

DP14-004

CHRYSLER

9/15/2014

LEGALS AND CUSTOM
COMPLAINTS PUBLIC

8R

CAIR AND COMPLAINT
PUBLIC

**Service of Process
Transmittal**

12/13/2012

CT Log Number [REDACTED]

TO: Melissa Gravlin
Chrysler Group LLC
Office Of General Counsel, 1000 Chrysler Drive
CIMS: 485-13-62
Auburn Hills, MI 48326-2766

RE: Process Served in Arkansas

FOR: Chrysler Group LLC (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: [REDACTED], Individually and as Representative of the Estate of [REDACTED], Deceased, Plltr. vs. Chrysler Group LLC, Dft.

DOCUMENT(S) SERVED: Summons, Proof of Service, Complaint, Order

COURT/AGENCY: Faulkner County Circuit Court, AR
Case # [REDACTED]

NATURE OF ACTION: Personal Injury - Vehicle Collision - October 11, 2011 - 2008 Town & Country van (VIN # 2A8HR44H38R [REDACTED] traveling westbound on Interstate 40, near mile marker 127, Faulkner County, Conway, Arkansas // fatally injured

ON WHOM PROCESS WAS SERVED: CT Corporation System, Little Rock, AR

DATE AND HOUR OF SERVICE: By Process Server on 12/13/2012 at 13:35

JURISDICTION SERVED : Arkansas

APPEARANCE OR ANSWER DUE: Within 30 days, not counting the day of service

ATTORNEY(S) / SENDER(S): John Doyle Nalley
Lovell & Nalley
501 North Main Street
P. O. Box 606
Benton, AR 72018
501-315-7491

ACTION ITEMS: CT has retained the current log, Retain Date: 12/13/2012, Expected Purge Date: 12/18/2012
Image SOP

SIGNED: CT Corporation System
PER: Amy McLaren
ADDRESS: 124 West Capitol Avenue
Suite 1900
Little Rock, AR 72201-3736
TELEPHONE: 800-592-9023

THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

MICHELLE PARTAIN, CIVIL DIVISION [Civil, Probate, etc.]
INDIVIDUALLY AND AS REPRESENTATIVE OF
THE ESTATE OF [REDACTED], DECEASED
Plaintiff

2ND DIVISION

v.

No. [REDACTED]

CHRYSLER GROUP LLC

Defendant

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

CHRYSLER GROUP, LLC

AGENT FOR SERVICE:

~~THE CORPORATION COMPANY~~
124 WEST CAPITOL AVE., ST. 1900
LITTLE ROCK, AR 72201

[Defendant's name and address.]

*Served
12-13-2012
1:30 PM
by F. Myers*

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: John Doyle Nalley, P.O. Box 606, Benton, AR 72018

If you fail to respond within the applicable time period, judgment by default will be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office

Rhonda Wharton
McBorome

[Signature of Clerk or Deputy Clerk]

Date: Aug 20, 2012

[SEAL]

No. _____ This summons is for CHRYSLER GROUP LLC (name of Defendant).

PROOF OF SERVICE

I personally delivered the summons and complaint to the individual at _____ [place] on _____ [date]; or

I left the summons and complaint in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or

I left the summons and complaint at the individual's dwelling house or usual place of abode at _____ [address] with _____ [name], a person at least 14 years of age who resides there, on _____ [date]; or

I delivered the summons and complaint to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or

I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the summons and complaint on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.

I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the summons and complaint by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.

Other [specify]: _____

I was unable to execute service because: _____

My fee is \$ _____.

To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

Date: _____

By: _____

[Signature of server]

[Printed name]

Address: _____

Phone: _____

Subscribed and sworn to before me this date: _____

Notary Public

My commission expires: _____

Additional information regarding service or attempted service:

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS
CIVIL DIVISION

FILED

2012 AUG 20 AM 9 53

RHONDA WHARTON, CLERK

[REDACTED], INDIVIDUALLY
AND AS REPRESENTATIVE OF THE
[REDACTED]
DECEASED 2ND DIVISION

BY [REDACTED] PLAINTIFF DC

VS. [REDACTED]

CHRYSLER GROUP LLC

DEFENDANT

COMPLAINT

Comes Plaintiff, [REDACTED], Individually and as Special Administrator of the Estate of [REDACTED], Deceased, by her attorney, John Doyle Nalley, and for her Complaint against Defendant, Chrysler Group, LLC, states:

I. Parties

1. Plaintiff, [REDACTED], is the mother of [REDACTED], Deceased, and the Special Administrator of the Estate of [REDACTED], Deceased. She resides in and is a citizen of Muldrow, Oklahoma.

2. Defendant Chrysler Group LLC is a foreign Corporation doing business in Texas and service of process upon this Defendant may be had by serving its registered agent for service, The Corporation Company, 124 West Capitol Ave., Ste. 1900, Little Rock, AR, 72201.

II. Facts

3. On or about October 11, 2011, [REDACTED] was driving a 2008 Chrysler Town & Country van (VIN# 2A8HR44H38F [REDACTED]) traveling westbound on Interstate 40, near mile marker 127 in Faulkner County, Conway, Arkansas, when [REDACTED], for unknown reasons, lost control of the vehicle and struck another vehicle.

4. At the time of the accident [REDACTED] was properly seated and wearing his seat belt.

5. However, despite being properly restrained, [REDACTED] was fatally injured when his vehicle failed to protect him.

III. Cause(s) of Action As To Defendant

6. It was entirely foreseeable to and well-known by Defendant that accidents and incidents involving its vehicles, such as occurred herein, would on occasion take place during the normal and ordinary use of said vehicle.

7. The injuries complained of occurred because the vehicle in question was not reasonably crashworthy, and was not reasonably fit for unintended, but clearly foreseeable, accidents. The vehicle in question was unreasonably dangerous in the event it should be involved in an incident such as occurred herein.

8. Defendant designed, manufactured, marketed, assembled, and tested said vehicle in question to be unreasonably dangerous and defective within the meaning of Section 402(A) Restatement (Second) Torts, in that the vehicle was unreasonably

dangerous as designed, manufactured, assembled, marketed, and tested because of the following defects:

- a. the driver and passenger's airbags did not deploy in a high delta velocity accident;
- b. the failure of the airbags to deploy violated principles of crashworthiness since the vehicle failed to provide proper restraint;
- c. the failure of the airbags to deploy rendered the other safety systems ineffective;
- d. the passenger's inboard seat back failed to maintain its integrity which altered the effectiveness of the passenger's safety systems;
- e. the passenger's seat back failed to provide proper restraint;
- f. the passenger's seat back violated principles of crashworthiness;
- g. the passenger's safety systems failed to provide adequate safety or occupant protection;
- h. Defendant was negligent for not conducting proper testing and thorough engineering analysis.

