





**PART THREE (Cont.)**

**B.**

Name of Suspect or Witness:                      Suspect \_\_\_\_\_                      Witness \_\_\_\_\_ (Check One)

Address		City		State	Zip	Phone (    )
Business or Alias Name (If Applicable)						
Address		City		State	Zip	Phone (    )
Date of Birth	Sex	Race	Social Security Number		Federal ID Number	
Occupation			Employer Name			
Employers Address		City		State	Zip	Phone (    )
Role of Suspect or Witness (See Page 5 for Codes)  /    /    /    /    /    /			Vehicle Year	Make	Model	
			Style		Color	
Driver's License Number	State	License Plate Number	State	VIN Number		

**PART THREE (Cont.)**

**C.**

Name of Suspect or Witness:                      Suspect \_\_\_\_\_                      Witness \_\_\_\_\_ (Check One)

Address		City		State	Zip	Phone (    )
Business or Alias Name (If Applicable)						
Address		City		State	Zip	Phone (    )
Date of Birth	Sex	Race	Social Security Number		Federal ID Number	
Occupation			Employer Name			
Employers Address		City		State	Zip	Phone (    )
Role of Suspect or Witness (See Page 5 for Codes)  /    /    /    /    /    /			Vehicle Year	Make	Model	
			Style		Color	
Driver's License Number	State	License Plate Number	State	VIN Number		

**PART THREE (Cont.)**

**D.**

Name of Suspect or Witness:                      Suspect \_\_\_\_\_                      Witness \_\_\_\_\_ (Check One)

Address		City		State	Zip	Phone (    )
Business or Alias Name (If Applicable)						
Address		City		State	Zip	Phone (    )
Date of Birth	Sex	Race	Social Security Number		Federal ID Number	
Occupation			Employer Name			
Employers Address		City		State	Zip	Phone (    )
Role of Suspect or Witness (See Page 5 for Codes)  /    /    /    /    /    /			Vehicle Year	Make	Model	
			Style		Color	
Driver's License Number	State	License Plate Number	State	VIN Number		

**PART THREE (Cont.)**

**E.**

Name of Suspect or Witness:                      Suspect \_\_\_\_\_                      Witness \_\_\_\_\_ (Check One)

Address		City		State	Zip	Phone (    )
Business or Alias Name (If Applicable)						
Address		City		State	Zip	Phone (    )
Date of Birth	Sex	Race	Social Security Number		Federal ID Number	
Occupation			Employer Name			
Employers Address		City		State	Zip	Phone (    )
Role of Suspect or Witness (See Page 5 for Codes)  /    /    /    /    /    /			Vehicle Year	Make	Model	
			Style		Color	
Driver's License Number	State	License Plate Number	State	VIN Number		

## ARKANSAS INSURANCE DEPARTMENT FRAUD CODES

### REASON FOR SUSPICION/LOSS TYPE CODES:

<b>AM</b>	Application Misrepresentation	<b>OT</b>	Other
<b>AR</b>	Arson	<b>RO</b>	Ring/Organized Activity (Excluding Vehicle)
<b>CI</b>	Claim Investigation Resulted in Denial/Reduction/Withdrawal	<b>SA</b>	Specials/Receipts (Altered/Questionable/Duplicate)
<b>FL</b>	Fictitious Loss	<b>UR</b>	Unperformed Repairs
<b>IF</b>	Inflated Loss	<b>VA</b>	Vehicle Arson
<b>IS</b>	Illegal Solicitation	<b>VF</b>	Vehicle
<b>KB</b>	Kick Backs/Bribery	<b>VR</b>	Vehicle Ring Activity
<b>MC</b>	Multiple Claims	<b>VT</b>	Vehicle Theft
<b>ML</b>	Medical Provider/Lawyer Relationship	<b>WC</b>	Workers' Compensation Claimant
<b>MP</b>	Medical Provider	<b>WP</b>	Workers' Compensation Premium
<b>MS</b>	Misappropriated Vehicle Salvage		

### POLICY TYPE CODES:

<b>PAUT</b>	Personal Auto General	<b>CALB</b>	Commercial Auto Liability
<b>PANF</b>	Personal Auto No Fault	<b>CPRP</b>	Commercial Property General
<b>PALB</b>	Personal Auto Liability	<b>CLIB</b>	Commercial Auto Liability
<b>PPAP</b>	Personal Property General	<b>CIMR</b>	Commercial Inland Marine
<b>PPHO</b>	Personal Property Homeowners	<b>CFRM</b>	Commercial Farm Ranch
<b>PPIM</b>	Personal Property Inland Marine	<b>CAVN</b>	Commercial Aviation
<b>PPFM</b>	Personal Property Farm	<b>OMAR</b>	Ocean Marine
<b>COMP</b>	Commercial	<b>WORK</b>	Workers' Compensation
<b>CCRM</b>	Commercial Crime	<b>ACHE</b>	Accident and Health
<b>CAUT</b>	Commercial Auto General	<b>LIFE</b>	Life
<b>CANF</b>	Commercial Auto No Fault		

### ROLE CODES:

<b>CL</b>	Claimant	<b>LW</b>	Lawyer/Other
<b>CI</b>	Both Claimant and Insured	<b>IB</b>	Agent/Broker
<b>CD</b>	Claimant/Driver	<b>IS</b>	Staff/Adjuster
<b>CP</b>	Claimant/Passenger	<b>II</b>	Independent Adjuster
<b>IN</b>	Insured	<b>IO</b>	Other Insurance Personnel
<b>ID</b>	Insured/Driver	<b>MD</b>	Medical/Doctor
<b>IP</b>	Insured/Passenger	<b>MC</b>	Chiropractor
<b>IE</b>	Insured/Employee	<b>MN</b>	Nurse
<b>WT</b>	Witness	<b>MT</b>	Physical Therapist
<b>BS</b>	Body Shop	<b>MS</b>	Dentist
<b>LC</b>	Lawyer For Claimant	<b>MG</b>	Radiologist
<b>LI</b>	Lawyer For Insured	<b>MZ</b>	Medical Facility

### LICENSE TYPE CODES:

<b>PC</b>	Passenger Car	<b>FM</b>	Farm
<b>TK</b>	Truck	<b>IP</b>	International Plate
<b>TL</b>	Trailer	<b>IT</b>	In Transit
<b>MC</b>	Motorcycle	<b>TR</b>	Tractor/Trailer
<b>CO</b>	Construction Equipment	<b>ZZ</b>	All Others
<b>BU</b>	Bus		

### VEHICLE DATA:

Vehicle Make i.e., Ford, Toyota, Chevrolet  
 Vehicle Model i.e., Escort, Camry, Mustang  
 Vehicle Style i.e., 4 Door, Convertible, Station Wagon