ARKANSAS MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

ASP 49 (REV 8/

Rpt. # : Unit Assigned : Premises : Geo. Code : District :

Accident Date Month/Day/Year	Day of Week	Time of Accident Time	AM	PM	No. of Vehicles	Temp (Deg)	Hit & Run	Vehicles Direction of Travel	Official Use Only
			☐	☐			☐ YES ☐ NO	V # __ ☐ N ☐ S ☐ E ☐ W V # __ ☐ N ☐ S ☐ E ☐ W	

County Accident Occurred | City Accident Occurred | Not in City, but ☐ Miles ☐ Feet ☐ N ☐ S ☐ E ☐ W of City Limits

Road/Street/Highway Accident Occurred on | Section | Log Mile | Use only the following reference points: Intersecting Highway, County Road, City Street, Bridge, Railroad Crossing, Overpass, Underpass, County Line, City Limits, Milepost, State Line.

If on Numbered Highway/County Rd. - Give Number

☐ At Intersection With, or ☐ Miles ☐ Feet ☐ N ☐ S ☐ E ☐ W of Reference Pt.

Vehicle # or Pedestrian #	Vehicle # or Pedestrian #
Commercial Vehicle ☐ YES (if checked see supplemental) ☐ NO	Commercial Vehicle ☐ YES (if checked see supplemental) ☐ NO
Drivers Name (First, MI, Last) / Inj. Code	Drivers Name (First, MI, Last) / Inj. Code
Address (No. + Street/Route/P.O. Box, etc.) / Safety Equip / Eject Code	Address (No. + Street/Route/P.O. Box, etc.) / Safety Equip / Eject Code
City / State / Zip	City / State / Zip
Date of Birth MO/DA/YR / Race / Sex / Age / Drivers License Class Number and State / ☐ DL ☐ CDL ☐ None	Date of Birth MO/DA/YR / Race / Sex / Age / Drivers License Class Number and State / ☐ DL ☐ CDL ☐ None
BAC Test ☐ Yes ☐ No Results (if Known) % ☐ Refused Test	BAC Test ☐ Yes ☐ No Results (if Known) % ☐ Refused Test
Vehicle Owners Name (First, MI, Last)	Vehicle Owners Name (First, MI, Last)
Owners Address (No. + Street/Route/P.O. Box, etc.)	Owners Address (No. + Street/Route/P.O. Box, etc.)
City / State / Zip	City / State / Zip
Make & Type of Vehicle (Motorcycle, Pickup, etc.) Make / Model / Body Style	Make & Type of Vehicle (Motorcycle, Pickup, etc.) Make / Model / Body Style
Vehicle Registration Year / State / Lic #	Vehicle Registration Year / State / Lic #
Vehicle Identification Number (VIN) / Veh. Year / Est. Repair Cost	Vehicle Identification Number (VIN) / Veh. Year / Est. Repair Cost
Trailers ? ☐ Yes ☐ No / # Units / Reg. State / Plate #	Trailers ? ☐ Yes ☐ No / # Units / Reg. State / Plate #
Prior Veh. Damage ☐ Yes ☐ No / If Yes Describe Damage and Location	Prior Veh. Damage ☐ Yes ☐ No / If Yes Describe Damage and Location
Vehicle Damage as Result of Accident ☐ Disabled ☐ Other Damage ☐ No Damage ☐ Functional	Vehicle Damage as Result of Accident ☐ Disabled ☐ Other Damage ☐ No Damage ☐ Functional

Passenger Information (List Below)

13	14	15	16	17	18	19	20	21	22 Name (First, MI, Last)	23 Address (No. + Street/Route/P.O. Box/City/State/Zip)