Drivers' Last Names VASQUEZ

Juvenile Involved ☐ Yes ☑ No

ARKANSAS MOTOR VEHICLE CRASH REPORT

Rev. 2015-1

Severity ☑ Fatality ☐ Injury ☐ PDO

# of Motor Vehicles *Automobiles, Motorcycles, etc.* 1

Crash Report # 6011153517

# of Non-Motorists *Pedestrians, Bicyclists, etc.* 0

Investigating Agency STATE POLICE TROOP A

Investigating Officer

Rank	Last	First	Middle	Suffix	Badge #	Signature
Tfc	Calhoun	Byron			169	

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
11/06/2015	12:55 AM	11/06/2015	12:59 AM	11/06/2015	01:08 AM

CRASH LOCATION

County	City	Latitude	Longitude
Pulaski	North Little Rock	34.777588° N	92.241701° W

Road/Street/Highway	Section	Log Mile	At Intersection With
INTERSTATE 40 (40)	330	154.340	

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

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

CRASH FACTORS AND CONDITIONS

First Harmful Event 311

Non-Collision
- 100 Overturn/rollover
- 101 Fire/explosion
- 102 Immersion, full or partial
- 103 Jackknife
- 104 Cargo/equipment loss or shift
- 113 Fell/jumped from motor vehicle
- 115 Object thrown or fallen on or near motor vehicle
- 198 Other non-collison

Collision with Non-Fixed Object
- 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

Collision with 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
- 318 Fence
- 319 Mailbox
- 398 Other fixed object

- 999 Unknown

If 198, 298, or 398, describe below:

Location of First Harmful Event 101
- 100 On roadway
- 101 Shoulder
- 102 Median
- 103 Roadside
- 104 Gore
- 105 Separator
- 106 In parking lane or zone
- 107 Off roadway, location unknown
- 108 Outside right-of-way (trafficway)
- 999 Unknown

Type of Collision 100
- 100 Single vehicle crash
- 200 Front to rear
- 201 Front to front
- 202 Angle
- 203 Sideswipe, same direction
- 204 Sideswipe, opposite direction
- 205 Rear to side
- 206 Rear to rear
- 980 Other (describe below)

Relation to Junction 000
- 000 Non-junction
- 100 Intersection
- 101 Intersection related
- 102 Entrance or exit ramp
- 103 Entrance or exit ramp related
- 104 Railway grade crossing
- 105 Crossover related
- 106 Driveway access
- 107 Driveway access related
- 108 Shared-use path or trail
- 109 Acceleration or deceleration lane
- 110 Through roadway
- 198 Other location within an interchange area (median, shoulder, and roadside)
- 999 Unknown

School Bus Related 000
- 000 No, school bus not involved
- 100 Yes, school bus directly involved
- 101 Yes, school bus indirectly involved

Type of Intersection 000
- 000 Not an intersection
- 100 Four-way intersection
- 101 T-intersection
- 102 Y-intersection
- 103 L-intersection
- 104 Traffic circle
- 105 Roundabout
- 106 Five-point or more

Road System 100
- 100 Interstate
- 101 US highway
- 102 State highway
- 103 County road
- 104 City street
- 105 Frontage road
- 106 Ramp
- 999 Unknown

Property Classification 100
- 100 Public property
- 101 Private property

Roadway Surface Condition 101
- 100 Dry
- 101 Wet
- 102 Snow
- 103 Slush
- 104 Ice or frost
- 105 Water (standing or moving)
- 106 Sand
- 107 Mud, dirt, or gravel
- 108 Oil
- 198 Other
- 999 Unknown

Light Condition 104
- 100 Daylight
- 101 Dawn
- 102 Dusk
- 103 Dark - lighted
- 104 Dark - not lighted
- 105 Dark - unknown lighting
- 198 Other
- 999 Unknown

Environmental Factors
Check all that apply:
- ☑ 000 None
- ☐ 100 Weather conditions
- ☐ 101 Visual obstructions
- ☐ 102 Glare
- ☐ 103 Animals in roadway
- ☐ 198 Other:
- ☐ 999 Unknown

Trafficway Classification 100
- 100 Trafficway, on road
- 101 Trafficway, not on road
- 102 Non-trafficway (describe below)

Weather Conditions
Check all that apply:
- ☐ 100 Clear
- ☐ 101 Cloudy
- ☐ 102 Fog
- ☐ 103 Smog
- ☐ 104 Smoke
- ☑ 105 Rain
- ☐ 106 Sleet
- ☐ 107 Hail
- ☐ 108 Freezing rain or freezing drizzle
- ☐ 109 Snow
- ☐ 110 Blowing snow
- ☐ 111 Severe crosswinds
- ☐ 112 Blowing sand, soil, or dirt
- ☐ 198 Other
- ☐ 999 Unknown

Roadway Conditions
Check all that apply:
- ☐ 000 None
- ☐ 100 Backup due to prior crash
- ☐ 101 Backup due to prior non-recurring incident
- ☐ 102 Backup due to regular congestion
- ☐ 103 Toll booth / plaza related
- ☑ 104 Road surface condition (wet, icy, snow, slush, etc.)
- ☐ 105 Debris
- ☐ 106 Ruts, holes, or bumps
- ☐ 107 Work zone
- ☐ 108 Worn, travel-polished surface
- ☐ 109 Obstruction in roadway
- ☐ 110 Traffic control device inoperative, missing, or obscured
- ☐ 111 Shoulders (none, low, soft, high)
- ☐ 112 Non-highway work
- ☐ 198 Other:
- ☐ 999 Unknown

WORK ZONE CRASH INFORMATION

Work Zone 000
- 000 No
- 100 Yes
- 999 Unknown

Location Relative to Work Zone 970
- 100 Before the first work zone warning sign
- 101 Advance warning area
- 102 Transition area
- 103 Activity area
- 104 Termination area
- 970 Not applicable
- 999 Unknown

Work Zone Type 970
- 100 Lane closure
- 101 Lane shift or crossover
- 102 Work on shoulder or median
- 103 Intermittent or moving work
- 198 Other
- 970 Not applicable
- 999 Unknown

Worker(s) Present 970
- 000 No
- 100 Yes
- 970 Not applicable
- 999 Unknown

Law Enforcement Present 970
- 000 No law enforcement presence
- 100 Officer present
- 101 Law enforcement vehicle only present
- 970 Not applicable
- 999 Unknown

Photos Taken

- [x] Yes
- [ ] No

ATTACHMENTS

Type	Description
Driver statement	Statement from Driver 1
Alcohol test submission form	Alcohol test submission form for Driver 1
Drug test submission form	Drug test submission form for Driver 1

NON-VEHICULAR PROPERTY DAMAGE

Description of Property Damage	Damage Estimate	Owner Contacted	Name	Address *Street City State Postal Code*

WITNESSES' CONTACT INFORMATION

Last Name	First Name	Middle Name	Suffix	Address	City	State	Postal Code

Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT
VEHICLE INFORMATION

Crash Report # 6011153517

DESCRIPTION AND IDENTIFICATION

Check if this vehicle had no driver ☐

Hit and Run 000
000 No, did not leave the scene
100 Yes, vehicle & driver left the scene
101 Yes, only driver left the scene

VIN YE2TA61B8V2040017

Vehicle Body Type 302

Vehicle Year, Make, and Model
1997 (Year) VANH (Make) T2140 (Model)

License Plate
FL (State) 109QRP (Number) 2016 (Year)
☐ Missing
☐ Unknown (fill in all known details)

Trailer #1 License Plate
State Number
☐ Missing
☐ Unknown (fill in all known details)

Trailer #2 License Plate
State Number
☐ Missing
☐ Unknown (fill in all known details)

Owner Name ☐ Same as driver ☐ Unknown
Vasquez Citrus & Hauling

Owner Address ☐ Same as driver ☐ Unknown
PO Box 176 (Street) Lake Placid (City) FL (State) 33862 (Postal Code)

Motor Carrier Type 103
000 Personal transportation
100 Interstate carrier
101 Intrastate carrier
102 Not in commerce - government
103 Not in commerce - other truck
999 Unknown

Motor Carrier ID Numbers
USDOT # 1445185
MC/MX #
State # State

Motor Carrier Name ☐ Unknown
Vasquez Citrus and Hauling

Motor Carrier Address ☐ Unknown
P.O. Box 176 (Street) Lake Placid (City) FL (State) 33862 (Postal Code)

Cargo Body Type 100
000 No cargo body
100 Bus
101 Van / enclosed box
102 Grain / chips / gravel
103 Pole trailer
104 Cargo tank
105 Log
106 Intermodal container chassis
107 Vehicle towing another vehicle
108 Flatbed
109 Dump
110 Concrete mixer
111 Auto transporter
112 Garbage / refuse
198 Other
999 Unknown

Vehicle Body Type

Passenger Vehicles
100 2-door
101 4-door
102 Hatchback
103 Convertible
104 Station wagon
105 Pick-up
106 Mini-van
107 Passenger van (seats any number if personal; up to 8 if business)
108 Cargo van (10,000 lbs or less)
109 Sport utility vehicle
110 Large utility vehicle
111 Motor home/recreational vehicle
198 Other passenger vehicle

Truck (> 10,000 lbs)
200 Single unit truck (2 axles)
201 Single unit truck (3 or more axles)
202 Single unit truck with trailer
203 Truck tractor only (bobtail)
204 Tractor/semi-trailer
205 Tractor/doubles
206 Construction/maintenance equipment
207 Farm equipment
298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs)

Bus / Van / Limo (9 or more seats, including driver)
300 School bus
301 Transit/city bus
302 Motor coach/intercity/cross-country bus
303 Limousine
304 Van (seats 9-15, including driver)
390 Other vehicle (seats 9-15, including driver)
391 Other vehicle (seats 16 or more, including driver)

Cycle / Low Speed
400 Motorcycle
401 Motor scooter
402 Moped
403 ATV (3, 4, or 6 wheels)
404 Snowmobile
405 Golf cart
406 Low speed vehicle
498 Other motorized cycle/low speed vehicle

Unknown
999 Unknown type of motor vehicle

If 198, 298, 390, 391, or 498, describe below:

GVWR/GCWR 102
100 10,000 lbs or less
101 10,001 - 26,000 lbs
102 More than 26,000 lbs
970 Not applicable

Hazardous Materials Placard 000
000 Placard not required
100 Placard displayed
200 Placard required but not displayed
999 Unknown

Hazardous Material ID
(4-digit # or name from middle of diamond or rectangular box)

Hazardous Material Class
(1-digit # from bottom of diamond)

Hazardous Materials Released from Vehicle Cargo Compartment 970
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)

Insurance Company
Granite State Insurance Co

NAIC #

Policy #
LX-067987601-01

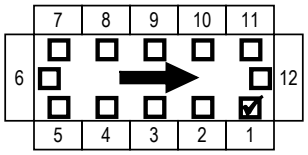
DAMAGE

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

Damage Estimate
$30,000

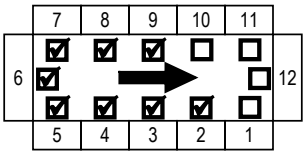
Damage Prior to the Crash
☑ No prior damage
☐ Yes (describe below)

Initial Contact Point (check 1)



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

Damaged Areas (check all that apply)



☐ 097 No damage
☑ 113 Top
☐ 114 Undercarriage
☐ 999 Unknown

TOWING

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

Towed By
J-Hook Towing

Towed To
100 Inmon Ln (Street) North Little Rock (City) AR (State) 72117 (Postal Code)

Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT
VEHICLE INFORMATION

Crash Report # 6011153517

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage 105

000 No special function
100 Taxi
101 School bus/school transport
102 Church bus
103 Transit/commuter bus
104 Intercity bus
105 Charter/tour bus
106 Shuttle bus
107 Military
108 Police
109 Ambulance
110 Fire truck
111 Non-transport emergency services vehicle
112 Incident response
999 Unknown

Emergency Vehicle Usage 970

100 Non-emergency, non-transport
101 Non-emergency transport
102 Emergency operation, emergency warning equipment not in use
103 Emergency operation, emergency warning equipment in use
970 Not applicable
999 Unknown

Travel Direction 103

100 Northbound
101 Southbound
102 Eastbound
103 Westbound
104 Not on roadway
999 Unknown

Vehicle Maneuver 100

100 Movement essentially straight ahead
101 Negotiating a curve
102 Backing
103 Changing lanes
104 Overtaking/passing
105 Turning right
106 Turning left
107 Making U-turn
108 Leaving traffic lane
109 Entering traffic lane
110 Slowing
111 Parked
112 Stopped in traffic
198 Other VANH
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
- [x] 999 Unknown

Traffic Control Device Types and Statuses

Check the boxnext 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.

100 Functioning properly
101 Functioning improperly
102 Inoperative or missing
999 Unknown

Traffic Control Device Type *Check all that apply.*	Device Status *Use above codes.*
[ ] 000 None	
[ ] 100 Flashing traffic control signal	
[ ] 101 Traffic control signal	
[ ] 102 Stop sign	
[ ] 103 Yield sign	
[ ] 104 Slow or warning sign	
[ ] 105 Person (officer, flagman, crossing guard)	
[ ] 106 School zone sign/device	
[ ] 107 Pedestrian signal	
[ ] 108 No passing signal	
[ ] 109 Words or symbols painted on roadway	
[x] 110 Traffic lanes marked	100
[ ] 111 Railway crossing with gate and signals	
[ ] 112 Railway crossing with flashing signals only	
[ ] 113 Railway crossing with crossbuck only	
[ ] 198 Other:	
[ ] 999 Unknown	

Trafficway Description 401

100 One-way trafficway
200 Two-way, not divided
201 Two-way, not divided, with a continuous left turn lane
300 Two-way, divided, unprotected (painted >4 feet) median
400 Two-way, divided, positive cable barrier
401 Two-way, divided, positive concrete barrier
498 Two-way, divided, other type of positive barrier
999 Unknown

Roadway Surface 100

100 Concrete
101 Asphalt
102 Gravel
103 Dirt
198 Other
999 Unknown

Roadway Grade 100

100 Level
101 Hillcrest
102 Uphill
103 Downhill
104 Sag (bottom)
999 Unknown

Roadway Alignment 100

100 Straight
200 Curve left
201 Curve right
299 Curve, direction unknown
999 Unknown

Total # of Lanes 8

Posted Speed Limit 60

Use the posted speed limit that applied to this vehicle at the time of the crash.

