

State of West Virginia Uniform Traffic Crash Report



Crash Data

Date, time and location

This section of the West Virginia Uniform Traffic Crash Report contains information about the exact time, date and location of your accident. Make sure this information is accurate. Even a small mistake could jeopardize the outcome of a potential accident claim or a pending legal case or lawsuit seeking financial compensation.

Crash Record Number: _____ Reporting Agency's Record Number: _____ Page _____ of _____

of Vehicles Involved: _____ # of Non-Motorists Involved: _____ # of Fatal Injuries: _____ # of A B or C Injuries: _____

Date / Time of Crash: _____ / _____ Date / Time Crash Reported: _____ / _____ Time of Arrival: _____

County: _____ Municipality or Place of Crash: _____ GPS Coordinates: _____

Latitude _____ Longitude _____

Highway Class: Interstate US WV
 County/HARP City Street State Park / Forest Road Not Applicable Spur North East Truck Route Other
 Private Road Private Property/Off-Roadway Alternate Ramp South West Toll

Route: _____ Milepost: _____ Ramp: _____ Street: _____

Other Description of Location: _____ Intersecting Street: _____

Relation to Junction / Junction Type: _____

Non-Junction Junction, Non-Interchange Area Junction, Interchange Area

Intersection Thru Roadway
 Intersection-Related Merge/Diverge Area
 Interstate to Interstate Intersection
 Railroad Grade Crossing #: _____ Intersection-Related
 Median Crossover-Related Entrance / Exit Ramp
 Business or Residential Driveway/Alley Access Other Part of Interchange
 Other Non-Interchange

Intersection Type:
 4-Way Intersection
 T Intersection
 Y Intersection
 Intersection as Part of Interchange
 Traffic Circle / Roundabout
 5-Point or More

Type of accident and where it happened

This section of the report outlines where the accident happened (at an intersection, exit ramp, etc.) as well as the type of accident (rear end, head-on, sideswipe, etc.). Here again, it's critical that your accident report accurately reflects what happened. If you disagree with the description of your accident, make sure you voice your concerns. An attorney can assist with this and work with you to set the record straight.

Manner of Collision: Angle (Front to Side) Same Direction Right Angle

Single Vehicle Crash
 Rear End
 Head-On
 Sideswipe, Same Direction
 Sideswipe, Opposite Direction
 Rear-to-Side
 Rear-to-Rear

Angle (Front to Side) Opp. Direction Angle - Direction Not Specified

Environmental Contributing Circumstances (Select Up to 3):
 None
 Weather Conditions
 Physical Obstruction(s)
 Glare
 Animal(s) in Roadway
 Type: _____
 Other: _____

Weather (Select Up to 2): _____ Lighting: _____

Clear Rain Blowing Snow Other
 Cloudy Sleet, Hail, or Freezing Rain Severe Crosswinds
 Fog, Smog, Smoke Snow Blowing Sand, Soil, Dirt

Daylight Dawn
 Dark - Lighted Dusk
 Dark - Not Lighted Other

Cause of accident

The conditions that resulted in the cause of the accident can be found in this part of the accident report. These conditions can include the weather (rain, snow, etc.), road surface conditions (dry, wet, etc.) and other factors. In particular, the "first harmful event" listed here often plays a significant role in the cause of an accident. Harmful events include "jackknife", "overturn/rollover" and "fire/explosion". This part of the report also states if the collision involved pedestrians and cyclists, as well as other situations, including work zones, guardrails or other traffic barriers.

Roadway Surface Condition: _____ Location of First Harmful Event: _____

Dry Slush Mud, Dirt, Gravel, Sand
 Wet Ice / Frost
 Snow Water (Standing / Moving)

On Roadway Roadside In Parking Lane or Zone Outside of Right-of-Way
 Shoulder Gore Off Roadway, Location Unknown
 Median Separator Unknown

Roadway Surface Type: Asphalt Concrete Gravel Dirt Brick Other: _____

First Harmful Event: _____ COLLISION WITH: _____

Overturn / Rollover Pedestrian Bridge Overhead Structure Concrete Traffic Barrier
 Fire / Explosion Pedalcycle Bridge Pier or Support Other Traffic Barrier
 Immersion Railway Vehicle Bridge Rail Tree (Standing)
 Jackknife Animal Culvert Curb Utility Pole/Light Support
 Cargo / Equipment Loss or Shift Motor Vehicle in Transport Ditch Traffic Signal Support
 Fell / Jumped from Motor Veh Parked Motor Vehicle Embankment Other Post, Pole, or Support
 Thrown or Falling Object Work Zone / Maintenance Equip Guardrail Face Fence
 Other Non-Collision Other Non-Fixed Object Guardrail End Mailbox
 Impact Attenuator / Crash Cushion Cable Median Barrier Other Fixed Object

Contributing circumstances

Additional contributing factors may be noted here on this part of the report. Contributing circumstances may include debris on the road, ruts or holes in the road or other hazardous conditions.

