

Drivers' Last Names BAHNER, ORTIZ

Juvenile Involved Yes No ARKANSAS MOTOR VEHICLE CRASH REPORT Severity Fatality Injury PDO# of Motor Vehicles
Automobiles, Motorcycles, etc.

2

Rev. 2019-1

Crash Report # 22L013492

of Non-Motorists
Pedestrians, Bicyclists, etc.

0

Investigating Agency HOT SPRINGS PD

Investigating Officer

Officer

Howerton

Cynthia

182

Signature

Rank

Last

First

Middle

Suffix

Badge #

CRASH DATE AND TIME

| Date of Crash (MM/DD/YYYY) | Time of Crash (HH:MM AM/PM) | Date Police Notified | Time Police Notified | Date Police Arrived | Time Police Arrived |
|----------------------------|-----------------------------|----------------------|----------------------|---------------------|---------------------|
| 08/15/2022 | 07:55 AM | 08/15/2022 | 07:56 AM | 08/15/2022 | 08:03 AM |

CRASH LOCATION

| | | | |
|-------------------|---------------------|--------------------------|---------------------------|
| County Garland | City Hot Springs | Latitude 34.502558° N | Longitude 93.058345° W |
|-------------------|---------------------|--------------------------|---------------------------|

| | | | |
|--------------------------------|---------------|-------------------|---------------------------------|
| Road/Street/Highway 70 (70) | Section 8B | Log Mile 3.997 | At Intersection With HAZELST |
|--------------------------------|---------------|-------------------|---------------------------------|

| | | |
|--|--|------|
| Not in City, but Distance (feet or miles to two decimal places) | of the City Limits of Direction (N/S/E/W) | City |
|--|--|------|

| | | |
|--|-------------------------------|-----------------|
| Not at Intersection, but Distance (feet or miles to two decimal places) | of Direction (N/S/E/W) | Reference point |
|--|-------------------------------|-----------------|

CRASH FACTORS AND CONDITIONS

| | | | | | | | | |
|--|---|--|---|--|--|---------------------------------------|-----|---|
| First Harmful Event Non-Collision | 205 | Location of First Harmful Event | 100 | School Bus Related | 000 | Roadway Surface Condition | 100 | Weather Conditions Check all that apply: |
| | 100 Overtur/rollover | 100 On roadway | 000 No, school bus not involved | 100 Dry | <input checked="" type="checkbox"/> 100 Clear | 108 Freezing rain or freezing drizzle | | |
| | 101 Fire/explosion | 101 Shoulder | 100 Yes, school bus directly involved | 101 Wet | <input type="checkbox"/> 101 Cloudy | 109 Snow | | |
| | 102 Immersion, full or partial | 102 Median | 101 Yes, school bus indirectly involved | 102 Snow | <input type="checkbox"/> 102 Fog | 110 Blowing snow | | |
| | 103 Jackknife | 103 Roadside | 103 Separator | 103 Slush | <input type="checkbox"/> 103 Smog | 111 Severe crosswinds | | |
| | 104 Cargo/equipment loss or shift | 104 Gore | 106 In parking lane or zone | 104 Ice or frost | <input type="checkbox"/> 104 Smoke | 112 Blowing sand, soil, or dirt | | |
| | 113 Fell/jumped from motor vehicle | 107 Off roadway, location unknown | 108 Outside right-of-way (trafficway) | 105 Water (standing or moving) | <input type="checkbox"/> 105 Rain | | | |
| | 115 Object thrown or fallen on or near motor vehicle | 999 Unknown | 999 Unknown | 106 Sand | <input type="checkbox"/> 106 Sleet | | | |
| | 198 Other non-collision | Type of Collision | 202 | 107 Mud, dirt, or gravel | <input type="checkbox"/> 107 Hail | | | |
| | 200 Pedestrian | 100 Single vehicle crash | 100 Not an intersection | 108 Oil | <input type="checkbox"/> 198 Other | | | |
| Collision with Non-Fixed Object | 201 Pedalcycle | 200 Front to rear | 100 Four-way intersection | 999 Unknown | <input type="checkbox"/> 999 Unknown | | | |
| | 202 Other non-motorist | 201 Front to front | 101 T-intersection | Light Condition | 100 | | | |
| | 203 Railway vehicle (train, engine) | 202 Angle | 102 Y-intersection | 100 Daylight | | | | |
| | 204 Animal (live) | 203 Sideswipe, same direction | 103 L-intersection | 101 Dawn | | | | |
| | 205 Motor vehicle in transport | 204 Sideswipe, opposite direction | 104 Traffic circle | 102 Dusk | | | | |
| | 206 Parked motor vehicle | 205 Rear to side | 105 Roundabout | 103 Dark - lighted | | | | |
| | 207 Falling/shifting cargo or anything set in motion by motor vehicle | 206 Rear to rear | 106 Five-point or more | 104 Dark - not lighted | | | | |
| | 208 Work zone/maintenance equipment | 980 Other (describe below) | 999 Unknown | 105 Dark - unknown lighting | | | | |
| | 298 Other non-fixed object | Relation to Junction | 105 | 198 Other | <input type="checkbox"/> 000 None | | | |
| | 300 Impact attenuator/crush cushion | 000 Non-junction | 101 | 999 Unknown | <input type="checkbox"/> 100 Backup due to prior crash | | | |
| Collision with Fixed Object | 301 Bridge overhead structure | 100 Intersection | 100 Interstate | 101 Backup due to prior non-recurring incident | | | | |
| | 302 Bridge pier or support | 101 Intersection related | 101 US highway | 102 Backup due to regular congestion | | | | |
| | 303 Bridge rail | 102 Entrance or exit ramp | 102 State highway | 103 Toll booth / plaza related | | | | |
| | 304 Cable barrier | 103 Entrance or exit ramp related | 103 County road | 104 Road surface condition (wet, icy, snow, slush, etc.) | | | | |
| | 305 Culvert | 104 Railway grade crossing | 104 City street | 105 Debris | | | | |
| | 306 Curb | 105 Crossover related | 105 Frontage road | 106 Ruts, holes, or bumps | | | | |
| | 307 Ditch | 106 Driveway access | 106 Ramp | 107 Work zone | | | | |
| | 308 Embankment | 107 Driveway access related | 999 Unknown | 108 Worn, travel-polished surface | | | | |
| | 309 Guardrail face | 108 Shared-use path or trail | Property Classification | 109 Obstruction in roadway | | | | |
| | 310 Guardrail end | 109 Acceleration or deceleration lane | 100 Public property | 110 Traffic control device inoperative, missing, or obscured | | | | |
| | 311 Concrete traffic barrier | 110 Through roadway | 101 Private property | 111 Shoulders (none, low, soft, high) | | | | |
| | 312 Other traffic barrier | 198 Other location within an interchange area (median, shoulder, and roadside) | 100 | 112 Non-highway work | | | | |
| | 313 Tree (standing) | 999 Unknown | 999 Unknown | 198 Other | | | | |
| | 314 Utility pole/light support | | | 999 Unknown | | | | |
| | 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, describe:

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 |
|-------------|-----|---|-----|---------------------------------|-----|--------------------|-----|--|-----|
| 000 No | | 100 Before the first work zone warning sign | | 100 Lane closure | | 000 No | | 000 No law enforcement presence | |
| 100 Yes | | 101 Advance warning area | | 101 Lane shift or crossover | | 100 Yes | | 100 Officer present | |
| 999 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 | | 999 Unknown | | 970 Not applicable | |
| | | 104 Termination area | | 198 Other | | | | 999 Unknown | |
| | | 970 Not applicable | | 970 Not applicable | | | | | |
| | | 999 Unknown | | 999 Unknown | | | | | |

Photos Taken

Yes

No

ATTACHMENTS

NON-VEHICULAR PROPERTY DAMAGE

WITNESSES' CONTACT INFORMATION

ARKANSAS MOTOR VEHICLE CRASH REPORT

VEHICLE INFORMATION

Crash Report # 22L013492

| |
|-----------------|
| Motor Vehicle # |
| 1 |

DESCRIPTION AND IDENTIFICATION

| | | | | | |
|--|--|--|--|--|---|
| Check if this vehicle had no driver | Hit and Run | | | Vehicle Body Type | 100 |
| <input type="checkbox"/> | 000 No, did not leave the scene 001 Yes, vehicle & driver left the scene 002 Yes, only driver left the scene | | | 100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene | 000 |
| VIN KNAFX6A8XE5235221 | | | | | |
| Vehicle Year, Make, and Model | | | | | |
| 2014 | Kia | Forte | | | |
| Year | Make | Model | | | |
| License Plate | | | | | |
| AR | 026YJW | 2023 | <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details) | | |
| State | Number | Year | | | |
| Trailer #1 License Plate | | | | | |
| State | Number | <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details) | | | |
| Trailer #2 License Plate | | | | | |
| State | Number | <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details) | | | |
| Owner Name | <input type="checkbox"/> Same as driver AMY BAHNER | <input type="checkbox"/> Unknown | | | |
| Owner Address | <input type="checkbox"/> Same as driver 114 VAUGHN LOOP | <input type="checkbox"/> Unknown | HOT SPRINGS NATIONAL F | AR | 71901-8555 |
| Street | City | State | Postal Code | | |
| Motor Carrier Type | 000 | Motor Carrier ID Numbers | | | |
| 000 Personal transportation | USDOT # | | | | |
| 100 Interstate carrier | MC/MX # | | | | |
| 101 Intrastate carrier | State # | State | | | |
| 102 Not in commerce - government | | | | | |
| 103 Not in commerce - other truck | | | | | |
| 999 Unknown | | | | | |
| Motor Carrier Name | <input type="checkbox"/> Unknown | | | | |
| Motor Carrier Address <input type="checkbox"/> Unknown | | | | | |
| Street | City | State | Postal Code | | |
| Cargo Body Type | | | | | |
| 000 No cargo body | 104 Cargo tank | 109 Dump | 198 Other | 000 | |
| 100 Bus | 105 Log | 110 Concrete mixer | | | |
| 101 Van / enclosed box | 106 Intermodal container chassis | 111 Auto transporter | | | |
| 102 Grain / chips / gravel | 107 Vehicle towing another vehicle | 112 Garbage / refuse | | | |
| 103 Pole trailer | 108 Flatbed | | | | |
| GVWR/GCWR | 970 | Hazardous Materials Placard | 000 | Hazardous Material ID (4-digit # or name from middle of diamond or rectangular box) | Hazardous Materials Released from Vehicle Cargo Compartment |
| 100 10,000 lbs or less | 000 Placard not required | | | | 970 |
| 101 10,001 - 26,000 lbs | 100 Placard displayed | | | | |
| 102 More than 26,000 lbs | 200 Placard required but not displayed | | | | |
| 970 Not applicable | 999 Unknown | | | | |
| Hazardous Material Class (1-digit # from bottom of diamond) | | | | | |

INSURANCE

| | |
|---|-----------------|
| Insurance | Damage Severity |
| <input type="checkbox"/> Uninsured at time of crash | 102 |
| <input type="checkbox"/> Unknown (fill in any known details) | 000 |
| 000 No damage | |
| 100 Minor damage | |
| 101 Functional damage | |
| 102 Disabling damage | |
| 999 Unknown | |
| Damage Estimate | |
| \$15,000 | |
| Damage Prior to the Crash | |
| <input checked="" type="checkbox"/> No prior damage | |
| <input type="checkbox"/> Yes (describe below) | |
| Policy # | |
| 357 9047-C03-04 | |

