ASP-49B (REV. 12/96)

ARKANSAS SUPPLEMENTAL COMMERCIAL MOTOR VEHICLE ACCIDENT REPORT

RPT. #:

DRIVER AND PASSENGER INFORMATION

Name of Driver (First, MI, Last)

CDL Number/ Endorsements & State

Years Employed By Carrier :

Actual Hours Off Since Last 8 Off :

Est. Hours Driven Since Last 8 Off :

Driver
1 ☐ Normal 4 ☐ Drinking 7 ☐ Eyesight
2 ☐ Asleep 5 ☐ Drugs 8 ☐ Hearing
3 ☐ Sick 6 ☐ Medical Waiver 9 ☐ Other

Medical Examiners Certificate
☐ Yes Expiration Date:
☐ Does Not Apply
☐ No

Driver Qualification Training (if yes, explain)
☐ No ☐ Yes :

Driver/Carrier at Fault in Crash
☐ Yes ☐ No ☐ Unk.

Fatalities
☐ Driver ☐ Carrier Personnel
☐ Co-Driver ☐ Passengers
☐ Other :

Injuries
☐ Driver ☐ Carrier Personnel
☐ Co-Driver ☐ Passengers
☐ Other :

Seat Belts

	Installed	In Use
Driver	☐ Yes ☐ No	☐ Yes ☐ No
Passenger	☐ Yes ☐ No	☐ Yes ☐ No

VEHICLE INFORMATION

Vehicle Type	Veh. Year	No. Axles	Make	VIN	Company Number	Type of Body: Van	Flat	Tank	Car Carrier	Cement	Dump	Othe
Truck						☐	☐	☐	☐	☐	☐	☐
Tractor												
Semi Trailer						☐	☐	☐	☐	☐	☐	☐
Full Trailer						☐	☐	☐	☐	☐	☐	☐
Bus												
Other						☐	☐	☐	☐	☐	☐	☐

Length (Ft.) PU :	Length (Ft.) TR 1:	Length (Ft.) TR 2:	Width (In.)	Height	GVWR

Fuel Type
☐ Gasoline ☐ Diesel ☐ L P G

Mechanical Defects
☐ Not Applicable ☐ Engine ☐ Coupling ☐ Brakes
☐ Other ☐ Transmission ☐ Suspension ☐ Steering
☐ Drive Line ☐ Fuel System

Bus Information
Seating Capacity Total Passengers

CARRIER AND TRIP INFORMATION

Name Of Carrier (CORPORATE BUSINESS NAME UNDER WHOSE AUTHORITY VEHICLE IS OPERATED)

Source Of Carrier Name
☐ Vehicle Side ☐ Shipping Papers ☐ Driver

Carrier Address | City | State | Zip Code

Type Of Operation
☐ Private ☐ Household Goods
☐ Common Carrier ☐ Passenger
☐ Contract Carrier ☐ Rental
☐ Exempt Commodity ☐ Other (Explain Below)

Permits Permit Numbers
☐ US DOT
☐ ICC/MC
TRIP ORIGIN :
DESTINATION :

Type Of Trip ☐ Over The Road ☐ Charter or Special ☐ City
☐ Local Pickup / Delivery ☐ Regular Route ☐ Other

No. of Miles From Origin To Crash Location

HAZARDOUS MATERIAL INVOLVEMENT

Was This Vehicle Carrying Hazardous Materials ?
☐ YES ☐ NO ☐ UNKNOWN

Did This Vehicle Have A Hazardous Material Placard ?
☐ YES ☐ NO ☐ UNKNOWN

If Yes From ↑ Indicate Name or 4 Digit Number From Diamond or Box ☐☐☐☐ 1 or 2 Digit Number From Bottom of Diamond ☐☐

Was Hazardous Material Released From This Vehicle's Cargo ? ☐ Yes ☐ No ☐ Unknown

ACCIDENT INFORMATION

Non Collision ☐ Jackknife ☐ Units Separated ☐ Cargo Shift ☐ Other Non Collision (Explain Below)
☐ Ran Off Road ☐ Overturn ☐ Loss/Spill Cargo ☐ Fire

Total # of Lanes : Type of Highway ☐ Interstate ☐ Non Interstate / Limited Access ☐ 4 - Lane Divided ☐ Undivided

Accident Results ☐ Fire ☐ Spillage Hazardous Material ☐ Other (Explain Below)
☐ Explosion ☐ Spillage Non-Hazardous ☐ Property Damage

☐ Towed Away By (Give Full Business or Persons Name (First, MI, Last))
☐ Driven Away By :

Address (No. + Street / Route / P.O. Box / etc.)

City State Zip

Name of Insurance Carrier (**Not Agent**) And Policy Number

Injured Transported to (Hospital Name, City, State, Zip) :

EMS Notified : ☐ A.M. ☐ P.M. EMS Arrived : ☐ A.M. ☐ P.M. Transported By :

Trooper / Officers Signature :

Trooper / Officer's Name (First, MI, Last)	Rank	Badge/Code #	Department	Reviewing Officer	Date Report Filed