

FAULKNER COUNTY

ALLEN DODSON
COUNTY JUDGE

801 LOCUST STREET • CONWAY, AR 72034

FILED

APR 13 2023

MARGARET DARTER
FAULKNER COUNTY CLERK

BY (Walters) DC

IN THE COUNTY COURT OF FAULKNER COUNTY, ARKANSAS

AMENDED COURT ORDER NO. 23-098

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

Whereas, due to a scrivener's error this court order is being amended to be signed.

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: 4-13-23

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@faulknercountv.org

January 24, 2023

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

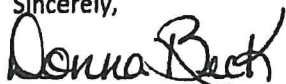
RE: Inventory

Dear Judge Dodson & Ms. Wooley

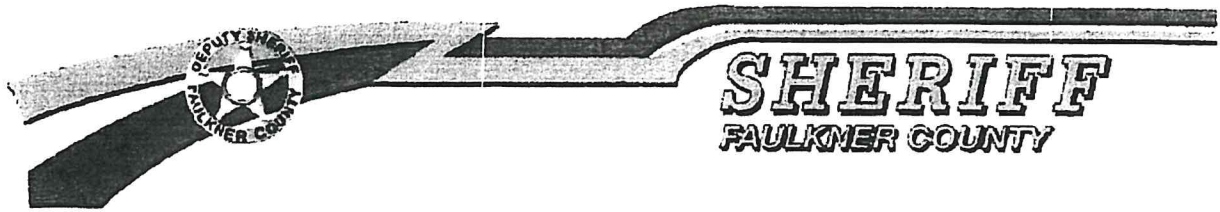
The Faulkner County Assessor's Office has been asked to prepare a letter to remove the following vehicle from County Inventory for the Faulkner County Sheriff's Office. According to the appraisal evaluation, the vehicle is considered a total loss due to an accident. Therefore, the vehicle listed below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

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

page 1 of 1

Entry Date: 01/20/2023



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

Security 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. 3rd 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

- 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 3rd Seat (Wagons Only)
 - 8P 8 Passenger
 - DA Dual Air Conditioning

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

Guide Book NADA
 Month Dec

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

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

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

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

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

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

| 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"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | Tire Tread Depth | LF | RF | LR | RR | Spare | Tires Net Amount | |
| | | | | | | | Total Reconditioning Amount | |

| DEALER QUOTES | | | STOCK | | Quote |
|----------------------------------|--------------|-------------|-------------------------------------|--------------------------|--------|
| Dealership | Phone | Salesperson | Yes | No | |
| 1. Your 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

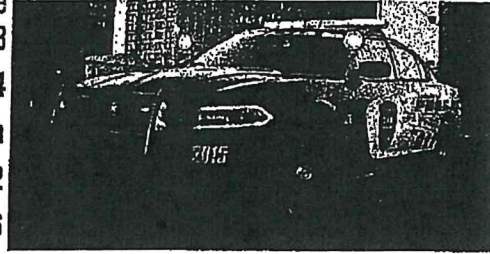
Period: December 15, 2022

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 | \$23,975 |

Selected Options

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

Drivers' Last Names Castro

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

Rev. 2018-1

Crash Report # 22-1202285

of Motor Vehicles 2
Automobiles, Motorcycles, etc.

of Non-Motorists 0
Pedestrians, Bicyclists, etc.

Investigating Agency CONWAY PD

Investigating Officer

OFC Stubbe Bethany 591
Rank Last First Middle Suffix Badge #

Signature

CRASH DATE AND TIME

| Date of Crash (MM/DD/YYYY) | Time of Crash (HH:MM AMPM) | 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

| | | | | |
|--|--|--|---|--|
| First Harmful Event 206 100 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 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 288 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 <i>B, 298, or 398, describe:</i> | Location of First Harmful Event 100 100 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 Type of Collision 203 100 Single vehicle crash 200 Front to rear 201 Front to front 202 Angle 203 Sideswipe, same direction 204 Sideswipe, opposite direction 205 Rear to side 206 Rear to rear 980 Other (describe below) Relation to Junction 000 000 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 | School Bus Related 000 000 No, school bus not involved 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved Type of Intersection 000 000 Not an intersection 100 Four-way intersection 101 T-intersection 102 Y-intersection 103 L-intersection 104 Traffic circle 105 Roundabout 106 Five-point or more 999 Unknown Road System 104 100 Interstate 101 US highway 102 State highway 103 County road 104 City street 105 Frontage road 108 Ramp 999 Unknown Property Classification 100 100 Public property 101 Private property | Roadway Surface Condition 100 100 Dry 101 Wet 102 Snow 103 Slush 104 Ice or frost 105 Water (standing or moving) 108 Sand 107 Mud, dirt, or gravel 108 Oil 198 Other 999 Unknown Light Condition 103 100 Daylight 101 Dawn 102 Dusk 103 Dark - lighted 104 Dark - not lighted 105 Dark - unknown lighting 198 Other 999 Unknown Environmental Factors <i>Check all that apply:</i> <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 | Weather Conditions <i>Check all that apply:</i> <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"/> 198 Other <input type="checkbox"/> 999 Unknown <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 |
| Roadway Conditions <i>Check all that apply:</i> <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 (nonoperative, 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 | | Trafficway Classification 100 100 Trafficway, on road 101 Trafficway, not on road 102 Non-trafficway (describe below) | | |

WORK ZONE CRASH INFORMATION

| Work Zone | 000 | Location Relative to Work Zone | 970 | Work Zone Type | 970 | Worker(s) Present | 970 | Law Enforcement Present | 970 |
|-----------|-----|---|-----|---------------------------------|-----|--------------------|-----|--|-----|
| No | | 100 Before the first work zone warning sign | | 100 Lane closure | | 000 No | | 000 No law enforcement presence | |
| Yes | | 101 Advance warning area | | 101 Lane shift or crossover | | 100 Yes | | 100 Officer present | |
| Unknown | | 102 Transition area | | 102 Work on shoulder or median | | 970 Not applicable | | 101 Law enforcement vehicle only present | |
| | | 103 Activity area | | 103 Intermittent or moving work | | 998 Unknown | | 970 Not applicable | |
| | | 104 Termination area | | 198 Other | | | | 999 Unknown | |
| | | 970 Not applicable | | | | | | | |
| | | 999 Unknown | | | | | | | |

Motor Vehicle #

1

ARKANSAS MOTOR VEHICLE CRASH REPORT
VEHICLE INFORMATION

Page 3 of 13

Crash Report # 22-1202285

DESCRIPTION AND IDENTIFICATION

| | | | | | | | |
|---|--|---|--|--|--|-----|--|
| <input type="checkbox"/> Check if this vehicle had no driver <input type="checkbox"/> Hit and Run 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene | | 100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene | | 000 Vehicle Body Type Passenger Vehicles 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Minivan 107 Passenger van (seals any number if personal; up to 8 if business) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle Truck (> 10,000 lbs) 200 Single unit truck (2 axes) 201 Single unit truck (3 or more axes) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) Bus / Van / Limo (9 or more seats, including driver) 300 School bus 301 Transil/city bus 302 Motor coach/intercity/cross-country bus 303 Limousine 304 Van (seats 9-15, including driver) 390 Other vehicle (seats 9-15, including driver) 391 Other vehicle (seats 16 or more, including driver) Cycle / Low Speed 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle Unknown 999 Unknown type of motor vehicle <i>If 198, 298, 390, 391, or 498, describe below:</i> | | 101 | |
| VIN WAUMF78K29N031648 | | | | | | | |
| Vehicle Year, Make, and Model | | | | | | | |
| 2009 Audi A4 | | A4 | | | | | |
| Year Make Model | | | | | | | |
| License Plate | | | | | | | |
| CO AHKB27 | | 2022 | | <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details) | | | |
| State Number Year | | | | | | | |
| Trailer #1 License Plate | | | | | | | |
| | | | | <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details) | | | |
| State Number | | | | | | | |
| Trailer #2 License Plate | | | | | | | |
| | | | | <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details) | | | |
| State Number | | | | | | | |
| Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown | | | | | | | |
| Manuel Escobar | | | | | | | |
| Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown | | | | | | | |
| PO BOX 1804 | | DILLON CO 80435 | | | | | |
| Street City State Postal Code | | | | | | | |
| Motor Carrier Type <input type="checkbox"/> 000 Motor Carrier ID Numbers | | | | | | | |
| 00 Personal transportation | | USDOT # | | | | | |
| 00 Interstate carrier | | | | | | | |
| 01 Intrastate carrier | | MC/MX # | | | | | |
| 02 Not in commerce - government | | | | | | | |
| 03 Not in commerce - other truck | | State # | | State | | | |
| 09 Unknown | | | | | | | |
| Motor Carrier Name <input type="checkbox"/> Unknown | | | | | | | |
| Motor Carrier Address <input type="checkbox"/> Unknown | | | | | | | |
| Street City State Postal Code | | | | | | | |
| Cargo Body Type <input type="checkbox"/> 000 | | | | | | | |
| 0 No cargo body | | 104 Cargo tank | | 109 Dump | | | |
| 0 Bus | | 105 Log | | 110 Concrete mixer | | | |
| 1 Van / enclosed box | | 106 Intermodal container chassis | | 111 Auto transporter | | | |
| 2 Grain / chips / gravel | | 107 Vehicle towing another vehicle | | 112 Garbage / refuse | | | |
| 3 Pole trailer | | 108 Flatbed | | 999 Unknown | | | |
| GVWR/GCWR <input type="checkbox"/> 970 Hazardous Materials Placard <input type="checkbox"/> 000 Hazardous Material ID <input type="checkbox"/> 000 Hazardous Materials Released from Vehicle Cargo Compartment <input type="checkbox"/> 970 | | | | | | | |
| 10,000 lbs or less | | 000 Placard not required | | (4-digit # or name from middle of diamond or rectangular box) | | | |
| 10,001 - 28,000 lbs | | 100 Placard displayed | | Hazardous Material Class | | | |
| More than 28,000 lbs | | 200 Placard required but not displayed | | (1-digit # from bottom of diamond) | | | |
| Not applicable | | 999 Unknown | | | | | |
| | | | | 000 No, hazardous materials not released | | | |
| | | | | 100 Yes, hazardous materials released | | | |
| | | | | 970 Not applicable (not carrying hazardous materials) | | | |

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

| | |
|--|--|
| TOWING <input type="checkbox"/> 101 Towed By Steve's Auto <input type="checkbox"/> Towed To 280 HWY 64E Street City State Postal Code Conway AR 72032 | |
|--|--|

ARKANSAS MOTOR VEHICLE CRASH REPORT

VEHICLE INFORMATION

MOTOR VEHICLE CIRCUMSTANCES

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

Vehicle Defects *Check all that apply.*

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

999 Unknown

Traffic Control Device Types and Statuses

Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.

| Traffic Control Device Type <i>Check all that apply.</i> | Device Status <i>Use above codes.</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 | |

| | | | | |
|--|------------|--|------------|--|
| Roadway Description | 200 | Roadway Surface | 101 | |
| 0 One-way trafficway 0 Two-way, not divided 1 Two-way, not divided, with a continuous left turn lane 0 Two-way, divided, unprotected (painted >4 feet) median 0 Two-way, divided, positive cable barrier 1 Two-way, divided, positive concrete barrier 3 Two-way, divided, other type of positive barrier 999 Unknown | | 100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown | | <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 |
| Roadway Grade | 100 | Roadway Alignment | 100 | |
| 1 Level Hillcrest Uphill Downhill Sag (bottom) 999 Unknown | | 100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown | | |
| Total # of Lanes | 2 | Posted Speed Limit | 30 | |
| | | <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

| Type-Collision | Collision with Non-Fixed Object | Collision with Fixed Object | Unknown |
|--|---|-------------------------------------|------------------------|
| Overturn/rollover | 200 Pedestrian | 300 Impact attenuator/crash cushion | 318 Fence |
| Tire/explosion | 201 Pedalcycle | 301 Bridge overhead structure | 319 Mailbox |
| Immersion, full or partial | 202 Other non-motorist | 302 Bridge pier or support | 320 Building |
| Backknife | 203 Railway vehicle (train, engine) | 303 Bridge rail | 388 Other fixed object |
| Cargo/equipment loss or shift | 204 Animal (live) | 304 Cable barrier | |
| Equipment failure | 205 Motor vehicle in transport | 305 Culvert | |
| Blown tire, brake failure, etc.) | 206 Parked motor vehicle | 306 Curb | |
| Separation of units | 207 Falling/shifting cargo or anything set in motion by motor vehicle | 307 Ditch | |
| Run off roadway right | 208 Work zone/maintenance equipment | 308 Embankment | |
| Run off roadway left | 298 Other non-fixed object | 309 Guardrail face | |
| Deliberately crossed median | | 310 Guardrail end | |
| Unintentionally crossed median | | 311 Concrete traffic barrier | |
| Crossed centerline | | 312 Other traffic barrier | |
| Downhill runaway | | 313 Tree (standing) | |
| Jumped from motor vehicle | | 314 Utility pole/light support | |
| Re-entering roadway | | 315 Traffic sign support | |
| Object thrown or fallen on or near motor vehicle | | 316 Traffic signal support | |
| Other non-collision | | 317 Other post, pole, or support | |

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

Motor Vehicle #

1

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Page 5 of 13

Crash Report # 22-1202285

DRIVER INFORMATION

Name: Castro, Lillian; Date of Birth: 05/31/1999; Sex: Female; Race: 100 White/Caucasian; Address: 36 Oliver Street, Conway, AR 72034

DRIVER LICENSE INFORMATION

License Status: 000 Not licensed; License Number: [blank]; License State: [blank]; License Class: [blank]; Is Commercial Driver License? No; Endorsements on License: 000 None

DRIVER SEATING AND SAFETY INFORMATION

Seating Position: 110; Restraint Systems Used: 999; Motorcycle Helmet Usage: 000; Standard Vehicle Seats table; Other Seating Positions table

Seating Position (complete if 801 was selected for Seating Position above.)

Table with columns for Driver (1A-5A) and Front (1D-5F) seating positions, including a diagram of the vehicle interior.

Air Bags Deployed: 100 Deployed: front, 101 Deployed: side, 102 Deployed: curtain; Ejection: 000 Not ejected; Extrication: 000 Not extricated; Ejection Path: 000 Not ejected

Motor Vehicle #

1

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Page 6 of 13

Crash Report # 22-1202285

MEDICAL INFORMATION

Injury Status 5, Type of Medical Transportation 000, EMS Notified, EMS Arrived, Trauma Band #, Medical Facility Transported To

DRIVER CONDITION AND CIRCUMSTANCES

Condition at Time of Crash, Driver Distracted By 104, Driver Vision Obscured By, 999 Unknown

Driver Suspected of Alcohol Usage, Alcohol Test Type Given 000, Alcohol Test Result Status 970, Blood Alcohol Content, Speeding Related 899

Driver Suspected Drug Usage, Drug Test Type Given 000, Drug Test Results, Citations, Charges

DRIVER ACTIONS AT TIME OF CRASH

Check all that apply: 000 No contributing action, 999 Unknown, Disregarded Traffic Signs or Controls, Improper Maneuver, Other Actions, Swerved or Avoided, Improper Use of Lights or Signals, Unsafe Operation

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 the 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 | Vehicle Body Type Passenger Vehicles 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Minivan 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 188 Other passenger vehicle Truck (> 10,000 lbs) 200 Single unit truck (2 axles) 201 Single unit truck (3 or more axles) 202 Single unit truck with trailer 203 Truck (tractor only (bobtail)) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) Bus / Van / Limo (9 or more seats, including driver) 300 School bus 301 Transit/city bus 302 Motor coach/intercity/cross-country bus 303 Limousine 304 Van (seats 9-15, including driver) 390 Other vehicle (seats 9-15, including driver) 391 Other vehicle (seats 16 or more, including driver) Cycle / Low Speed 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle Unknown 999 Unknown type of motor vehicle <i>// 198, 298, 390, 391, or 498, describe below:</i> | 101 |
| VIN 2C3CDXAT2KH844B16 | | | | |
| Vehicle Year, Make, and Model 2019 Dodge Charger | | | | |
| License Plate AR 583YJS | | | | |
| Trailer #1 License Plate | | | | |
| Trailer #2 License Plate | | | | |
| Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown BULKNER COUNTY SHERIFF'S OFFICE | | | | |
| Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 01 LOCUST AVE CONWAY AR 72034-5330 | | | | |
| Motor Carrier Type 000 Motor Carrier ID Numbers 10 Personal transportation 10 Interstate carrier 11 Intrastate carrier 2 Not in commerce - government 3 Not in commerce - other truck 9 Unknown | | | | |
| Motor Carrier Address <input type="checkbox"/> Unknown | | | | |
| Motor Body Type 000 No cargo body 104 Cargo tank 109 Dump 198 Other Bus 105 Log 110 Concrete mixer Van / enclosed box 106 Intermodal container chassis 111 Auto transporter Grain / chips / gravel 107 Vehicle towing another vehicle 112 Garbage / refuse Pole trailer 108 Flatbed 999 Unknown | | | | |

| | | | |
|---|--|--|--|
| WR/GCWR 970 10,000 lbs or less 10,001 - 26,000 lbs More than 26,000 lbs Not applicable | Hazardous Materials Placard 000 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown | Hazardous Material ID (4-digit # or name from middle of diamond or rectangular box) Hazardous Material Class (1-digit # from bottom of diamond) | Hazardous Materials Released from Vehicle Cargo Compartment 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials) |
|---|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------------------------|---|---|---|---|----|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|--|--|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|---|---|---|--|---|---|---|----|----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|---|--|--|----|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|---|---|---|
| INSURANCE | | | | DAMAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Uninsured at time of crash <input checked="" type="checkbox"/> Unknown (fill in any known details) | Insurance Company Association of Arkansas Counties Risk Management | Damage Severity 102 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown | Damage Estimate \$10,000 | Initial Contact Point (check 1) <table border="1"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input 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 | Damaged Areas (check all that apply) <table border="1"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input 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><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 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"/> | <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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 4 | 3 | 2 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Damage Prior to the Crash <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below) | | <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 Towed By Pro Auto Towed To #6 Ranchette Rd Conway AR 72032 |
|---|

Motor Vehicle #
2

ARKANSAS MOTOR VEHICLE CRASH REPORT

VEHICLE INFORMATION

Page 8 of 13

Crash Report # 22-1202285

MOTOR VEHICLE CIRCUMSTANCES

| | | | | | |
|--|------------|--|------------|--|------------|
| Vehicle Usage 000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Inter-city 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 | 000 | Emergency Vehicle Usage 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 | 870 | Vehicle Maneuver 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 | 111 |
| | | Travel Direction 100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown | 100 | | |

Vehicle Defects Check all that apply.

000 None

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

198 Other

999 Unknown

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 Check all that apply.

| Device Type | Device Status |
|--|---------------|
| <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 sign | |
| <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 | |

| | | | |
|--|------------|--|------------|
| Roadway Description 0 One-way trafficway 1 Two-way, not divided 2 Two-way, not divided, with a continuous left turn lane 3 Two-way, divided, unprotected (painted >4 feet) median 4 Two-way, divided, positive cable barrier 5 Two-way, divided, positive concrete barrier 6 Two-way, divided, other type of positive barrier 9 Unknown | 200 | Roadway Surface 100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown | 101 |
| Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) 999 Unknown | 100 | Roadway Alignment 100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown | 100 |
| Total # of Lanes 2 | | Posted Speed Limit Use the posted speed limit that applied to this vehicle at the time of the crash. 30 | 30 |

MOTOR VEHICLE EVENTS

Sequence of Events

| | | | | | | | | | | | | | | | | | | | |
|---|-----|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|----|--|
| 1 | 206 | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | |
|---|-----|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|----|--|

Most Harmful Event 206

| Collision | Collision with Non-Fixed Object | Collision with Fixed Object | Unknown |
|--|--|---|---|
| 100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Acknowledge 104 Cargo/equipment loss or shift 105 Equipment failure 106 Down (fire, brake failure, etc.) 107 Separation of units 108 On off roadway right 109 On off roadway left 110 Unintentionally crossed median 111 Intentionally crossed median 112 Crossed centerline 113 Downhill runaway 114 Ejected from motor vehicle 115 Re-entering roadway 116 Object thrown or fallen on or near motor vehicle 117 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
NARRATIVE

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 damaged 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.

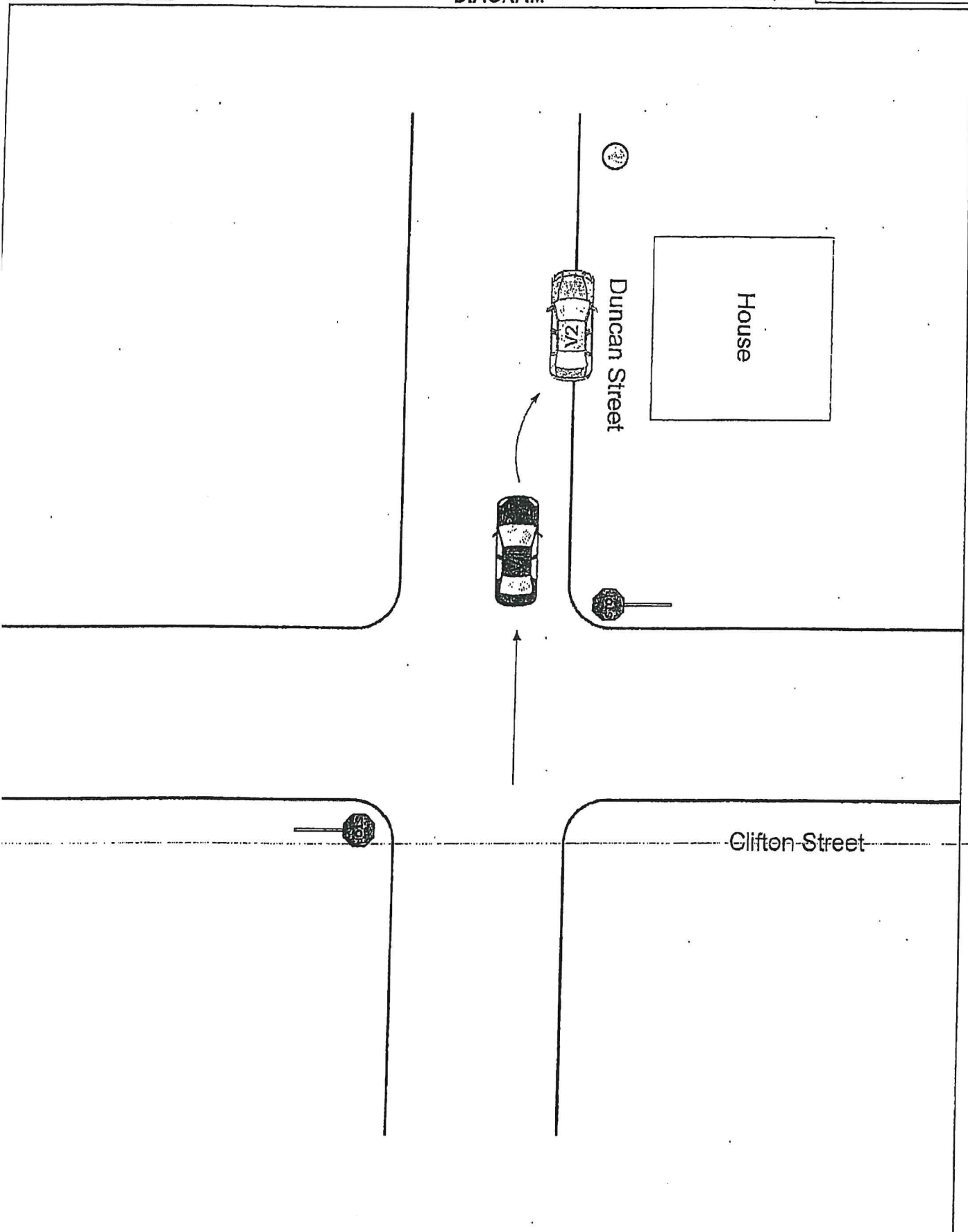
[Empty lined area for additional narrative or diagram]

