

Report #		Unit Assigned		Premises		Geo Code		District			
Mo/Day/Yr	Day of Week	Time Of Collision	No. Of Vehicles	Time Notified	Time Arrived	Hit & Run	Direction Of Travel	Official Use Only			
County		City	Not In City, But		Distance	Direction	City Limits	Speed Limit			
Road / Street / Highway			Section	Log Mile		At Intersection With		Posted <input type="checkbox"/> Yes <input type="checkbox"/> No			
Not At Intersection, But			Distance		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W						
VEHICLE # (PEDESTRIAN #)				VEHICLE #				PAGE 1			
Commercial Vehicle Supplement Required? <input type="checkbox"/> Yes <input type="checkbox"/> No						Com		Insurance companies scrutinize every single word, which means you should verify all the information on your accident report. This includes basic information like your name, address and other personal data.			
Driver's Name (First/MI/Last Name)			Inj. Code		Driver's License State		Class				
Address			Safety Equip.		Eject Code						
City		State		Zip Code		City					
Additional Information						Additional Information					
DOB	Race	Sex	Driver's License State	Class		DOB	Race	Sex	Driver's License State	Class	
#		End.									
Blood/Breath/Urine Test Requested Results (If Known)						Bl		Also pay close attention to specific answers to certain questions. On this page, note the answer to the question, "Blood/Breath/Urine Test Requested." If the investigating officer wrote "yes," you might be a victim of drunk driving accident.			
<input type="checkbox"/> Yes <input type="checkbox"/> No						Veh					
Vehicle Owner's Name (First/MI/Last Name)						Veh					
Address			City		State		Zip Code				
Vehicle Description				Year		Make		Also note the answers to the sections marked "Estimated Damage" and car accident injuries near the bottom of the page. What the investigating officer writes here can make a big difference in how much money you receive.			
Model		Body Style		Color		Model					
Vehicle Identification Number			Estimated Damage		Year						
Vehicle License Plate		<input type="checkbox"/> None		Year		State		Number			
Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No		# Of Units		Reg. State		Plate #					
Prior Vehicle Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Describe Damage & Location		Prior Vehicle Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Describe Damage & Location				
Vehicle Damage As Result Of Collision				Vehicle Damage As Result Of Collision							
<input type="checkbox"/> Disabled <input type="checkbox"/> Other Damage <input type="checkbox"/> Functional <input type="checkbox"/> No Damage				<input type="checkbox"/> Disabled <input type="checkbox"/> Other Damage <input type="checkbox"/> Functional <input type="checkbox"/> No Damage							
Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name Of Tow Service		Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name Of Tow Service	
Address Vehicle Removed To						Address Vehicle Removed To					
City		State		Zip Code		City		State		Zip Code	
Additional Information						Additional Information					
Insurance Company			Policy #			Insurance Company			Policy #		
EMS Notified <input type="checkbox"/> AM <input type="checkbox"/> PM		Transported By		EMS Notified <input type="checkbox"/> AM <input type="checkbox"/> PM		Transported By					
EMS Arrived <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> No Injury/Transport		EMS Arrived <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> No Injury/Transport					
Injured Transported To (Hospital Name/City/State)						Injured Transported To (Hospital Name/City/State)					

Vehicle #	Point Of Initial Contact	Vehicle #	Point Of Initial Contact
Damage To Property Other Than Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Object Struck	Owner's Name	Damage Estimate \$
Address (City/State/Zip Code)		Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	
WITNESSES			
Citation(s) Issued			
Narrative			
Officer's Name (Rank/First/MI/Last Name)			
Badge No.			
Department			
Reviewing Officer			
Date Filed			
Photos <input type="checkbox"/> Yes <input type="checkbox"/> No			

Diagram

Indicate North By Arrow

PAGE 3

This page on your report contains space for the investigating police officer to draw a diagram of your accident. Make sure the diagram corresponds to your memory of the accident. If the vehicles in the diagram do not appear to be drawn the same way your accident happened, contact us. Based on your statement and physical evidence (skid marks on road, damage to vehicles, etc.), we can make sure your description becomes part of the official version of what happened. Insurance companies pay close attention to the diagram on this page.

ARKANSAS COMMERCIAL MOTOR VEHICLE COLLISION REPORT SUPPLEMENT (Rev. 05/00)

Report #		Sequence Of Events	
Requirements For Use Of Commercial Motor Vehicle Supplement		<ol style="list-style-type: none"> Ran Off Roadway Jackknife Overturn (Rollover) Downhill Runaway Cargo Loss/Shift Explosion/ Fire Separation Of Units Collision Involving Pedestrians Collision With A Motor Vehicle In Transport Collision With Parked Motor Vehicle Collision With Train Collision With Pedacycle 	
A Commercial Motor Vehicle Supplement is required to be completed when the collision involves:		PAGE 4	
<ul style="list-style-type: none"> A motor vehicle with a gross weight rating or a combination gross vehicle rating in excess of 10,000 pounds that is being used on a public highway to carry property; or A motor vehicle displaying a hazardous material placard; or A motor vehicle that is designed to transport 7 or more people including the driver; 		This page involves accidents with commercial motor vehicles - tractor-trailers, delivery trucks, 18-wheeler, etc. Make note of the answer in the "Hazardous Material" section in response to the question, "Was There Hazardous Material Leakage?" If the answer is yes, you might have been exposed to hazardous materials.	
AND			
<ul style="list-style-type: none"> The collision results in injury which requires the transportation of the injured person to a medical facility; or The collision results in a fatality; or Any vehicle involved in the collision is towed from the scene. 			
Gross Vehicle Rating		Hazardous Material	
<input type="checkbox"/> 10,001 To 26,000 Pounds <input type="checkbox"/> More Than 26,000 Pounds		Did Vehicle Have A Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Carrier's Identification Number		Was There Hazardous Material Leakage? (Don't Count Fuel From Fuel Tank) <input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. Dot #		If The Vehicle Has A Placard Indicate The Following:	
ICC MC #		4-Digit Placard Number 1-Digit Number From From Diamond Box Bottom Of Diamond	
Carrier's Information			
Name:			
Address:			
City: State Zip			
Interstate Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1A. Cargo Body Type	Vehicle Configuration		
Bus (Designated To	Bus (Seats 7 +		
1B.))		
))		
))		
2.)	3.)		
3.)	4.)		
4.)	5.)		
5.)	6.)		
6.)	7. Auto Transporter		
7.)	8. Tractor/Trimples		
8.)	9. Passenger Car (Haz Mat)		
9.)	10. Light Truck (Haz Mat)		
10. Pole	11. Unknown Heavy Truck		
11. Not Applicable			
This page also contains contact information for the trucking company. Dealing with trucking companies can be very difficult. We can take care of everything. We have years of experience - and the case results to prove it.			