

ARKANSAS MOTOR VEHICLE ACCIDENT REPORT (SR-1)

For reporting motor vehicle accidents which result in damage to the property of any one person in excess of \$1,000.00 or in bodily injury to or in the death of any one person.

NOTICE: This report must be filed within thirty (30) days of accident.

SAFETY RESPONSIBILITY SECTION

P.O. Box 1272, Rm. 1120
Little Rock, AR 72203
Phone number: (501) 682-7100
Fax number: (501) 682-2100

YOUR VEHICLE DRIVER INFORMATION:

Driver's Name: _____ Driver's License Number/State: _____ / _____

Street address or RFD Number _____ City _____ State _____ Zip Code _____

Owner's Name: _____ Make _____ Year _____ License Plate # _____ State _____

Street address or RFD Number _____ City _____ State _____ Zip Code _____

ACCIDENT INFORMATION:

Accident location (city/town): _____ Street/Roadway/HWY Accident occurred: _____ Time of Accident: _____ AM or PM

Date of Accident: _____ 20____ Cost of repairing your vehicle/property: \$ _____ Cost of repairing other vehicle: \$ _____

Description of Accident (attach other pages if necessary):

FATALITIES/INJURIES TO PERSONS IN YOUR VEHICLE:

(List names or person(s) injured or killed in accident.)

Name: _____ Name: _____ Name: _____

OTHER VEHICLE DRIVER INFORMATION:

Driver's Name: _____ Driver's License Number/State: _____ / _____

Street address or RFD Number _____ City _____ State _____ Zip Code _____

Owner's Name: _____ Make _____ Year _____ License Plate # _____ State _____

Street address or RFD Number _____ City _____ State _____ Zip Code _____

The information contained on this report is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

VERIFICATION OF LIABILITY INSURANCE (SR-21)

Description of Vehicle in Accident: _____
Year Make Model License Plate Number or VIN (Vehicle Identification Number)

Owner's Name: _____ Operator's Name: _____

Owner's Address: _____ Operator's Address: _____

Insurance Company Name: _____ Agent's Name: _____

Insurance Co. Address: _____ Phone Number: () _____

Was limited liability insurance in place at the time of accident? _____ yes _____ no Policy Number: _____

Liability Limits equal or higher to Arkansas requirements? _____ yes _____ no

Coverage applies to: _____ owner _____ operator SR Case #: _____ Date of Accident: _____

Signature of Authorized Representative: _____ Date: _____