Scene #
1

ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

Page 10 of 13

Crash Report # 22-1202285

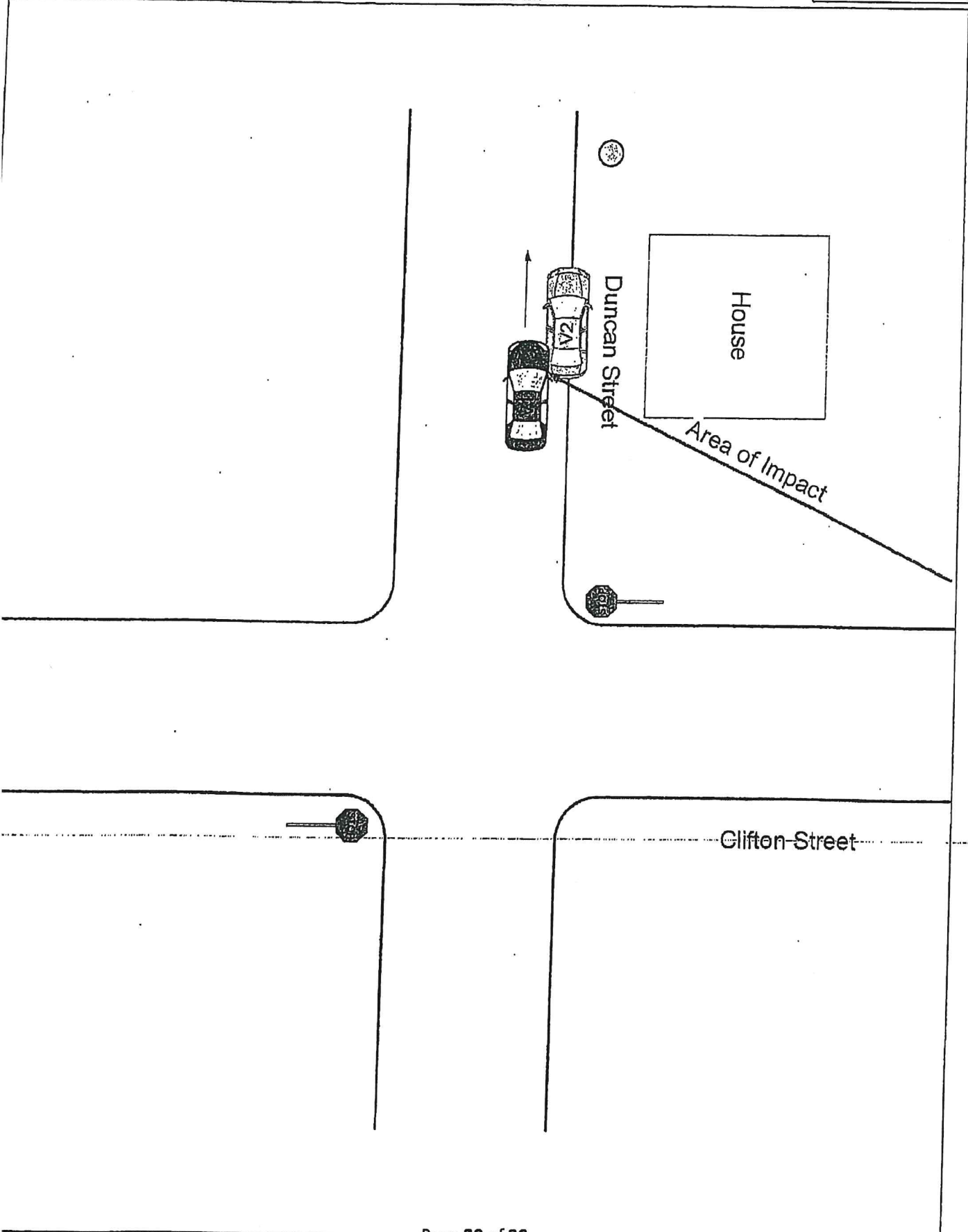


Scene #
2

ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

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Crash Report # 22-1202285

