

# 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: (Office Use Only)

**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 \_\_\_\_\_ 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 (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 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.

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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) |
|------|------|-------|---|

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

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

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_