MOTOR VEHICLE EVENTS

Sequence of Events 1 107 2 311 3 302 4 5 6 7 8 9 10

Most Harmful Event 302

Non-Collision

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-collison

Collision with Non-Fixed Object

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

Collision with 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
318 Fence
319 Mailbox
398 Other fixed object

Unknown

999 Unknown

If 198, 298, or 398 is used, describe below:

Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT
DRIVER INFORMATION

Crash Report # 6011153517

DRIVER INFORMATION

Name ☐ Unknown
VASQUEZ (Last) ROBERTO (First) (Middle) (Suffix)

Date of Birth/Age 11/09/1986 Age: 28

Sex ☑ Male ☐ Female ☐ Unknown

Race 102
100 White/Caucasian
101 Black/African-American
102 Hispanic
103 Asian/Pacific Islander
104 American Indian
198 Other
999 Unknown

Address ☐ Unknown
2800 N MONROE ST APT 15B (Street) MONROE (City) MI (State) 48162 (Postal Code)

DRIVER LICENSE INFORMATION

License Status 100
000 Not licensed
100 Valid license
200 Suspended
201 Revoked
202 Expired
203 Cancelled or denied
204 Disqualified
999 Unknown

License Number V-220-744-002-861

License State MI

License Class O-OPER

Is Commercial Driver License? ☐ Yes ☑ No

Endorsements on License (Check all that apply.)	Endorsements Violated (Check all that apply.)	Restrictions on License (Check all that apply.)	Restrictions Violated (Check all that apply.)
☑ 000 None	☑ 000 None	☑ 000 None	☑ 000 None
☐ 100 Double/triple trailers	☐ 100 Double/triple trailers	☐ 100 With licensed adult	☐ 100 With licensed adult
☐ 101 Passenger	☐ 101 Passenger	☐ 101 Corrective lenses	☐ 101 Corrective lenses
☐ 102 Tank vehicle	☐ 102 Tank vehicle	☐ 102 Mechanical aid	☐ 102 Mechanical aid
☐ 103 Hazardous materials	☐ 103 Hazardous materials	☐ 103 Prosthetic aid	☐ 103 Prosthetic aid
☐ 104 Tank vehicle & hazardous materials	☐ 104 Tank vehicle & hazardous materials	☐ 104 Automatic transmission	☐ 104 Automatic transmission
☐ 105 School	☐ 105 School	☐ 105 Outside mirror	☐ 105 Outside mirror
☐ 106 Motorcycle	☐ 106 Motorcycle	☐ 106 Daylight only	☐ 106 Daylight only
☐ 107 Motor driven cycle	☐ 107 Motor driven cycle	☐ 107 Class B or C with passengers and class D	☐ 107 Class B or C with passengers and class D
☐ 108 Valid without photo	☐ 108 Valid without photo	☐ 108 Class C only with passengers	☐ 108 Class C only with passengers
☐ 198 Other (describe below)	☐ 198 Other (describe below)	☐ 109 Vehicles without airbrakes	☐ 109 Vehicles without airbrakes
		☐ 110 Interlock device	☐ 110 Interlock device
		☐ 111 School, church, or transit bus	☐ 111 School, church, or transit bus
		☐ 112 Class D only with passengers	☐ 112 Class D only with passengers
		☐ 113 Diesel fuel, fertilizer only	☐ 113 Diesel fuel, fertilizer only
		☐ 114 Seasonal farm service vehicle	☐ 114 Seasonal farm service vehicle
		☐ 198 Other (describe below)	☐ 198 Other (describe below)

DRIVER SEATING AND SAFETY INFORMATION

Seating Position 110

Standard Vehicle Seats

Row	Front Left	Front Middle	Front Right	Other
1	110	120	130	180
2	210	220	230	280
3	310	320	330	380
4	410	420	430	480
5	510	520	530	580

Other Seating Positions
800 Sleeper section of cab (truck)
801 Passenger section of bus
802 Enclosed passenger/cargo area
803 Unenclosed passenger/cargo area
804 Passenger/cargo area, unknown if enclosed
805 Trailing unit
806 Riding on motor vehicle exterior

Unknown
999 Unknown

Restraint Systems Used 999
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

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

Eye Protection Usage
☐ Yes
☑ No
☐ Unknown

Bus Seating Position
(Complete if 801 was selected for Seating Position above.)

Front Driver			Aisle			
1A	1B	1C		1D	1E	1F
2A	2B	2C		2D	2E	2F
3A	3B	3C		3D	3E	3F
4A	4B	4C		4D	4E	4F
5A	5B	5C		5D	5E	5F
⋮	⋮	⋮		⋮	⋮	⋮
##A	##B	##C		##D	##E	##F

Air Bags Deployed
Check all that apply:
☐ 000 Not deployed
☐ 100 Deployed: front
☐ 101 Deployed: side
☐ 102 Deployed: curtain
☐ 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

Ejection Path 000
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)
970 Not applicable
999 Unknown

Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT
DRIVER INFORMATION

Crash Report # 6011153517

MEDICAL INFORMATION

Injury Status 4
1 Fatal injury
2 Incapacitating injury
3 Non-incapacitating injury
4 Possible injury
5 No apparent injury

Type of Medical Transportation 102
000 Not transported
100 EMS air
101 EMS ground
102 Law enforcement
198 Other
199 Transported, but method unknown
999 Unknown if transported

EMS Notified
Date Time

EMS Arrived
Date Time

Transported to Medical Facility By
Cpl. Jack Williams/Arkansas State Police

Trauma Band #
Unknown

Medical Facility Transported To
Baptist Health Medical Center-N. Little Rock, North Little Rock, AR

DRIVER CONDITION AND CIRCUMSTANCES

Condition at Time of Crash
Check all that apply:
- [ ] 000 Apparently normal
- [ ] 100 Physically impaired
- [ ] 101 Emotional (depressed, angry, disturbed, etc.)
- [ ] 102 Ill (sick) or fainted
- [ ] 103 Asleep or fatigued
- [ ] 104 Under the influence of medication or drugs
- [ ] 105 Under the influence of alcohol
- [ ] 198 Other
- [x] 999 Unknown

Driver Distracted By 999
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
If 980 or 981, describe below:

Speeding Related 999
000 Not speeding
100 Racing
101 Exceeded speed limit
102 Too fast for conditions
999 Unknown

Driver Suspected of Alcohol Usage
- [ ] Yes
- [ ] No
- [x] Unknown

Alcohol Test Type Given 100
000 No test given
001 Test refused
100 Blood test
101 Breath test
102 Urine test
198 Other type of test
999 Unknown if tested

Alcohol Test Result Status 100
100 Results pending
101 Results received
970 Not applicable
999 Unknown

Blood Alcohol Content
- [ ] Result received from Crime Lab

Driver Suspected of Drug Usage
- [ ] Yes
- [ ] No
- [x] Unknown

Drug Test Type Given 100
000 No test given
001 Test refused
100 Blood test
101 Urine test
102 Both blood and urine tests
198 Other type of test
999 Unknown if tested

Drug Test Results
- [ ] Result received from Crime Lab

Results Pending or Negative
- [ ] 000 Results negative
- [x] 100 Results pending

Not Applicable or Unknown
- [ ] 970 Not applicable
- [ ] 999 Unknown

Positive Results *(check all that apply)*
- [ ] 200 Amphetamines
- [ ] 201 Barbituates
- [ ] 202 Benzodiazepines
- [ ] 203 Cannabinoids
- [ ] 204 Cocaine
- [ ] 205 Methadone
- [ ] 206 Methamphetamines
- [ ] 207 Opiates
- [ ] 208 Oxycodone
- [ ] 209 Propoxyphene
- [ ] 210 Phencyclidine (PCP)
- [ ] 298 Other positive result (describe below)

Citations

Citation #	Charges

DRIVER ACTIONS AT TIME OF CRASH

Check all that apply:
- [ ] 000 No contributing action
- [ ] 999 Unknown

Disregarded Traffic Signs or Controls
- [ ] 100 Disregarded red light
- [ ] 101 Disregarded other traffic signal
- [ ] 102 Disregarded stop sign
- [ ] 103 Disregarded yield sign
- [ ] 104 Disregarded other traffic sign
- [ ] 105 Disregarded other road markings
- [ ] 106 Disregarded officer or flagman