DAMAGE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Initial Contact Point (check 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Damaged Areas (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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"/> | <input checked="" type="checkbox"/> | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TOWING

| | | | |
|--|------|----------|-------------|
| Towed | 000 | Towed By | |
| 000 Not towed | | | |
| 100 Towed, but not due to disabling damage | | | |
| 101 Towed due to disabling damage | | | |
| Towed To | | | |
| Street | City | State | Postal Code |

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 Non-emergency, non-transport | | 100 Movement essentially straight ahead | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 Taxi | | 101 Non-emergency transport | | 101 Negotiating a curve | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 School bus/school transport | | 102 Emergency operation, emergency warning equipment not in use | | 102 Backing | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 Church bus | | 103 Emergency operation, emergency warning equipment in use | | 103 Changing lanes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 Transit/commuter bus | | 970 Not applicable | | 104 Overtaking/passing | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 Intercity bus | | 999 Unknown | | 105 Turning right | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 Charter/tour bus | | | | 106 Turning left | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 Shuttle bus | | | | 107 Making U-turn | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 Military | | | | 108 Leaving traffic lane | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 Police | | | | 109 Entering traffic lane | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 Ambulance | | | | 110 Slowing | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 Fire truck | | | | 111 Parked | | | | | | | | | | | | | | | | | | | | | | | | | |
| 111 Non-transport emergency services vehicle | | | | 112 Stopped in traffic | | | | | | | | | | | | | | | | | | | | | | | | | |
| 112 Incident response | | | | 198 Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 999 Unknown | | | | 999 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Defects Check all that apply. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 115 Fuel system <input type="checkbox"/> 116 Cruise control hitch, or safety chains <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Traffic Control Device Types and Statuses <small>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.</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Traffic Control Device Type <small>Check all that apply.</small></th> <th style="width: 30%;">Device Status <small>Use above codes.</small></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 000 None</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 100 Flashing traffic control signal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 101 Traffic control signal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 102 Stop sign</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 103 Yield sign</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 104 Slow or warning sign</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 105 Person (officer, flagman, crossing guard)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 106 School zone sign/device</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 107 Pedestrian signal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 108 No passing signal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 109 Words or symbols painted on roadway</td> <td></td> </tr> </tbody> </table> | | | | | | Traffic Control Device Type <small>Check all that apply.</small> | Device Status <small>Use above codes.</small> | <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 | |
| Traffic Control Device Type <small>Check all that apply.</small> | Device Status <small>Use above codes.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trafficway Description 498 Roadway Surface 101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 One-way trafficway | | 100 Concrete | | 100 Functioning properly | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 Two-way, not divided | | 101 Asphalt | | 101 Functioning improperly | | | | | | | | | | | | | | | | | | | | | | | | | |
| 201 Two-way, not divided, with a continuous left turn lane | | 102 Gravel | | 102 Inoperative or missing | | | | | | | | | | | | | | | | | | | | | | | | | |
| 300 Two-way, divided, unprotected (painted >4 feet) median | | 103 Dirt | | 999 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| 400 Two-way, divided, positive cable barrier | | 198 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 401 Two-way, divided, positive concrete barrier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 498 Two-way, divided, other type of positive barrier | | 999 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| grass and trees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 999 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Roadway Grade 100 Roadway Alignment 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 Level | | 999 Unknown | | <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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 Hillcrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 Uphill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 Downhill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 Sag (bottom) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total # of Lanes | | 4 | Posted Speed Limit | | 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>Use the posted speed limit that applied to this vehicle at the time of the crash.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MOTOR VEHICLE EVENTS

| | | | | | | | | | | | | | | | | | | | | | |
|---|-----|---|---|--|---|--|---|--|---|--|---|---|---|--|---|--|---|--|----|--|--|
| Sequence of Events | 1 | 205 | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | |
| Most Harmful Event | 205 | | | | | | | | | | | | | | | | | | | | |
| Non-Collision | | Collision with Non-Fixed Object | | | | | | | | | | Collision with Fixed Object | | | | | | | | | |
| 100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fell/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision | | 200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object | | | | | | | | | | 300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support 317 Other post, pole, or support | | | | | | | | | |
| | | | | | | | | | | | | Unknown <small>If 198, 298, or 398 is used, describe below:</small> | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Motor Vehicle #
1ARKANSAS MOTOR VEHICLE CRASH REPORT
DRIVER INFORMATION

Crash Report # 22L013492

MEDICAL INFORMATION

| | | | | | |
|---------------|---|-------------------------------------|-----|------------------------------------|-------------|
| Injury Status | 5 | Type of Medical Transportation | 000 | EMS Notified | EMS Arrived |
| | | | | Date | Date |
| | | | | Time | Time |
| | | | | Transported to Medical Facility By | |
| | | | | Medical Facility Transported To | |
| | | 199 Transported, but method unknown | | | |
| | | 999 Unknown if transported | | | |

DRIVER CONDITION AND CIRCUMSTANCES

| | | | |
|--|--|---|-----|
| Condition at Time of Crash <i>Check all that apply:</i> | Driver Distracted By | Driver Vision Obscured By | 000 |
| <input checked="" type="checkbox"/> 000 Apparently normal | 000 Not distracted | 000 No obstruction noted | |
| <input type="checkbox"/> 100 Physically impaired | 100 Manually operating an electronic communication device (texting, typing, dialing) | 100 Rain, snow, fog, smoke, sand, or dust | |
| <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed, etc.) | 101 Talking on hands-free electronic device | 101 Reflected glare, bright sunlight, or headlights | |
| <input type="checkbox"/> 102 Ill (sick) or fainted | 102 Talking on hand-held electronic device | 102 Curve, hill, or other roadway design feature | |
| <input type="checkbox"/> 103 Asleep or fatigued | 103 Other activity with an electronic device | 103 Building, billboard, or other structure | |
| <input type="checkbox"/> 104 Under the influence of medication or drugs | 104 Passenger | 104 Trees, crops, or vegetation | |
| <input type="checkbox"/> 105 Under the influence of alcohol | 980 Other distraction inside the vehicle | 105 In-transport motor vehicle (including load) | |
| <input type="checkbox"/> 198 Other | 981 Other distraction outside the vehicle | 980 Other visual obstruction (describe below) | |
| <input type="checkbox"/> 999 Unknown | 999 Unknown if distracted | | |
| <i>If 980 or 981, describe below:</i> | | | |

| | | | | | | | |
|-----------------------------------|-------------------------|-----|----------------------------|-----|---|-----------------------------|-----|
| Driver Suspected of Alcohol Usage | Alcohol Test Type Given | 000 | Alcohol Test Result Status | 970 | Blood Alcohol Content | Speeding Related | 000 |
| <input type="checkbox"/> Yes | 000 No test given | | 100 Results pending | | | 000 Not speeding | |
| <input type="checkbox"/> No | 001 Test refused | | 101 Results received | | | 100 Racing | |
| <input type="checkbox"/> Unknown | 100 Blood test | | 970 Not applicable | | | 101 Exceeded speed limit | |
| | 101 Breath test | | 999 Unknown | | | 102 Too fast for conditions | |
| | 102 Urine test | | | | | 999 Unknown | |
| | 198 Other type of test | | | | | | |
| | 999 Unknown if tested | | | | | | |
| | | | | | <input type="checkbox"/> Result received from Crime Lab | | |

| | | | | | |
|----------------------------------|--------------------------------|-----|---|---|--------------------------------------|
| Driver Suspected of Drug Usage | Drug Test Type Given | 000 | Drug Test Results Pending/Negative | <input type="checkbox"/> Result received from Crime Lab | Citations |
| <input type="checkbox"/> Yes | 000 No test given | | <input type="checkbox"/> 000 Results negative | Not Applicable/Unknown | Citation # |
| <input type="checkbox"/> No | 001 Test refused | | <input type="checkbox"/> 100 Results pending | | Charges |
| <input type="checkbox"/> Unknown | 100 Blood test | | <input checked="" type="checkbox"/> 970 Not applicable | 1A0A0200870 | 27-51-501 FAIL TO YIELD RIGHT OF WAY |
| | 101 Urine test | | <input type="checkbox"/> 999 Unknown | | |
| | 102 Both blood and urine tests | | | | |
| | 198 Other type of test | | | | |
| | 999 Unknown if tested | | | | |
| | | | <input type="checkbox"/> Positive Results (check all that apply) | | |
| | | | <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) | | |

DRIVER ACTIONS AT TIME OF CRASH

| | | |
|--|--------------------------------------|--|
| Check all that apply: | | |
| <input type="checkbox"/> 000 No contributing action | <input type="checkbox"/> 999 Unknown | |
| Disregarded Traffic Signs or Controls | | |
| <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 | | |
| Improper Maneuver | | |
| <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 | | |
| Other Actions | | |
| <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 checked="" 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) | | |
| Swerved or Avoided | | |
| <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 | | |
| Improper Use of Lights or Signals | | |
| <input type="checkbox"/> 400 Driving without lights <input type="checkbox"/> 401 Failed to dim headlights <input type="checkbox"/> 402 Failed to or improper signal | | |
| Unsafe Operation | | |
| <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 | | |

