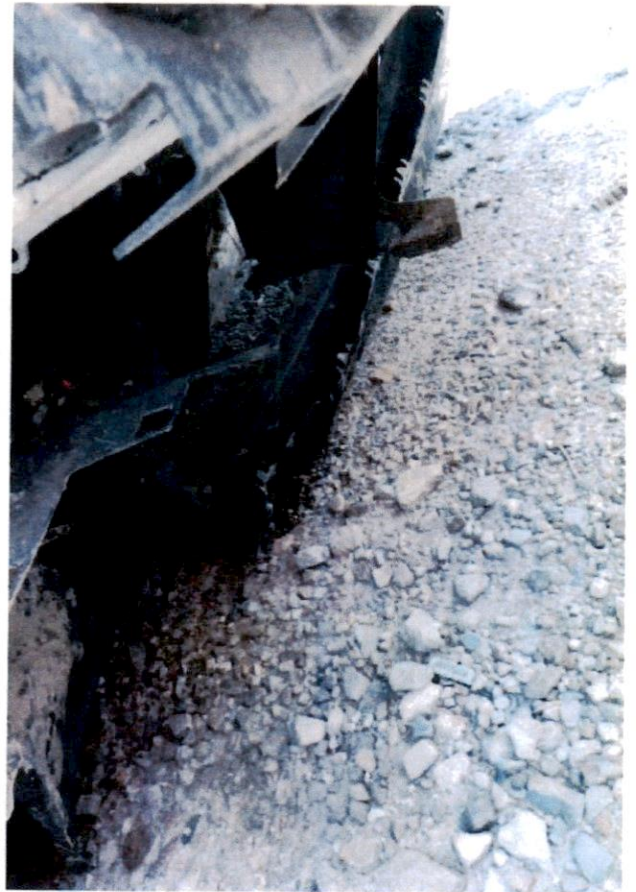
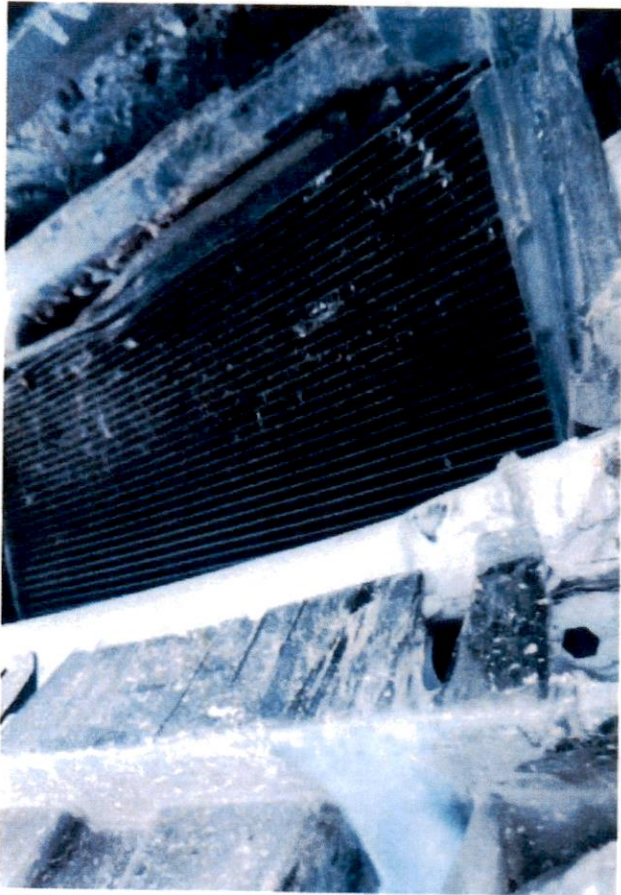












