



CITY OF
FAYETTEVILLE
ARKANSAS

*113 W Mountain Street
Fayetteville, AR 72701*

Transportation Committee Agenda

**(Immediately Following City Council Agenda Session)
City Hall Room 101 / Virtual Meeting Via Zoom
Tuesday, November 25, 2025
5:30 PM**

Members

***Council Member Robert "Bob" Stafford
Council Member Sarah Moore, Chair
Council Member Sarah Bunch
Council Member Min. Monique Jones***

City Staff

***Public Works Director Chris Brown
Assistant Public Works / Transportation Services Director Terry Gulley
City Engineer Justin Bland***

Zoom Information

Webinar ID: 817 2066 3951

Registration Link: [Zoom Link](#)

A. Call to Order

B. Roll Call

C. New Business

C.1. N. Sunset Dr. Traffic Calming Discussion

Discussion of application of traffic calming policy on N. Sunset Dr.

D. Reports and Presentations

D.1. Regional Transit Alternatives Study Report

Update on the Regional Transit Alternatives Study by WSP, Consultant for the Northwest Arkansas Regional Planning Commission

E. Informational Items

F. Adjournment



TO: Chris Brown, Public Works Director

THRU: Justin Bland, City Engineer
Matt Mihalevich, Active Transportation Manager

FROM: Dane Eifling, Mobility Coordinator

DATE: November 20th, 2025

SUBJECT: Sunset Drive Traffic Calming

BACKGROUND:

Sunset Drive is a residential link street connecting Wedington Drive and Cleveland Street. There have been multiple resident requests for traffic calming on Sunset Drive. In 2020 a pedestrian was killed near the intersection of Cleveland and Sunset and in 2025 a juvenile pedestrian was killed on Sunset Drive.

While it does not appear speeding was a primary factor in either of the fatalities, the 2025 fatality has precipitated renewed requests from multiple residents for various types of traffic calming including speed cushions, traffic circles, and chicanes. At least one resident has explicitly opposed traffic calming.

DISCUSSION:

Speed and volume data collected by city staff do not qualify the street for consideration under the City’s traffic calming program. The traffic calming policy establishes a point system for decision making using several factors (see attached policy document) The minimum point total to warrant traffic calming is 35 points. Three traffic studies are on file for the street, as follows:

Month - Year	85 th % Speed	Average Volume	Total Points
February - 2008	34.2 MPH	549	31.0
October - 2021	32.3 MPH	582	29.8
October - 2025	29.2 MPH	583	19.3

Since the policy was established by the City Council, any recommendation for traffic calming outside of this policy needs to be presented to the Council for approval. Alternatively, the

Committee could recommend changes to the policy that could then be approved by the full Council. In any event, staff recommends that the neighborhood consensus portion of the policy be followed. This requirement is 60% approval from residents along the street for selected traffic calming elements.

Lastly, from the policy:

“Streets that do not meet these minimum criteria, and dead-end or disconnected streets that are placed in Tier 3 generally will not be considered for structural traffic calming, but may be considered for enforcement and are eligible for consideration of tactical urbanism permits.”

Tactical urbanism projects are low-cost light infrastructure projects meant to create immediate safety or community benefits that can be implemented quickly using volunteers and community groups. Tactical Urbanism projects in Fayetteville have included a variety of treatments radar feedback signs, striped on-street parking, painted curb extensions, crosswalks, planter boxes but have not been allowed to include speed bumps/cushions. Tactical Urbanism projects are usually resident-lead initiatives that require submittal of plans to city staff for review by the Fire Department, Engineering, Transportation divisions to ensure safety and code compliance of any street alterations.

BUDGET/STAFF IMPACT:

None

Attachments:

Scoring Sheet

Speed Studies

Juvenile Involved Yes No **ARKANSAS MOTOR VEHICLE CRASH REPORT** Severity Fatality Injury PDO

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

Rev. 2015-1

Crash Report # **2020-00055435**

of Non-Motorists **1**
Pedestrians, Bicyclists, etc.

Investigating Agency **Fayetteville Police Department**

Investigating Officer **Police Corporal FLOYD SEAY-PETER ROGERS** 356
Rank Last First Middle Suffix Badge # Signature

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
07/18/2020	07:18 PM	07/18/2020	7:20 PM	07/18/2020	7:23 PM

CRASH LOCATION

County	City	Latitude	Longitude
Washington	Fayetteville	36.074116	-94.180811

Road/Street/Highway	Section	Log Mile	At Intersection With
W CLEVELAND ST			N SUNSET DR

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

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

CRASH FACTORS AND CONDITIONS

First Harmful Event 200	Location of First Harmful Event 103	School Bus Related 000	Roadway Surface Condition 100	Weather Conditions <i>Check all that apply:</i>
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-collision	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	000 No, school bus not involved 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved	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	<input checked="" type="checkbox"/> 100 Clear <input type="checkbox"/> 101 Cloudy <input type="checkbox"/> 102 Fog <input type="checkbox"/> 103 Smog <input type="checkbox"/> 104 Smoke <input type="checkbox"/> 105 Rain <input type="checkbox"/> 106 Sleet <input type="checkbox"/> 107 Hail <input type="checkbox"/> 108 Freezing rain or freezing drizzle <input type="checkbox"/> 109 Snow <input type="checkbox"/> 110 Blowing snow <input type="checkbox"/> 111 Severe crosswinds <input type="checkbox"/> 112 Blowing sand, soil, or dirt <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown
Collision with Non-Fixed Object	Type of Collision 100	Type of Intersection 101	Light Condition 100	Roadway Conditions <i>Check all that apply:</i>
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	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)	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	100 Daylight 101 Dawn 102 Dusk 103 Dark - lighted 104 Dark - not lighted 105 Dark - unknown lighting 198 Other 999 Unknown	<input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Backup due to prior crash <input type="checkbox"/> 101 Backup due to prior non-recurring incident <input type="checkbox"/> 102 Backup due to regular congestion <input type="checkbox"/> 103 Toll booth / plaza related <input type="checkbox"/> 104 Road surface condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 105 Debris <input type="checkbox"/> 106 Ruts, holes, or bumps <input type="checkbox"/> 107 Work zone <input type="checkbox"/> 108 Worn, travel-polished surface <input type="checkbox"/> 109 Obstruction in roadway <input type="checkbox"/> 110 Traffic control device inoperative, missing, or obscured <input type="checkbox"/> 111 Shoulders (none, low, soft, high) <input type="checkbox"/> 112 Non-highway work <input type="checkbox"/> 198 Other: <input type="checkbox"/> 999 Unknown
Collision with Fixed Object	Relation to Junction 101	Road System 104	Environmental Factors <i>Check all that apply:</i>	
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	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	100 Interstate 101 US highway 102 State highway 103 County road 104 City street 105 Frontage road 106 Ramp 109 Unknown	<input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Weather conditions <input type="checkbox"/> 101 Visual obstructions <input type="checkbox"/> 102 Glare <input type="checkbox"/> 103 Animals in roadway <input type="checkbox"/> 198 Other: <input type="checkbox"/> 999 Unknown	
		Property Classification 100	Trafficway Classification 101	
		100 Public property 101 Private property	100 Trafficway, on road 101 Trafficway, not on road 102 Non-trafficway (describe below)	

If 198, 298, or 398, describe below:

WORK ZONE CRASH INFORMATION

Work Zone	Location Relative to Work Zone	Work Zone Type	Worker(s) Present	Law Enforcement Present
000 No 100 Yes 999 Unknown	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	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	000 No 100 Yes 970 Not applicable 999 Unknown	000 No law enforcement presence 100 Officer present 101 Law enforcement vehicle only present 970 Not applicable 999 Unknown

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 100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene	100	VIN JTEBU4BF1BK112136	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	109
Vehicle Year, Make, and Model 2011 Toyota FJ CRUISER <small>Year Make Model</small>					
License Plate AR DV37217 2020 <small>State Number Year</small>			<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)		
Trailer #1 License Plate <small>State Number</small>			<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)		
Trailer #2 License Plate <small>State Number</small>			<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)		
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Gerald Garrison			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)		
Owner Address <input checked="" type="checkbox"/> Same as driver <input type="checkbox"/> Unknown [Redacted]			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)		
Motor Carrier Type 000 000 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 # _____ MC/MX # _____ State # _____ State _____		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	
Motor Carrier Name <input type="checkbox"/> Unknown , ,		Motor Carrier Address <input checked="" type="checkbox"/> Unknown <small>Street City State Postal Code</small>		Unknown 999 Unknown type of motor vehicle If 198, 298, 390, 391, or 498, describe below:	
Cargo Body Type 000 No cargo body 104 Cargo tank 109 Dump 198 Other 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 999 Unknown					
GVWR/GCWR 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 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 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)					

INSURANCE

Insurance <input type="checkbox"/> Uninsured at time of crash <input type="checkbox"/> Unknown (fill in any known details)	Insurance Company United Services Automobile Association
NAIC # 25941	Policy # 0193742287101

Damage Severity 999 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown	Damage Estimate UNKNOWN
Damage Prior to the Crash <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)	

DAMAGE

Initial Contact Point (check 1) <table style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>	7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	Damaged Areas (check all that apply) <table style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>	7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
7	8	9	10	11																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																															
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																															
5	4	3	2	1																																															
7	8	9	10	11																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																															
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																															
5	4	3	2	1																																															
<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																																																			
<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input checked="" type="checkbox"/> 999 Unknown																																																			

TOWING

Towed 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage	000	Towed By _____ Towed To _____ <small>Street City State Postal Code</small>
--	------------	--

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage	000	Emergency Vehicle Usage	970	Vehicle Maneuver	100
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		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		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	
		Travel Direction	102		
		100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown			

Vehicle Defects *Check all that apply.*

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

999 Unknown

999 Unknown

Traffic Control Device Types and Statuses
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.

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

Traffic Control Device Type	Device Status
<i>Check all that apply. Use above codes.</i>	
<input type="checkbox"/> 000 None	
<input type="checkbox"/> 100 Flashing traffic control signal	
<input type="checkbox"/> 101 Traffic control signal	
<input checked="" type="checkbox"/> 102 Stop sign	100
<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	
<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	

Trafficway Description	200	Roadway Surface	101
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		100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown	
Roadway Grade	101	Roadway Alignment	100
100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown		100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown	
Total # of Lanes	2	Posted Speed Limit	25
		<i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i>	

MOTOR VEHICLE EVENTS

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

Most Harmful Event

Non-Collision	Collision with Non-Fixed Object	Collision with Fixed Object	Unknown
100 Overtum/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 318 Fence 319 Mailbox 398 Other fixed object 999 Unknown

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

DRIVER INFORMATION

Name	<input type="checkbox"/> Unknown	Date of Birth/Age	Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Race	104
					100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Islander 104 American Indian 198 Other 999 Unknown	
Street	City	State	Postal Code			

DRIVER LICENSE INFORMATION

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

DRIVER SEATING AND SAFETY INFORMATION

Seating Position	110	Restraint Systems Used	999	Motorcycle Helmet Usage	000																																																						
Standard Vehicle Seats	Other Seating Positions	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		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																																																							
<table border="1"> <thead> <tr> <th colspan="5">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>110</td> <td>120</td> <td>130</td> <td>180</td> </tr> <tr> <td>2</td> <td>210</td> <td>220</td> <td>230</td> <td>280</td> </tr> <tr> <td>3</td> <td>310</td> <td>320</td> <td>330</td> <td>380</td> </tr> <tr> <td>4</td> <td>410</td> <td>420</td> <td>430</td> <td>480</td> </tr> <tr> <td>5</td> <td>510</td> <td>520</td> <td>530</td> <td>580</td> </tr> </tbody> </table>	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 Unknown 999 Unknown	970 Not applicable 999 Unknown	Eye Protection Usage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																					
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																																																							
Bus Seating Position		Air Bags Deployed	Check all that apply:	Ejection	000																																																						
(Complete if 801 was selected for Seating Position above.)		<input 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 <input type="checkbox"/> 970 Not applicable <input checked="" type="checkbox"/> 999 Unknown		000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	000 Not extricated 100 Extricated 999 Unknown																																																						
<table border="1"> <thead> <tr> <th colspan="6">Front</th> </tr> <tr> <th colspan="3">Driver</th> <th rowspan="6">Aisle</th> <th colspan="3"></th> </tr> <tr> <th>1A</th> <th>1B</th> <th>1C</th> <th>1D</th> <th>1E</th> <th>1F</th> </tr> </thead> <tbody> <tr> <td>2A</td> <td>2B</td> <td>2C</td> <td>2D</td> <td>2E</td> <td>2F</td> </tr> <tr> <td>3A</td> <td>3B</td> <td>3C</td> <td>3D</td> <td>3E</td> <td>3F</td> </tr> <tr> <td>4A</td> <td>4B</td> <td>4C</td> <td>4D</td> <td>4E</td> <td>4F</td> </tr> <tr> <td>5A</td> <td>5B</td> <td>5C</td> <td>5D</td> <td>5E</td> <td>5F</td> </tr> <tr> <td>⋮</td> <td>⋮</td> <td>⋮</td> <td>⋮</td> <td>⋮</td> <td>⋮</td> </tr> <tr> <td>##A</td> <td>##B</td> <td>##C</td> <td>##D</td> <td>##E</td> <td>##F</td> </tr> </tbody> </table>	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		<input type="checkbox"/> 970 Not applicable <input checked="" type="checkbox"/> 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
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																																																						

MEDICAL INFORMATION

Injury Status	5	Type of Medical Transportation	000	EMS Notified	EMS Arrived
1 Fatal injury 2 Incapacitating injury 3 Non-incapacitating injury 4 Possible injury 5 No apparent injury		000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other		Date _____ Time _____ Transported to Medical Facility By _____	Date _____ Time _____ Medical Facility Transported To _____
Trauma Band #		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	999	Speeding Related	999		
<input 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 checked="" type="checkbox"/> 999 Unknown	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>		000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown			
Driver Suspected of Alcohol Usage	Alcohol Test Type Given	Alcohol Test Result Status	970	Driver Suspected of Drug Usage	Drug Test Type Given	000
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	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	100 Results pending 101 Results received 970 Not applicable 999 Unknown Blood Alcohol Content <input type="checkbox"/> Result received from Crime Lab		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	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	<input type="checkbox"/> Result received from Crime Lab	Citations
Results Pending or Negative	Positive Results (check all that apply)	Citation #
<input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending	<input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbituates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 206 Methamphetamines <input type="checkbox"/> 207 Opiates <input type="checkbox"/> 208 Oxycodone <input type="checkbox"/> 209 Propoxyphene <input type="checkbox"/> 210 Phencyclidine (PCP)	Charges
Not Applicable or Unknown	<input type="checkbox"/> 298 Other positive result (describe below)	
<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		

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	Improper Maneuver
<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	<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
Swerved or Avoided	Improper Use of Lights or Signals
<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	<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
	Other Actions
	<input type="checkbox"/> 600 Impeding traffic <input checked="" 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)

