

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

S.R. Case Number: (Office Use Only)

YOUR VEHICLE DRIVER INFORMATION: NCL ☐ CDL ☐ Transportation Network Company Driver ☐

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

Street address _____ City _____ State _____ Zip Code _____

Mailing address _____ City _____ State _____ Zip Code _____

Owner's Name: _____

Make _____ Year _____ License Plate # _____ State _____

Street address _____ City _____ State _____ Zip Code _____

Mailing address _____ City _____ State _____ Zip Code _____

E-Mail Address: _____

ACCIDENT INFORMATION:

Accident location in/near (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 _____ City _____ State _____ Zip Code _____

Mailing address _____ City _____ State _____ Zip Code _____

Owner's Name: _____

Make _____ Year _____ License Plate # _____ State _____

Street address _____ City _____ State _____ Zip Code _____

Mailing address _____ City _____ State _____ Zip Code _____

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

Signature: _____ Date: _____

Please note that the Verification of Liability Insurance (SR21) is located on the back of this form and must be completed by an authorized insurance agent.

INSTRUCTIONS

- A. Who must report: The driver or Transportation Network Company (TNC) 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 a driver or TNC driver is physically incapable of making a report, the owner shall report within 5 days. If the driver or TNC driver and owner is the same person, the driver or TNC driver will be excused from reporting during their incapacitation.
- B. Reports of Investigating Officers: These reports are not filed with the Department of Finance and Administration. The driver or TNC driver will, however, find the officer's report useful as a source of information.
- C. Completing 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. Exceptions to security requirements: The Office of Driver Services shall determine the amount of security which shall be deposited to satisfy any judgment for damages or injuries and death if the report was received within thirty (30) days after the date of accident. The security deposit shall be \$25,000 for bodily injury or death to one person, \$50,000 for bodily injury or death to 2 or more persons involved in an accident, or \$25,000 for property damage. The following is a list of exceptions to filing the security deposit in order to prevent a suspension from being placed on a driving record or registration.
- (1) Proof of Insurance: A driver shall provide proof of liability insurance of \$25,000, \$50,000 and \$25,000 limits that are equal or greater than the State of Arkansas requirements. A Transportation Network Company driver, a Transportation Network Company on the driver's behalf, or a combination of the two shall provide primary automobile insurance if the TNC driver is logged onto the TNC digital network and either not engaged or engaged in a prearranged ride. If not engaged in a prearranged ride, the liability insurance requirement is \$50,000 for death and bodily injury per person, \$100,000 for death and bodily injury per incident, and \$25,000 for property damage. If engaged in a prearranged ride, the liability insurance requirement is at least \$1,000,000 for death, bodily injury, and property damage.
 - (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 must be received within twenty (20) days of receipt of the notice of security requirement or suspension. If the hearing indicates such judgment does not seem likely, then the Department may not require the security deposit.
 - (9) A copy of the bankruptcy petition with a list of creditors naming all parties.

Insurance Agent Only VERIFICATION OF LIABILITY INSURANCE (SR-21) Insurance Agent Only

Description of Vehicle in Accident: _____

Year	Make	Model	License Plate Number or VIN (Vehicle Identification Number)
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Owner's Name: _____ Operator's Name: _____

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

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

Insurance Company Name: _____ Agent's Name: _____

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

E-Mail Address: _____

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

Liability Limits equal or higher to Arkansas requirements for Transportation Network Company drivers? ☐ yes ☐ no

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

Signature of Authorized Representative: _____ Date: _____