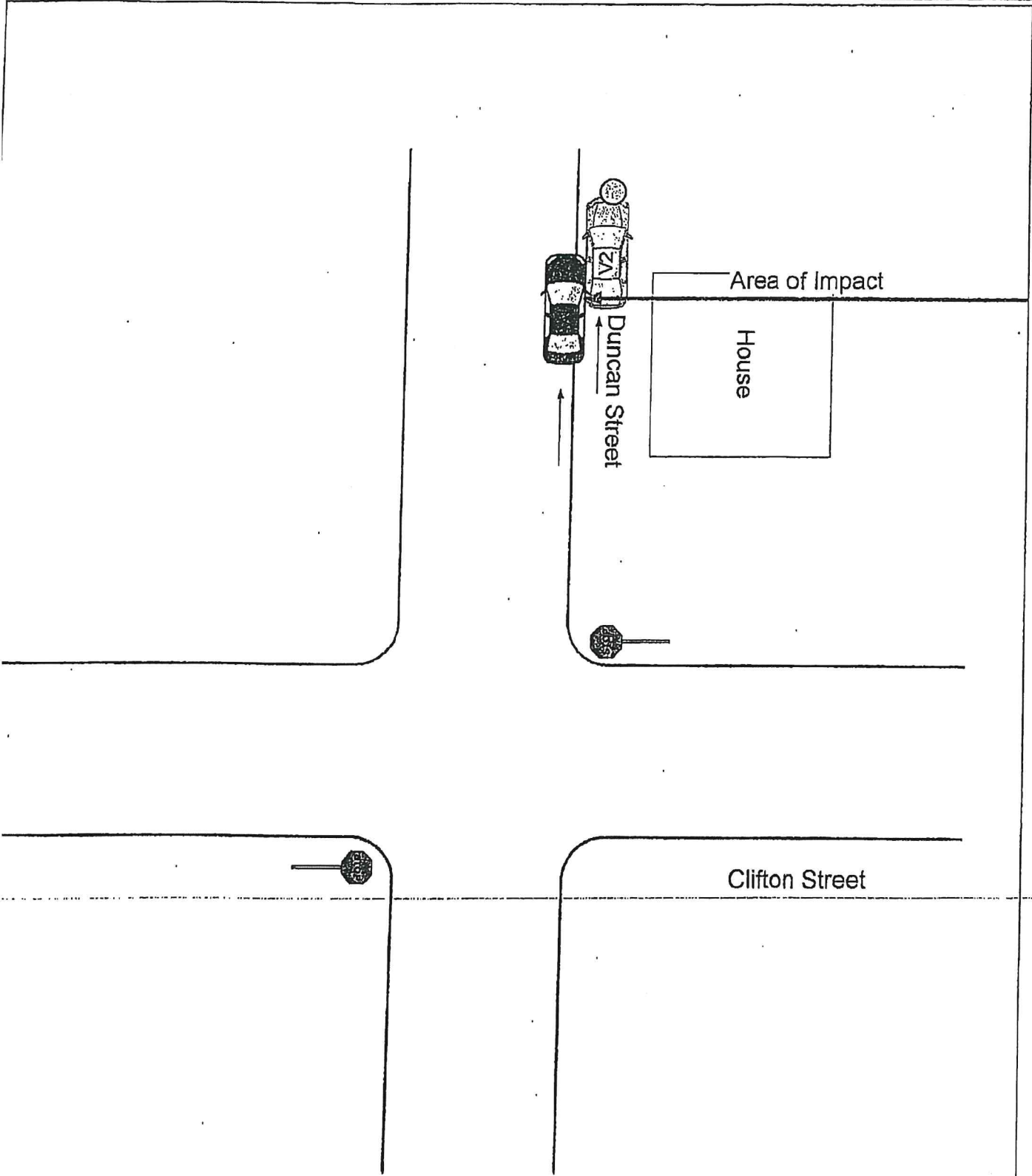


Scene #
3

ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

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Crash Report # 22-1202285



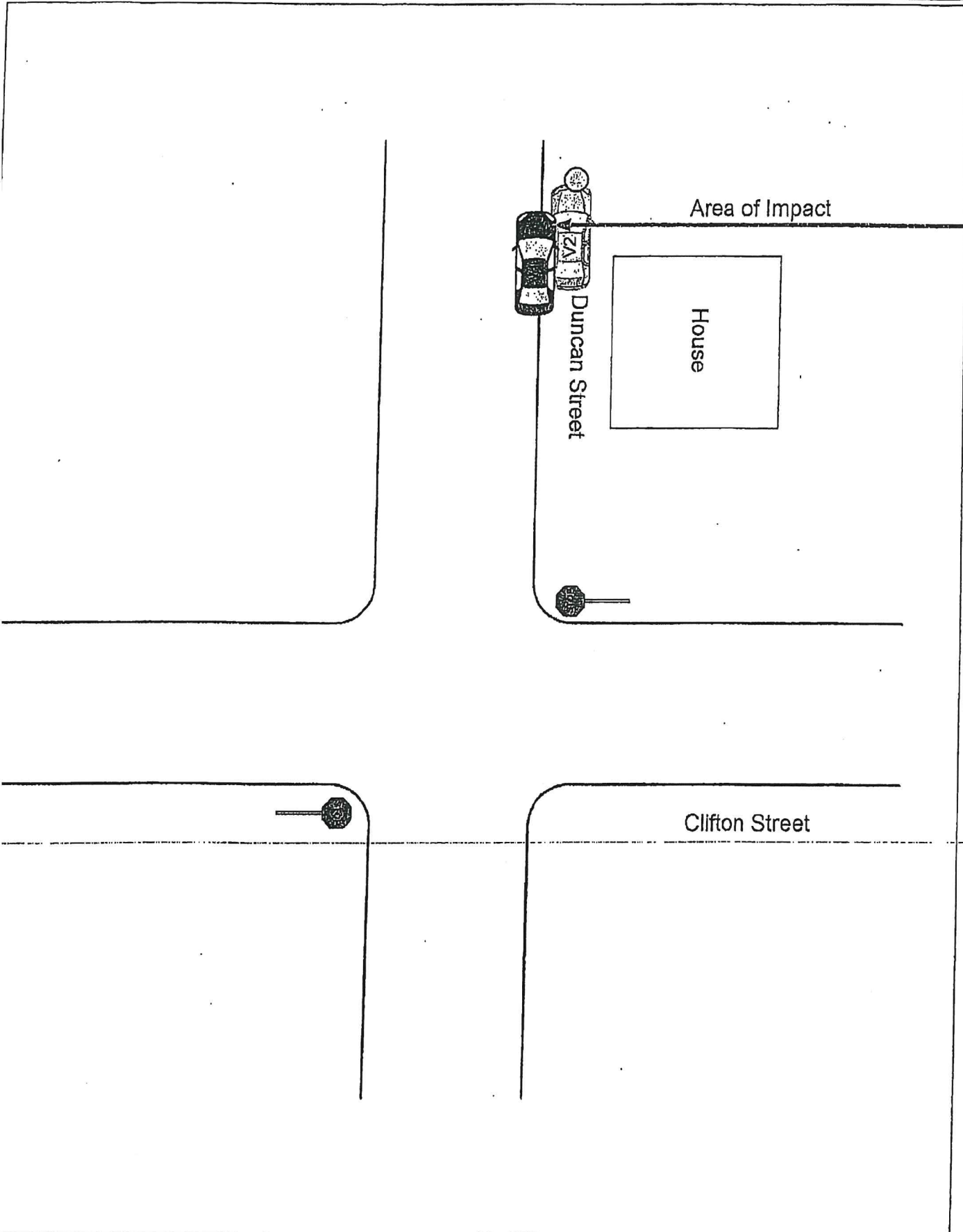
Scene #

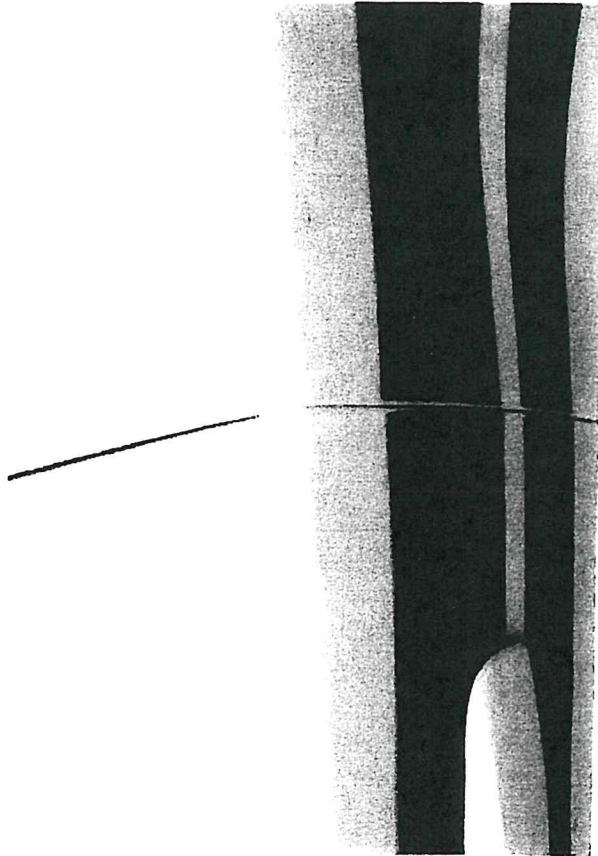