Motor Vehicle #
2

ARKANSAS MOTOR VEHICLE CRASH REPORT

VEHICLE INFORMATION

DESCRIPTION AND IDENTIFICATION

| | | | | | | |
|---|--|--|---|---|---|--|
| Check if this vehicle had no driver | <input type="checkbox"/> Hit and Run 000 No, did not leave the scene 001 Yes, vehicle & driver left the scene 002 Yes, only driver left the scene | | | 000 | Vehicle Body Type Passenger Vehicles | 109 |
| VIN | 3C4NJCAB7JT227307 | | | 100 2-door | 100 2-door | |
| Vehicle Year, Make, and Model | | | | 101 4-door | 101 4-door | |
| Year | 2018 Jeep/Kaiser-Jeep/Willys-Jeep | | Model | 102 Hatchback | 102 Hatchback | |
| State | Number | 2022 | | 103 Convertible | 103 Convertible | |
| License Plate | | | | 104 Station wagon | 104 Station wagon | |
| AR | AEF89N | Year | | 105 Pick-up | 105 Pick-up | |
| Trailer #1 License Plate | | | | 106 Mini-van | 106 Mini-van | |
| State | Number | | | 107 Passenger van (seats any number if personal; up to 8 if business) | 107 Passenger van (seats any number if personal; up to 8 if business) | |
| Trailer #2 License Plate | | | | 108 Cargo van (10,000 lbs or less) | 108 Cargo van (10,000 lbs or less) | |
| State | Number | | | 109 Sport utility vehicle | 109 Sport utility vehicle | |
| Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown FELIX ALEXIS ORTIZ | | | | 110 Large utility vehicle | 110 Large utility vehicle | |
| Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 130 DEXTER ST | | | | 111 Motor home/recreational vehicle | 111 Motor home/recreational vehicle | |
| Street | | | HOT SPRINGS NATIONAL F AR | 198 Other passenger vehicle | 198 Other passenger vehicle | |
| Motor Carrier Type | 000 | Motor Carrier ID Numbers | | | Truck (> 10,000 lbs) | |
| 000 Personal transportation | | USDOT # | 200 Single unit truck (2 axles) | | | |
| 100 Interstate carrier | | | 201 Single unit truck (3 or more axles) | | | |
| 101 Intrastate carrier | | | 202 Single unit truck with trailer | | | |
| 102 Not in commerce - government | | MC/MX # | 203 Truck tractor only (bobtail) | | | |
| 103 Not in commerce - other truck | | | 204 Tractor/semi-trailer | | | |
| 999 Unknown | | State # | 205 Tractor/doubles | | | |
| Motor Carrier Name <input type="checkbox"/> Unknown | | | | 206 Construction/maintenance equipment | | |
| Motor Carrier Address <input type="checkbox"/> Unknown | | | | 207 Farm equipment | | |
| Street | | | City | State | Postal Code | 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) |
| Cargo Body Type | | | | Bus / Van / Limo (9 or more seats, including driver) | | |
| 000 No cargo body | 104 Cargo tank | 109 Dump | 198 Other | 300 School bus | 300 School bus | |
| 100 Bus | 105 Log | 110 Concrete mixer | | 301 Transit/city bus | 301 Transit/city bus | |
| 101 Van / enclosed box | 106 Intermodal container chassis | 111 Auto transporter | | 302 Motor coach/intercity/cross-country bus | 302 Motor coach/intercity/cross-country bus | |
| 102 Grain / chips / gravel | 107 Vehicle towing another vehicle | 112 Garbage / refuse | | 303 Limousine | 303 Limousine | |
| 103 Pole trailer | 108 Flatbed | | | 304 Van (seats 9-15, including driver) | 304 Van (seats 9-15, including driver) | |
| GVWR/GCWR | 970 | Hazardous Materials Placard | 000 | 390 Other vehicle (seats 9-15, including driver) | 390 Other vehicle (seats 9-15, including driver) | |
| 100 10,000 lbs or less | | 000 Placard not required | | 391 Other vehicle (seats 16 or more, including driver) | 391 Other vehicle (seats 16 or more, including driver) | |
| 101 10,001 - 26,000 lbs | | 100 Placard displayed | | Cycle / Low Speed | | |
| 102 More than 26,000 lbs | | 200 Placard required but not displayed | | 400 Motorcycle | 400 Motorcycle | |
| 970 Not applicable | | 999 Unknown | | 401 Motor scooter | 401 Motor scooter | |
| | | | | 402 Moped | 402 Moped | |
| | | | | 403 ATV (3, 4, or 6 wheels) | 403 ATV (3, 4, or 6 wheels) | |
| | | | | 404 Snowmobile | 404 Snowmobile | |
| | | | | 405 Golf cart | 405 Golf cart | |
| | | | | 406 Low speed vehicle | 406 Low speed vehicle | |
| | | | | 498 Other motorized cycle/low speed vehicle | 498 Other motorized cycle/low speed vehicle | |
| | | | | Unknown | Unknown | |
| | | | | 999 Unknown type of motor vehicle | 999 Unknown type of motor vehicle | |
| | | | | If 198, 298, 390, 391, or 498, describe below: | If 198, 298, 390, 391, or 498, describe below: | |
| | | | | Hazardous Materials Released from Vehicle Cargo Compartment | | |
| | | | | 000 No, hazardous materials not released | | |
| | | | | 100 Yes, hazardous materials released | | |
| | | | | 970 Not applicable (not carrying hazardous materials) | | |

INSURANCE

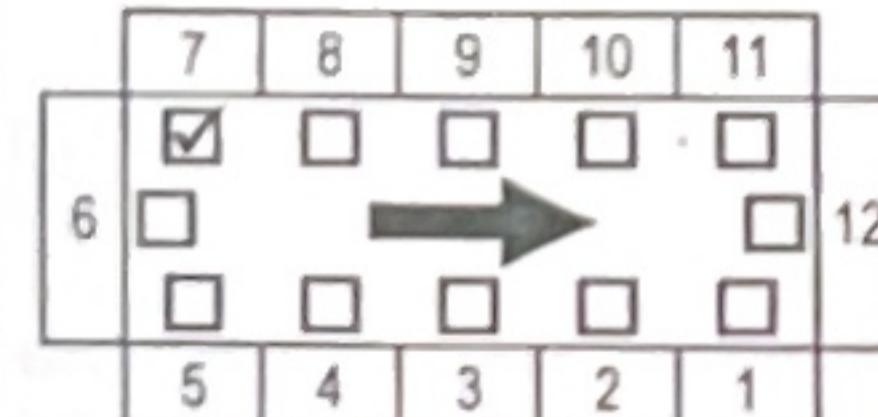
Insurance
 Uninsured at time of crash Unknown
(fill in any known details)

Damage Severity

102

000 No damage
100 Minor damage
101 Functional damage
102 Disabling damage
999 Unknown

Initial Contact Point
(check 1)



- 000 Non-collision
- 100 Cargo loss
- 113 Top
- 114 Undercarriage
- 999 Unknown

Insurance Company

GEICO ADVANTAGE INSURANCE COMPANY

NAIC #

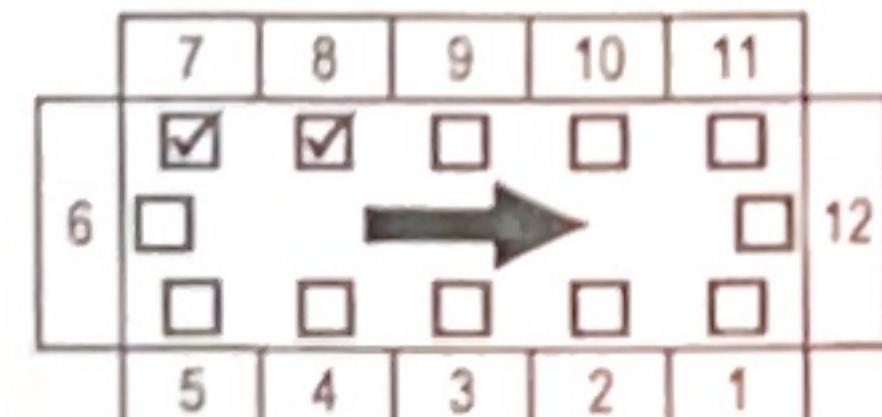
14138

Policy #

6071256884

DAMAGE

Damaged Areas
(check all that apply)



- 097 No damage
- 113 Top
- 114 Undercarriage
- 999 Unknown

TOWING

Towed

000

Towed By

000 Not towed
100 Towed, but not due to disabling damage
101 Towed due to disabling damage

Towed To

Street

City

State

Postal Code

Motor Vehicle #
2ARKANSAS MOTOR VEHICLE CRASH REPORT
VEHICLE INFORMATION

MOTOR VEHICLE CIRCUMSTANCES

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

Vehicle Defects Check all that apply.

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

| | | | |
|--|-----|------------------------|-----|
| Trafficway Description | 498 | Roadway Surface | 101 |
| 100 One-way trafficway | | 100 Concrete | |
| 200 Two-way, not divided | | 101 Asphalt | |
| 201 Two-way, not divided, with a continuous left turn lane | | 102 Gravel | |
| 300 Two-way, divided, unprotected (painted >4 feet) median | | 103 Dirt | |
| 400 Two-way, divided, positive cable barrier | | 198 Other | |
| 401 Two-way, divided, positive concrete barrier | | | |
| 498 Two-way, divided, other type of positive barrier | | 999 Unknown | |
| grass and trees | | | |
| 999 Unknown | | | |

| | | | |
|----------------------|-------------|------------------------------|--|
| Roadway Grade | 100 | Roadway Alignment | 100 |
| 100 Level | 999 Unknown | 100 Straight | <input checked="" type="checkbox"/> 110 Traffic lanes marked |
| 101 Hillcrest | | 200 Curve left | <input type="checkbox"/> 111 Railway crossing with gate and signals |
| 102 Uphill | | 201 Curve right | <input type="checkbox"/> 112 Railway crossing with flashing signals only |
| 103 Downhill | | 299 Curve, direction unknown | <input type="checkbox"/> 113 Railway crossing with crossbuck only |
| 104 Sag (bottom) | | 999 Unknown | <input type="checkbox"/> 198 Other: |

| | | | |
|-------------------------|---|---|----|
| Total # of Lanes | 4 | Posted Speed Limit | 35 |
| | | Use the posted speed limit that applied to this vehicle at the time of the crash. | |

MOTOR VEHICLE EVENTS

| | | | | | | | | | | |
|---------------------------|------------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-------------------------|
| Sequence of Events | 1 <input type="text" value="205"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/> | 6 <input type="text"/> | 7 <input type="text"/> | 8 <input type="text"/> | 9 <input type="text"/> | 10 <input type="text"/> |
| Most Harmful Event | 205 | | | | | | | | | |

| Non-Collision | Collision with Non-Fixed Object | Collision with Fixed Object | Unknown |
|--|--|---|----------------|
| 100 Overturn/rollover | 200 Pedestrian | 300 Impact attenuator/crash cushion | 999 Unknown |
| 101 Fire/explosion | 201 Pedalcycle | 301 Bridge overhead structure | |
| 102 Immersion, full or partial | 202 Other non-motorist | 302 Bridge pier or support | |
| 103 Jackknife | 203 Railway vehicle (train, engine) | 303 Bridge rail | |
| 104 Cargo/equipment loss or shift | 204 Animal (live) | 304 Cable barrier | |
| 105 Equipment failure (blown tire, brake failure, etc.) | 205 Motor vehicle in transport | 305 Culvert | |
| 106 Separation of units | 206 Parked motor vehicle | 306 Curb | |
| 107 Ran off roadway right | 207 Falling/shifting cargo or anything set in motion by motor vehicle | 307 Ditch | |
| 108 Ran off roadway left | 208 Work zone/maintenance equipment | 308 Embankment | |
| 109 Deliberately crossed median | 298 Other non-fixed object | 309 Guardrail face | |
| 110 Unintentionally crossed median | | 310 Guardrail end | |
| 111 Crossed centerline | | 311 Concrete traffic barrier | |
| 112 Downhill runaway | | 312 Other traffic barrier | |
| 113 Fell/jumped from motor vehicle | | 313 Tree (standing) | |
| 114 Reentering roadway | | 314 Utility pole/light support | |
| 115 Object thrown or fallen on or near motor vehicle | | 315 Traffic sign support | |
| 198 Other non-collision | | 316 Traffic signal support | |
| | | 317 Other post, pole, or support | |
| | | <i>If 198, 298, or 398 is used, describe below:</i> | |

ARKANSAS MOTOR VEHICLE CRASH REPORT

DRIVER INFORMATION

Crash Report # 22L013492

Motor Vehicle #
2

| | | | | | |
|--|---------------|---------------|--|---|---|
| Name <input type="checkbox"/> Unknown | FELIX | ALEXIS | Date of Birth/Age 09/06/1997 Age: 24 | Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | Race 100 100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Islander 104 American Indian 198 Other 999 Unknown |
| ORTIZ | Last | Middle | Suffix | | |
| Address <input type="checkbox"/> Unknown | 103 DEXTER ST | HOT SPRINGS N | AR | 71913 | |
| Street | | City | State | Postal Code | |

DRIVER LICENSE INFORMATION

| | | | | | | |
|--|-----|---|---|---|---|----------------------|
| License Status 000 Not licensed 100 Valid license 200 Suspended 201 Revoked 202 Expired 203 Cancelled or denied 204 Disqualified 999 Unknown | 100 | License Number 938584813 | Restrictions on License <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class D <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below) | Check all that apply | Restrictions Violated <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class D <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below) | Check all that apply |
| Endorsements on License Check all that apply | | Endorsements Violated Check all that apply | | | | |
| <input checked="" type="checkbox"/> 000 None | | <input checked="" type="checkbox"/> 000 None | | <input type="checkbox"/> 105 Outside mirror | <input type="checkbox"/> 105 Outside mirror | |
| <input type="checkbox"/> 100 Double/triple trailers | | <input type="checkbox"/> 100 Double/triple trailers | | <input type="checkbox"/> 106 Daylight only | <input type="checkbox"/> 106 Daylight only | |
| <input type="checkbox"/> 101 Passenger | | <input type="checkbox"/> 101 Passenger | | <input type="checkbox"/> 107 Class B or C with passengers and class D | <input type="checkbox"/> 107 Class B or C with passengers and class D | |
| <input type="checkbox"/> 102 Tank vehicle | | <input type="checkbox"/> 102 Tank vehicle | | <input type="checkbox"/> 108 Class C only with passengers | <input type="checkbox"/> 108 Class C only with passengers | |
| <input type="checkbox"/> 103 Hazardous materials | | <input type="checkbox"/> 103 Hazardous materials | | <input type="checkbox"/> 109 Vehicles without airbrakes | <input type="checkbox"/> 109 Vehicles without airbrakes | |
| <input type="checkbox"/> 104 Tank vehicle & hazardous materials | | <input type="checkbox"/> 104 Tank vehicle & hazardous materials | | <input type="checkbox"/> 110 Interlock device | <input type="checkbox"/> 110 Interlock device | |
| <input type="checkbox"/> 105 School | | <input type="checkbox"/> 105 School | | <input type="checkbox"/> 111 School, church, or transit bus | <input type="checkbox"/> 111 School, church, or transit bus | |
| <input type="checkbox"/> 106 Motorcycle | | <input type="checkbox"/> 106 Motorcycle | | <input type="checkbox"/> 112 Class D only with passengers | <input type="checkbox"/> 112 Class D only with passengers | |
| <input type="checkbox"/> 107 Motor driven cycle | | <input type="checkbox"/> 107 Motor driven cycle | | <input type="checkbox"/> 113 Diesel fuel, fertilizer only | <input type="checkbox"/> 113 Diesel fuel, fertilizer only | |
| <input type="checkbox"/> 108 Valid without photo | | <input type="checkbox"/> 108 Valid without photo | | <input type="checkbox"/> 114 Seasonal farm service vehicle | <input type="checkbox"/> 114 Seasonal farm service vehicle | |
| <input type="checkbox"/> 198 Other (describe below) | | <input type="checkbox"/> 198 Other (describe below) | | <input type="checkbox"/> 198 Other (describe below) | <input type="checkbox"/> 198 Other (describe below) | |

DRIVER SEATING AND SAFETY INFORMATION

| | | | | | |
|--|-------------|---|---|---|-----|
| Seating Position Standard Vehicle Seats | 110 | Restraint Systems Used 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 | 100 | Motorcycle Helmet Usage 000 000 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 | 000 |
| Bus Seating Position (Complete if 801 was selected for Seating Position above.) | | Air Bags Deployed Check all that apply: <input checked="" type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other 970 Not applicable 999 Unknown | Ejection 000 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown | Extrication 000 000 Not extricated 100 Extricated 999 Unknown | 000 |
| Front | Driver | Front | | Ejection Path 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) | 000 |
| 1A 1B 1C | 2A 2B 2C | 3A 3B 3C | 4A 4B 4C | 5A 5B 5C | |
| 1D 1E 1F | 2D 2E 2F | 3D 3E 3F | 4D 4E 4F | 5D 5E 5F | |
| ⋮ ⋮ ⋮ | ⋮ ⋮ ⋮ | ⋮ ⋮ ⋮ | ⋮ ⋮ ⋮ | ⋮ ⋮ ⋮ | |
| ##A ##B ##C | ##D ##E ##F | | | | |

ARKANSAS MOTOR VEHICLE CRASH REPORT
DRIVER INFORMATION

Crash Report # 22L013492

Motor Vehicle #
2

| MEDICAL INFORMATION | | | |
|--|--|---------------------------------------|--------------------------------------|
| Injury Status 1 (K) Fatal injury 2 (A) Suspected serious injury 3 (B) Suspected minor injury 4 (C) Possible injury 5 (O) No apparent injury | Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other | EMS Notified Date _____ Time _____ | EMS Arrived Date _____ Time _____ |
| Trauma Band # | 199 Transported, but method unknown 999 Unknown if transported | Transported to Medical Facility By | |
| | | Medical Facility Transported To | |

DRIVER CONDITION AND CIRCUMSTANCES

| | | | |
|--|---|---|--|
| Condition at Time of Crash <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 | Driver Distracted By 000 Not distracted 100 Manually operating an electronic communication device (texting, typing, dialing) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <i>If 980 or 981, describe below:</i> | Driver Vision Obscured By 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 |
|--|---|---|--|

| | | | | |
|---|---|---|------------------------------|---|
| Driver Suspected of Alcohol Usage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | Alcohol Test Type Given 000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test <input type="checkbox"/> 999 Unknown if tested | Alcohol Test Result Status 000 100 Results pending 101 Results received 970 Not applicable 999 Unknown | Blood Alcohol Content 970 | Speeding Related 000 000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown |
| | | <input type="checkbox"/> Result received from Crime Lab | | |