Treasurer  
Scott Sanson  
801 Locust Street  
CONWAY, AR 72034

**Treasurer's Receipt**

Receipt Number: 21275

page 1 of 1



Entry Date: 06/15/2023

<b>Received From:</b> Association of Arkansas Counties <b>Source:</b> Total Loss Payment 2015 Dodge Charger #6306 FCSO Claim #AAC-0042094 <i>Unit # 1510</i>	<b>Receipt Date:</b> 06/15/2023
	<b>Cashier:</b> Lisa Cook

Payment Type	Amount	Account #	Description	Amount
CK 22365	9,130.00	3407.8718	Insurance Proceeds	9,130.00

Authorized Signature: *Scott Sanson*

**Total Receipt:**  
9,130.00



21275

22365



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

BANK OZK  
81-727/829

Security features. Details on back.

PAY

Nine Thousand One Hundred Thirty and 00/100 dollars

TO THE ORDER OF

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

DATE

06/12/2023

AMOUNT

\$9,130.00

VOID AFTER 60 DAYS

*Alone Norman*  
AUTHORIZED SIGNATURE

⑈022365⑈ ⑆082907273⑆ 2038017253⑈

22365

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

22365

**Member**

Faulkner County - Sheriff's Dept.

**Claimant**

Sheriffs Dept Faulkner County

**Check Amt:** \$9,130.00  
**Check Date:** 06/12/2023  
**Claimant:** Sheriffs Dept Faulkner County  
**Claim No:** AAC-0042094  
**Date of Loss:** 05/08/2023  
**Adjuster:** Jacob Trumble  
**Invoice Number:**  
**Payee Name:** Faulkner County  
**Payment Type:** Total Loss (Collision)  
**Service Dates:** 2023-06-12 thru 2023-06-12

**Payable Comment**

Total loss Payment 2015 Dodge Charger #6306

*Unit # 1510*



## Chad Wooley

---

**From:** Jacob Trumble <jtrumble@arcounties.org>  
**Sent:** Monday, June 12, 2023 13:17  
**To:** Chad Wooley  
**Subject:** RE: Crash, AAC-0042094

Chief Dep Wooley,

I received the title in the mail, and I am putting a check for \$9,130.00 in the mail to your county judge's office. I am also having the Charger removed from you schedule effective on the date of loss.

Thank you,

### Jacob Trumble, Claims Analyst

AAC Risk Management Services  
1415 West Third Street  
Little Rock, AR 72201  
Office - (501) 375-8805 Ext 561  
Direct - (501) 435-1438  
Fax - (501) 375-8671



**From:** Jacob Trumble  
**Sent:** Thursday, June 8, 2023 3:24 PM  
**To:** Chad Wooley <Chad.Wooley@fcso.ar.gov>  
**Subject:** RE: Crash, AAC-0042094

Sounds great. I am dispatching Copart for pickup at Pro Auto now.

Thank you,

### Jacob Trumble, Claims Analyst

AAC Risk Management Services  
1415 West Third Street  
Little Rock, AR 72201  
Office - (501) 375-8805 Ext 561  
Direct - (501) 435-1438  
Fax - (501) 375-8671



**From:** Chad Wooley <[Chad.Wooley@fcso.ar.gov](mailto:Chad.Wooley@fcso.ar.gov)>  
**Sent:** Thursday, June 8, 2023 3:04 PM  
**To:** Jacob Trumble <[jtrumble@arcountries.org](mailto:jtrumble@arcountries.org)>  
**Subject:** RE: Crash, AAC-0042094

Good afternoon,

Option 2 will be fine. I will get the title in the mail and the unit is ready for Copart to pick up.

Thanks!

**From:** Jacob Trumble  
**Sent:** Tuesday, June 6, 2023 8:52 AM  
**To:** Chad Wooley <[Chad.Wooley@fcso.ar.gov](mailto:Chad.Wooley@fcso.ar.gov)>  
**Subject:** RE: Crash, AAC-0042094

Chief Dep Wooley,

I've received our appraiser's report back for this claim, see attached. This vehicle is considered a total loss.

