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ARKANSAS MOTOR VEHICLE COLLISION REPORT

(Rev. 05/00)

Report # | Unit Assigned | Premises | Geo Code | District

Mo/Day/Yr | Day of Week | Time Of Collision ☐ AM ☐ PM | No. Of Vehicles | Time Notified ☐ AM ☐ PM | Time Arrived ☐ AM ☐ PM | Hit & Run ☐ Yes ☐ No | Direction Of Travel V# ____ ____ V# ____ ____ | Official Use Only

County | City | Not In City, But | Distance | Direction | Of | City Limits | Speed Limit

Road / Street / Highway | Section | Log Mile | At Intersection With | Posted ☐ Yes ☐ No

Not At Intersection, But ☐ N ☐ S ☐ E ☐ W Distance

VEHICLE # _____ **(PEDESTRIAN #** _____ **)**

Commercial Vehicle Suplement Required? ☐ Yes ☐ No

Driver's Name (First/MI/Last Name) | Inj. Code

Address | Safety Equip. | Eject Code

City | State | Zip Code

Additional Information

DOB | Race | Sex | Driver's License State | Class

Driver's License State _____ Class _____

_____ End. _____

Blood/Breath/Urine Test Requested ☐ Yes ☐ No | Results (If Known)

Vehicle Owner's Name (First/MI/Last Name)

Address

City | State | Zip Code

Vehicle Description Year _____ Make _____

Model _____ Body Style _____ Color _____

Vehicle Identification Number | Estimated Damage

Vehicle License Plate ☐ None

Year _____ State _____ Number _____

Trailers: ☐ Yes ☐ No | # Of Units | Reg. State | Plate #

Prior Vehicle Damage? ☐ Yes ☐ No | If Yes, Describe Damage & Location

Vehicle Damage As Result Of Collision ☐ Disabled ☐ Other Damage ☐ Functional ☐ No Damage

Towed? ☐ Yes ☐ No | Name Of Tow Service

Address Vehicle Removed To

City | State | Zip Code

Additional Information

Insurance Company | Policy #

EMS Notified _____ ☐ AM ☐ PM Transported By

EMS Arrived _____ ☐ AM ☐ PM

☐ No Injury/Transport

Injured Transported To (Hospital Name/City/State)

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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.

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.

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.

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Vehicle # _____ Point Of Initial Contact

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