9. Defendant was negligent in the design, manufacture, assembly, marketing and testing of the vehicle in question.

10. The foregoing acts and/or omissions of Defendant were a producing and/or proximate cause of the Plaintiff's damages.

11. The foregoing acts and/or omissions of Defendant was a producing and/or proximate cause of the [REDACTED] fatal injuries.

IV. Damages to Plaintiff

12. That [REDACTED], Individually and as Special Administrator of the Estate of Joshua Probst, Deceased, prays damages as follows:

- a. Funeral expenses for [REDACTED];
- b. Damages for the loss of [REDACTED] vehicle;

- c. For the pain, suffering and mental anguish of [REDACTED] prior to his death on October 11, 2011;
- d. For the mental anguish and grief of [REDACTED], Mother of [REDACTED] [REDACTED], Deceased, and any other members of the wrongful death class, as defined by Arkansas law;
- e. For the loss of the enjoyment of [REDACTED] life;
- e. For the loss of the life of [REDACTED] which he had not yet lived.

13. The Special Administrator prays for damages for each element of compensatory damages against Defendant, Chrysler Group LLC, as set forth above, in an amount to be determined by this Court, but in any event, in an amount in excess of the amount required for federal diversity jurisdiction.

V. Prayer

14. For the reasons presented herein, Plaintiff prays that Defendant be cited to appear and answer, and that upon a final trial of this cause, Plaintiff recover judgment against Defendant for:

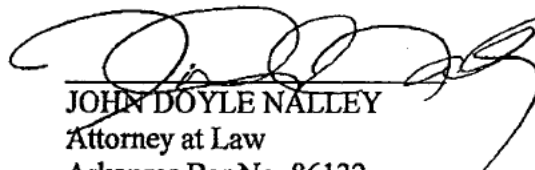
- a. actual damages;
- b. prejudgment and post-judgment interest beginning October 11, 2011;
- c. costs of suit; and
- d. all other relief the Court deems proper.

VI. Request for Jury Trial

15. That Plaintiff requests a trial by jury.

WHEREFORE, Plaintiff, [REDACTED] Individually and as Special Administrator of the Estate of [REDACTED], Deceased, prays for damages for each element of compensatory damages, against Defendant, Chrysler Group LLC, as set forth above, in an amount to be determined by this Court, but in any event, in an amount in excess of the amount required for federal diversity jurisdiction; for prejudgment and post-judgment interest beginning October 11, 2011; for attorney's fees and costs; and for all other relief to which she is entitled.

Respectfully submitted,



JOHN DOYLE NALLEY
Attorney at Law
Arkansas Bar No. 86132
P.O. Box 606
Benton, Arkansas 72018
Phone (501) 315-7491
Fax (501) 315-7493
johndoynalley@hotmail.com

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS
CIVIL DIVISION

FILED

2012 SEP 14 PM 3 12

RHONDA WHARTON, CLERK

BY [Signature] PLAINTIFF DC

[REDACTED] INDIVIDUALLY AND 2ND DIVISION
AS SPECIAL ADMINISTRATOR OF THE
ESTATE OF [REDACTED], DECEASED

VS.

NO. [REDACTED]

CHRYSLER GROUP, LLC

DEFENDANT

ORDER

Upon Petition and Application to Appear Pro Hac Vice, made by John Doyle Nalley of the Law Firm of Lovell & Nalley, E. Todd Tracy, of The Tracy Firm, Dallas, Texas, is hereby admitted to practice before this Court as co-counsel for Plaintiff in this particular action only, pursuant to Arkansas Rules Governing Admission to the Bar.

[Signature]
CIRCUIT JUDGE

DATED: 8/28/12

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS
CIVIL DIVISION

FILED

██████████ INDIVIDUALLY,
AND AS REPRESENTATIVE OF THE 2ND DIVISION
ESTATE OF ██████████
DECEASED

2012 AUG 20 AM 9 53

RHONDA WHARTON, CLERK

PLAINTIFF

BY BO DC

VS. ██████████

CHRYSLER GROUP LLC

DEFENDANT

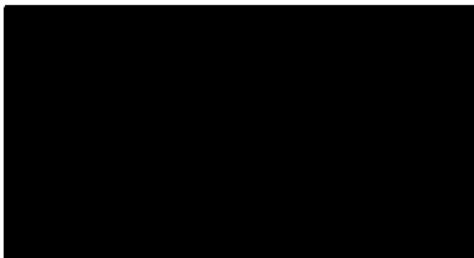
COMPLAINT

Comes Plaintiff, ██████████, Individually and as Special Administrator of the Estate of ██████████, Deceased, by her attorney, John Doyle Nalley, and for her Complaint against Defendant, Chrysler Group, LLC, states:

I. Parties

1. Plaintiff, ██████████, is the mother of ██████████ Deceased, and the Special Administrator of the Estate of ██████████, Deceased. She resides in and is a citizen of Muldrow, Oklahoma.

2. Defendant Chrysler Group LLC is a foreign Corporation doing business in Texas and service of process upon this Defendant may be had by serving its registered agent for service, The Corporation Company, 124 West Capitol Ave., Ste. 1900, Little Rock, AR, 72201.



II. Facts

3. On or about October 11, 2011, [REDACTED] was driving a 2008 Chrysler Town & Country van (VIN# 2A8HR44H38R [REDACTED]) traveling westbound on Interstate 40, near mile marker [REDACTED], Conway, Arkansas, when [REDACTED] for unknown reasons, lost control of the vehicle and struck another vehicle.

4. At the time of the accident, [REDACTED] was properly seated and wearing his seat belt.

5. However, despite being properly restrained, [REDACTED] was fatally injured when his vehicle failed to protect him.

III. Cause(s) of Action As To Defendant

6. It was entirely foreseeable to and well-known by Defendant that accidents and incidents involving its vehicles, such as occurred herein, would on occasion take place during the normal and ordinary use of said vehicle.

7. The injuries complained of occurred because the vehicle in question was not reasonably crashworthy, and was not reasonably fit for unintended, but clearly foreseeable, accidents. The vehicle in question was unreasonably dangerous in the event it should be involved in an incident such as occurred herein.

8. Defendant designed, manufactured, marketed, assembled, and tested said vehicle in question to be unreasonably dangerous and defective within the meaning of Section 402(A) Restatement (Second) Torts, in that the vehicle was unreasonably

dangerous as designed, manufactured, assembled, marketed, and tested because of the following defects:

- a. the driver and passenger's airbags did not deploy in a high delta velocity accident;
- b. the failure of the airbags to deploy violated principles of crashworthiness since the vehicle failed to provide proper restraint;
- c. the failure of the airbags to deploy rendered the other safety systems ineffective;
- d. the passenger's inboard seat back failed to maintain its integrity which altered the effectiveness of the passenger's safety systems;
- e. the passenger's seat back failed to provide proper restraint;
- f. the passenger's seat back violated principles of crashworthiness;
- g. the passenger's safety systems failed to provide adequate safety or occupant protection;
- h. Defendant was negligent for not conducting proper testing and thorough engineering analysis.

