ARKANSAS STATE POLICE

ASP-25
(Rev. 01/02/2018)

Fatal Crash – Preliminary Reporting Form

Fatal #: _____ Date Rec'd: _____ (Month/Day/Year) Time Rec'd: _____ ☐ AM ☐ PM Operator # _____

Crash #: _____ Station Sending: _____ # Deceased: _____ # Injured: _____ Holiday: _____

Crash Date: _____ (Month/Day/Year) Time of Crash: _____ ☐ AM ☐ PM Location: _____

City: _____ County: _____

Please list DECEASED PERSONS first in the chart below, then INJURED and NON-INJURED.

	Name	Veh #	Age*	City of Residence (No Address)	M/F	Driver/Pass./Ped.	Deceased/Injured/Not Injured
1.						Select One	Deceased
2.						Select One	Select One
3.						Select One	Select One
4.						Select One	Select One
5.						Select One	Select One
6.						Select One	Select One
7.						Select One	Select One
8.						Select One	Select One

***If person listed is under the age of 18, list "MINOR" in the name field. Do not list the names of minors on this form.**

	Vehicle	Year	Direction	Hwy.		Vehicle	Year	Direction	Hwy.
1.					2.				
3.					4.				

Initial Narrative

(DO NOT include restraint or impaired status in this narrative)

Weather Cond: _____ Road Cond: _____

Injured Taken To: _____ Body Held At: _____

NOK Notified: Yes ☐ No ☐ Investigating Officer: _____ (Rank/First/MI/Last Name/Badge#) Agency: _____

NOK: _____ (Name: First/MI/Last) Relationship: _____

NOK Notified by: _____ (Rank/First/MI/Last Name/Badge#) Date: _____ Time: _____ ☐ AM ☐ PM

☐ **Check here if ASP 25A is attached with additional info.**

☐ **ARORA Notified** Date: _____ Time: _____ ☐ AM ☐ PM

ARKANSAS STATE POLICE

ASP-25A
(Rev. 01/01/2018)

Fatal Crash – Preliminary Reporting Form (Supplement)

Fatal #: _____ Date Rec'd: _____ (Month/Day/Year) Time Rec'd: _____ ☐ AM ☐ PM Operator # _____

Please list DECEASED PERSONS first in the chart on the ASP 25; continue below if necessary, then INJURED and NON-INJURED.

	Name	Veh #	Age*	City of Residence (No Address)	M/F	Driver/Pass./Ped.	Deceased/Injured/Not Injured
9.						Select One	Select One
10.						Select One	Select One
11.						Select One	Select One
12.						Select One	Select One
13.						Select One	Select One
14.						Select One	Select One
15.						Select One	Select One
16.						Select One	Select One
17.						Select One	Select One
18.						Select One	Select One
19.						Select One	Select One
20.						Select One	Select One
21.						Select One	Select One
22.						Select One	Select One
23.						Select One	Select One
24.						Select One	Select One
25.						Select One	Select One

***If person listed is under the age of 18, list "MINOR" in the name field. Do not list the names of minors on this form.**

	Vehicle	Year	Direction	Hwy.		Vehicle	Year	Direction	Hwy.
5.					6.				
7.					8.				
9.					10.				
11.					12.				
13.					14.				
15.					16.				
17.					18.				
19.					20.				

Additional Details: