



Arkansas Uniform Motor Vehicle Collision Report

Report Number

440412041

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° 86.7557		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 DIVIDED
	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		Supervisor - Last Name				Supervisor - First Name				Supervisor - MI			Supervisor - Suffix	
Supervisor - Signature						Supervisor - Badge Number				Supervisor Da				
						Supervisor - Department	ASP - TROOP L							



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D R I V E R	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Test Type(s) <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> Toxicology		Driver - Condition APPEARED NORMAL					Driver - Impairment NONE
Blood/Breath/Urine Results									
V E H I C L E	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Year 2007	Make HARLEY DAVIDSON	Model ROAD KING		Plate - Year 2012	Plate - State AR	Plate - Number R1839	
	Vehicle - Body MOTORCYCLE		Vehicle - Color 1 RED	Vehicle - Color 2		Vehicle Identification Number 1HD1FR4197Y652300			
	Insurance - Company Name ALLSTATE		Insurance - Policy Number 9 31 494887 03/05			Number of Passengers 1	MultiPass Req. 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 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>TRAILER</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> --- TOP <input type="checkbox"/> ></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Unknown</p> </div> <div style="text-align: center;"> <p>CAR</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> --- TOP <input type="checkbox"/> ></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Undercarriage</p> </div> </div>					Direction of Travel WEST		Vehicle Action GOING STRAIGHT	
						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 <input type="checkbox"/> No		Name of Towing Service D AND D WRECKER SERVICE - MADISON			Address Vehicle Removed To 4518 BRIDGEWATER LANE				
City Vehicle Removed To FAYETTEVILLE			State Vehicle Removed To AR		Zip Vehicle Removed To 72703				
Injury Transported <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EMS Notified	EMS Arrived	Transported By					
Hospital Name				Hospital City		Hospital State			



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P A S S E N G E R 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			Passenger - Race CAUCASIAN		Passenger - Sex FEMALE		Age 25
	<input checked="" type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown			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 72946. 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.

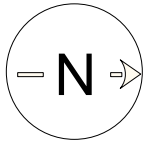
ON TUESDAY, APRIL 3, 2012, ASP SERGEANT GABE WEAVER AND I INTERVIEWED AND OBTAINED A WRITTEN DRIVER/WITNESS STATEMENT FROM THE OPERATOR OF V-1 (PETRINO) AT HIS OFFICE AT RAZORBACK STADIUM IN FAYETTEVILLE, ARKANSAS. FOR DETAILS, SEE OPERATOR PETRINO'S WRITTEN DRIVERS/WITNESS STATEMENT ATTACHED TO THIS 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

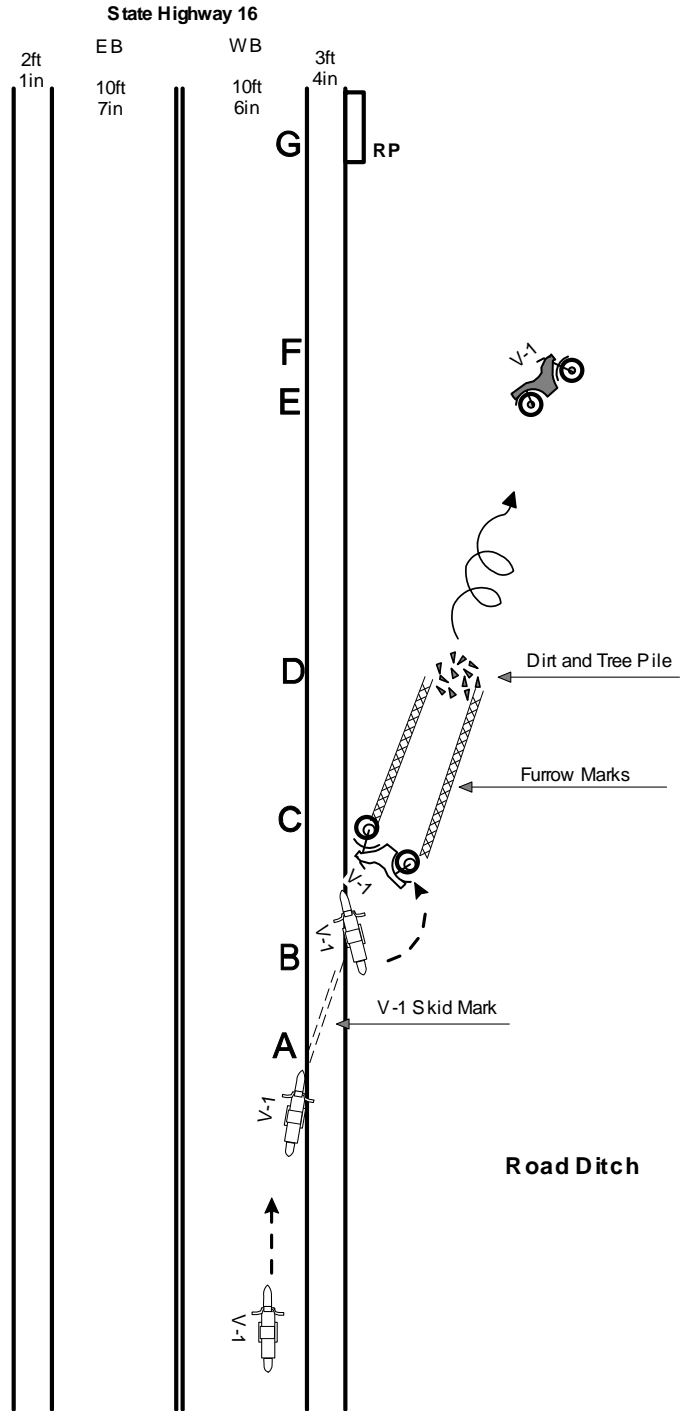


NOT TO SCALE

State Highway 16
Madison County
Tr p. J. Arnold #409

A is 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 over turned 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)



Road Ditch



ARKANSAS STATE POLICE

ASP-81
(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: 4519 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 #: 928907079 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 Sun & Wind I could not maneuver the turn
Drop off the road. 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-81
(Rev 06/01)

Accident Supplement Driver/Witness Statement Form

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

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