



ARKANSAS STATE POLICE

ASP 81
(Rev. 06/04/2019)

Crash Report Supplement Driver/Witness Statement Form

Crash Date: 4-30-23 Time: 5:02 ☐ AM ☐ PM Report #: 202308073ASP
(Mo./Day/Year)

Name: Danny Allen Date of Birth: [REDACTED]
(First/MI/Last Name) (Month/Day/Year)

Address: [REDACTED]
House # and Street or P.O. Box # City State Zip Code

Phone Number: [REDACTED] Email: [REDACTED]
Area Code Telephone#

Driver's License #: [REDACTED] ☐ DL ☐ CDL State: [REDACTED]

Vehicle Make: [REDACTED] Model: [REDACTED] Vehicle License #: [REDACTED] State: [REDACTED]

Location of Crash: [REDACTED]

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

Driver/Passenger/Witness Statement:

Took off ahead of him and turned back to see
him and saw him go down left wing down. Come around
and landed run to site.

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 of Driver: [REDACTED]
(First/MI/Last Name)

Date: 4-30-2023

Signature of Officer: [REDACTED]
Trp. Jordan Drake #163
(Rank/First/MI/Last Name/Badge #)

Date: 4-30-23