Swerved or Avoided
- [ ] 200 Swerved or avoided due to wind
- [ ] 201 Swerved or avoided due to slippery surface
- [ ] 202 Swerved or avoided due to motor vehicle
- [ ] 203 Swerved or avoided due to non-motorist in roadway
- [ ] 204 Swerved or avoided due to object in roadway
- [ ] 205 Swerved or avoided due to animal in roadway

Improper Maneuver
- [ ] 300 Improper right turn
- [ ] 301 Improper left turn
- [ ] 302 Improper U-turn
- [ ] 303 Improper backing
- [ ] 304 Improper passing
- [ ] 305 Improper lane change
- [ ] 306 Improperly parked

Improper Use of Lights or Signals
- [ ] 400 Driving without lights
- [ ] 401 Failed to dim headlights
- [ ] 402 Failed to or improper signal

Unsafe Operation
- [ ] 500 Reckless operation
- [ ] 501 Aggressive operation
- [x] 502 Inattentive, careless, negligent, or erratic operation
- [ ] 503 Under the influence of alcohol
- [ ] 504 Under the influence of drugs

Other Actions
- [ ] 600 Impeding traffic
- [x] 601 Ran off roadway
- [ ] 602 Crowded off roadway
- [ ] 603 Crossing median
- [ ] 604 Failed to yield right-of-way
- [ ] 605 Failed to keep in proper lane
- [ ] 606 Wrong side of road
- [ ] 607 Wrong way
- [ ] 608 Followed too closely
- [ ] 609 Cutting in
- [ ] 610 Over-correcting or over-steering
- [ ] 980 Other contributing action (describe below)

Total # of Passengers: 21

ARKANSAS MOTOR VEHICLE CRASH REPORT

PASSENGER INFORMATION

Crash Report # 6011153517

Complete this sheet for passengers in each motor vehicle.

PASSENGER INFORMATION

MOTOR VEHICLE # 1 **PASSENGER #** 1

Name: Tecuaque-Nino (Last) Miguel (First) (Middle) (Suffix)

Date of Birth/Age: 02/19/1995 Age: 20

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
5	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 000

EMS Notified (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

EMS Arrived (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

Transported To Medical Facility By

Medical Facility Transported To

Eye Protection: 000

Trauma Band #

MOTOR VEHICLE # 1 **PASSENGER #** 2

Name: Hernandez-Hernandez (Last) Margarito (First) (Middle) (Suffix)

Date of Birth/Age: 01/28/1991 Age: 24

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
5	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 000

EMS Notified (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

EMS Arrived (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

Transported To Medical Facility By

Medical Facility Transported To

Eye Protection: 000

Trauma Band #

MOTOR VEHICLE # 1 **PASSENGER #** 3

Name: Arzola-Meza (Last) Cristina (First) (Middle) (Suffix)

Date of Birth/Age: 09/26/1992 Age: 23

Sex: ☐ Male ☑ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
5	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 000

EMS Notified (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

EMS Arrived (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

Transported To Medical Facility By

Medical Facility Transported To

Eye Protection: 000

Trauma Band #

PASSENGER CODES

Injury Status
- 1 Fatal injury
- 2 Incapacitating injury
- 3 Non-incapacitating injury
- 4 Possible injury
- 5 No apparent injury

Race
- 100 White/Caucasian
- 101 Black/African-American
- 102 Hispanic
- 103 Asian/Pacific Islander
- 104 American Indian
- 198 Other
- 999 Unknown

Ejection
- 000 Not ejected
- 100 Ejected, partially
- 101 Ejected, totally
- 970 Not applicable
- 999 Unknown

Extrication
- 000 Not extricated
- 100 Extricated
- 999 Unknown

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)
- 970 Not applicable
- 999 Unknown

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

Vehicle Seating Position

Front				
Row	Left	Middle	Right	Other
1	110	120	130	180
2	210	220	230	280
3	310	320	330	380
4	410	420	430	480
5	510	520	530	580

- 800 Sleeper section of cab (truck)
- 801 Passenger section of bus
- 802 Enclosed passenger/cargo area
- 803 Unenclosed passenger/cargo area
- 804 Passenger/cargo area, unknown if enclosed
- 805 Trailing unit
- 806 Riding on motor vehicle exterior
- 999 Unknown

Bus Seating Position (use if 801 is selected)

Front						
Driver			Aisle			
1A	1B	1C		1D	1E	1F
2A	2B	2C		2D	2E	2F
3A	3B	3C		3D	3E	3F
⋮	⋮	⋮		⋮	⋮	⋮
##A	##B	##C		##D	##E	##F

Type of Medical Transportation
- 000 Not transported
- 100 EMS air
- 101 EMS ground
- 102 Law enforcement
- 198 Other
- 199 Transported, but method unknown
- 999 Unknown if transported

Motorcycle Helmet Used
- 000 No helmet worn
- 100 DOT-compliant motorcycle helmet worn
- 101 Non-DOT-compliant motorcycle helmet worn
- 199 Helmet worn, unknown if DOT-compliant
- 999 Unknown if helmet worn

Eye Protection Used
- 000 No
- 100 Yes
- 999 Unknown

Total # of Passengers: 21

ARKANSAS MOTOR VEHICLE CRASH REPORT

PASSENGER INFORMATION

Crash Report # 6011153517

Complete this sheet for passengers in each motor vehicle.

PASSENGER INFORMATION

MOTOR VEHICLE # 1 **PASSENGER #** 4

Name: Reyes-Hernandez (Last) J. Santos (First) (Middle) (Suffix)

Date of Birth/Age: 08/13/1981 Age: 34

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
5	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 000

EMS Notified (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

EMS Arrived (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

Transported To Medical Facility By

Medical Facility Transported To

Eye Protection: 000

Trauma Band #

MOTOR VEHICLE # 1 **PASSENGER #** 5

Name: Reyes-Hernandez (Last) Mercio (First) (Middle) (Suffix)

Date of Birth/Age: 10/27/1987 Age: 28

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
5	801 / Unk	000	000	000	000	000

Type of Medical Transportation: 000

EMS Notified (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

EMS Arrived (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

Transported To Medical Facility By

Medical Facility Transported To

Eye Protection: 000

Trauma Band #

MOTOR VEHICLE # 1 **PASSENGER #** 6

Name: Luis-Velazquez (Last) Moises (First) (Middle) (Suffix)

Date of Birth/Age: 06/20/1994 Age: 21

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
5	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 000

EMS Notified (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

EMS Arrived (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

Transported To Medical Facility By

Medical Facility Transported To

Eye Protection: 000

Trauma Band #

PASSENGER CODES

Injury Status
- 1 Fatal injury
- 2 Incapacitating injury
- 3 Non-incapacitating injury
- 4 Possible injury
- 5 No apparent injury

Race
- 100 White/Caucasian
- 101 Black/African-American
- 102 Hispanic
- 103 Asian/Pacific Islander
- 104 American Indian
- 198 Other
- 999 Unknown

Ejection
- 000 Not ejected
- 100 Ejected, partially
- 101 Ejected, totally
- 970 Not applicable
- 999 Unknown

Extrication
- 000 Not extricated
- 100 Extricated
- 999 Unknown

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)
- 970 Not applicable
- 999 Unknown

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

Vehicle Seating Position

Front				
Row	Left	Middle	Right	Other
1	110	120	130	180
2	210	220	230	280
3	310	320	330	380
4	410	420	430	480
5	510	520	530	580

- 800 Sleeper section of cab (truck)
- 801 Passenger section of bus
- 802 Enclosed passenger/cargo area
- 803 Unenclosed passenger/cargo area
- 804 Passenger/cargo area, unknown if enclosed
- 805 Trailing unit
- 806 Riding on motor vehicle exterior
- 999 Unknown