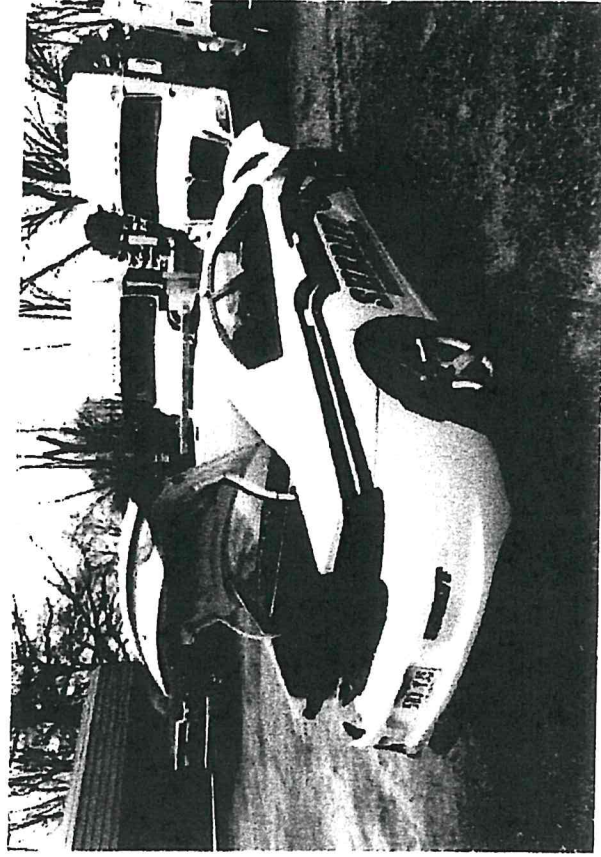
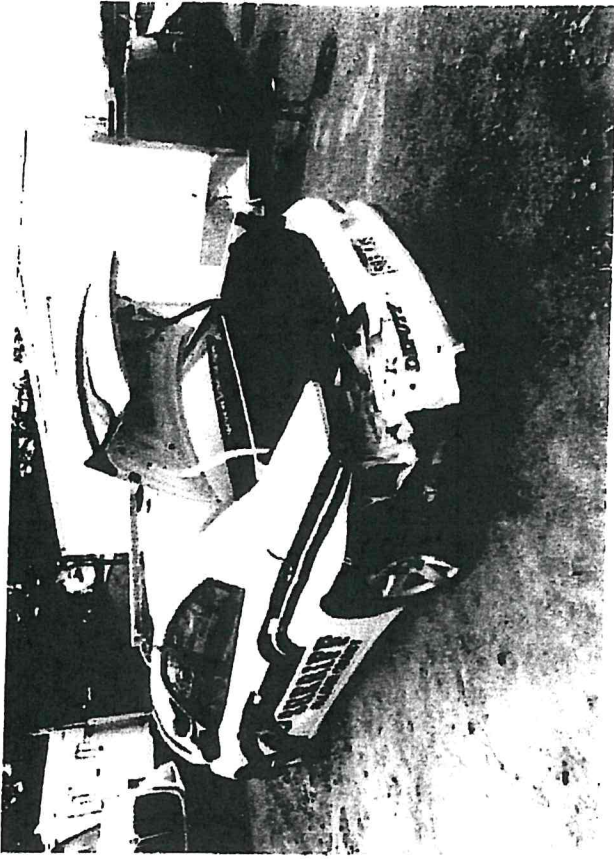
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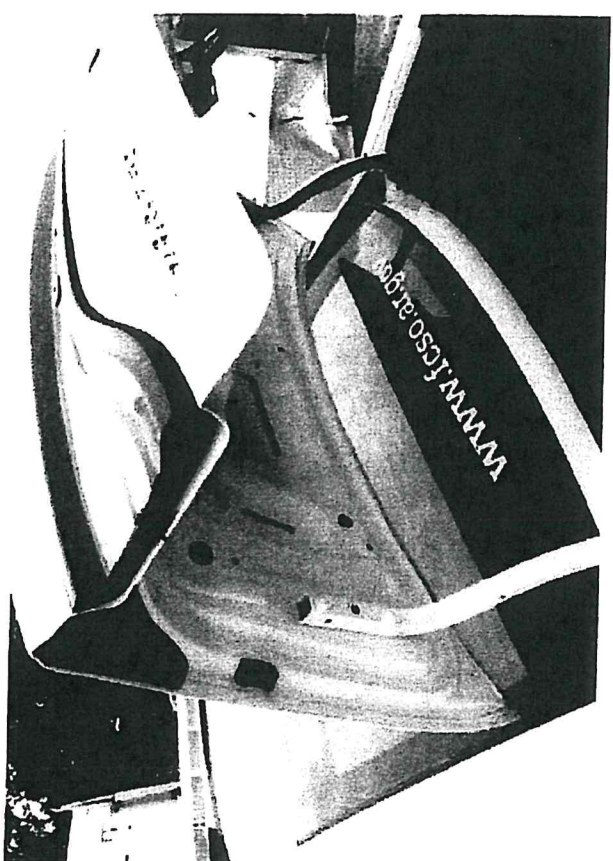
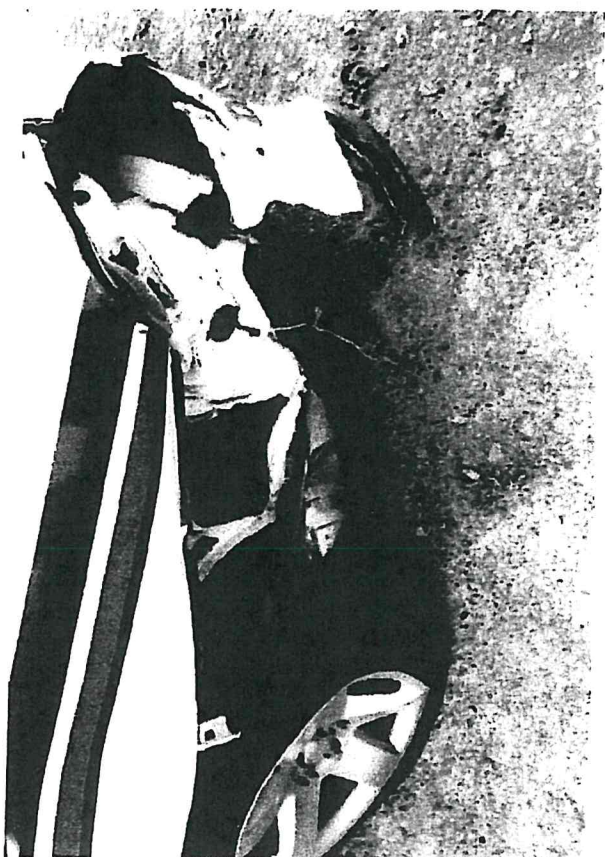
ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