ARKANSAS MOTOR VEHICLE CRASH REPORT

Total # of Non-Motorists
1

Crash Report # 2020-00055435

NON-MOTORIST INFORMATION

STRUCK BY MOTOR VEHICLE # 01		NON-MOTORIST # 1		NON-MOTORIST TYPE 100		Non-Motorist Type		
Name RENFRO RYAN A <small>Last First Middle Suffix</small>				Date of Birth/Age 05/21/1986 / 34		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
Address 4428 E LAWNDALE DR FAYETTEVILLE AR 72701 <small>Street City State Postal Code</small>								
Injury Status 1	Race 100	Location ATC 107	Action Prior to Crash 104	Safety Equipment (enter up to 5) 000				100 Pedestrian 101 Other pedestrian (wheelchair) 102 Skater 103 Scooter 104 Bicyclist 105 Other cyclist (tricycle, etc.) 106 Ridden animal/animal-drawn 107 Occupant of a non-motor vehicle 108 Occupant of a parked motor vehicle 198 Other type of non-motorist 999 Unknown
Condition at the Time of the Crash (check all that apply)						Going to/from K-12 School		
<input 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		
<input 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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
Suspected Alcohol Usage		Alcohol Test Type		Alcohol Test Results				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Breath test		<input type="checkbox"/> 102 Urine test <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested <input type="checkbox"/> 100 Pending <input type="checkbox"/> 101 Received (BAC: _____) <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown				
Suspected Drug Usage		Drug Test Type		Drug Test Results				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Urine test		<input type="checkbox"/> 102 Both blood and urine tests <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested <input type="checkbox"/> 000 Negative <input type="checkbox"/> 100 Pending <input type="checkbox"/> 2xx Positive for: _____ <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown				
Action at Time of Crash		Type of Medical Transportation		EMS Notified		EMS Arrived		
000		000		Date		Date		
				Time		Time		
Transported to Medical Facility By				Medical Facility Transported To				
STRUCK BY MOTOR VEHICLE #		NON-MOTORIST #		NON-MOTORIST TYPE				
Name				Date of Birth/Age		Sex		
Last First Middle Suffix						<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
Address								
Street City State Postal Code								
Injury Status	Race	Location ATC	Action Prior to Crash	Safety Equipment (enter up to 5)				
Condition at the Time of the Crash (check all that apply)						Going to/from K-12 School		
<input 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		
<input 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Suspected Alcohol Usage		Alcohol Test Type		Alcohol Test Results				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Breath test		<input type="checkbox"/> 102 Urine test <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested <input type="checkbox"/> 100 Pending <input type="checkbox"/> 101 Received (BAC: _____) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown				
Suspected Drug Usage		Drug Test Type		Drug Test Results				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Urine test		<input type="checkbox"/> 102 Both blood and urine tests <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested <input type="checkbox"/> 000 Negative <input type="checkbox"/> 100 Pending <input type="checkbox"/> 2xx Positive for: _____ <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown				
Action at Time of Crash		Type of Medical Transportation		EMS Notified		EMS Arrived		
				Date		Date		
				Time		Time		
Transported to Medical Facility By				Medical Facility Transported To				
Action at Time of Crash								
000 No improper action 100 Dashed or dinged 101 Failed to yield right-of-way 102 Failed to obey traffic signs, signals, or officer 103 In roadway improperly (standing, lying, working, playing) 104 Disabled vehicle related (working on, pushing, leaving, approaching) 105 Entering or exiting parked or standing vehicle 106 Inattentive (talking, eating, etc.) 107 Not visible (dark clothing, no lighting, etc.) 108 Improper turn or merge 109 Improper passing 110 Wrong-way riding or walking 198 Other 999 Unknown								
Location At Time of Crash (ATC)								
100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Midblock - marked crosswalk 104 Travel lane - other location 105 Bicycle lane 106 Shoulder/roadside 107 Sidewalk 108 Median/crossing island 109 Driveway access 110 Shared-use path or trail 111 Non-trafficway area 198 Other 999 Unknown								

ARKANSAS MOTOR VEHICLE CRASH REPORT
NARRATIVE

Crash Report # 2020-00055435

Operator V1 was traveling Eastbound on W. Cleveland St. from the intersection with N. Oliver Ave. On the southeast corner of the intersection of W. Cleveland and N. Oliver, V1 left the roadway and began traveling east bound on the south side sidewalk of Cleveland. As V1 traveled east bound on the sidewalk, V1 struck Pedestrian who was traveling on the south side sidewalk of W. Cleveland.

V1 left the scene prior to officer arrival.

Pedestrian was pronounced deceased on scene of the accident.

Photographs were taken on scene and digitally submitted for review. Measurements were taken on scene and are included with this report.

Witness stated they were entering their vehicle at 850 N. Sunset Dr. when they heard a bumping noise. Witness looked south towards W. Cleveland and saw a dark colored SUV with a gray roof rack drive off the curb on the south side of the road. V1 paused momentarily then continued driving east on W. Cleveland.

Upon further investigation, V1 has been identified as a dark green Toyota FJ cruiser with a roof rack. As of the time of the submission of this report, this remains an open investigation.

LEGEND

- R.P. - Reference Point
- #1 - Tire Mark
- #2 - Tire Mark
- #3 - Beginning of front right travel
- #4 - Hair
- #5 - Hair
- #6 - Blue fibers shoe
- #7 - Hair
- #8 - Tire mark continuation
- #9 - Blue Nike shoe
- #10 - Center mass of body
- #11 - Hair
- #12 - Toyota key
- #14 - Broken bottle of Seagrums
- #15 - Floor mat
- #16 - P.O.I. Body
- #17 - Knee of Body
- #18 - Head of Body

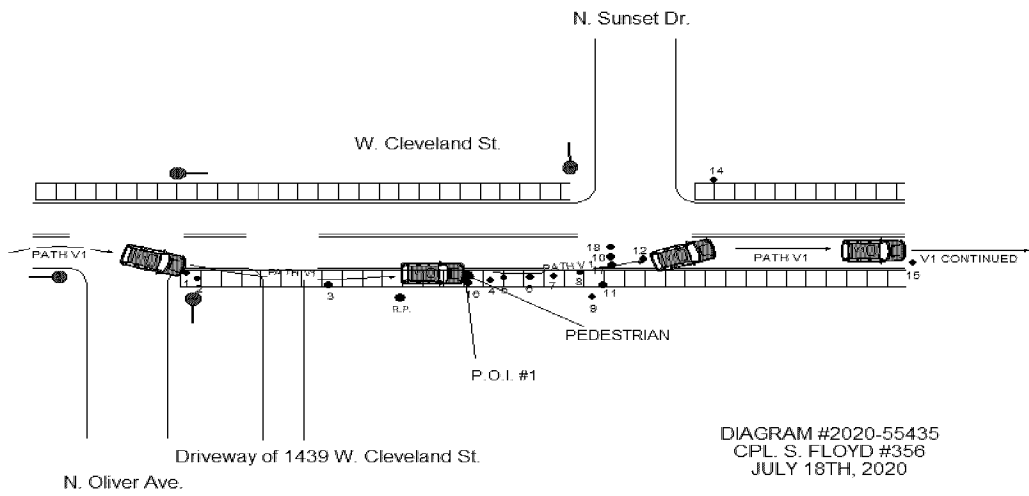


DIAGRAM #2020-55435
CPL. S. FLOYD #356
JULY 18TH, 2020

Not To Scale

of Motor Vehicles 1

Rev. 2015-1

Crash Report # 2025-00060602

of Non-Motorists 0

Investigating Agency Fayetteville Police Department

Investigating Officer Police Corporal MCKINNEY JULIA REBECCA 310

Signature

CRASH DATE AND TIME

Table with 6 columns: Date of Crash, Time of Crash, Date Police Notified, Time Police Notified, Date Police Arrived, Time Police Arrived.

CRASH LOCATION

Table with 4 columns: County, City, Latitude, Longitude.

Table with 4 columns: Road/Street/Highway, Section, Log Mile, At Intersection With.

Not in City, but of the City Limits of

Not at Intersection, but 264.3 Feet N of W CLEVELAND ST

CRASH FACTORS AND CONDITIONS

Large table with multiple columns for crash factors: First Harmful Event, Location of First Harmful Event, School Bus Related, Roadway Surface Condition, Weather Conditions, Collision with Non-Fixed Object, Collision with Fixed Object, Road System, Property Classification, Trafficway Classification, Light Condition, Environmental Factors, Roadway Conditions.

WORK ZONE CRASH INFORMATION

Table with 4 columns: Work Zone, Location Relative to Work Zone, Work Zone Type, Worker(s) Present, Law Enforcement Present.

DESCRIPTION AND IDENTIFICATION

Check if this vehicle had no driver [] Hit and Run 000 VIN 1GCPTEEK1R1153278 Vehicle Body Type 105 Passenger Vehicles

Vehicle Year, Make, and Model 2024 Chevrolet COLORADO

License Plate AR 283SZH 2026 Missing Unknown

Trailer #1 License Plate Missing Unknown

Trailer #2 License Plate Missing Unknown

Owner Name LANCE PHILLIP TAYLOR Same as driver Unknown

Owner Address 18658 STRAWBERRY PLANT RD Fayetteville AR 72704

Motor Carrier Type 000 Motor Carrier ID Numbers USDOT # MC/MX # State #

Motor Carrier Name Unknown

Motor Carrier Address [X] Unknown

Cargo Body Type 000

GVWR/GCWR 970 Hazardous Materials Placard 000 Hazardous Material ID Hazardous Material Class Hazardous Materials Released from Vehicle Cargo Compartment 970

INSURANCE DAMAGE

Insurance [] Uninsured at time of crash [] Unknown Insurance Company TRAVELERS INSURANCE COMPANY NAIC # 19070 Policy # 6057 28689 2031 Damage Severity 101 Initial Contact Point Damaged Areas

TOWING

Towed 100 Towed By NWA Towing and Recovery Towed To Fayetteville PD Street 1800 N Stephen Carr Memorial BLVD City FAYETTEVILLE State AR Postal Code 72704

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage	000	Emergency Vehicle Usage	970	Vehicle Maneuver	100
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		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		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	
		Travel Direction	101		
		100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown			

Vehicle Defects *Check all that apply.*

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 hitch, or safety chains
<input type="checkbox"/> 115 Fuel system	<input type="checkbox"/> 116 Cruise control	

198 Other

999 Unknown

999 Unknown

Traffic Control Device Types and Statuses

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.

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

Traffic Control Device Type	Device Status
<i>Check all that apply. Use above codes.</i>	
<input checked="" 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	
<input type="checkbox"/> 110 Traffic lanes marked	
<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	

Trafficway Description	200	Roadway Surface	101
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		100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown	
Roadway Grade	100	Roadway Alignment	100
100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown		100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown	
Total # of Lanes	2	Posted Speed Limit	20
		<i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i>	

MOTOR VEHICLE EVENTS

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

Most Harmful Event

Non-Collision	Collision with Non-Fixed Object	Collision with Fixed Object	Unknown
100 Overtum/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 318 Fence 319 Mailbox 398 Other fixed object 999 Unknown

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

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

DRIVER INFORMATION

Name: TAYLOR PHILLIP NATHANIEL, Date of Birth/Age: 05/10/2001 / 24, Sex: Male, Race: 100, Address: 300 ANGELA ST, SPRINGDALE, AR 72764

DRIVER LICENSE INFORMATION

License Status: 100, License Number: [Redacted], Restrictions on License: 000 None, Endorsements on License: 000 None