Bus Seating Position (use if 801 is selected)

Front						
Driver			Aisle			
1A	1B	1C		1D	1E	1F
2A	2B	2C		2D	2E	2F
3A	3B	3C		3D	3E	3F
⋮	⋮	⋮		⋮	⋮	⋮
##A	##B	##C		##D	##E	##F

Type of Medical Transportation
- 000 Not transported
- 100 EMS air
- 101 EMS ground
- 102 Law enforcement
- 198 Other
- 199 Transported, but method unknown
- 999 Unknown if transported

Motorcycle Helmet Used
- 000 No helmet worn
- 100 DOT-compliant motorcycle helmet worn
- 101 Non-DOT-compliant motorcycle helmet worn
- 199 Helmet worn, unknown if DOT-compliant
- 999 Unknown if helmet worn

Eye Protection Used
- 000 No
- 100 Yes
- 999 Unknown

Total # of Passengers: 21

ARKANSAS MOTOR VEHICLE CRASH REPORT

PASSENGER INFORMATION

Crash Report # 6011153517

Complete this sheet for passengers in each motor vehicle.

PASSENGER INFORMATION

MOTOR VEHICLE # 1 **PASSENGER #** 7

Name: Cruz-Alvarez (Last) Eleazar (First) (Middle) (Suffix)

Date of Birth/Age: 06/20/1992 Age: 23

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
5	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 000

EMS Notified: Date (MM/DD/YYYY) Time (HH:MM AM/PM)

EMS Arrived: Date (MM/DD/YYYY) Time (HH:MM AM/PM)

Transported To Medical Facility By:

Medical Facility Transported To:

Eye Protection: 000

Trauma Band #:

MOTOR VEHICLE # 1 **PASSENGER #** 8

Name: Marcos-Francisco (Last) Alejandro (First) (Middle) (Suffix)

Date of Birth/Age: 03/17/1993 Age: 22

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
5	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 000

EMS Notified: Date (MM/DD/YYYY) Time (HH:MM AM/PM)

EMS Arrived: Date (MM/DD/YYYY) Time (HH:MM AM/PM)

Transported To Medical Facility By:

Medical Facility Transported To:

Eye Protection: 000

Trauma Band #:

MOTOR VEHICLE # 1 **PASSENGER #** 9

Name: Vargas-Morales (Last) Julio (First) (Middle) (Suffix)

Date of Birth/Age: 07/30/1983 Age: 32

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
3	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 101

EMS Notified: 11/06/2015 01:00 AM (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

EMS Arrived: 11/06/2015 01:04 AM (Date (MM/DD/YYYY) Time (HH:MM AM/PM))

Transported To Medical Facility By: MEMS - Pulaski Co

Medical Facility Transported To: UAMS Medical Center, Little Rock, AR

Eye Protection: 000

Trauma Band #: Unknown

PASSENGER CODES

Injury Status
- 1 Fatal injury
- 2 Incapacitating injury
- 3 Non-incapacitating injury
- 4 Possible injury
- 5 No apparent injury

Race
- 100 White/Caucasian
- 101 Black/African-American
- 102 Hispanic
- 103 Asian/Pacific Islander
- 104 American Indian
- 198 Other
- 999 Unknown

Ejection
- 000 Not ejected
- 100 Ejected, partially
- 101 Ejected, totally
- 970 Not applicable
- 999 Unknown

Extrication
- 000 Not extricated
- 100 Extricated
- 999 Unknown

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)
- 970 Not applicable
- 999 Unknown

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

Vehicle Seating Position

Front				
Row	Left	Middle	Right	Other
1	110	120	130	180
2	210	220	230	280
3	310	320	330	380
4	410	420	430	480
5	510	520	530	580

- 800 Sleeper section of cab (truck)
- 801 Passenger section of bus
- 802 Enclosed passenger/cargo area
- 803 Unenclosed passenger/cargo area
- 804 Passenger/cargo area, unknown if enclosed
- 805 Trailing unit
- 806 Riding on motor vehicle exterior
- 999 Unknown

Bus Seating Position (use if 801 is selected)

Front						
Driver			Aisle			
1A	1B	1C		1D	1E	1F
2A	2B	2C		2D	2E	2F
3A	3B	3C		3D	3E	3F
⋮	⋮	⋮		⋮	⋮	⋮
##A	##B	##C		##D	##E	##F

Type of Medical Transportation
- 000 Not transported
- 100 EMS air
- 101 EMS ground
- 102 Law enforcement
- 198 Other
- 199 Transported, but method unknown
- 999 Unknown if transported

Motorcycle Helmet Used
- 000 No helmet worn
- 100 DOT-compliant motorcycle helmet worn
- 101 Non-DOT-compliant motorcycle helmet worn
- 199 Helmet worn, unknown if DOT-compliant
- 999 Unknown if helmet worn

Eye Protection Used
- 000 No
- 100 Yes
- 999 Unknown

Total # of Passengers: 21

ARKANSAS MOTOR VEHICLE CRASH REPORT

PASSENGER INFORMATION

Crash Report # 6011153517

Complete this sheet for passengers in each motor vehicle.

PASSENGER INFORMATION

MOTOR VEHICLE # 1 **PASSENGER #** 10

Name: Diego-Meza (Last) Rodolfo (First) Jr (Suffix)

Date of Birth/Age: 09/10/1995 Age: 20

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street, City, State, Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
3	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 101

EMS Notified: 11/06/2015 (Date MM/DD/YYYY) 01:00 AM (Time HH:MM AM/PM)

EMS Arrived: 11/06/2015 (Date MM/DD/YYYY) 01:04 AM (Time HH:MM AM/PM)

Transported To Medical Facility By: MEMS - Pulaski Co

Medical Facility Transported To: UAMS Medical Center, Little Rock, AR

Eye Protection: 000

Trauma Band #: Unknown

MOTOR VEHICLE # 1 **PASSENGER #** 11

Name: Meza-Cruz (Last) Rodolfo (First) (Middle) (Suffix)

Date of Birth/Age: 02/25/1972 Age: 43

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street, City, State, Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
3	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 101

EMS Notified: 11/06/2015 (Date MM/DD/YYYY) 01:00 AM (Time HH:MM AM/PM)

EMS Arrived: 11/06/2015 (Date MM/DD/YYYY) 01:04 AM (Time HH:MM AM/PM)

Transported To Medical Facility By: MEMS - Pulaski Co

Medical Facility Transported To: UAMS Medical Center, Little Rock, AR

Eye Protection: 000

Trauma Band #: Unknown

MOTOR VEHICLE # 1 **PASSENGER #** 12

Name: Alvarez-Antonio (Last) Norberto (First) (Middle) (Suffix)

Date of Birth/Age: 06/05/1986 Age: 29

Sex: ☐ Male ☐ Female ☑ Unknown

Air Bags Deployed (check all that apply:)
- ☐ 000 Not deployed
- ☐ 100 Deployed: front
- ☐ 101 Deployed: side
- ☐ 102 Deployed: curtain
- ☐ 198 Deployed: other
- ☑ 970 Not applicable
- ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street, City, State, Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
3	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 101

EMS Notified: 11/06/2015 (Date MM/DD/YYYY) 01:00 AM (Time HH:MM AM/PM)

EMS Arrived: 11/06/2015 (Date MM/DD/YYYY) 01:05 AM (Time HH:MM AM/PM)

Transported To Medical Facility By: MEMS - Pulaski Co

Medical Facility Transported To: Baptist Health Medical Center-Little Rock, Little Rock, AR