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Crash Report # 22-1202285







MFD BY FCA US LLC

GWR: 02473 KG

GWR: 01293 KG

05450 LB

FRONT: 02850 LB

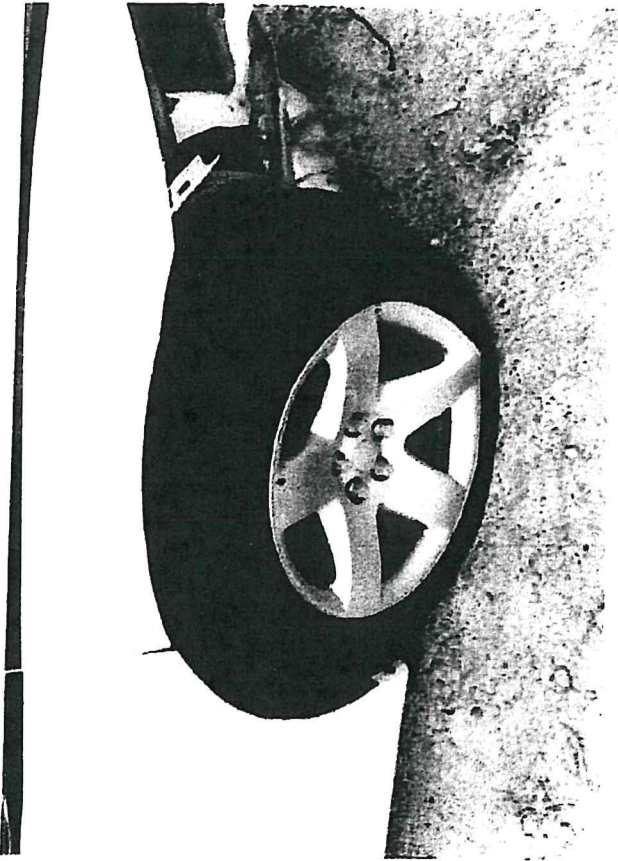
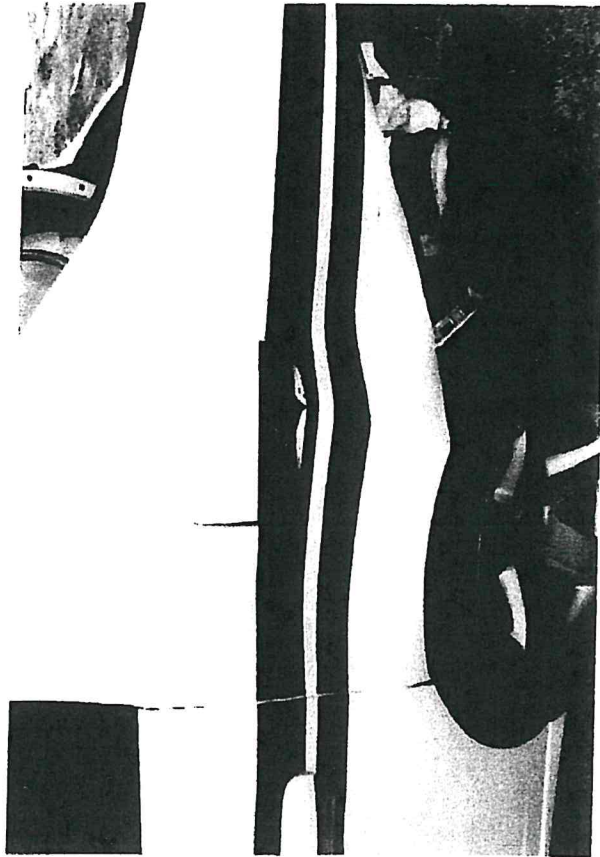
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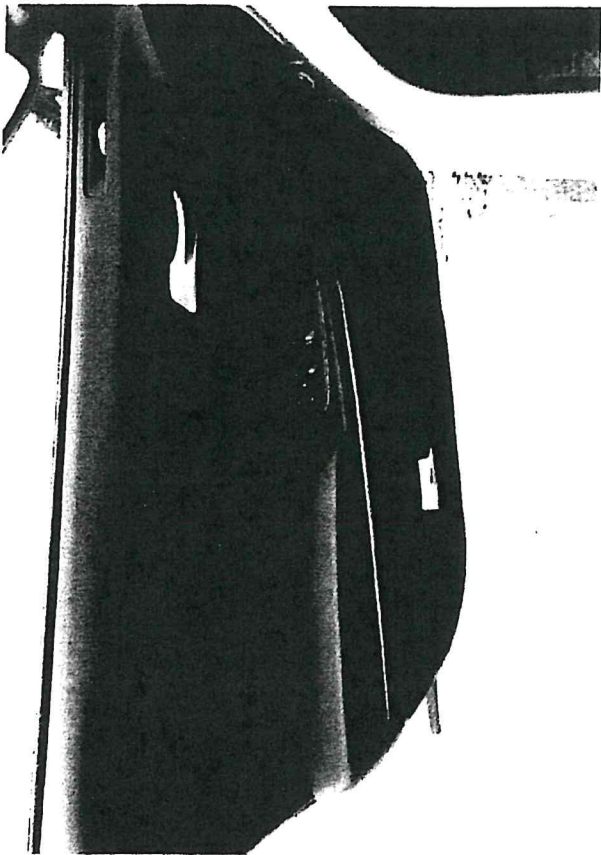
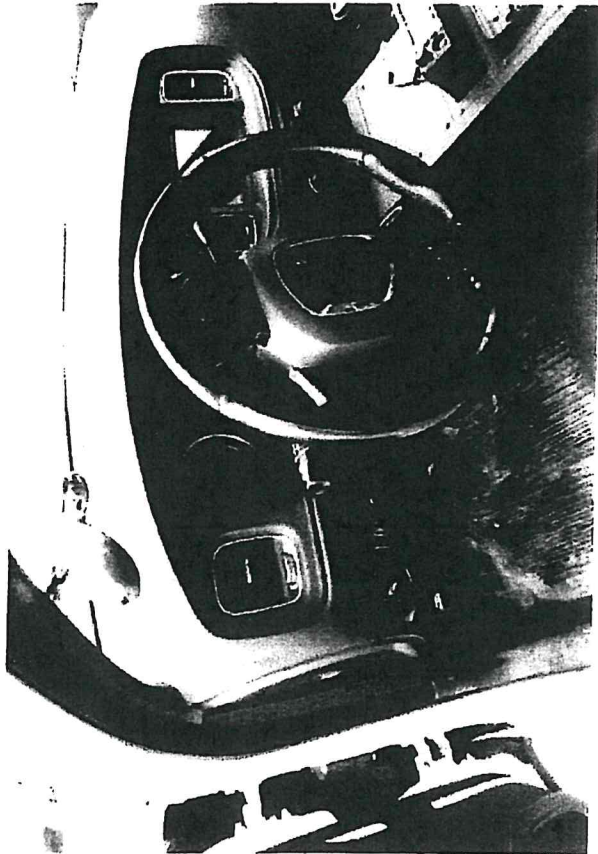
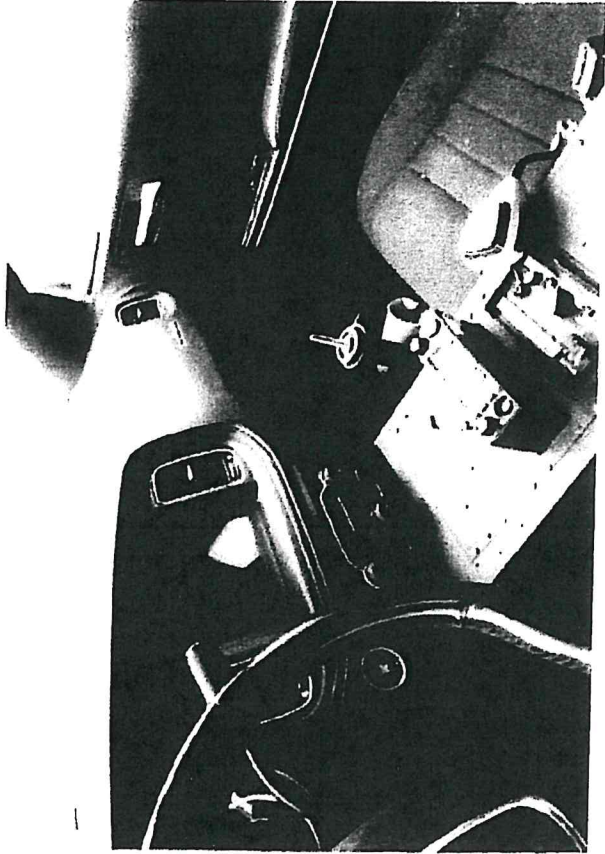
DATE OF MANUFACTURE: 6-10

GWR: 01293 KG

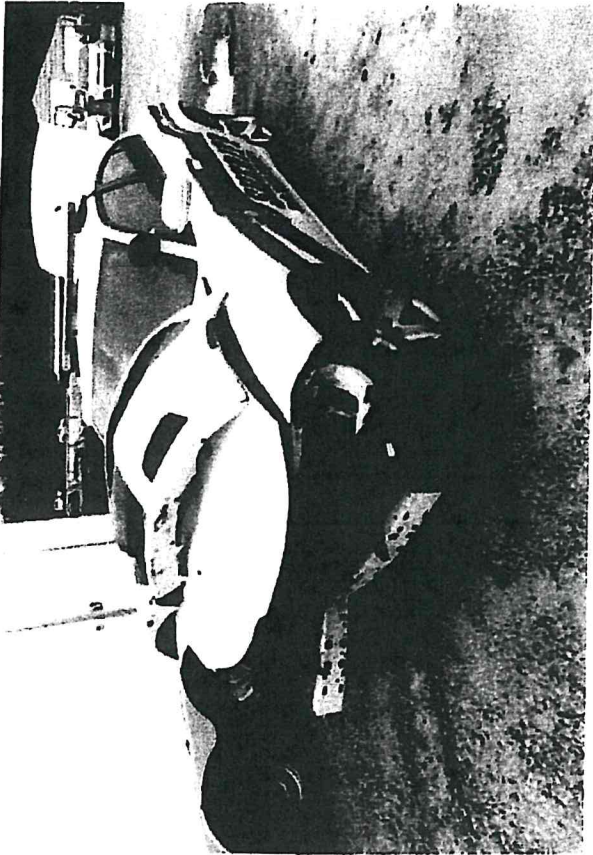
REAR: 02850 LB

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.





VTN: 2C3CDXAT2KH644816 TYPE: PASSENGER CAR
NDN: 060515 451AA PAINT: PH7 FROM: MSIS 4658943
VEHICLE MADE IN CANADA



SHELL
NEXT SERVICE DUE
DATE OR MILEAGE
11/10/2010
GRADE 70010

STEPHENS AUTO
601-472-8407
THANK YOU!!!

