



PETRINO

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Attachments

Report Number

Arkansas Uniform Motor Vehicle Collision Report

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							
ENVIRONMENT	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						
	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 / 44041</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 Gabe L Weaver</i>				Supervisor - Badge Number	450				Supervisor - Department	ASP - TROOP L									



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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
			Safety Equipment Used EYE PROTECTION		Age 25		
			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.



PEIRINO

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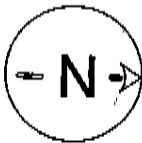
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Diagram / Photo 1

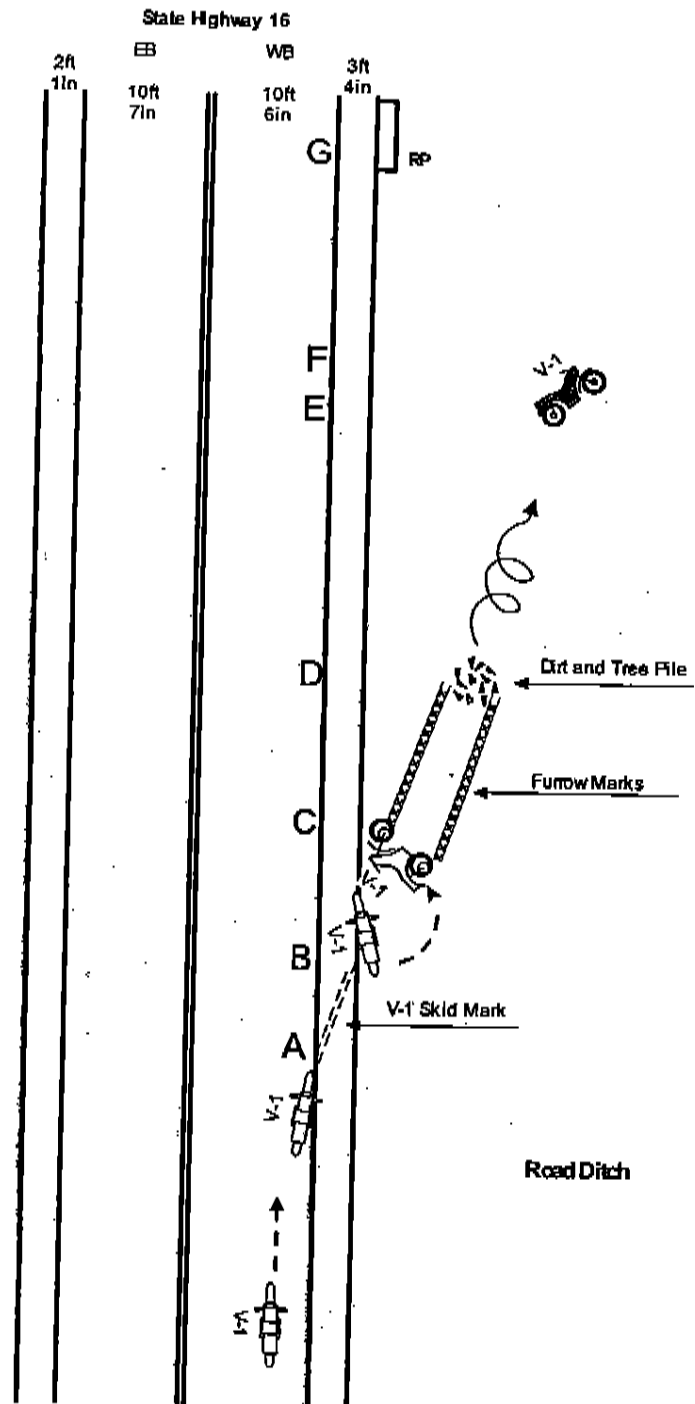
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**NOT TO SCALE**

State Highway 16
Madison County
Twp. 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 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) 618-6130		
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 1	Driver - Last Name PETRINO			Driver - First Name ROBERT		Driver - MI P	Driver - Suffix	
	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	
	License Plate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plate - Year 2012	Plate - State AR	Plate - Number RJ838	Vehicle - Year 2007	Vehicle - Make HARLEY DAVIDSON		Vehicle - Model ROAD KING
	Vehicle - Body MOTORCYCLE			Vehicle - Color		Vehicle Identification Number 1HD1FR4197Y652300		
Insurance - Company Name ALLSTATE				Insurance - Policy Number 9 31 494887 03/05		Estimated Damage \$2,000.00		
Officer - Signature				Rank TRP	Officer - Last Name ARNOLD	Officer - First Name JOSHUA	Officer - MI A	
				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: () Area Code Telephone Date of Birth: 3-10-61
(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
Became off road & wood I could not maneuver to turn
from off the road. Tried to lay the bike down and then
flipped. They 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: Jessica M. Dorrell (First/MI/Last Name) Date: 04/11/12 (Month/Day/Year) Report #: 440412041
 Address: 1022 Raspberry St City: Elkins State: AR Zip Code: 72721
 Phone Number: (479) 856-9535 Area Code Telephone Date of Birth: 05/30/1966 (Month/Day/Year)

Drivers License #: _____ ☐ DL ☐ CDL State: _____

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

Location of Accident: Hay 16

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

Signed: [Signature]
 Date: 4/11/12

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

[Signature]

Signature (First/MI/Last Name)

TROOPER JOSH A. ARNOLD #409