



ARKANSAS STATE POLICE

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

Fatal Crash – Preliminary Reporting Form

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

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

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

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.							Deceased
2.							
3.							
4.							
5.							
6.							
7.							
8.							

***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.**

1.	Vehicle	Year	Direction	Hwy.	2.	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: _____ Agency: _____
(Rank/First/MI/Last Name/Badge#)

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

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

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

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.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

***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: