



Arkansas Uniform Motor Vehicle Collision Report

SUMMARY	Date	4/1/2012	Day	SUNDAY	Time	06:32 PM	Time Notified	06:36 PM	Time Arrived	07:22 PM	Unit Assigned	L33	District				
	Road/Street/Highway	16					Latitude	35° 06.7557		Longitude	-00° 93.911999		Section	04	Log Mile	04.54	
	At Intersection With						Not at Intersection, But	0.54 MI		Direction	EAST		Of Reference Point	LOG MILE 4 / CULVERT			
	County	MADISON			County GLC	AR 05 087		City				City GLC					
	Hit and Run	<input type="checkbox"/> Yes	Not In City, But	00.38 MI		Direction	EAST		Of Reference City	CROSSES		Speed Limit Posted	YES	Speed Limit	55	Speed Limit 2	
		<input checked="" type="checkbox"/> No	Number of Vehicles	1		Number of Carriers	0		Number of Pedestrians	0		Number of Witnesses	0		Number of Property Owners	0	
	ENVIRONMENT	Atmospheric Conditions	CLEAR					Light Conditions	DAYLIGHT			Accident Locale	RURAL				
Surface Conditions		DRY					Road System	STATE HIGHWAY			Road Surface	ASPHALT					
Road Alignment		STRAIGHT					Road Profile	GRADE			Traffic Lanes(#)	2		Traffic Flow	NOT DIVDED		
Construction/Maintenance Zone		NO					Roadway Defects	NO DEFECTS									
Relation to Junction		NON-JUNCTION					Traffic Controls	TRAFFIC LANES MARKED									
Traffic Control Devices		FUNCTIONING PROPERLY					Type of Collision	SINGLE VEHICLE				Fire Occurrence	NO FIRE OCCURRENCE				
Rank		TRP	Officer - Last Name	ARNOLD			Officer - First Name	JOSHUA			Officer - MI	A		Officer - Suffix			
Officer - Signature	<i>Trp Josh A. Arnold #409</i>					Officer - Badge Number	409			Officer - Department	ASP - TROOP L						
Rank	SGT	Supervisor - Last Name	WEAVER			Supervisor - First Name	GABE			Supervisor - MI			Supervisor - Suffix				
Supervisor - Signature	<i>Sgt Dale L Weaver</i>					Supervisor - Badge Number	450			Supervisor - Department	ASP - TROOP L						



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DRIVER	Driver - Last Name PETRINO		Driver - First Name ROBERT			Driver - MI P	Driver - Suffix	Driver - Telephone #				
	Driver - Address 4518 BRIDGEWATER LANE			Driver - City FAYETTEVILLE			Driver - State AR	Driver - Zip Code 72703				
	Driver - License Number 928907079	DL State AR	DL Endorse. M	DL Class D	DL Restrictions	Driver - Date of Birth 3/10/1961		Driver - Race CAUCASIAN	Driver - Sex MALE			
	Driver - Ejection Code NOT EJECTED			Driver - Injury INCAPACITATING INJURY			Air Bag NOT APPLICABLE					
	Driver - Safety Equipment EYE PROTECTION											
	Driver - Vision Obscured SUNLIGHT											
	Test Requested	Test Type(s)		Driver - Condition								
	<input type="checkbox"/> Yes	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	APPEARED NORMAL								
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Breath	<input type="checkbox"/> Toxicology	Driver - Impairment NONE								
	Blood/Breath/Urine Results											
VEHICLE	Owner - Last Name PETRINO		Owner - First Name ROBERT			Owner - MI P	Owner - Suffix					
	Owner - Address 4518 BRIDGEWATER LANE			Owner - City FAYETTEVILLE			Owner - State AR	Owner - Zip Code 72703				
	License Plate	Year	Make		Model		Plate - Year	Plate - State	Plate - Number			
	<input checked="" type="checkbox"/> Yes	2007	HARLEY DAVIDSON		ROAD KING		2012	AR	R839			
	<input type="checkbox"/> No	Vehicle - Body MOTORCYCLE		Vehicle - Color 1 RED		Vehicle - Color 2		Vehicle Identification Number 1HD1FR4197Y662300				
	Insurance - Company Name ALLSTATE			Insurance - Policy Number 9 31 494887 03/05			Number of Passengers 1		MultiPass Req'd. NO			
	CMV Qualifying Information											
	<input type="checkbox"/> GVWR/GCWR > 10,000 lbs			<input type="checkbox"/> Bus (9 or more seats)			<input type="checkbox"/> Haz Mat Placard (any vehicle type)					
	Trailer(s) Attached NO		Number of Trailers		Registration State			Plate Number				
	Vehicle Damage					Estimated Damage \$2,000.00						
Point of Initial Contact <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">TRAILER</td> <td style="text-align: center; width: 50%;">CAR</td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TOP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown </td> <td style="text-align: center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TOP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage </td> </tr> </table>					TRAILER	CAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TOP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TOP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage	Direction of Travel WEST		Vehicle Action GOING STRAIGHT	
					TRAILER	CAR						
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TOP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TOP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage						
					Collision Damage DISABLED		First Harmful Event ROADSIDE					
					First Harmful Collision With OVERTURNED							
Contributing Factors OTHER												
Collision with fixed object OTHER												
Vehicle Defects NO DEFECTS					Prior Vehicle Damage NO		Damage Location					
Vehicle Towed <input checked="" type="checkbox"/> Yes		Name of Towing Service D AND D WRECKER SERVICE - MADISON			Address Vehicle Removed To 4518 BRIDGEWATER LANE							
<input type="checkbox"/> No		City Vehicle Removed To FAYETTEVILLE			State Vehicle Removed To AR		Zip Vehicle Removed To 72703					
Injury Transported <input type="checkbox"/> Yes		EMS Notified	EMS Arrived	Transported By								
<input checked="" type="checkbox"/> No		Hospital Name		Hospital City		Hospital State						



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PASSENGER 1	Passenger - Last Name DORRELL		Passenger - First Name JESSICA		Passenger - MI M	Passenger - Suffix	Passenger - Occupancy VEHICLE #1	
	Passenger - Address 1022 RASPBERRY ST		Passenger - City ELKINS		Passenger - State AR	Passenger - Zip Code 72727		
	Position In/On Vehicle <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		<input checked="" type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Passenger - Race CAUCASIAN		Passenger - Sex FEMALE	Age 25
			Safety Equipment Used EYE PROTECTION		Ejection Code NOT EJECTED	Injury Code NO INJURY / PROPERTY DAMAGE	Air Bag NOT APPLICABLE	
Injury Transported <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY				
		HOSPITAL NAME		HOSPITAL CITY		HOSPITAL STATE		

Narrative

ACCIDENT SCENE: THIS ACCIDENT OCCURRED ON ARKANSAS STATE HIGHWAY 16 IN MADISON COUNTY. ARKANSAS STATE HIGHWAY 16 IS AN EAST/WEST HIGHWAY OF ASPHALT CONSTRUCTION WITH ONE LANE OF TRAVEL IN EITHER DIRECTION SEPARATED BY A SOLID DOUBLE YELLOW LINE. THIS SECTION OF THE HIGHWAY IS STRAIGHT WITH A DOWNHILL GRADE AND HAS IMPROVED ASPHALT SHOULDERS THAT PARALLEL THE ROADWAY ON THE NORTH AND SOUTH SIDES. A GRASSY ROAD DITCH IS ALSO LOCATED ON THE NORTH AND SOUTH SIDES OF THE ROADWAY. A PILE OF DIRT AND TREE LIMBS WAS FOUND IN THE NORTH ROAD DITCH. A CONCRETE DRAINAGE CULVERT IS ALSO LOCATED ON THE NORTH AND SOUTH SIDES OF THE ROADWAY. A SKID MARK LEFT ON THE SURFACE OF THE ROADWAY BY V-1 (PETRINO) IS LOCATED ON THE WESTBOUND SHOULDER OF THE ROADWAY TRaversing FROM THE EAST TO THE NORTHWEST. FURROW MARKS LEFT BY V-1 (PETRINO) ARE LOCATED IN THE NORTH ROAD DITCH. THESE FURROW MARKS TRAVERSE FROM THE EAST TO THE NORTHWEST. V-1 (PETRINO'S MOTORCYCLE) WAS LOCATED NORTHWEST OF THE DIRT AND TREE LIMB PILE. THE LEFT SIDE MIRROR OF V-1 (PETRINO'S MOTORCYCLE) WAS LOCATED IN FRONT OF THE PILE OF DIRT AND TREE LIMBS.

ACCIDENT SITUATION: OPERATOR PETRINO (V-1) WAS TRAVELING WEST ON HIS MOTORCYCLE IN THE WESTBOUND LANE OF ARKANSAS STATE HIGHWAY 16 WITH PASSENGER DORRELL RIDING ON THE BACK. FOR AN UNKNOWN REASON, V-1 (PETRINO) TRAVELED ACROSS THE WESTBOUND FOG LINE AS HE WAS APPLYING THE BRAKES. AFTER TRAVELING OFF THE NORTH SIDE OF THE ROADWAY THE REAR OF V-1 (PETRINO'S MOTORCYCLE) BEGAN ROTATING COUNTERCLOCKWISE CAUSING V-1 (PETRINO) TO LAY OVER ONTO ITS LEFT SIDE. WHILE ON ITS LEFT SIDE, V-1 SLID NORTHWEST THROUGH A GRASSY ROAD DITCH, STRIKING A PILE OF DIRT AND TREE LIMBS IN THE NORTH ROAD DITCH. AFTER IMPACT WITH THE DIRT AND TREE PILE, V-1 CAME TO FINAL REST ON ITS LEFT SIDE JUST NORTHWEST OF THE DIRT AND TREE PILE. V-1 SUSTAINED EXTENSIVE DAMAGE TO THE LEFT SIDE OF THE MOTORCYCLE. WHILE INVESTIGATING THE COLLISION, I TOOK SEVERAL PHOTOGRAPHS OF THE ACCIDENT SCENE.

POST CRASH ACTIVITIES: OPERATOR PETRINO (V-1) AND PASSENGER DORRELL WERE NOT PRESENT AT THE ACCIDENT SCENE WHEN I ARRIVED. EMS WAS NOT NOTIFIED OF THE TRAFFIC ACCIDENT. OPERATOR PETRINO (V-1) AND PASSENGER DORRELL WERE TRANSPORTED FROM THE COLLISION SCENE TO THE INTERSECTION OF EAST HUNTSVILLE ROAD AND CROSSOVER ROAD IN FAYETTEVILLE BY BENJAMIN ADAM WILLIAMS, JODY DIANE STEWART, AND WILLIAMS' 12 YEAR OLD SON, BENJAMIN WILLIAMS. THESE THREE RESIDE AT 817 NORTH 3RD STREET, OZARK, AR 72948. UPON ARRIVAL AT THE INTERSECTION OF EAST HUNTSVILLE ROAD AND CROSSOVER ROAD IN FAYETTEVILLE, PASSENGER DORRELL DEPARTED IN HER PERSONEL VEHICLE. OPERATOR OF (V-1) PETRINO WAS TRANSPORTED TO PHYSICIAN SPECIALTY HOSPITAL BY ASP CAPTAIN LANCE KING IN HIS ASP VEHICLE.

ON TUESDAY, APRIL 3, 2012, ASP SERGEANT GABE WEAVER AND I INTERVIEWED AND OBTAINED A WRITTEN DRIVER/WITNESS STATEMENT FROM THE OPERATOR OF V-1 (PETRINO) AT HIS OFFICE AT RAZORBACK STADIUM IN FAYETTEVILLE, ARKANSAS. FOR DETAILS, SEE OPERATOR PETRINO'S WRITTEN DRIVERS/WITNESS STATEMENT ATTACHED TO THIS REPORT. ASP SERGEANT GABE WEAVER AND I ALSO SPOKE WITH PASSENGER DORRELL TO SEE WHAT INFORMATION, IF ANY, SHE COULD SHARE REGARDING THE CAUSE OF THE COLLISION. PASSENGER DORRELL STATE SHE DID NOT KNOW WHAT CAUSED THIS ACCIDENT.

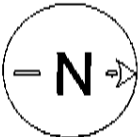
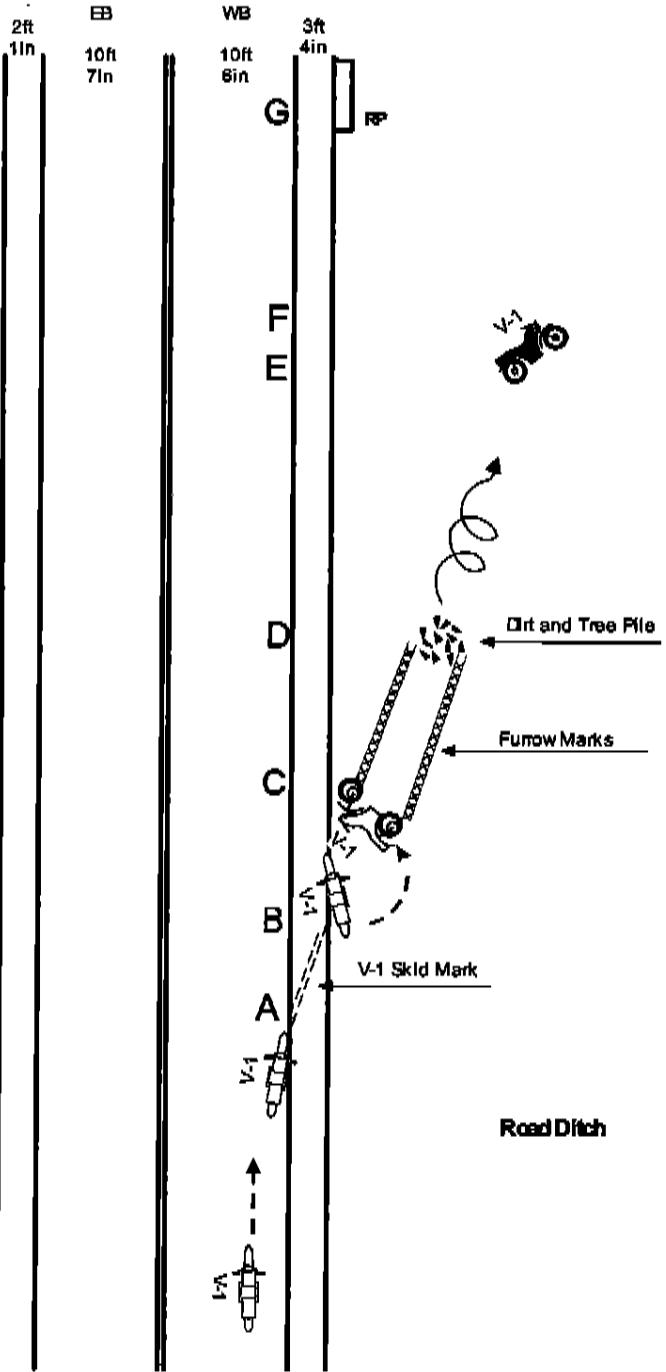
CONTRIBUTING FACTORS: EVIDENCE INDICATES THAT OPERATOR PETRINO OPERATED HIS MOTORCYCLE IN SUCH A MANNER THAT CAUSED HIM TO FAIL TO MAINTAIN CONTROL OF V-1. NO CITATIONS WILL BE ISSUED.



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Diagram / Photo 1

State Highway 16



NOT TO SCALE

State Highway 16
Madison County
Trp. J. Arnold #409

At the Point V-1 left the westbound lane of State Highway 16.

- A to B 22ft 2in W (V-1 Skid Mark)
- A to C 40ft 2in W / 3ft 4in N (V-1 overturned onto its left side)
- A to D 77ft W / 11ft 5in N (V-1 struck the dirt and tree limb pile)
- A to E 101ft 3in W / 17ft N (Rear tire of V-1 at final rest)
- A to F 104ft 6in W / 21ft N (Front tire of V-1 at final rest)
- A to G 123ft W / 3ft 4in N (East most corner of Culvert)

440412041

Arkansas Uniform Driver Information Exchange Form *What To Do After A Collision*

1. Contact your insurance agency and advise them you have been involved in a collision. They will need the other party's name(s), address(es) and the name of their insurance company(s).
2. If the collision results in damage to the property of any one person in excess of \$1000.00, in bodily injury, or in the death of any person, you must submit, within 30 days, a written report (SR-1) to the Financial Responsibility Unit, Department of Finance and Administration, P.O. Box 3278, Little Rock, Arkansas, 72203-3278. Forms for this report are available at all Arkansas State Revenue Offices.
3. A copy of your collision report may be obtained at the address listed below after 5 business days. To obtain a copy, provide the date, time, location and name(s) of the driver involved. Please submit a check or money order in the amount of \$10.00 for each copy requested.

Troop/Department Name ASP - TROOP A						Phone (501) 618-8130			
Address 1 STATE POLICE PLAZA DRIVE									
City LITTLE ROCK				State ARKANSAS		Zip Code 72209			
Collision Information									
Location of Accident 16				Date 4/1/2012		Time 18:32			
D R I V E R	Driver - Last Name PETRINO			Driver - First Name ROBERT		Driver - MI P	Driver - Suffix	Driver - Telephone Number	
	Driver - Address 4518 BRIDGEWATER LANE			Driver - City FAYETTEVILLE		Driver - State AR	Driver - Zip Code 72703		
	Owner - Last Name PETRINO			Owner - First Name ROBERT		Owner - MI P	Owner - Suffix		
	Owner - Address 4518 BRIDGEWATER LANE			Owner - City FAYETTEVILLE		Owner - State AR	Owner - Zip Code 72703		
1	License Plate	Plate - Year 2012	Plate - State AR	Plate - Number RI039	Vehicle - Year 2007	Vehicle - Make HARLEY DAVIDSON		Vehicle - Model ROAD KING	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle - Body MOTORCYCLE		Vehicle - Color		Vehicle Identification Number 1HD1FR4107Y852300			
Insurance - Company Name ALLSTATE				Insurance - Policy Number 9 31 484887 03/06		Estimated Damage \$2,000.00			
Officer - Signature			Rank TRP	Officer - Last Name ARNOLD		Officer - First Name JOSHUA		Officer - MI A	Officer - Suffix
			Officer - Badge Number 409			Officer - Department ASP - TROOP L			



ARKANSAS STATE POLICE

ASP-31
(Rev. 06/01)

Accident Supplement Driver/Witness Statement Form

Name: Robert P Petrino (First/MI/Last Name) Date: 4-1-12 Time: 6:45 AM PM
 Address: 4513 Bridgewater Fayetteville Arkansas 72703
 City State Zip Code
 Phone Number: () Telephone Date of Birth: 3-10-61
 Area Code Telephone (Month/Day/Year)

Drivers License #: 928907019 DL CDL State: ARKANSAS

Vehicle Make: 07 Harley Davidson Model: Road King Vehicle License #: R1839 State: AR

Location of Accident: Highway 16

Statement of: Driver Passenger Witness Are You Injured? Yes No
 (Check One) (Check One)

Driver/Passenger/Witness Statement Headed West on Highway 16
Because of Snow & Wind I could not maneuver the turn
properly. Tried to lay the bike down and the
next thing I know I was lying in a wood pile!

As the driver of the vehicle, were any of the following conditions a contributing factor in this accident?

Unconsciousness Epileptic Condition

Other nervous disorder or marked mental confusion

Result of any physical disability, disease, disorder or any other medical condition

Robert P Petrino
 Signature (First/MI/Last Name)
Trooper Josh Arnold #409
 TROOPER JOSH A. ARNOLD #409



ARKANSAS STATE POLICE

ASP-21
(Rev 06/01)

Accident Supplement Driver/Witness Statement Form

Name: Jessica M Dorrell (First/MI/Last Name) Date: 04/11/12 (Month/Day/Year) Report #: 440412041
 Time: 1:00 AM PM
 Address: 1022 Raspberry St City: Elkins State: AR Zip Code: 72721
 Phone Number: (479) 856-9535 Area Code Telephone Date of Birth: 05/30/86 (Month/Day/Year)

Drivers License #: _____ DL CDL State: _____

Vehicle Make: _____ Model: _____ Vehicle License #: _____ State: _____

Location of Accident: Hwy 16

Statement of Driver Passenger Witness Are You Injured? Yes No
(Check One) (Check One)

Driver/Passenger/Witness Statement

During my interview with Jessica Dorrell on April 3rd
Ms Dorrell stated she did not know what caused this accident
SEARCHED
INDEXED
FILED
APR 11 2012
ELKINS AR

As the *driver* of the vehicle, were any of the following conditions a contributing factor in this accident?

- Unconsciousness Epileptic Condition
- Other nervous disorder or marked mental confusion
- Result of any physical disability, disease, disorder or any other medical condition

J. Dorrell
 Signature (First/MI/Last Name)
 TROOPER JOSH A. ARNOLD #409