DRIVER SEATING AND SAFETY INFORMATION

Seating Position: 110, Restraint Systems Used: 100, Motorcycle Helmet Usage: 000, Air Bags Deployed: 000 Not deployed, Ejection Path: 000

MEDICAL INFORMATION

Injury Status	5	Type of Medical Transportation	000	EMS Notified	EMS Arrived
1 Fatal injury 2 Incapacitating injury 3 Non-incapacitating injury 4 Possible injury 5 No apparent injury		000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other		Date _____ Time _____ Date _____ Time _____	Date _____ Time _____
Trauma Band #				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	000	Speeding Related	999			
<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	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>		000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown				
Driver Suspected of Alcohol Usage	Alcohol Test Type Given	000	Alcohol Test Result Status	970	Driver Suspected of Drug Usage	Drug Test Type Given	000
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	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		100 Results pending 101 Results received 970 Not applicable 999 Unknown		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	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	
			Blood Alcohol Content 0.00 <input type="checkbox"/> Result received from Crime Lab				

Drug Test Results	<input type="checkbox"/> Result received from Crime Lab	Citations
Results Pending or Negative	Positive Results (check all that apply)	Citation #
<input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending	<input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbituates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 206 Methamphetamines <input type="checkbox"/> 207 Opiates <input type="checkbox"/> 208 Oxycodone <input type="checkbox"/> 209 Propoxyphene <input type="checkbox"/> 210 Phencyclidine (PCP)	Charges
Not Applicable or Unknown	<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	
	<input type="checkbox"/> 298 Other positive result (describe below)	

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	Improper Maneuver
<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	<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
Swerved or Avoided	Improper Use of Lights or Signals
<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	<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
	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 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)

Total # of Passengers
1

ARKANSAS MOTOR VEHICLE CRASH REPORT

PASSENGER INFORMATION

Crash Report # 2025-00060602

Complete this sheet for passengers in each motor vehicle.

PASSENGER INFORMATION

MOTOR VEHICLE # 1						PASSENGER # 1					
Name TAYLOR LANCE PHILLIP <small>Last First Middle Suffix</small>						Date of Birth/Age 5/18/1970 / 55		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Air Bags Deployed <small>check all that apply:</small> <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 <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	
Address 18658 STRAWBERRY PLANT RD Fayetteville AR 72704 <small>Street City State Postal Code</small>						Race 100		Injury Status 5		Seating Position 130	
Ejection 000		Ejection Path 000		Extrication 000		Restraint Systems 100		Helmet Used 000		Eye Protection 000	
Type of Medical Transportation 000		EMS Notified <small>Date (MM/DD/YYYY) Time (HH:MM AM/PM)</small>		Transported To Medical Facility By		EMS Arrived <small>Date (MM/DD/YYYY) Time (HH:MM AM/PM)</small>		Medical Facility Transported To		Trauma Band #	

MOTOR VEHICLE #						PASSENGER #					
Name						Date of Birth/Age		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Air Bag Deployed <small>Check all that apply:</small> <input 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 <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	
Address						Race		Injury Status		Seating Position	
Ejection		Ejection Path		Extrication		Restraint Systems		Helmet Used		Eye Protection	
Type of Medical Transportation		EMS Notified		Transported To Medical Facility By		EMS Arrived		Medical Facility Transported To		Trauma Band #	

MOTOR VEHICLE #						PASSENGER #					
Name						Date of Birth/Age		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Air Bag Deployed <small>Check all that apply:</small> <input 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 <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	
Address						Race		Injury Status		Seating Position	
Ejection		Ejection Path		Extrication		Restraint Systems		Helmet Used		Eye Protection	
Type of Medical Transportation		EMS Notified		Transported To Medical Facility By		EMS Arrived		Medical Facility Transported To		Trauma Band #	

PASSENGER CODES

Injury Status		Ejection		Ejection Path		Restraint Systems Used		Vehicle Seating Position																																														
1 Fatal injury 2 Incapacitating injury 3 Non-incapacitating injury 4 Possible injury 5 No apparent injury		000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown		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		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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="5">Front</th></tr> <tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Other</th></tr> <tr><td>1</td><td>110</td><td>120</td><td>130</td><td>180</td></tr> <tr><td>2</td><td>210</td><td>220</td><td>230</td><td>280</td></tr> <tr><td>3</td><td>310</td><td>320</td><td>330</td><td>380</td></tr> <tr><td>4</td><td>410</td><td>420</td><td>430</td><td>480</td></tr> <tr><td>5</td><td>510</td><td>520</td><td>530</td><td>580</td></tr> </table>				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								
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																																																		
Race		Extrication		Motorcycle Helmet Used		Eye Protection Used		Bus Seating Position (use if 801 is selected)																																														
100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Islander 104 American Indian 198 Other 999 Unknown		000 Not extricated 100 Extricated 999 Unknown		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 No 100 Yes 999 Unknown		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="6">Front</th></tr> <tr><th colspan="3">Driver</th><th rowspan="6" style="writing-mode: vertical-rl; transform: rotate(180deg);">Aisle</th><th colspan="3">Front</th></tr> <tr><td>1A</td><td>1B</td><td>1C</td><td>1D</td><td>1E</td><td>1F</td></tr> <tr><td>2A</td><td>2B</td><td>2C</td><td>2D</td><td>2E</td><td>2F</td></tr> <tr><td>3A</td><td>3B</td><td>3C</td><td>3D</td><td>3E</td><td>3F</td></tr> <tr><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td></tr> <tr><td>##A</td><td>##B</td><td>##C</td><td>##D</td><td>##E</td><td>##F</td></tr> </table>				Front						Driver			Aisle	Front			1A	1B	1C	1D	1E	1F	2A	2B	2C	2D	2E	2F	3A	3B	3C	3D	3E	3F	⋮	⋮	⋮	⋮	⋮	⋮	##A	##B	##C	##D	##E	##F
Front																																																						
Driver			Aisle	Front																																																		
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		Motorcycle Helmet Used		Eye Protection Used		Bus Seating Position (use if 801 is selected)																																																
000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other 199 Transported, but method unknown 999 Unknown if transported		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 No 100 Yes 999 Unknown																																																		