| Driver Suspected of Drug Usage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | Drug Test Type Given 000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test <input type="checkbox"/> 999 Unknown if tested | Drug Test Results Pending/Negative <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending Positive Results (check all that apply) <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbiturates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 298 Other positive result (describe below) | <input type="checkbox"/> Result received from Crime Lab Not Applicable/Unknown <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown | Citations <table border="1"> <thead> <tr> <th>Citation #</th> <th>Charges</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table> | Citation # | Charges | | | | | | | | | | | | | | |
|--|---|--|--|--|------------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Citation # | Charges | | | | | | | | | | | | | | | | | | | |
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DRIVER ACTIONS AT TIME OF CRASH

| | | |
|--|---|---|
| Check all that apply: | | |
| <input checked="" type="checkbox"/> 000 No contributing action | <input type="checkbox"/> 999 Unknown | |
| Disregarded Traffic Signs or Controls | | |
| <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 | | |
| Swerved or Avoided | | |
| <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 | | |
| Improper Maneuver | Other Actions | Improper Use of Lights or Signals |
| <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 | <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) | <input type="checkbox"/> 400 Driving without lights <input type="checkbox"/> 401 Failed to dim headlights <input type="checkbox"/> 402 Failed to or improper signal |
| Unsafe Operation | | |
| <input type="checkbox"/> 500 Reckless operation <input type="checkbox"/> 501 Aggressive operation <input type="checkbox"/> 502 Inattentive, careless, negligent, or erratic operation <input type="checkbox"/> 503 Under the influence of alcohol <input type="checkbox"/> 504 Under the influence of drugs | | |

ARKANSAS MOTOR VEHICLE CRASH REPORT
NARRATIVE

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Crash Report # 22L013492

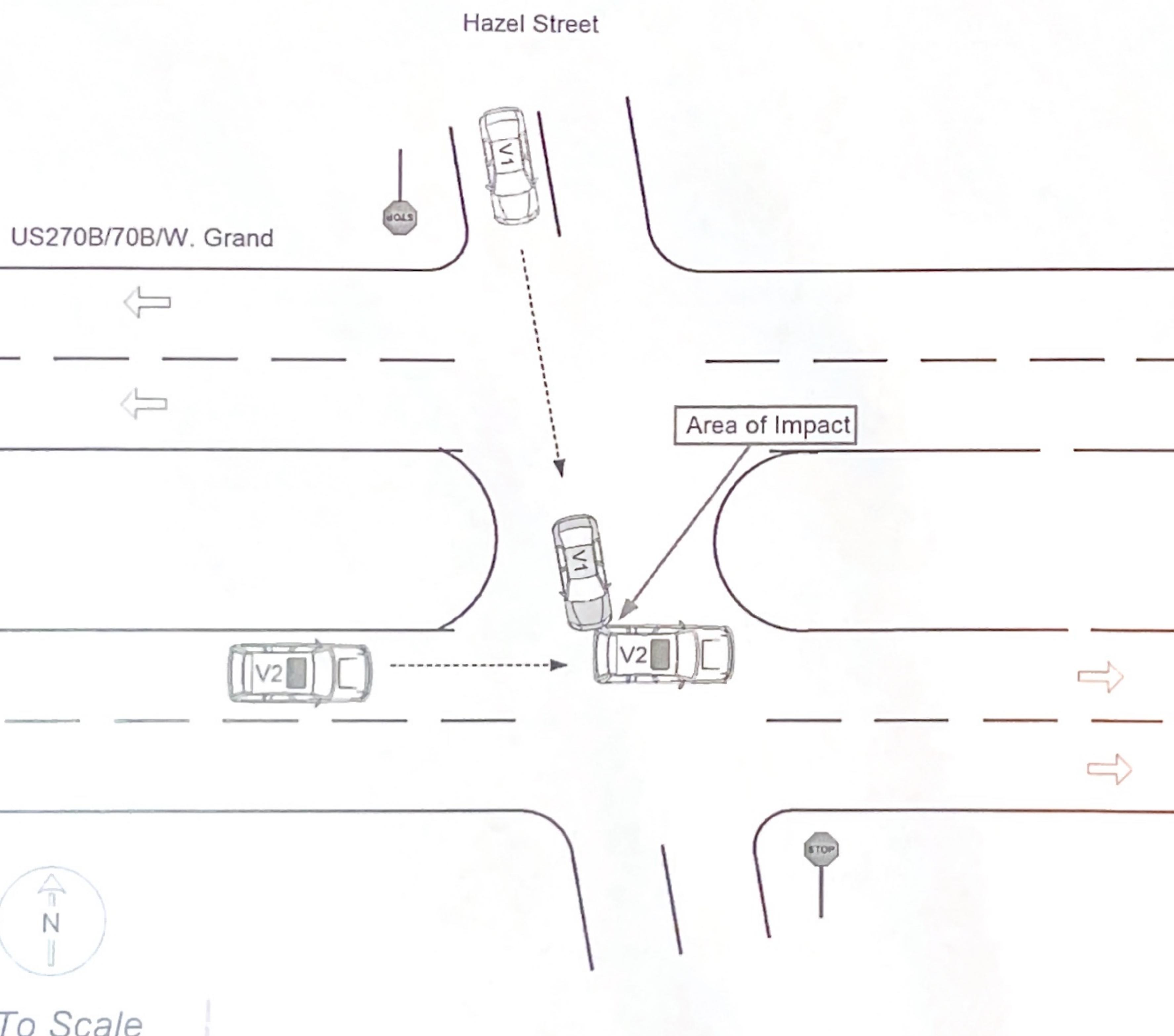
V2 (Ortiz) was traveling East on US270B/70B/W. Grand in the inside lane, prior to Hazel Street. V1 (Bahner) was traveling South on Hazel, crossing W. Grand. V1 failed to yield to V2 while crossing and struck V2. V1's front end collided with V2's left rear.

ARKANSAS MOTOR VEHICLE CRASH REPORT
DIAGRAM

Crash Report # 22L013492

Scene #

1



Not To Scale