

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.

SAFETY RESPONSIBILITY SECTION

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

S.R. Case Number:

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

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: _____

INSTRUCTIONS

- A. Who must report. The driver of every motor vehicle who is involved in any accident within the State which results in damage to the property of any one person in excess of \$1,000.00 or which causes the injury or death of any person regardless of who is at fault. This report must be filed within thirty (30) days of the accident.
- (1) If driver injured. If the driver is incapacitated by injuries received in the accident, the owner (if the driver and owner are different persons) shall report. If, however, the driver and owner are the same person, the driver will be excused from reporting during this period of his injury.
- B. Reports of Investigating Officers. These reports are not filed with the Department of Finance and Administration. The driver will, however, find the officer's report useful as a source of information.
- C. Filing out this report. Do not insert indefinite information. Example: *Do not* insert "TOTAL LOSS". Show the amount it will cost to replace the vehicle. For hit and run accidents, where the offending driver and owner are not known to anyone, insert "Hit and Run". Where there are more than two vehicles involved in an accident, attach an additional report for each additional vehicle.
- D. Proof of Financial Responsibility. The law requires that the driver and/or owner of every vehicle involved in the accident to file proof of financial responsibility with the Department of Finance and Administration within thirty (30) days after the accident. This proof of financial responsibility can be filed only in the following manner provided by the law.
- (1) Proof of Insurance. The SR-21 must show limits of \$25,000, \$50,000 and \$25,000, or state that the limits at least equal those required by this State (Arkansas).
 - (2) A deposit of security as tabulated by this Department.
 - (3) A written release of liability signed by the other party in the accident.
 - (4) A final civil adjudication of non-liability from a court of competent jurisdiction. Trial in traffic court is not an adjudication of non-liability.
 - (5) A covenant not to sue. Must be in writing and signed by the adverse party and notarized.
 - (6) A written agreement which has been accepted by the appropriate parties to the payment of damages in installments.
 - (7) Proof that the adverse party or his liability insurance carrier have reimbursed you for your property damage.
 - (8) A written request to this Department for a hearing to determine if there is a reasonable possibility that a judgment may be rendered against you as a result of the accident. If the hearing indicates such judgment does not seem likely, then the Department of may not require the security deposit.
 - (9) A copy of the bankruptcy petition with a list of creditors naming all parties.