ARKANSAS MOTOR VEHICLE CRASH REPORT

Total # of Non-Motorists
1

Crash Report # **2025-00060602**

NON-MOTORIST INFORMATION

STRUCK BY MOTOR VEHICLE # 01		NON-MOTORIST # 1		NON-MOTORIST TYPE 100		Non-Motorist Type	
Name				Date of Birth/Age		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Injury Status				Race		Location ATC	
1				100		104	
Action Prior to Crash				Safety Equipment (enter up to 5)			
100				000			
Condition at the Time of the Crash (check all that apply)						Going to/from K-12 School	
<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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<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 checked="" type="checkbox"/> 999 Unknown							
Suspected Alcohol Usage		Alcohol Test Type		Alcohol Test Results		Race	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Breath test <input type="checkbox"/> 102 Urine test <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested		<input type="checkbox"/> 100 Pending <input type="checkbox"/> 101 Received (BAC: _____) <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> Received from Crime Lab <input type="checkbox"/> 100 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective clothing (jacket, backpack, etc.) <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 198 Other <input type="checkbox"/> 970 Not applicable	
Suspected Drug Usage		Drug Test Type		Drug Test Results		Injury Status	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Urine test <input type="checkbox"/> 102 Both blood and urine tests <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested		<input type="checkbox"/> Received from Crime Lab <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> 100 White/Caucasian <input type="checkbox"/> 101 Black/African-American <input type="checkbox"/> 102 Hispanic <input type="checkbox"/> 103 Asian/Pacific Islander <input type="checkbox"/> 104 American Indian <input type="checkbox"/> 999 Unknown <input type="checkbox"/> 1 Fatal injury <input type="checkbox"/> 2 Incapacitating injury <input type="checkbox"/> 3 Non-incapacitating injury <input type="checkbox"/> 4 Possible injury <input type="checkbox"/> 5 No apparent injury	
Action at Time of Crash				Type of Medical Transportation		Safety Equipment	
<input type="checkbox"/> 100 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> 101 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> 000 None <input type="checkbox"/> 100 EMS air <input type="checkbox"/> 101 EMS ground <input type="checkbox"/> 102 Law enforcement <input type="checkbox"/> 198 Other <input type="checkbox"/> 199 Transported, but method unknown <input type="checkbox"/> 999 Unknown if transported	
Transported to Medical Facility By				Medical Facility Transported To		Action Prior to Crash	
Central EMS				WRMC		<input type="checkbox"/> 000 None <input type="checkbox"/> 100 Crossing roadway <input type="checkbox"/> 101 Waiting to cross roadway <input type="checkbox"/> 102 Walking/cycling along roadway with traffic (in or adjacent to travel lane) <input type="checkbox"/> 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) <input type="checkbox"/> 104 Walking/cycling on sidewalk <input type="checkbox"/> 105 In roadway - other <input type="checkbox"/> 106 Adjacent to roadway (e.g., shoulder, median) <input type="checkbox"/> 107 Working in trafficway (incident response) <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown	
STRUCK BY MOTOR VEHICLE #		NON-MOTORIST #		NON-MOTORIST TYPE		Action at Time of Crash	
Name				Date of Birth/Age		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Address				AR		Location At Time of Crash (ATC)	
Street City State Postal Code				State Postal Code		<input type="checkbox"/> 100 Intersection - marked crosswalk <input type="checkbox"/> 101 Intersection - unmarked crosswalk <input type="checkbox"/> 102 Intersection - other <input type="checkbox"/> 103 Midblock - marked crosswalk <input type="checkbox"/> 104 Travel lane - other location <input type="checkbox"/> 105 Bicycle lane <input type="checkbox"/> 106 Shoulder/roadside <input type="checkbox"/> 107 Sidewalk <input type="checkbox"/> 108 Median/crossing island <input type="checkbox"/> 109 Driveway access <input type="checkbox"/> 110 Shared-use path or trail <input type="checkbox"/> 111 Non-trafficway area <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown	
Injury Status		Race		Location ATC		Action Prior to Crash	
Condition at the Time of the Crash (check all that apply)						Going to/from K-12 School	
<input 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<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							
Suspected Alcohol Usage		Alcohol Test Type		Alcohol Test Results		Location At Time of Crash (ATC)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Breath test <input type="checkbox"/> 102 Urine test <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested		<input type="checkbox"/> 100 Pending <input type="checkbox"/> 101 Received (BAC: _____) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	
Suspected Drug Usage		Drug Test Type		Drug Test Results		Location At Time of Crash (ATC)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> 000 No test given <input type="checkbox"/> 001 Test refused <input type="checkbox"/> 100 Blood test <input type="checkbox"/> 101 Urine test <input type="checkbox"/> 102 Both blood and urine tests <input type="checkbox"/> 198 Other type of test <input type="checkbox"/> 999 Unknown if tested		<input type="checkbox"/> 000 Negative <input type="checkbox"/> 100 Pending <input type="checkbox"/> 2xx Positive for: _____ <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	
Action at Time of Crash				Type of Medical Transportation		Medical Facility Transported To	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

ARKANSAS MOTOR VEHICLE CRASH REPORT
NARRATIVE

Crash Report # 2025-00060602

25-60602

On 8.30.25 at approximately 2:27 p.m., I responded to the 700 block of N Sunset Dr for a vehicle versus pedestrian collision.

Driver v1 said he was southbound on N Sunset Dr. when all of a sudden, he saw the pedestrian out of [the]corner of my eye. Driver v1 said he saw the pedestrian, and he felt a thud. Driver v1 said, he just ran out in front of me.

Witness Southerland - 479.313.3488 - stated that the pedestrian saw someone at his lemonade stand and said he had to go, so he ran into the street. He said the truck's front passenger-side tire ran over the pedestrian's torso, and the rear tire ran over his head.

Witness J Neri - 901.568.1267 - stated that she heard someone yell no, no, no, which prompted her to turn around and see the pedestrian being hit by v1. She said the pedestrians body was under the vehicle. She stated she saw the pedestrian go down, but did not know if she saw the front passenger-side tire or the rear tire run over the pedestrian's head.

The V1 operator was voluntarily transported to the Washington County Jail for a breath test. The breath test was administered with a result of 0.00 BAC.

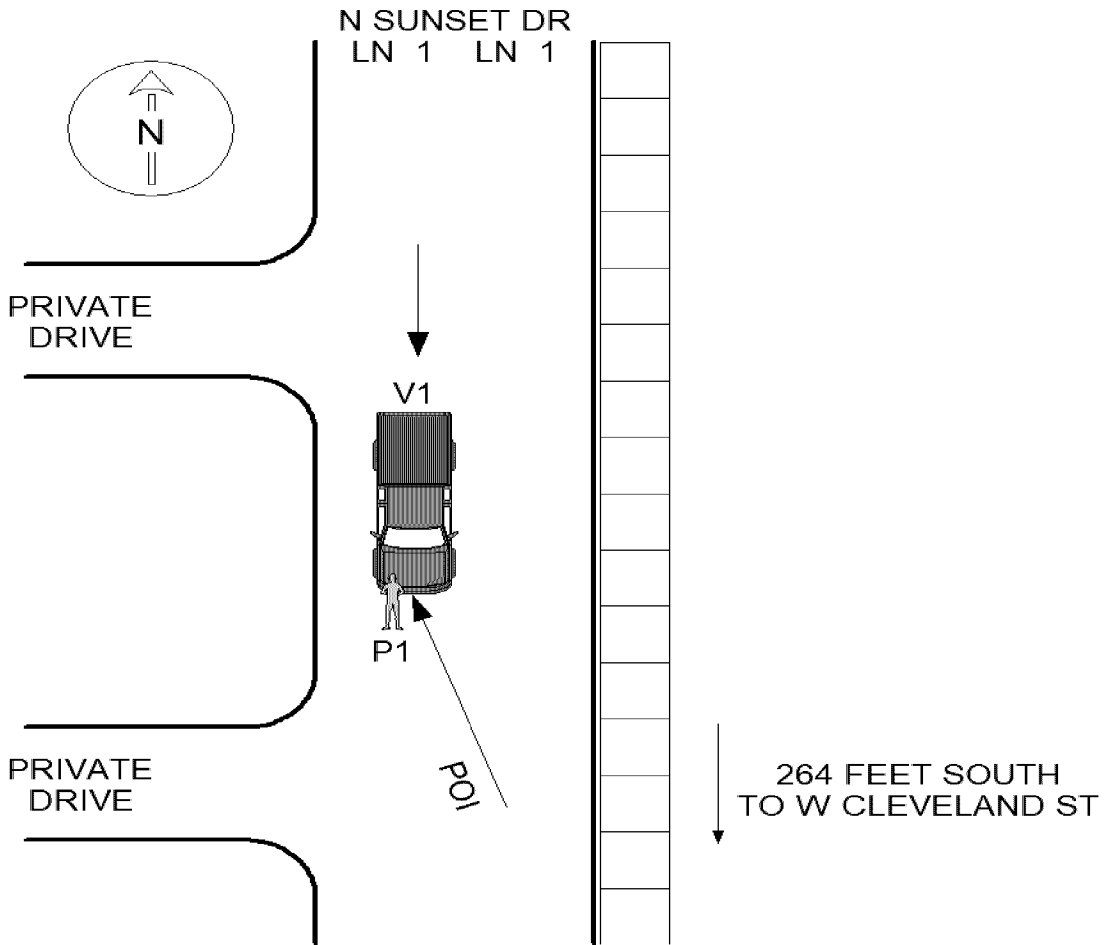
This incident is pending further investigation.

25-60602

Supplement

With the assistance of the Arkansas State Police Crash Reconstruction Team, they found no recorded events in the vehicles black box or camera system. AT&T and Onstar reported that they do not retain any relevant information from the time of the accident.

Based on the gathered statements, including the pedestrian bolting into the street, the driver's lack of impairment, and his reasonable speed, the pedestrian was found at fault for crossing the roadway and failing to yield the right of way to the vehicle



Not To Scale