Eye Protection: 000

Trauma Band #: Unknown

PASSENGER CODES

Injury Status
- 1 Fatal injury
- 2 Incapacitating injury
- 3 Non-incapacitating injury
- 4 Possible injury
- 5 No apparent injury

Race
- 100 White/Caucasian
- 101 Black/African-American
- 102 Hispanic
- 103 Asian/Pacific Islander
- 104 American Indian
- 198 Other
- 999 Unknown

Ejection
- 000 Not ejected
- 100 Ejected, partially
- 101 Ejected, totally
- 970 Not applicable
- 999 Unknown

Extrication
- 000 Not extricated
- 100 Extricated
- 999 Unknown

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)
- 970 Not applicable
- 999 Unknown

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

Vehicle Seating Position

Front				
Row	Left	Middle	Right	Other
1	110	120	130	180
2	210	220	230	280
3	310	320	330	380
4	410	420	430	480
5	510	520	530	580

- 800 Sleeper section of cab (truck)
- 801 Passenger section of bus
- 802 Enclosed passenger/cargo area
- 803 Unenclosed passenger/cargo area
- 804 Passenger/cargo area, unknown if enclosed
- 805 Trailing unit
- 806 Riding on motor vehicle exterior
- 999 Unknown

Bus Seating Position (use if 801 is selected)

Front						
Driver			Aisle			
1A	1B	1C		1D	1E	1F
2A	2B	2C		2D	2E	2F
3A	3B	3C		3D	3E	3F
⋮	⋮	⋮		⋮	⋮	⋮
##A	##B	##C		##D	##E	##F

Type of Medical Transportation
- 000 Not transported
- 100 EMS air
- 101 EMS ground
- 102 Law enforcement
- 198 Other
- 199 Transported, but method unknown
- 999 Unknown if transported

Motorcycle Helmet Used
- 000 No helmet worn
- 100 DOT-compliant motorcycle helmet worn
- 101 Non-DOT-compliant motorcycle helmet worn
- 199 Helmet worn, unknown if DOT-compliant
- 999 Unknown if helmet worn

Eye Protection Used
- 000 No
- 100 Yes
- 999 Unknown

Total # of Passengers: 21

ARKANSAS MOTOR VEHICLE CRASH REPORT

PASSENGER INFORMATION

Crash Report # 6011153517

Complete this sheet for passengers in each motor vehicle.

PASSENGER INFORMATION

MOTOR VEHICLE # 1 **PASSENGER #** 13

Name (Last / First / Middle / Suffix)	Date of Birth/Age	Sex	Air Bags Deployed
Galindo-Rubio / Israel	01/10/1983 Age: 32	☑ Male ☐ Female ☐ Unknown	check all that apply: ☐ 000 Not deployed ☐ 100 Deployed: front ☐ 101 Deployed: side ☐ 102 Deployed: curtain ☐ 198 Deployed: other ☑ 970 Not applicable ☐ 999 Unknown

Address (Street / City / State / Postal Code): Unknown

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
3	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 101

EMS Notified: 11/06/2015 (Date MM/DD/YYYY) 01:00 AM (Time HH:MM AM/PM)

EMS Arrived: 11/06/2015 (Date MM/DD/YYYY) 01:05 AM (Time HH:MM AM/PM)

Transported To Medical Facility By: MEMS - Pulaski Co

Medical Facility Transported To: Baptist Health Medical Center-Little Rock, Little Rock, AR

Eye Protection: 000

Trauma Band #: Unknown

If 198 is checked, describe below.

MOTOR VEHICLE # 1 **PASSENGER #** 14

Name (Last / First / Middle / Suffix)	Date of Birth/Age	Sex	Air Bags Deployed
Ponciano-Velazquez / Francisco	04/23/1983 Age: 32	☑ Male ☐ Female ☐ Unknown	check all that apply: ☐ 000 Not deployed ☐ 100 Deployed: front ☐ 101 Deployed: side ☐ 102 Deployed: curtain ☐ 198 Deployed: other ☑ 970 Not applicable ☐ 999 Unknown

Address (Street / City / State / Postal Code): Unknown

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
3	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 101

EMS Notified: 11/06/2015 (Date MM/DD/YYYY) 01:00 AM (Time HH:MM AM/PM)

EMS Arrived: 11/06/2015 (Date MM/DD/YYYY) 01:05 AM (Time HH:MM AM/PM)

Transported To Medical Facility By: MEMS - Pulaski Co

Medical Facility Transported To: Baptist Health Medical Center-Little Rock, Little Rock, AR

Eye Protection: 000

Trauma Band #: Unknown

If 198 is checked, describe below.

MOTOR VEHICLE # 1 **PASSENGER #** 15

Name (Last / First / Middle / Suffix)	Date of Birth/Age	Sex	Air Bags Deployed
Cabriales-Manzanarez / Samuel	02/13/1973 Age: 42	☑ Male ☐ Female ☐ Unknown	check all that apply: ☐ 000 Not deployed ☐ 100 Deployed: front ☐ 101 Deployed: side ☐ 102 Deployed: curtain ☐ 198 Deployed: other ☑ 970 Not applicable ☐ 999 Unknown

Address (Street / City / State / Postal Code): Unknown

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
3	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 101

EMS Notified: 11/06/2015 (Date MM/DD/YYYY) 01:00 AM (Time HH:MM AM/PM)

EMS Arrived: 11/06/2015 (Date MM/DD/YYYY) 01:05 AM (Time HH:MM AM/PM)

Transported To Medical Facility By: MEMS - Pulaski Co

Medical Facility Transported To: Baptist Health Medical Center-Little Rock, Little Rock, AR

Eye Protection: 000

Trauma Band #: Unknown

If 198 is checked, describe below.

PASSENGER CODES

Injury Status
1 Fatal injury
2 Incapacitating injury
3 Non-incapacitating injury
4 Possible injury
5 No apparent injury

Race
100 White/Caucasian
101 Black/African-American
102 Hispanic
103 Asian/Pacific Islander
104 American Indian
198 Other
999 Unknown

Ejection
000 Not ejected
100 Ejected, partially
101 Ejected, totally
970 Not applicable
999 Unknown

Extrication
000 Not extricated
100 Extricated
999 Unknown

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)
970 Not applicable
999 Unknown

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

Vehicle Seating Position

Front				
Row	Left	Middle	Right	Other
1	110	120	130	180
2	210	220	230	280
3	310	320	330	380
4	410	420	430	480
5	510	520	530	580

800 Sleeper section of cab (truck)
801 Passenger section of bus
802 Enclosed passenger/cargo area
803 Unenclosed passenger/cargo area
804 Passenger/cargo area, unknown if enclosed
805 Trailing unit
806 Riding on motor vehicle exterior
999 Unknown

Bus Seating Position (use if 801 is selected)

Front						
Driver			Aisle			
1A	1B	1C		1D	1E	1F
2A	2B	2C		2D	2E	2F
3A	3B	3C		3D	3E	3F
⋮	⋮	⋮		⋮	⋮	⋮
##A	##B	##C		##D	##E	##F

Type of Medical Transportation
000 Not transported
100 EMS air
101 EMS ground
102 Law enforcement
198 Other
199 Transported, but method unknown
999 Unknown if transported

Motorcycle Helmet Used
000 No helmet worn
100 DOT-compliant motorcycle helmet worn
101 Non-DOT-compliant motorcycle helmet worn
199 Helmet worn, unknown if DOT-compliant
999 Unknown if helmet worn

Eye Protection Used
000 No
100 Yes
999 Unknown

Total # of Passengers: 21

ARKANSAS MOTOR VEHICLE CRASH REPORT

PASSENGER INFORMATION

Crash Report # 6011153517

Complete this sheet for passengers in each motor vehicle.

PASSENGER INFORMATION

MOTOR VEHICLE # 1 **PASSENGER #** 16

Name: Cruz-Alvarez (Last) Fortino (First) (Middle) (Suffix)

Date of Birth/Age: 08/12/1990 Age: 25

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply): ☐ 000 Not deployed ☐ 100 Deployed: front ☐ 101 Deployed: side ☐ 102 Deployed: curtain ☐ 198 Deployed: other ☑ 970 Not applicable ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
1	801 / Unk	101	198	000	970	000

Type of Medical Transportation: 198

EMS Notified: 11/06/2015 (Date MM/DD/YYYY) 01:00 AM (Time HH:MM AM/PM)

EMS Arrived: 11/06/2015 (Date MM/DD/YYYY) 01:05 AM (Time HH:MM AM/PM)

Transported To Medical Facility By: Pulaski County Coroner

Medical Facility Transported To: Pulaski County Coroner's Office

Eye Protection: 000

Trauma Band #: Unknown

MOTOR VEHICLE # 1 **PASSENGER #** 17

Name: Salvador-Hernandez (Last) Santos (First) (Middle) (Suffix)

Date of Birth/Age: 02/15/1984 Age: 31

Sex: ☑ Male ☐ Female ☐ Unknown

Air Bags Deployed (check all that apply): ☐ 000 Not deployed ☐ 100 Deployed: front ☐ 101 Deployed: side ☐ 102 Deployed: curtain ☐ 198 Deployed: other ☑ 970 Not applicable ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
1	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 198

EMS Notified: 11/06/2015 (Date MM/DD/YYYY) 01:00 AM (Time HH:MM AM/PM)

EMS Arrived: 11/06/2015 (Date MM/DD/YYYY) 01:05 AM (Time HH:MM AM/PM)

Transported To Medical Facility By: Pulaski County Coroner

Medical Facility Transported To: Pulaski County Coroner's Office

Eye Protection: 000

Trauma Band #: Unknown

MOTOR VEHICLE # 1 **PASSENGER #** 18

Name: Herrera- Villa (Last) Rosa (First) (Middle) (Suffix)

Date of Birth/Age: 10/27/1968 Age: 47

Sex: ☐ Male ☑ Female ☐ Unknown

Air Bags Deployed (check all that apply): ☐ 000 Not deployed ☐ 100 Deployed: front ☐ 101 Deployed: side ☐ 102 Deployed: curtain ☐ 198 Deployed: other ☑ 970 Not applicable ☐ 999 Unknown

If 198 is checked, describe below.

Address: Unknown (Street) (City) (State) (Postal Code)

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
1	801 / Unk	000	000	000	970	000

Type of Medical Transportation: 198

EMS Notified: 11/06/2015 (Date MM/DD/YYYY) 01:00 AM (Time HH:MM AM/PM)

EMS Arrived: 11/06/2015 (Date MM/DD/YYYY) 01:05 AM (Time HH:MM AM/PM)

Transported To Medical Facility By: Pulaski County Coroner

Medical Facility Transported To: Pulaski County Coroner's Office

Eye Protection: 000

Trauma Band #: Unknown

PASSENGER CODES

Injury Status
1 Fatal injury
2 Incapacitating injury
3 Non-incapacitating injury
4 Possible injury
5 No apparent injury

Race
100 White/Caucasian
101 Black/African-American
102 Hispanic
103 Asian/Pacific Islander
104 American Indian
198 Other
999 Unknown

Ejection
000 Not ejected
100 Ejected, partially
101 Ejected, totally
970 Not applicable
999 Unknown

Extrication
000 Not extricated
100 Extricated
999 Unknown

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)
970 Not applicable
999 Unknown

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

Vehicle Seating Position

Front				
Row	Left	Middle	Right	Other
1	110	120	130	180
2	210	220	230	280
3	310	320	330	380
4	410	420	430	480
5	510	520	530	580

800 Sleeper section of cab (truck)
801 Passenger section of bus
802 Enclosed passenger/cargo area
803 Unenclosed passenger/cargo area
804 Passenger/cargo area, unknown if enclosed
805 Trailing unit
806 Riding on motor vehicle exterior
999 Unknown

Bus Seating Position (use if 801 is selected)

Front						
Driver			Aisle			
1A	1B	1C		1D	1E	1F
2A	2B	2C		2D	2E	2F
3A	3B	3C		3D	3E	3F
⋮	⋮	⋮		⋮	⋮	⋮
##A	##B	##C		##D	##E	##F

Type of Medical Transportation
000 Not transported
100 EMS air
101 EMS ground
102 Law enforcement
198 Other
199 Transported, but method unknown
999 Unknown if transported

Motorcycle Helmet Used
000 No helmet worn
100 DOT-compliant motorcycle helmet worn
101 Non-DOT-compliant motorcycle helmet worn
199 Helmet worn, unknown if DOT-compliant
999 Unknown if helmet worn

Eye Protection Used
000 No
100 Yes
999 Unknown

Total # of Passengers: 21

ARKANSAS MOTOR VEHICLE CRASH REPORT

PASSENGER INFORMATION

Crash Report # 6011153517

Complete this sheet for passengers in each motor vehicle.

PASSENGER INFORMATION

MOTOR VEHICLE # 1 **PASSENGER #** 19

Name (Last / First / Middle / Suffix)	Date of Birth/Age	Sex	Air Bags Deployed (check all that apply)
Rangel- Chavez / Jose	03/19/1993 Age: 22	☑ Male ☐ Female ☐ Unknown	☐ 000 Not deployed ☐ 100 Deployed: front ☐ 101 Deployed: side ☐ 102 Deployed: curtain ☐ 198 Deployed: other ☑ 970 Not applicable ☐ 999 Unknown

Address (Street / City / State / Postal Code): Unknown

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
1	801 / Unk	100	101	000	970	000

Type of Medical Transportation: 198

EMS Notified: 11/06/2015 01:00 AM (Date (MM/DD/YYYY) / Time (HH:MM AM/PM))

EMS Arrived: 11/06/2015 01:05 AM (Date (MM/DD/YYYY) / Time (HH:MM AM/PM))

Transported To Medical Facility By: Pulaski County Coroner

Medical Facility Transported To: Pulaski County Coroner's Office

Eye Protection: 000

Trauma Band #: Unknown

If 198 is checked, describe below.

MOTOR VEHICLE # 1 **PASSENGER #** 20

Name (Last / First / Middle / Suffix)	Date of Birth/Age	Sex	Air Bags Deployed (check all that apply)
Santiago-Rubio / Martin	02/17/1994 Age: 21	☑ Male ☐ Female ☐ Unknown	☐ 000 Not deployed ☐ 100 Deployed: front ☐ 101 Deployed: side ☐ 102 Deployed: curtain ☐ 198 Deployed: other ☑ 970 Not applicable ☐ 999 Unknown

Address (Street / City / State / Postal Code): Unknown

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
1	801 / Unk	101	198	000	970	000

Type of Medical Transportation: 198

EMS Notified: 11/06/2015 01:00 AM (Date (MM/DD/YYYY) / Time (HH:MM AM/PM))

EMS Arrived: 11/06/2015 01:05 AM (Date (MM/DD/YYYY) / Time (HH:MM AM/PM))

Transported To Medical Facility By: Pulaski County Coroner

Medical Facility Transported To: Pulaski Coroner's Office

Eye Protection: 000

Trauma Band #: Unknown

If 198 is checked, describe below.

MOTOR VEHICLE # 1 **PASSENGER #** 21

Name (Last / First / Middle / Suffix)	Date of Birth/Age	Sex	Air Bags Deployed (check all that apply)
Cabriales-Manzanarez / Enrique	07/12/1988 Age: 27	☑ Male ☐ Female ☐ Unknown	☐ 000 Not deployed ☐ 100 Deployed: front ☐ 101 Deployed: side ☐ 102 Deployed: curtain ☐ 198 Deployed: other ☑ 970 Not applicable ☐ 999 Unknown

Address (Street / City / State / Postal Code): Unknown

Race: 102

Injury Status	Seating Position	Ejection	Ejection Path	Extrication	Restraint Systems	Helmet Used
1	801 / Unk	101	198	000	970	000

Type of Medical Transportation: 198

EMS Notified: 11/06/2015 01:00 AM (Date (MM/DD/YYYY) / Time (HH:MM AM/PM))

EMS Arrived: 11/06/2015 01:05 AM (Date (MM/DD/YYYY) / Time (HH:MM AM/PM))

Transported To Medical Facility By: Pulaski County Coroner

Medical Facility Transported To: Pulaski Coroner's Office

Eye Protection: 000

Trauma Band #: Unknown

If 198 is checked, describe below.

PASSENGER CODES

Injury Status
1 Fatal injury
2 Incapacitating injury
3 Non-incapacitating injury
4 Possible injury
5 No apparent injury

Race
100 White/Caucasian
101 Black/African-American
102 Hispanic
103 Asian/Pacific Islander
104 American Indian
198 Other
999 Unknown

Ejection
000 Not ejected
100 Ejected, partially
101 Ejected, totally
970 Not applicable
999 Unknown

Extrication
000 Not extricated
100 Extricated
999 Unknown

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)
970 Not applicable
999 Unknown

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

Vehicle Seating Position

Front				
Row	Left	Middle	Right	Other
1	110	120	130	180
2	210	220	230	280
3	310	320	330	380
4	410	420	430	480
5	510	520	530	580

800 Sleeper section of cab (truck)
801 Passenger section of bus
802 Enclosed passenger/cargo area
803 Unenclosed passenger/cargo area
804 Passenger/cargo area, unknown if enclosed
805 Trailing unit
806 Riding on motor vehicle exterior
999 Unknown

Bus Seating Position (use if 801 is selected)

Front						
Driver			Aisle			
1A	1B	1C		1D	1E	1F
2A	2B	2C		2D	2E	2F
3A	3B	3C		3D	3E	3F
⋮	⋮	⋮		⋮	⋮	⋮
##A	##B	##C		##D	##E	##F

Type of Medical Transportation
000 Not transported
100 EMS air
101 EMS ground
102 Law enforcement
198 Other
199 Transported, but method unknown
999 Unknown if transported

Motorcycle Helmet Used
000 No helmet worn
100 DOT-compliant motorcycle helmet worn
101 Non-DOT-compliant motorcycle helmet worn
199 Helmet worn, unknown if DOT-compliant
999 Unknown if helmet worn

Eye Protection Used
000 No
100 Yes
999 Unknown

ARKANSAS MOTOR VEHICLE CRASH REPORT
NARRATIVE

Crash Report # 6011153517

V#1 was west bound on Interstate 40 in the #1 traffic lane when the vehicle left the roadway on the right (North) side.

After leaving the roadway V#1 continued in a westerly direction, sideswiping the Jersey barrier prior to the North Hills Blvd. underpass. Upon contact with the barrier V#1 rode up the barrier with its right side.

The driver of V#1 steered to the left, causing the right side and top of the vehicle to impact the concrete bridge support. This impact caused intrusion into the passenger compartment allowing three (3) passengers to be ejected into the roadway.

The driver of V#1 regained control and steered the vehicle onto the shoulder on the North side of the roadway approximately 1,887 feet West of impact with the bridge support.

The driver of V#1 stated that he struck a bump in the roadway which caused him to loose control; however, the at scene investigation did not reveal any roadway imperfections.

The Pulaski County Coroner was notified and responded to the scene along with Arkansas State Police Criminal Investigation Division Special Agent John Blackmon, and Crash Reconstruction Team member Cpl. Greg Dycus.

Cpl. Jack Williams transported the driver of V#1 to Baptist Med Center (North Little Rock) for a blood test.

The Arkansas Highway Police and the National Traffic Safety Board are conducting a post crash investigation of the vehicle and driver.

Scene # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

Crash Report # 6011153517

RP 1 is the 154 Mile Marker sign just North of the Interstate

RP 2 is the North Fog Line of Interstate 40 West

A, B, C, G, & H are on the North Fog Line

RP 1 to RP 2 is 12ft 8in South

RP 2 to A is 253ft 1in West

RP 2 to B is 257ft 6in West

RP 2 to C is 278ft 7in West

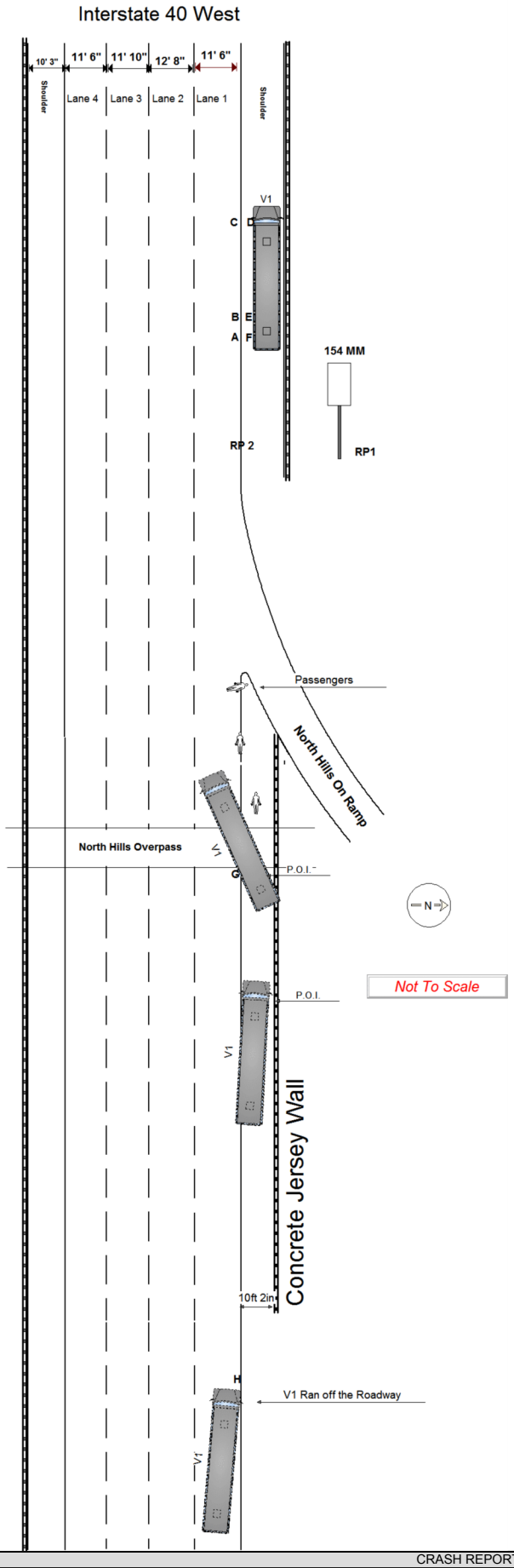
C to D is 3ft 3in North

B to E is 2ft 8in North

A to F is 2ft 8in North

RP2 to G is 1,645ft East

RP2 to H is 2,287ft East

Overpass to F is 1,887ft 11in West

The bus left the roadway on the North side 642ft East before striking the bridge.