Actual Cash Value (ACV): \$9,630.00	High Salvage Bid: \$2,382.79
-------------------------------------	------------------------------

Your total loss settlement options are as follows:

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 \$6,747.21.

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 \$9,130.00. 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 it, please let me know when the vehicle is cleared for pick up by Copart.

Thank you,

**Jacob Trumble, Claims Analyst**  
AAC Risk Management Services

1415 West Third Street  
Little Rock, AR 72201  
Office - (501) 375-8805 Ext 561  
Direct - (501) 435-1438  
Fax - (501) 375-8671



**From:** Jacob Trumble  
**Sent:** Friday, June 2, 2023 4:20 PM  
**To:** Chad Wooley <[Chad.Wooley@fcso.ar.gov](mailto:Chad.Wooley@fcso.ar.gov)>  
**Subject:** RE: Crash, AAC-0042094

Chief Dep Wooley,

I am dispatching Eclipse now! I will reach back out to you when I receive their report. Have a nice weekend.

Thank you,

**Jacob Trumble, Claims Analyst**

AAC Risk Management Services  
1415 West Third Street  
Little Rock, AR 72201  
Office - (501) 375-8805 Ext 561  
Direct - (501) 435-1438  
Fax - (501) 375-8671



**From:** Chad Wooley <[Chad.Wooley@fcso.ar.gov](mailto:Chad.Wooley@fcso.ar.gov)>  
**Sent:** Friday, June 2, 2023 3:09 PM  
**To:** Jacob Trumble <[jtrumble@arcountries.org](mailto:jtrumble@arcountries.org)>  
**Subject:** Crash

Good afternoon,

My apologies for being a little late on this one. We've had so much going on, it slipped away from me. The unit is at Pro Auto.

Thanks!

Chad Wooley  
Chief Deputy  
Faulkner County Sheriff's Office

Eclipse Appraisal Inc  
P.O. 84, Solgohachia, AR 72156

TOTAL LOSS

Estimate ID  
14067429  
Original  
Claim Number  
AAC-0042094

Unit #1510

Supplements to: shirley@eclipseappraisal.com  
Phone: 501-977-3784

Owner  
FAULKNER COUNTY SHERIFF'S D  
EPT  
801 Locust St  
Conway, AR 72034  
(501) 450-4914 (Work)  
chad.wooley@fcso.ar.gov

Insured  
FAULKNER COUNTY SHERIFF'S D  
EPT

Appraiser  
Shirley Russell  
shirley@eclipseappraisal.com

Classification  
Field

Arkansas Association of Counties

Payer  
Insurance

Loss Type  
Collision

Claim Number  
AAC-0042094

Adjuster  
Jacob Trumble  
(501) 375-8805 (Work)  
jtrumble@arcounties.org

Deductible  
500.00 - Not Waived

Reported Date  
06/02/2023

Loss Date  
05/08/2023

Inspection Site  
Pro Auto Towing & Recovery  
6 Ranchette Rd  
Conway, AR 72032  
(501) 513-9200 (Work)

Inspection Date  
6/5/2023

2015 Dodge Charger Police 4 Door Sedan 3.6L 6 Cyl Gas Injected 5 Speed Auto Trans RWD

Exterior Color  
PW7 (Bright White)

Interior Color  
black

License  
AR-645 TAD

VIN  
2C3CDXAG0FH806306

Condition  
Good

Drivable  
No

Odometer  
152926

Production Date  
03/2015

Mitchell Service Code  
911667

Primary Point of Impact  
Front (12)

Unit ID  
1510

## Options

Anti-Lock Brake Sys.	CD Player	Cruise Control	FM Radio	Passenger Airbag
Power Brake	Power Driver Seat	Power Lock	Power Steering	Power Window
Rear Window Defogger	Tilt Steering Column	Tire Inflation/Pressure Monitor		

## FAULKNER COUNTY SHERIFF'S DEPT | 2015 Dodge Charger Police

Parts Profile  
Little Rock-Revised

Parts Profile Version  
6.0

Line #	Description	LABOR			PART					
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax	
<b>Front Bumper</b>										
1	100375	Frt Bumper Cover Assy	Overhaul	Body	4.3#	Existing				
2	100465	Frt Bumper Cover	Remove / Replace	Body	INC#	Aftermarket Certified	CH1000A23PP	1	\$685.00	Yes
3	AUTO	Frt Bumper Cover	Refinish Only	Refinish	2.6 C					
4	100448	Frt Bumper Applique	Remove / Replace	Body	INC#	Aftermarket Certified	CH1044124C	1	\$69.00	Yes
5	AUTO	Frt Bumper Cover	Remove / Install	Body	INC#					
6	100449	Frt Bumper Cover Support	Remove / Replace	Body	INC#	Aftermarket Certified	CH1036136C	1	\$144.00	Yes
7	100460	Frt Lwr Bumper Grille	Remove / Replace	Body	INC#	Aftermarket Certified	CH1036137C	1	\$92.00	Yes
<b>Grille</b>										
8	101091	Grille	Remove / Replace	Body	INC#	Aftermarket Certified	CH1200388C	1	\$341.00	Yes
<b>Front Lamps</b>										
9	100846	R Frt Combination Lamp Assembly	Remove / Replace	Body	INC#	Remanufactured	CH2503270R	1	\$1,283.00	Yes
10	AUTO	Headlamps	Check / Adjust	Body	0.4					
11	100847	L Frt Combination Lamp Assembly	Remove / Replace	Body	INC#	Remanufactured	CH2502270R	1	\$1,283.00	Yes
<b>Cooling</b>										
12	100472	Cooling Radiator	Remove / Replace	Body	INC#	New	68050126AB	1	\$669.00	Yes
13	AUTO	Vacuum-Fill & Bleed Cooling System	Remove / Replace	Body	0.6					
14	AUTO	Air Cleaner Assy	Remove / Install	Body	0.5					
<b>A/C / Heater / Ventilation</b>										
15	101057	A/C Condenser/Trans Cooler -M	Remove / Replace	Mechanical	1.3#	New	68085784AA	1	\$644.00	Yes
16	AUTO	Evacuate & Recharge A/C - M	Remove / Replace	Mechanical	1.4					
<b>Front Fender</b>										
17	101042	R Fender Panel	Repair	Body	3.0*#	Existing				
18	AUTO	R Fender Outside	Refinish Only	Refinish	2.0 C	Existing				
19	102438	R Fender Splash Shield	Remove / Replace	Body	INC	New	68205936AH	1	\$153.00	Yes

Line #	Description	LABOR			PART					
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax	
<b>Front Inner Structure</b>										
20	100524	Frt Body Upper Crossmember	Remove / Replace	Body	2.0#	Aftermarket Certified	CH1225280C	1	\$291.00	Yes
21	AUTO	Upr Rad Supt Crossmember	Refinish Only	Refinish	1.5					
22	AUTO	Add To R&I/R&R Mechanical Components -M	Remove / Replace	Mechanical	0.5#					
23	100526	Frt Body Lower Tie Bar	Remove / Replace	Body	0.5	Aftermarket Certified	CH1225198C	1	\$265.00	Yes
24	AUTO	Lower Tie Bar	Refinish Only	Refinish	1.0					
<b>Wheel</b>										
25	100021	Wheel	Remove / Replace	Body	0.3	Qual Recycled Part	\$PZ295	1	\$63.00	Yes
26	900510	Line Markup 25.0%							\$15.75	
<b>Engine / Body Under Covers</b>										
27	101888	Frt Engine Under Cover	Remove / Replace	Body	INC	New	68214511AC	1	\$357.00	Yes
28	101890	Engine Under Cover	Remove / Replace	Body	0.4	New	68214816AA	1	\$65.35	Yes
<b>Rear Bumper</b>										
29	100110	Rear Lwr Bumper Cover	Remove / Replace	Body	0.5	New	68240581AA	1	\$131.00	Yes
<b>Additional Costs &amp; Materials</b>										
30	AUTO	Paint/Materials	Additional Cost						\$382.50*	Yes
<b>Additional Operations</b>										
31	AUTO	Clear Coat	Additional Operation	Refinish	1.4				\$0.00	
<b>Special / Manual Entry</b>										
32	900500	BF Goodrich Advantage Control	Remove / Replace	Body*	0.0*	New		1	\$209.99*	Yes
33	900510	Line Markup 25.0%							\$52.50	

\* Judgment Item

T Included in Two Tone Calculation

# Labor Note Applies

d Discontinued by Manufacturer

C Included in Clear Coat Calculation

A Included in Clear Coat and Two Tone Calculation

r CEG R&R Time Used for this Labor Operation

[ ] Verify the part number and price before ordering

## Parts Vendors

KEYSTONE KEYSIQ  
25631 INTERSTATE 30  
BRYANT AR 72022  
(501) 847-7730 (Work)  
(877) 847-1200 (Work)

KEYSTONE-INS QUALITY PRT  
25631 INTERSTATE 30  
BRYANT AR 72022  
(501) 847-7730 (Work)  
(877) 847-1200 (Work)

Line	Part #	Total Price	Line	Part #	Total Price
2	CH1000A23PP	\$685.00	4	CH1044124C	\$69.00
8	CH1200388C	\$341.00	6	CH1036136C	\$144.00
11	CH2502270R	\$1,283.00	7	CH1036137C	\$92.00
			9	CH2503270R	\$1,283.00

Line	Part #	Total Price
20	CH1225280C	\$291.00
23	CH1225198C	\$265.00

**Disclaimer:** This estimate has been prepared based on the use of aftermarket crash parts supplied by a source other than the manufacturer of your motor vehicle. The aftermarket crash parts used in the preparation of this estimate are warranted by the manufacturer or distributor of such parts instead of the manufacturer of your vehicle.

**Recycled Part Vendors**

LKQ-Keystone- Preferred  
 650 Simon Road  
 Conway AR 72032  
 (800) 233-3513 (Work)  
 (501) 336-8654 (Work)

Line	Part #	Total Price	Vehicle	Description	VIN
25	\$PZ295	\$63.00	2008 Dodge CHARGER	17X4 (SPARE)	2B3KA43G38H267387

Supplier Notes: BASE,4DR 17X4 (SPARE)

**Disclaimer:** Recycled part pricing may represent either actual pricing (the price at which the recycler is willing to sell the part for in its existing condition) or undamaged pricing (the price at which the recycler would sell the part if it was in undamaged condition). If you are unsure, please contact the automotive recycler. Some parts located for this quote may be interchangeable but may not be an exact match. If you are unsure, please contact the automotive recycler.

**Estimate Totals**

Labor	Units	Rate	Sublet Add'l Amount	Totals
Body Labor	12.5	\$62.00		\$775.00
Refinish Labor	8.5	\$62.00		\$527.00
Mechanical Labor	3.2	\$95.00		\$304.00
<b>Total Labor</b>	<b>24.2</b>			<b>\$1,606.00</b>
			Taxable	\$1,606.00
			Tax 7.5000%	\$120.45
			Non-Taxable	\$0.00
			<b>Labor Total</b>	<b>\$1,726.45</b>
<b>Parts</b>				
Taxable Parts		<b>Amount</b>		<b>\$6,745.34</b>
			Parts Adjustments	\$68.25
			Tax 7.5000%	\$511.02
			Non-Taxable	\$0.00
			<b>Parts Total</b>	<b>\$7,324.61</b>
<b>Costs</b>				
Other Additional Costs		<b>Amount</b>		<b>\$0.00</b>
Paint Materials		<b>\$382.50</b>		<b>\$382.50</b>



## Estimate Totals

Paint Materials Rate: \$45.00  
 Rate Max: 99.9 units  
 Additional Rate: \$0.00

Gross Totals	Amount
Gross Total	\$9,462.25

Adjustments	Amount
Deductible	-\$500.00
Total Customer Responsibility	-\$500.00

Taxable	\$382.50
Tax 7.5000%	\$28.69
Non-Taxable	\$0.00
Costs Total	\$411.19

Taxable	\$8,802.09
Tax	\$660.16
Non-Taxable	\$0.00
Gross Total	\$9,462.25

Net Estimate Total	\$8,962.25
--------------------	------------

**DISCLAIMER:** This estimate has been prepared by an independent appraisal service. Receipt of this estimate copy from the appraisal service is not an authorization for repairs or a guarantee of payment.  
**\*\*\*ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL BEFORE REPAIRS BEGIN OR PARTS ARE ORDERED\*\*\***  
 All supplements will require all parts invoices for the entire repair. Failure to obtain approval may result in the denial of the payment for any and all supplemental repairs.  
 -Please present this estimate to the shop of your choice  
 -Only you can authorize repairs to your vehicle  
 -If the shop has any questions about the estimate or if the shop encounters any supplemental damage, they should contact the appraiser's name listed on this estimate

**Disclaimer:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

Eclipse Appraisal Inc.

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

**Vehicle Information**

Vehicle: 2015 Dodge Charger Sedan 4D Police 3.6L V6  
Reference #: AAC-0042094  
Region: Southwestern  
Period: May 8, 2023  
VIN: 2C3CDXAG0FH806306  
Mileage: 152,926  
Weight: 4,039



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

	Base	Mileage Adj.	Option Adj.	Adjusted Value
Monthly				
Trade-In				
Average	\$7,875	-\$3,550	N/A	<b>\$4,325</b>
Clean Retail	\$11,400	-\$3,550	N/A	<b>\$7,850</b>

# Eclipse Appraisal Inc.

Total Loss Evaluation

Claim Rep Name/ID Number: Jacob Trumble Claim Number: AAC-0042094

Insured's Name: Faulkner County Sheriff's Dept Owner's Name: Faulkner Co Sheriffs Dept

Phone: 5014504914 Zip Code: 72034 Type of Loss:  T(Theft)  C(Other)

Vehicle ID Number 2C3CDXAG0FH806308

State: AR Loss Date: 5/8/2023 Year: 2015 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: 152926

**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 Auxillary 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 \_\_\_\_\_

Month \_\_\_\_\_

Base Book	11400
Miles + -	-3550
<b>Total Retail Book Value</b>	<b>7850.00</b>

APPRAISER Shirley

LOCATION Conway

PHONE 501-977-3784

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	Tires Net Amount
Total Reconditioning Amount							

DEALER QUOTES			STOCK		
Dealership	Phone	Salesperson	Yes	No	Quote
1. Magic Auto Sales	833-504-0784	internet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10250.00
2. V D Euro Auto Sales	503-476-3264	internet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11995.00
3. Sign and Drive Motors	904-822-9641	internet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11990.00
Average of Quotes					\$11411.00

SALVAGE BIDS			
Company	Person	Phone	Bid
1. Pratt's Auto Salvage	Adam	870-759-0736	1444.00
2. Russell Towing	Donnie	501-354-8726	1000.00
3. Copart		501-796-2812	2382.79
Salvage Location	Charges day	Towing	1481.95

ACV CALCULATIONS	
1 Book Value	\$ 7850.00
2 Avg of Quotes	\$ 11411.00
3 Avg Lines 1 & 2	\$ 9630.00
4 Reconditioning + -	\$
5 Suggested ACV	\$ 9630.00
6 Sales Tax	\$
7 Grand Total	\$

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