

ARKANSAS STATE CLAIMS COMMISSION  
MOTOR VEHICLE ACCIDENT REPORT FORM

**SECTION I**

CLAIMANT \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

MOTOR VEHICLE DAMAGED: TYPE \_\_\_\_\_ MAKE \_\_\_\_\_ YEAR \_\_\_\_\_

DRIVEN BY: \_\_\_\_\_ ADDRESS \_\_\_\_\_

Give a brief description of accident, showing how accident happened, exact loss and extent of damage to car.

\_\_\_\_\_  
\_\_\_\_\_

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**SECTION II**

Has this vehicle been repaired? Yes ( ) No ( ) If repairs have been made, give the following information: Amount \$ \_\_\_\_\_. Have you paid for the repairs? Yes ( ) No ( ) NOTE: Attach a copy of repair bill.

If repairs have not been made, list three estimates below and attach copies of each of them.

	<u>NAME</u>	<u>ADDRESS</u>	<u>AMOUNT</u>
1.	_____	_____	\$ _____
2.	_____	_____	_____
3.	_____	_____	_____

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**SECTION III**

Was vehicle covered by Insurance? Yes ( ) No ( ) Liability Only ( )

Comprehensive: Yes ( ) No ( ) What is your deductible? \$ \_\_\_\_\_

Collision: Yes ( ) No ( ) What is your deductible? \$ \_\_\_\_\_

NAME OF INSURANCE CARRIER ADDRESS

\_\_\_\_\_

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**SECTION IV**

Type of State Vehicle Involved \_\_\_\_\_ License No. \_\_\_\_\_

Driver \_\_\_\_\_ Property of which State Agency \_\_\_\_\_

If accident was investigated by the State Police, give name of investigating officer: \_\_\_\_\_

If investigation was made by some other agency, give name and title of officer making the investigation: \_\_\_\_\_

\_\_\_\_\_

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**SECTION V**

The undersigned states on oath that he/she is familiar with the matters and things set forth in the above statement, and that he/she verily believes that they are true.

\_\_\_\_\_  
Signature of Claimant

(Notary Seal)

Sworn to and subscribed before me at \_\_\_\_\_ City, State  
on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ day month, \_\_\_\_ year.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public