9. Defendant was negligent in the design, manufacture, assembly, marketing and testing of the vehicle in question.

10. The foregoing acts and/or omissions of Defendant were a producing and/or proximate cause of the Plaintiff's damages.

11. The foregoing acts and/or omissions of Defendant was a producing and/or proximate cause of the Joshua Probst's fatal injuries.

IV. Damages to Plaintiff

12. That Michelle Partain, Individually and as Special Administrator of the Estate of Joshua Probst, Deceased, prays damages as follows:

- a. Funeral expenses for Joshua Probst;
- b. Damages for the loss of Joshua Probst's vehicle;

- c. For the pain, suffering and mental anguish of [REDACTED] prior to his death on October 11, 2011;
- d. For the mental anguish and grief of [REDACTED] Mother of [REDACTED] [REDACTED] Deceased, and any other members of the wrongful death class, as defined by Arkansas law;
- e. For the loss of the enjoyment of [REDACTED] life;
- e. For the loss of the life of [REDACTED] which he had not yet lived.

13. The Special Administrator prays for damages for each element of compensatory damages against Defendant, Chrysler Group LLC, as set forth above, in an amount to be determined by this Court, but in any event, in an amount in excess of the amount required for federal diversity jurisdiction.

V. Prayer

14. For the reasons presented herein, Plaintiff prays that Defendant be cited to appear and answer, and that upon a final trial of this cause, Plaintiff recover judgment against Defendant for:

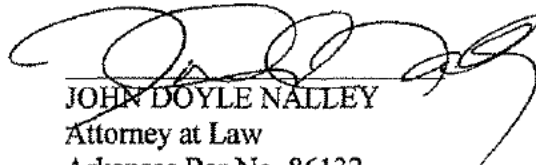
- a. actual damages;
- b. prejudgment and post-judgment interest beginning October 11, 2011;
- c. costs of suit; and
- d. all other relief the Court deems proper.

VI. Request for Jury Trial

15. That Plaintiff requests a trial by jury.

WHEREFORE, Plaintiff, [REDACTED] Individually and as Special Administrator of the Estate of [REDACTED], Deceased, prays for damages for each element of compensatory damages, against Defendant, Chrysler Group LLC, as set forth above, in an amount to be determined by this Court, but in any event, in an amount in excess of the amount required for federal diversity jurisdiction; for prejudgment and post-judgment interest beginning October 11, 2011; for attorney's fees and costs; and for all other relief to which she is entitled.

Respectfully submitted,



JOHN DOYLE NALLEY
Attorney at Law
Arkansas Bar No. 86132
P.O. Box 606
Benton, Arkansas 72018
Phone (501) 315-7491
Fax (501) 315-7493
johndoylenalley@hotmail.com

DP14-004

CHRYSLER

9/15/2014

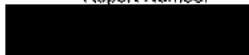
LEGALS AND CUSTOM
COMPLAINTS PUBLIC

8R

ACCIDENT REPORT



Arkansas Uniform Motor Vehicle Collision Report



SUMMARY	Date	10/10/2011	Day	MONDAY	Time	12:20 PM	Time Notified	12:23 AM	Time Arrived	12:38 PM	Unit Assigned	A 63	District					
	Road/Street/Highway	40				Latitude	35° 09.0		Longitude	-92° 42.0		Section	320	Log Mile	126.42			
	At Intersection With					Not at Intersection, But	0.58 MI		Direction	WEST		Of Reference Point	MILE MARKER 127.00					
	County	FAULKNER		County GLC	AR 05 045		City	CONWAY			City GLC	AR 050860045						
	Hit and Run	<input type="checkbox"/> Yes	Not in City, But			Direction			Of Reference City			Speed Limit Posted	YES		Speed Limit	70	Speed Limit 2	
		<input checked="" type="checkbox"/> No	Number of Vehicles	3		Number of Carriers	0		Number of Pedestrians	0		Number of Witnesses	2		Number of Property Owners	0		
ENVIRONMENT	Atmospheric Conditions	CLEAR				Light Conditions	DAYLIGHT				Accident Locale	RURAL						
	Surface Conditions	DRY				Road System	INTERSTATE				Road Surface	ASPHALT						
	Road Alignment	STRAIGHT				Road Profile	LEVEL				Traffic Lanes(#)	4		Traffic Flow	DIVIDED BY MEDIAN - NO BARRIE			
	Construction/Maintenance Zone	NO				Roadway Defects	NO DEFECTS											
	Relation to Junction	NON-JUNCTION				Traffic Controls	TRAFFIC LANES MARKED											
	Traffic Control Devices	FUNCTIONING PROPERLY				Type of Collision	HEAD ON				Fire Occurrence	NO FIRE OCCURRENCE						
Rank	CPL	Officer - Last Name	EALY			Officer - First Name	BILLY			Officer - MI	L		Officer - Suffix					
Officer - Signature	<i>Capt Billy J Ealy #176</i>					Officer - Badge Number	176			Officer - Department	ASP - TROOP A							
		Reviewing Officer	COX, BENNY B			Date Filed	11-Jan-13		Photos	YES								
Rank	SGT	Supervisor - Last Name	COX			Supervisor - First Name	BENNY			Supervisor - MI	B		Supervisor - Suffix					
Supervisor - Signature	<i>Sgt. Benny Cox</i>					Supervisor - Badge Number	747			Supervisor Da								
		Supervisor - Department	ASP - TROOP A															



Arkansas Uniform Motor Vehicle Collision Report

[Redacted Report Number]

D R I V E R	Driver - Last Name [Redacted]		Driver - First Name [Redacted]		Driver - MI	Driver - Suffix	Driver - Telephone #	
	Driver - Address [Redacted]			Driver - City SALLISAW		Driver - State OK	Driver - Zip Code [Redacted]	
	Driver - License Number [Redacted]	DL State OK	DL Endorse.	DL Class D	DL Restrictions F	Driver - Date of Birth [Redacted]	Driver - Race CAUCASIAN	Driver - Sex MALE
	1 Driver - Ejection Code NOT EJECTED		Driver - Injury FATAL INJURY			Air Bag NO AIRBAG DEPLOYMENT		
	Driver - Safety Equipment LAP AND SHOULDER BELT							
	Driver - Vision Obscured UNKNOWN							
	Test Requested		Test Type(s)		Driver - Condition			
<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Blood		UNKNOWN				
<input type="checkbox"/> No		<input type="checkbox"/> Urine		Driver - Impairment				
<input type="checkbox"/> No		<input type="checkbox"/> Breath		UNKNOWN				
<input type="checkbox"/> No		<input type="checkbox"/> Toxicology		Blood/Breath/Urine Results				
<input type="checkbox"/> No		<input type="checkbox"/> Toxicology		0.00%				
V E H I C L E	Owner - Last Name [Redacted]		Owner - First Name [Redacted]		Owner - MI J	Owner - Suffix		
	Owner - City SALLISAW			Owner - State OK		Owner - Zip Code [Redacted]		
	License Plate	Year 2008	Make CHRYSLER	Model TOWN & COUNTRY		Plate - Year 2012	Plate - State OK	Plate - Number [Redacted]
	<input checked="" type="checkbox"/> Yes	Vehicle - Body VAN		Vehicle - Color 1 BLUE		Vehicle - Color 2		Vehicle Identification Number 2A8HR44H38F
	<input type="checkbox"/> No	Vehicle - Color 1 BLUE		Vehicle - Color 2		Vehicle Identification Number 2A8HR44H38F		
	Insurance - Company Name AMERICAN FARMERS AND RANGERS			Insurance - Policy Number [Redacted]		Number of Passengers 3		MultiPass Req'd. NO
	CMV Qualifying Information							
<input type="checkbox"/> GVWR/GCWR > 10,000 lbs		<input type="checkbox"/> Bus (9 or more seats)		<input type="checkbox"/> Haz Mat Placard (any vehicle type)				
Trailer(s) Attached NO		Number of Trailers		Registration State		Plate Number		
Vehicle Damage				Estimated Damage \$9,000.00				
Point of Initial Contact				Direction of Travel WEST		Vehicle Action GOING STRAIGHT		
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>TRAILER</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> --- TOP <input type="checkbox"/> ></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Unknown</p> </div> <div style="text-align: center;"> <p>CAR</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> --- TOP <input type="checkbox"/> ></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Undercarriage</p> </div> </div>				Collision Damage DISABLED		First Harmful Event ON ROADWAY		
				First Harmful Collision With MV IN TRANSPORT				
				Contributing Factors CARELESS PROHIBITED DRIVING				
				Collision with fixed object NO COLLISION WITH FIXED OBJECT				
Vehicle Defects NO DEFECTS				Prior Vehicle Damage NO		Damage Location		
Vehicle Towed <input checked="" type="checkbox"/> Yes		Name of Towing Service STEVES AUTO		Address Vehicle Removed To 1335 E OAK				
<input type="checkbox"/> No		City Vehicle Removed To CONWAY		State Vehicle Removed To AR		Zip Vehicle Removed To 72072		
Injury Transported <input type="checkbox"/> Yes		EMS Notified		EMS Arrived		Transported By		
<input checked="" type="checkbox"/> No		Hospital Name		Hospital City		Hospital State		



Arkansas Uniform Motor Vehicle Collision Report

Report Number [REDACTED]

D R I V E R	Driver - First Name [REDACTED]		Driver - MI J		Driver - Suffix		Driver - Telephone # [REDACTED]	
	Driver - City CONWAY				Driver - State AR		Driver - Zip Code [REDACTED]	
	DL State AR		DL Endorse.		DL Class D		DL Restrictions B	
	Driver - Date of Birth [REDACTED]		Driver - Race CAUCASIAN		Driver - Sex MALE			
	Driver - Ejection Code NOT EJECTED			Driver - Injury INCAPACITATING INJURY			Air Bag DEPLOYED AIRBAG	
	Driver - Safety Equipment LAP AND SHOULDER BELT							
	Driver - Vision Obscured NOT OBSCURED							
	Test Requested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Test Type(s) <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> Toxicology		Driver - Condition APPEARED NORMAL Driver - Impairment NONE			
	Blood/Breath/Urine Results 0.00%							
	V E H I C L E	Owner - Last Name [REDACTED]		Owner - First Name [REDACTED]		Owner - MI J		Owner - Suffix
Owner - City CONWAY				Owner - State AR		Owner - Zip Code [REDACTED]		
License Plate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Year 1999		Make TOYOTA		Model CAMRY		
Plate - Year 2011		Plate - State AR		Plate - Number [REDACTED]				
Vehicle - Body 2 DOOR		Vehicle - Color 1 GREEN		Vehicle - Color 2		Vehicle Identification Number 2T1CG22P2XC [REDACTED]		
Insurance - Company Name PROGRESSIVE			Insurance - Policy Number [REDACTED]		Number of Passengers 0		MultiPass Req. NO	
CMV Qualifying Information <input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/> Haz Mat Placard (any vehicle type)								
Trailer(s) Attached NO		Number of Trailers		Registration State		Plate Number		
Vehicle Damage				Estimated Damage \$6,000.00				
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>TRAILER</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Unknown</p> </div> <div style="text-align: center;"> <p>CAR</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> -- TOP <input type="checkbox"/> > <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Undercarriage</p> </div> </div>				Direction of Travel EAST		Vehicle Action GOING STRAIGHT		
				Collision Damage DISABLED		First Harmful Event ON ROADWAY		
				First Harmful Collision With MV IN TRANSPORT				
				Contributing Factors NONE				
				Collision with fixed object NO COLLISION WITH FIXED OBJECT				
Vehicle Defects NO DEFECTS				Prior Vehicle Damage NO		Damage Location		
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Towing Service STEVES AUTO		Address Vehicle Removed To 1335 E OAK				
		City Vehicle Removed To CONWAY		State Vehicle Removed To AR		Zip Vehicle Removed To 72072		
Injury Transported <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EMS Notified 12:22 PM		EMS Arrived 12:29 PM		Transported By MEMS		
		Hospital Name CONWAY REGIONAL MED CTR		Hospital City CONWAY		Hospital State AR		



Arkansas Uniform Motor Vehicle Collision Report

[REDACTED]

DRIVER	Driver - Last Name		Driver - First Name			Driver - MI	Driver - Suffix	Driver - Telephone #
	[REDACTED]		[REDACTED]			C		
	Driver - City		Driver - State			Driver - Zip Code		
	VILONIA		AR			[REDACTED]		
	State	DL Endorse.	DL Class	DL Restrictions	Driver - Date of Birth	Driver - Race	Driver - Sex	
	AR		D		[REDACTED]	CAUCASIAN	FEMALE	
	Driver - Ejection Code		Driver - Injury			Air Bag		
	NOT EJECTED		INCAPACITATING INJURY			DEPLOYED AIRBAG		
	Driver - Safety Equipment							
	LAP AND SHOULDER BELT							
Driver - Vision Obscured								
NOT OBSCURED								
Test Requested		Test Type(s)		Driver - Condition				
<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine		APPEARED NORMAL				
<input type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology		Driver - Impairment				
				NONE				
Blood/Breath/Urine Results								
0.00%								
VEHICLE	Owner - Last Name		Owner - First Name			Owner - MI	Owner - Suffix	
	[REDACTED]		[REDACTED]			C		
	Owner - City		Owner - State			Owner - Zip Code		
	VILONIA		AR			[REDACTED]		
	License Plate	Year	Make	Model	Plate - Year	Plate - State	Plate - Number	
	<input checked="" type="checkbox"/> Yes	2008	DODGE	CALIBER	2012	AR	[REDACTED]	
	<input type="checkbox"/> No	Vehicle - Body	Vehicle - Color 1	Vehicle - Color 2	Vehicle Identification Number			
		4 DOOR	BLACK		1B3HB28B48[REDACTED]			
	Insurance - Company Name			Insurance - Policy Number		Number of Passengers	MultiPass Req'd.	
	LIBERTY MUTUAL			[REDACTED]		1	NO	
CMV Qualifying Information								
<input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/> Haz Mat Placard (any vehicle type)								
Trailer(s) Attached		Number of Trailers		Registration State		Plate Number		
NO								
Vehicle Damage					Estimated Damage			
					\$6,000.00			
Point of Initial Contact					Direction of Travel		Vehicle Action	
TRAILER CAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> --- TOP <input type="checkbox"/> > <input type="checkbox"/> --- TOP <input type="checkbox"/> > <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown <input type="checkbox"/> Undercarriage					EAST		GOING STRAIGHT	
					Collision Damage		First Harmful Event	
					DISABLED		ON ROADWAY	
					First Harmful Collision With			
					MV IN TRANSPORT			
					Contributing Factors			
					NONE			
					Collision with fixed object			
					NO COLLISION WITH FIXED OBJECT			
Vehicle Defects					Prior Vehicle Damage		Damage Location	
NO DEFECTS					NO			
Vehicle Towed		Name of Towing Service			Address Vehicle Removed To			
<input checked="" type="checkbox"/> Yes		STEVES AUTO			1335 E OAK			
<input type="checkbox"/> No		City Vehicle Removed To			State Vehicle Removed To		Zip Vehicle Removed To	
		CONWAY			AR		72072	
Injury Transported		EMS Notified	EMS Arrived	Transported By				
<input checked="" type="checkbox"/> Yes		12:22 PM	12:29 PM	MEMS				
<input type="checkbox"/> No		Hospital Name		Hospital City		Hospital State		
		CONWAY REGIONAL MED CTR		CONWAY		AR		



Arkansas Uniform Motor Vehicle Collision Report



P A S S E N G E R 1	Passenger - Last Name	Passenger - First Name	Passenger - MI	Passenger - Suffix	Passenger - Occupancy
	[REDACTED]	[REDACTED]			VEHICLE #1
	Passenger - City	Passenger - State	Passenger - Zip Code		
	SALLISAW	OK	[REDACTED]		
P A S S E N G E R 2	Position In/On Vehicle	Passenger - Race	Passenger - Sex	Age	
	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUCASIAN	FEMALE	24	
	<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown	Safety Equipment Used LAP AND SHOULDER BELT		Ejection Code NOT EJECTED	
		Injury Code INCAPACITATING INJURY		Air Bag NO AIRBAG DEPLOYMENT	
P A S S E N G E R 3	Injury Transported	EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12:32 PM	12:53 PM	AIR EVAC	
	HOSPITAL NAME	HOSPITAL CITY		HOSPITAL STATE	
	UAMS MED CTR	LITTLE ROCK		AR	
P A S S E N G E R 4	Passenger - Last Name	Passenger - First Name	Passenger - MI	Passenger - Suffix	Passenger - Occupancy
	[REDACTED]	[REDACTED]	D		VEHICLE #1
	Passenger - City	Passenger - State	Passenger - Zip Code		
	SALLISAW	OK	[REDACTED]		
P A S S E N G E R 5	Position In/On Vehicle	Passenger - Race	Passenger - Sex	Age	
	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUCASIAN	MALE	2	
	<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown	Safety Equipment Used CHILD RESTRAINT		Ejection Code NOT EJECTED	
		Injury Code INCAPACITATING INJURY		Air Bag NOT APPLICABLE	
P A S S E N G E R 6	Injury Transported	EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12:26 PM	12:50 PM	MED-FLIGHT	
	HOSPITAL NAME	HOSPITAL CITY		HOSPITAL STATE	
	ARKANSAS CHILDREN'S HOSPITAL	LITTLE ROCK		AR	
P A S S E N G E R 7	Passenger - Last Name	Passenger - First Name	Passenger - MI	Passenger - Suffix	Passenger - Occupancy
	[REDACTED]	[REDACTED]	F	CONWAY	VEHICLE #1
	Passenger - City	Passenger - State	Passenger - Zip Code		
	SALLISAW	OK	[REDACTED]		
P A S S E N G E R 8	Position In/On Vehicle	Passenger - Race	Passenger - Sex	Age	
	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUCASIAN	FEMALE	0	
	<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown	Safety Equipment Used CHILD RESTRAINT		Ejection Code NOT EJECTED	
		Injury Code NO INJURY / PROPERTY DAMAGE		Air Bag NOT APPLICABLE	
P A S S E N G E R 9	Injury Transported	EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12:22 PM	12:29 PM	MEMS	
	HOSPITAL NAME	HOSPITAL CITY		HOSPITAL STATE	
	CONWAY REGIONAL MED CTR	CONWAY		AR	
P A S S E N G E R 10	Passenger - Last Name	Passenger - First Name	Passenger - MI	Passenger - Suffix	Passenger - Occupancy
	[REDACTED]	[REDACTED]	A		VEHICLE #3
	Passenger - City	Passenger - State	Passenger - Zip Code		
	VILONIA	AR	[REDACTED]		
P A S S E N G E R 11	Position In/On Vehicle	Passenger - Race	Passenger - Sex	Age	
	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUCASIAN	MALE	22	
	<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown	Safety Equipment Used LAP AND SHOULDER BELT		Ejection Code NOT EJECTED	
		Injury Code INCAPACITATING INJURY		Air Bag NO AIRBAG DEPLOYMENT	
P A S S E N G E R 12	Injury Transported	EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12:22 PM	12:29 PM	MEMS	
	HOSPITAL NAME	HOSPITAL CITY		HOSPITAL STATE	
	CONWAY REGIONAL MED CTR	CONWAY		AR	



Arkansas Uniform Motor Vehicle Collision Report



WITNESS 1

Witness - Last Name [REDACTED]	Witness - First Name [REDACTED]	Witness - MI	Witness - Suffix
Witness - City CONWAY	Witness - State AR	Witness - Zip Code [REDACTED]	

WITNESS 2

Witness - Last Name [REDACTED]	Witness - First Name DANAZAIRE	Witness - MI L	Witness - Suffix
Witness - City SHERWOOD	Witness - State AR	Witness - Zip Code [REDACTED]	

Narrative

V1 [REDACTED] WAS TRAVELING WEST ON INTERSTATE 40 IN THE #2 LANE. V2 [REDACTED] WAS TRAVELING EAST ON INTERSTATE 40 IN THE #2 LANE IN FRONT OF V3 [REDACTED] WHO WAS ALSO TRAVELING EAST IN THE #2 LANE.

V1, BEGAN TO LOSE CONTROL OF THE VEHICLE AND VEER TOWARD THE MEDIAN. V1 TRAVELED APPROXIMATELY 273 FEET THROUGH THE MEDIAN UNTIL COMING UPON THE EASTBOUND LANES OF TRAFFIC. V2 NOTICED THIS AND APPLIED THE BRAKES LEAVING APPROXIMATELY 163'7" OF SKID IN THE #2 LANE.

AS V1 ENTERED THE #2 LANE OF INTERSTATE 40 EAST, THE FRONT OF V1 HIT V2 HEAD ON (AREA OF IMPACT #1).

AFTER THE IMPACT, V1 WENT INTO THE #1 LANE AND THEN BACK INTO THE MEDIAN. THE IMPACT FORCED V2 TO TRAVEL BACKWARDS APPROXIMATELY 27 FEET AND HIT THE FRONT OF V3 (AREA OF IMPACT #2)

AFTER THE SECOND IMPACT, V2 STOPPED PARTIALLY BLOCKING BOTH LANES OF TRAFFIC, AND V3 WENT TO THE MEDIAN AND STOPPED.

V1 CAME TO A FINAL STOP IN THE MEDIAN NEXT TO THE EASTBOUND LANES OF TRAFFIC FACING NORTHEAST. V2 CAME TO A FINAL STOP BLOCKING BOTH EASTBOUND LANES OF TRAFFIC FACING NORTH. V3 CAME TO A FINAL STOP IN THE MEDIAN FACING SOUTHEAST.

ALL THREE VEHICLES WERE TRAVELING IN A SECTION OF INTERSTATE 40 THAT RUNS NORTH AND SOUTH.

V1 DRIVER WAS PRONOUNCED DEAD AT THE SCENE BY FAULKNER COUNTY CORONER PATRICK MOORE.

ON JANUARY 11, 2013 I ADDED THE BLOOD RESULTS, RECEIVED FROM THE ARKANSAS DEPARTMENT OF HEALTH, FOR THE THREE OPERATORS. THE RESULTS WERE 0.00% FOR ALL THREE OPERATORS. BBC



Arkansas Uniform Motor Vehicle Collision Report

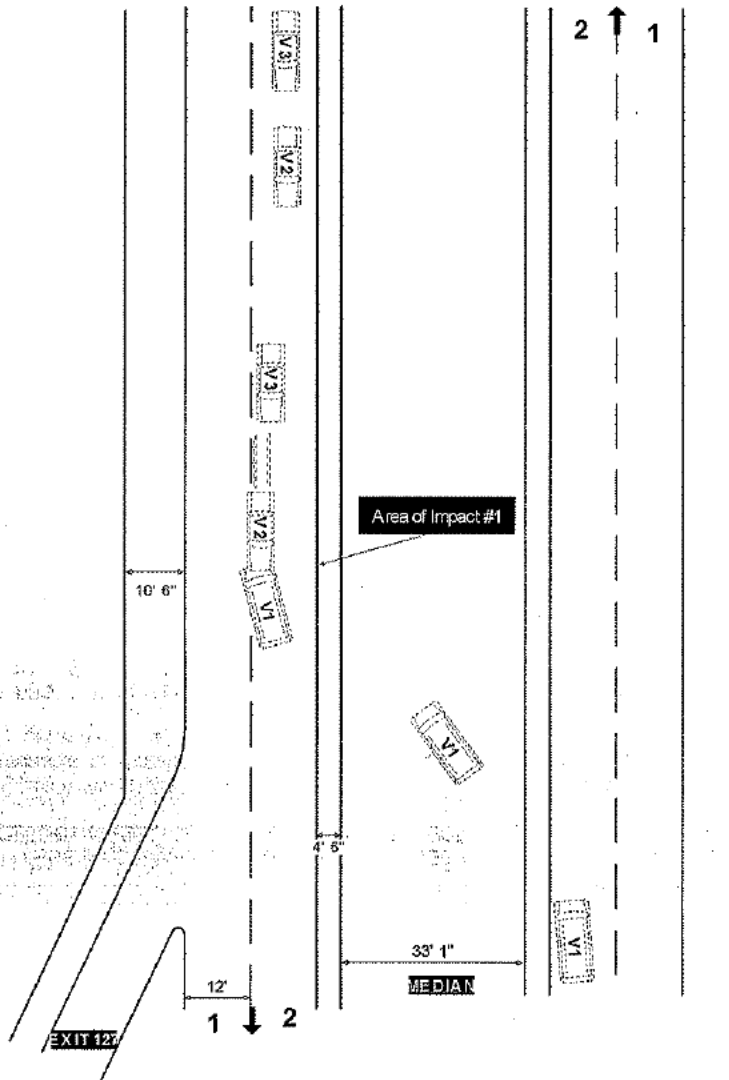
Diagram / Photo 1

INTERSTATE 40



NOT TO SCALE

Scene 1





Arkansas Uniform Motor Vehicle Collision Report

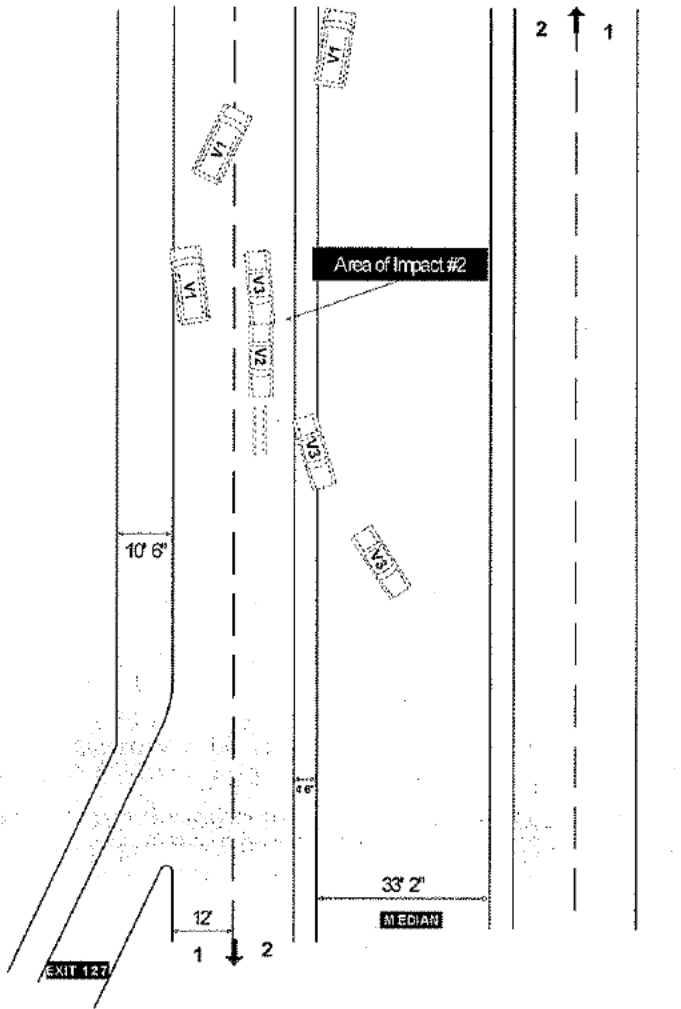
Diagram / Photo 2

INTERSTATE 40



NOT TO SCALE

Scene 2





Arkansas Uniform Motor Vehicle Collision Report

Diagram / Photo 3



INTERSTATE 40

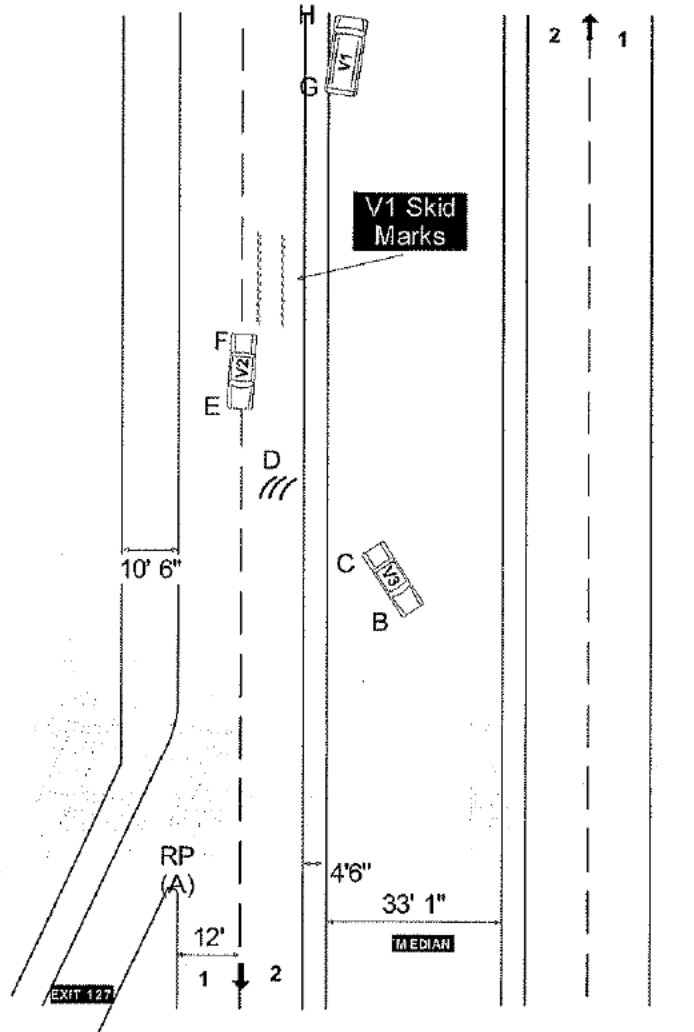
NOT TO SCALE

RP(A) is the Apex
of I40E @ 127 Exit Ramp

D is the Area of Impact

- A-B is 57°9'N 53°10'E
- A-C is 64°9'N 49°6'E
- A-D is 73°6'N 17°0'E
- A-E is 100°0'N 8°10'E
- A-F is 110°7'N 10°9'E
- A-G is 222°9'N 27°4'E
- A-F is 233°5'N 31°5'E

Scene 3
(Final Stop Positions)





Arkansas Uniform Driver Information Exchange Form *What To Do After A Collision*

1. Contact your insurance agency and advise them you have been involved in a collision. They will need the other party's name(s), address(es) and the name of their insurance company(s).
2. If the collision results in damage to the property of any one person in excess of \$1000.00, in bodily injury, or in the death of any person, you must submit, within 30 days, a written report (SR-1) to the Financial Responsibility Unit, Department of Finance and Administration, P.O. Box 3278, Little Rock, Arkansas, 72203-3278. Forms for this report are available at all Arkansas State Revenue Offices.
3. A copy of your collision report may be obtained at the address listed below after 5 business days. To obtain a copy, provide the date, time, location and name(s) of the driver involved. Please submit a check or money order in the amount of \$10.00 for each copy requested.

Troop/Department Name ASP - TROOP A						Phone (501) 618-8130			
Address 1 STATE POLICE PLAZA DRIVE									
City LITTLE ROCK			State ARKANSAS			Zip Code 72209			
Collision Information									
Location of Accident 40				Date 10/10/2011		Time 12:20			
D R I V E R 1	Driver - Last Name [REDACTED]			Driver - First Name [REDACTED]			Driver - MI	Driver - Suffix	Driver - Telephone Number
	Driver - City SALLISAW			Driver - State OK			Driver - Zip Code [REDACTED]		
	Owner - Last Name [REDACTED]			Owner - First Name [REDACTED]			Owner - MI	Owner - Suffix	
	Owner - City SALLISAW			Owner - State OK			Owner - Zip Code [REDACTED]		
<input checked="" type="checkbox"/> Yes	License Plate	Plate - Year 2012	Plate - State OK	Plate - Number [REDACTED]	Vehicle - Year 2008	Vehicle - Make CHRYSLER		Vehicle - Model TOWN & COUNTRY	
<input type="checkbox"/> No	Vehicle - Body VAN		Vehicle - Color			Vehicle Identification Number 2A8HR44H38F [REDACTED]			
Insurance - Company Name AMERICAN FARMERS AND RANCHERS MUTUAL INS CO				Insurance - Policy Number [REDACTED]			Estimated Damage \$9,000.00		
D R I V E R 2	Driver - Last Name [REDACTED]			Driver - First Name [REDACTED]			Driver - MI	Driver - Suffix	Driver - Telephone Number
	Driver - City CONWAY			Driver - State AR			Driver - Zip Code [REDACTED]		
	Owner - City CONWAY			Owner - State AR			Owner - Zip Code [REDACTED]		
	Owner - City CONWAY			Owner - State AR			Owner - Zip Code [REDACTED]		
<input checked="" type="checkbox"/> Yes	License Plate	Plate - Year 2011	Plate - State AR	Plate - Number [REDACTED]	Vehicle - Year 1999	Vehicle - Make TOYOTA		Vehicle - Model CAMRY	
<input type="checkbox"/> No	Vehicle - Body 2 DOOR		Vehicle - Color			Vehicle Identification Number 2T1CG22P2XC [REDACTED]			
Insurance - Company Name PROGRESSIVE				Insurance - Policy Number [REDACTED]			Estimated Damage \$6,000.00		

D R I V E R	Driver - Last Name			Driver - First Name			Driver - MI	Driver - Suffix	Driver - Telephone Number
	[REDACTED]			[REDACTED]			Driver - State	Driver - Zip Code	
	[REDACTED]			[REDACTED]			Owner - MI	Owner - Suffix	
	[REDACTED]			Owner - City VILONIA			Owner - State	Owner - Zip Code	
3	License Plate	Plate - Year	Plate - State	Plate - Number	Vehicle - Year	Vehicle - Make	Vehicle - Model		
	<input checked="" type="checkbox"/> Yes	2012	AR	[REDACTED]	2008	DODGE	CALIBER		
	<input type="checkbox"/> No	Vehicle - Body		Vehicle - Color		Vehicle Identification Number			
		4 DOOR				1B3HB28B48L [REDACTED]			
Insurance - Company Name					Insurance - Policy Number			Estimated Damage	
LIBERTY MUTUAL					[REDACTED]			\$6,000.00	
Officer - Signature				Rank	Officer - Last Name	Officer - First Name	Officer - MI	Officer - Suffix	
				CPL	EALY	BILLY	L		
				Officer - Badge Number		Officer - Department			
				176		ASP - TROOP A			



ARKANSAS STATE POLICE

ASP-81
(Rev. 06/01)

Accident Supplement Driver/Witness Statement Form

Name: [Redacted] Date: 10/10/11 Report #: [Redacted]
 Address: [Redacted] City: Conway State: AR Time: 7:17 AM PM
 Phone Number: [Redacted] Date of Birth: [Redacted] (Month/Day/Year)
 Drivers License: [Redacted] CDL: State: Arkansas
 Vehicle Make: _____ Model: _____ Vehicle License #: _____ State: AR

Location of Accident: Between I 40 and Oak

Statement of: Driver Passenger Witness (Check One)
 Are You Injured? Yes No (Check One)

Driver/Passenger/Witness Statement

Going down the interstate and saw a van coming across
I tried to swerve to miss it, but it kept coming.

*Written by
Cpl Billy L. Ealy #176*

As the **driver** of the vehicle, were any of the following conditions a contributing factor in this accident?

- Unconsciousness Epileptic Condition
- Other nervous disorder or marked mental confusion
- Result of any physical disability, disease, disorder or any other medical condition

[Redacted Signature]

Signature of Officer (Rank/First/MI/Last Name/Badge #)
Cpl Billy L. Ealy #176



ARKANSAS STATE POLICE

ASP-51
(Rev. 06/01)

Accident Supplement Driver/Witness Statement Form

Name: [Redacted] Date: 10/10/11 Report #: [Redacted]
(Month/Day/Year) Time: _____ AM PM
Address: [Redacted] City: Vilonia State: AR
Phone: [Redacted] Date of Birth: [Redacted]
(Month/Day/Year)
Driver: CDL State: AR
Vehicle Make: _____ Model: _____ Vehicle License #: _____ State: _____

Location of Accident: _____
Statement of: Driver Passenger Witness
(Check One) Are You Injured? Yes No
(Check One)

Driver/Passenger/Witness Statement

The minivan crossed the median and hit the green car. The green car was thrown into my windshield.

Written by [Redacted] (sister)

As the **driver** of the vehicle, were any of the following conditions a contributing factor in this accident?

- Unconsciousness Epileptic Condition
- Other nervous disorder or marked mental confusion
- Result of any physical disability, disease, disorder

[Redacted Signature]
Signature of Officer (Rank/First/MI/Last Name/Badge #)
Cpl. Billy L. Ealy #126



ARKANSAS STATE POLICE

ASP-81
(Rev. 06/01)

Accident Supplement Driver/Witness Statement Form

Report #: [REDACTED]

Name: [REDACTED]

Date: 10-10-11 Time: 12:45 AM PM
(Month/Day/Year)

Address: [REDACTED]

COVE AR
City State

Phone Number: [REDACTED]

Date of Birth: _____
(Month/Day/Year)

Drivers License: [REDACTED]

CDL State: AR

Vehicle Make: Ford Model: F150 Vehicle License #: [REDACTED] State: AR

Location of Accident: I-40 + 127 Exit

Statement of: Driver Passenger Witness
(Check One)

Are You Injured? Yes No
(Check One)

Driver/Passenger/Witness Statement

OKLAHOMA Blue Van was west bound
crossed median & Hit 2-cars heading
east.

As the *driver* of the vehicle, were any of the following conditions a contributing factor in this accident?

- Unconsciousness Epileptic Condition
- Other nervous disorder or marked mental confusion
- Result of any physical disability, disease, disorder or any other medical condition

[REDACTED]

Cpl. Billy J. Early #176
Signature of Officer: (Rank/First/Initial/Last Name/Badge #)



ARKANSAS STATE POLICE

ASP-81
(Rev. 06/01)

Accident Supplement Driver/Witness Statement Form

Name: [Redacted] Report #: [Redacted]

Date: 10-10-11 Time: 12:30 AM PM
(Month/Day/Year)

Address: [Redacted] City: Shawwood State: AR

Phone: [Redacted] Date of Birth: [Redacted]
(Month/Day/Year)

Driver: CDL State: _____

Vehicle Make: Red F150 Model: _____ Vehicle License #: _____ State: _____

Location of Accident: _____

Statement of: Driver Passenger Witness
(Check One)

Are You Injured? Yes No
(Check One)

Driver/Passenger/Witness Statement

*May 40 barrel East the van going w lost control causing
the van to enter the accident. it missed the wood when
the wood enter my lane.
it miss saw the wood break but the driver of the wood
it saw turned the wheel missing me (truck) but hitting everything
behind me*

As the driver of the vehicle, were any of the following conditions a contributing factor in this accident?

- Unconsciousness Epileptic Condition
- Other nervous disorder or marked mental confusion
- Result of any physical disability, disease, disorder or any other medical condition

[Redacted Signature Area] (name)

Cpl Billy L. Early #176
Signature of Officer: (Rank/First/MI/Last Name/Badge #)