Road - Contributing Circumstances: (Select Up to 3)

- | | | | | |
|---|--|--|------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Ruts, Holes, Bumps | <input type="checkbox"/> Shoulders | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Road Surface | <input type="checkbox"/> Worn, Travel Polished Surface | <input type="checkbox"/> None | <input type="checkbox"/> Low | <input type="checkbox"/> Soft |
| <input type="checkbox"/> Condition (Wet, Icy, etc.) | <input type="checkbox"/> Obstruction in Roadway | <input type="checkbox"/> Problem w/ Traffic Control Device | <input type="checkbox"/> High | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Debris | <input type="checkbox"/> Pavement Markings Not Visible | <input type="checkbox"/> Inoperative | <input type="checkbox"/> Missing | <input type="checkbox"/> Obscured |
| | | | | <input type="checkbox"/> Maintenance |
| | | | | <input type="checkbox"/> Non-Highway Work |
| | | | | <input type="checkbox"/> Other: _____ |

School Bus Related:

-
- No
-
-
- Yes, School Bus Directly Involved
-
-
- Yes, School Bus Indirectly Involved

School Zone Related:

-
- No
-
-
- Yes

Type of School Zone Sign:

-
- When Present
-
-
- When Flashing
-
-
- Lists Specific Times
-
-
- None

School Zone Flashers:

-
- Present, Not Active
-
-
- Present, Active
-
-
- Not Present

School Zone Speed Limit:

Work Zone Related:

-
- No
-
-
- Yes

Workers Present:

-
- Yes
-
-
- No
-
-
- Unknown

Work Zone Speed Limit:

Location of Crash in Work Zone:

-
- Before 1st Warning Sign
-
-
- Advance Warning Area
-
-
- Transition (Merge) Area
-
-
- Activity Area
-
-
- Termination Area

Type of Work Zone:

-
- Lane Closure
-
-
- Lane Shift / Crossover
-
-
- Work on Shoulder or in Median
-
-
- Intermittent or Moving Work
-
-
- Other

Narrative

The investigating police officer uses this section to "describe what happened." The words chosen by the officer to describe your accident can have a dramatic impact on the outcome of your accident claim or legal case. Insurance companies often carefully review the investigating police officer's narrative when determining who was at fault in an accident. That's why it's important to carefully review every single word written in this section.

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

Draw Arrow Pointing North in Box

Drawing of crash

This part of the report features a diagram of the accident. Make sure the position of the vehicles involved in the accident drawn on the report match the actual location of the vehicles involved in your accident. If there are any discrepancies, make sure you clarify them. An experienced attorney can help you do this.

Reported By: State Police Sheriff's Dept Photos Taken: Yes No By Whom: _____
 Municipal PD Other Video Taped: Yes No By Whom: _____

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name: _____ Number: _____ Signature: _____

Phone: _____ ORI Number: _____ Agency: _____

Assisting Officer's Name(s): _____

Reconstructed: Yes No By Whom: _____

Date of Submission: _____

Vehicle Data

Vehicle information

Detailed information about all the vehicles involved in the accident can be found here, especially if a commercial vehicle, large truck or bus was involved in the collision. This information includes the make, model and year of the vehicles involved in the crash. Information about the direction a vehicle was traveling at the time of the crash is also located here.

Crash avoidance and vehicle damage

If you or another driver tried to avoid causing a collision, this information should be included here. This may include evidence of skid marks on the road or other "crash avoidance maneuvers." Another important piece of information can be found on this part of the report as well - the "extent of damage" to the vehicle. Make sure this entry is accurate. If your vehicle was severely damaged, make sure it says so. What is written here could dramatically change how much money you receive for your accident related expenses.

Crash events and diagrams

"Crash events" can cover a wide range from "jackknife" accidents to "equipment failure" and "overturn/rollover" accidents. There are also five different diagrams to choose from depending on what type of vehicle was involved in the crash. This includes cars, motorcycles, passenger vehicles with a towing unit, buses and tractor-trailers. Below, you can also find information about any units being towed by the vehicles involved in the crash.

Crash Record Number: _____ Vehicle Number: _____ Reporting Agency's Record Number: _____ Page _____ of _____

Vehicle Type: Motor Veh in Transport Parked Motor Veh / Trailer Working Veh / Equipment **Hit and Run:** No, Did Not Leave Scene Driver Present at Time of Crash: Yes, Driver Left Scene Driver Operated Vehicle Yes, Car and Driver Left Scene Driverless Vehicle

Owner's Name(s): _____ Address: _____ City: _____ State: _____ Zip Code: _____ How Phone: _____ Other Phone: _____

Make: _____ Model: _____ Model Year: _____ Body Type: _____ Color: _____ Registration Status: Properly Registered Improperly Registered No Registration Required Yes No No Tag Yes No Not Reg

VIN: _____ Plate Class: _____ License Plate Number: _____ State: _____ Reg Year: _____

Special Function of Motor Vehicle: Near Police Country Patrol Used as an Emergency Vehicle: No Yes Vehicle Used as a Bus: Public School Bus Private School Bus Scheduled Service Bus Commuter Bus Shuttle Bus Modified for Personal/Private Use Taxi Ambulance Fire Truck Military No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No

Direction of Travel Before Crash: Northbound Eastbound Not on Road Southbound Westbound Unknown

Traffic Control Device Type: None Yield Sign Person (Flagger, etc.) School Zone Signs Traffic Control Signal Warning Signs Flashing Overhead Signal Railroad Crossing Device Stop Sign Other

Horizontal Alignment: Straight Curve Left Curve Right Other

Vertical Alignment: Level Sag (Bottom) Hillcrest Downhill

Upland / Overide: No Upland or Overide Upland, Compartment Intrusion Upland, Compartment Intrusion Upland, No Compartment Intrusion Underide, Compartment Intrusion Underide, No Compartment Intrusion Underide, Compartment Intrusion Unknown Underide, Motor Vehicle in Transport Underide, Other Motor Vehicle

Crash Avoidance Maneuver: Essentially Straight Ahead Making U-Turn Braking Steering Braking, Skidmarks Evident Stopping in Traffic Leaving Traffic Lane Entering Traffic Lane Negotiating a Curve Other

Crash Avoidance Maneuver: None Evident or Reported Braking - Skidmarks Evident Braking - Driver Stated Braking - Other Evidence Steering - Evidence or Stated Steering and Braking Other

Contributing Circumstances, Motor Vehicle (Select up to 2): None Tires Brakes Wheels Lights (Head, Signal, Tail, etc.) Mirrors Steering Windows Power Train Truck Coupling/Traffic Hitch/Safety Chains Suspension Other

Motor Vehicle in Transport: Overturn / Rollover Fire / Explosion Immersion Jackknife Cargo/Equipment Loss or Shift Equipment Failure Separation of Units Ran Off Road Right Ran Off Road Left

Cross Median / Centerline: 10 Cross Median / Centerline 11 Downhill Runaway 12 Left / Jumped from Motor Vehicle 13 Thru or Falling Object 14 Other Non-Collision COLLISION W/TITLE 15 Pedestrian 16 Pedicycle 17 Railroad Vehicle 18 Animal

Motor Vehicle in Transport: 19 Motor Vehicle in Transport 20 Parked Motor Vehicle 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh 22 Work Zone / Maintenance Equip 23 Other Non-Fixed Object 24 Impact Alternator / Crash Cushion 25 Bridge/Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Culvert

Motor Vehicle in Transport: 29 Car 30 Ditch 31 Embankment 32 Guardrail End 33 Guardrail Face 34 Cable Median Barrier 35 Concrete Barrier 36 Other Traffic Barrier 37 Tree (Standing) 38 Utility Pole / Light Support

Traffic Sign Support: 39 Traffic Sign Support 40 Traffic Signal Support 41 Other Post, Pole, or Support 42 Fence 43 Mastarm 44 Other Fixed Object

Sequence of Events: _____

Most Harmful Event: _____

Property Damaged Other Than Vehicles: None Work Zone / Maintenance Equipment Impact Alternator / Crash Cushion Bridge / Tunnel Culvert Guardrail Concrete Barrier Cable Median Barrier Other Traffic Barrier Utility Pole / Light Support Traffic Sign Support Traffic Signal Support Other Post, Pole or Support Fence Mastarm Other Fixed Object

Damaged Property Owner(s): WVDOT Private City Utility Company Other

Damaged Property Location: On Freeway Right Side of Road Left Side of Road

Crash Record Number: _____ Vehicle Number: _____ Reporting Agency's Record Number: _____ Page _____ of _____

Crash Events: 01 Overturn / Rollover 02 Fire / Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss or Shift 06 Equipment Failure 07 Separation of Units 08 Ran Off Road Right 09 Ran Off Road Left

Crash Events: 10 Cross Median / Centerline 11 Downhill Runaway 12 Left / Jumped from Motor Vehicle 13 Thru or Falling Object 14 Other Non-Collision COLLISION W/TITLE 15 Pedestrian 16 Pedicycle 17 Railroad Vehicle 18 Animal

Crash Events: 19 Motor Vehicle in Transport 20 Parked Motor Vehicle 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh 22 Work Zone / Maintenance Equip 23 Other Non-Fixed Object 24 Impact Alternator / Crash Cushion 25 Bridge/Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Culvert

Crash Events: 29 Car 30 Ditch 31 Embankment 32 Guardrail End 33 Guardrail Face 34 Cable Median Barrier 35 Concrete Barrier 36 Other Traffic Barrier 37 Tree (Standing) 38 Utility Pole / Light Support

Crash Events: 39 Traffic Sign Support 40 Traffic Signal Support 41 Other Post, Pole, or Support 42 Fence 43 Mastarm 44 Other Fixed Object

Sequence of Events: _____

Most Harmful Event: _____

Property Damaged Other Than Vehicles: None Work Zone / Maintenance Equipment Impact Alternator / Crash Cushion Bridge / Tunnel Culvert Guardrail Concrete Barrier Cable Median Barrier Other Traffic Barrier Utility Pole / Light Support Traffic Sign Support Traffic Signal Support Other Post, Pole or Support Fence Mastarm Other Fixed Object

Damaged Property Owner(s): WVDOT Private City Utility Company Other

Damaged Property Location: On Freeway Right Side of Road Left Side of Road

Select the OVE Diagram that best matches the involved vehicle and identify damaged areas:

Single Unit Vehicle Motorcycle ATV Pass. Veh. Towing Unit Bus Tractor-Trailer

13 Top 13 Top 13 Top 13 Top 13 Top

14 Undercarriage 14 Undercarriage 14 Undercarriage 14 Undercarriage 14 Undercarriage

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: _____ Most Damaged Area: _____

Number of Trailing Units: _____

Trailing Unit #1: Same as Power Unit Carrier / Owner's Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ VIN: _____ Plate Class: _____ License Plate Number: _____ State: _____ Year: _____ Make: _____ Model: _____ Model Year: _____ Body Type: _____

Trailing Unit #2: Same as Power Unit Carrier / Owner's Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ VIN: _____ Plate Class: _____ License Plate Number: _____ State: _____ Year: _____ Make: _____ Model: _____ Model Year: _____ Body Type: _____

Trailing Unit #3: Same as Power Unit Carrier / Owner's Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ VIN: _____ Plate Class: _____ License Plate Number: _____ State: _____ Year: _____ Make: _____ Model: _____ Model Year: _____ Body Type: _____

Driver information

The names and addresses of the drivers involved in the accident are located here. In addition, if the driver had any license restrictions (including whether their driver's license was valid, suspended or revoked) can be found here and can play an important role in the outcome of your accident claim, lawsuit or other pending legal action.



Driver Data

Crash Record Number: _____ **Vehicle Number (from Vehicle Data Page)** _____ **Page** _____ **of** _____

Reporting Agency's Record Number: _____

Driver's Name: _____
 Last First Middle Suffix

Address: Same as Veh Owner _____
 _____ City State Zip Code

Home Phone: _____ **Other Phone:** _____

Driving License:

License Type:
 Not Licensed GDL Level 1 CDL Instruction Permit CDL Class: _____
 Driving License GDL Level 2 Motorcycle Instruction Permit A B C
 Instruction Permit GDL Level 3 Motorcycle Only

Issuing State: _____

Lic. Number: _____

Date of Birth: _____

License Restrictions: (Select All that Apply)

None Limited - Other
 Corrective Lenses CDL Intrastate Only
 Mechanical Devices Motor Vehicles w/o Air Brakes
 Prosthetic Aid Military Vehicles Only
 Automatic Transmission Except Class A Bus
 Outside Mirror Except Class A and Class B Bus
 Limit to Daylight Only Except Tractor - Trailer
 Limit to Employment Farm Waiver
 Must Be Accompanied by Adult Other _____

Endorsements: (Select Up to 5)

None
 T - Double/Triple Trailers
 P - Passenger Vehicle
 S - School Bus
 N - Tank Vehicle
 H - Hazardous Materials
 X - Combined Tank / Haz. Materials
 P - Motorcycle (WV Only)
 Other - Non-WV Licenses Only

Status:

Valid
 Expired
 Suspended
 Revoked
 Probation
 Surrendered
 Valid/Interlock
 Fraudulent

Driver Condition at Time of Crash:

Apparently Normal
 Emotional
 Ill
 Fell Asleep, Fainted, Fatigued
 Under the Influence of Medication/Alcohol/Drugs
 Other _____

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

None Improper Turn
 Ran Off Road Improper Passing
 Failed to Yield Right of Way Wrong Side or Wrong Way
 Disregarded Traffic Signs Followed Too Closely
 Ran Red Light Failed to Keep in Proper Lane
 Disregarded Other Road Markings Exceeded Posted Speed Limit
 Exceeded Posted Speed Limit Drove Too Fast For Conditions
 Operated Veh in Erratic, Reckless, or Careless Manner

Operated Veh in Aggressive Manner
 Swerved or Avoided
 Over Correcting / Over Steering
 Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

No
 Yes
 Unknown

Alcohol Test Given:

Test Given
 None Given
 Test Refused

Type of Alcohol Test Given (Select Up to 2):

Blood Breath Urine
 Serum Field Other: _____

PBT Results:

Pass
 Fail

BAC Results:

 Pending
 Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

No
 Yes
 Unknown

Drug Test Given:

Test Given
 None Given
 Test Refused
 Unknown if Tested

Type of Drug Test Given:

Blood DRE
 Serum
 Urine
 Other _____

Drug Test Results (Check All that Apply):

None Amphetamine Pending
 Marijuana PCP
 Cocaine Other Controlled Substance
 Opiate Other Drug

Driver Distracted By:

Not Distracted Other Electronic Device
 Electronic Communication Device Other Inside Vehicle
 Other Outside Vehicle

Alcohol involvement

If the other driver was intoxicated at the time of your accident, you can find this information here. The investigating police officer will make a note if the driver was given a test and their blood alcohol concentration (BAC) results. Pay close attention to this information, if you suspect the other driver was intoxicated but the report doesn't say so here, make sure you speak up and voice your concerns. An attorney can help you do this.

Traffic citations

If the investigating police officer issued any citations for traffic violations, this information should be located here. Traffic citations can cover a wide range, from driving while impaired to speeding, failure to obey a stop sign and driving while license suspended or revoked.

Reporting Agency's Record Number: _____

Known or Suspected Violation(s) by Driver:

- No Violations
- Reckless/Careless/Hit and Run Type Offenses**
- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- Unsafe or Prohibited Lane Change
- Improper Use of Lane
- Certain Traffic to Use Right Lane
- Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- Driving Wrong Way on One-Way Road
- Driving on Left, Wrong Side of Road, Generally
- Improper, Unsafe Passing
- Passing on Right (Drive Off of Pavement to Pass)
- Passed Stopped School Bus
- Failure to Give Way When Overtaken
- Following Too Closely
- Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

Driver statement

You and the other driver(s) involved in your accident will likely be interviewed by the investigating police officer. Your statements will likely be included here. What you say matters. That's why it's important to speak up if you believe your statement listed here does not accurately reflect what happened. In addition, pay close attention to what the other driver said or wrote about your accident. If the other driver admitted causing your collision (or blames you), the other driver's statement could significantly influence how much money you receive for your accident-related expenses.

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

STATEMENT OF DRIVER:

**State of West Virginia Uniform Traffic Crash Report
Driver and Vehicle Passenger Data**

Crash Record Number: _____

Reporting Agency's Record Number: _____

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Passenger information

This page contains information about all the passengers in all the vehicles involved in your accident. If anyone was injured in the crash, this information should be included here. If not, insurance companies might raise objections and refuse to compensate injured passengers.

Index #	Last	Name						Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position				Occupant Protection			
		First	Middle-1st	Middle-2nd	Middle-3rd	Middle-4th	Middle-5th								Type Used	Proper Use	App. Use	Helmet				

Occupant Type Codes: 01 Driver 02 Passenger 03 Occupant of Motor Veh Not in Transport 04 Unknown Vehicle Passenger	Injury Status Codes: K Killed O No Injury	A Incapacitating Injury B Non-Incapacitating Injury C Possible Injury	M Medical Condition Non-Crash Related Death or Injury	Type of Occupant Protection System Used Codes: 01 None Used 02 Shoulder and Lap Belt Used 03 Slighter Belt Only Used 04 Lap Belt Only Used 05 Child Restraint System - Forward Facing 06 Child Restraint System - Rear Facing	07 Booster Seat 08 Helmet Used 09 Restraint Used - Type Unknown 10 Other - Unable to Determine - Due to Vehicle Damage
Gender: M Male F Female	Seating Position Codes: ROW SEAT OTHER 1 Front 1 Left 1 Sleeper Section of Cab 2 Second 2 Middle 2 Other Enclosed Cargo Area 3 Third 3 Right 3 Unenclosed Cargo Area 4 Fourth 4 Other 4 Trailing Unit 5 Other Row 5 Unknown 5 Riding on Motor Vehicle Exterior 6 Unknown 6 Unknown 6 Unknown			Proper Use of Occupant Protection: 01 Used Properly 02 Used Improperly 03 Unknown	
DOT Approved Helmet: 01 Yes 02 No 03 Unknown					

Index #	From Above	Air bag	Trapped	Ejection	Medical Transport	Responing EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death

Alr/bag Deployed Codes: DEPLOYED (This Seat): 01 Front 02 Side 03 Other 04 Multiple Direction (Front and Side) 10 Unable to Determine - Due to Vehicle Damage NOT DEPLOYED (This Seat): 05 Available, Didn't Deploy 06 Available, Tardard Off 07 None Installed 08 Previously Deployed - Not Replaced (Front and Side) 09 Disabled or Removed	Trapped / Extincted Codes: 01 Not Trapped 02 Trapped / Extincted 03 Unknown	Ejection Codes: 01 Not Ejected 02 Ejected, Partially 03 Ejected, Totally 04 Unknown	Ejection Path: 01 Thru Side Door Opening 02 Thru Side Window 03 Thru Windshield 04 Thru Back Window 05 Thru Back Door / Tailgate Opening 06 Thru Roof Opening 07 Thru Convertible (Top Up) Roof 08 Other Path 09 Unknown Path
Medically Transported By: 01 Not Transported 02 EMS 03 Law Enforcement 04 Rebuff 05 Other 06 Unknown		Place of Victim's Death: 01 At Scene 02 En Route 03 At Medical Facility 04 Home 05 Other	

Non-motorist information

Sometimes, pedestrians, bicyclists and other non-motorists are involved in motor vehicle accidents. Information about non motorists can be found here. If you were injured while walking or cycling, make sure these pages accurately reflect what happened to you. Otherwise, the outcome of your accident claim or lawsuit could be in jeopardy and you might not get the financial compensation you rightfully deserve.

Non-Motorist Data

Crash Record Number: _____

Reporting Agency's Record Number: _____

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Index #	Last	Name	First	Mt In.	Sex	Person Type	Social Security #	Birthdate	Age	Gender	Injury	Vehicle Number of Motor Veh Striking	Action PRIOR to Crash	Location PRIOR to Crash	Contributing Action #1	Location at Time of Crash

Person Type Codes:

- 05 Pedestrian
- 06 Other Pedestrian (Wheelchair, Skater, etc.)
- 07 Bicyclist
- 08 Other Cyclist
- 09 Occupant of Non-Motor Veh Transportation Device
- 10 Unknown Type of Non-Motorist

Gender: Injury Status Codes:

- M Male
- F Female
- K Killed
- O No Injury
- A Inappreciating Injury
- B Non-Inappreciating Injury
- C Possible Injury
- M Medical Condition Non-Crash Related
- Death as Injury

Non-Motorist Action PRIOR to Crash:

- 01 Walking Adjacent to Roadway
- 02 Entering or Crossing Roadway
- 03 Reversing/Pulling
- 04 Walking To/From School
- 05 Approaching or Leaving Veh
- 06 Pushing Motor Vehicle
- 07 Cycling
- 08 Working
- 09 Playing
- 10 Standing
- 11 Working on Vehicle
- 12 Other

Non-Motorist Location PRIOR to Crash:

- 01 In Roadway
- 02 Off-Road Adjacent to Roadway

Action of Non-Motorist that Contributed to the Crash (Select Up to 2):

- 01 None
- 02 Improper Crossing
- 03 Daring / Reckless
- 04 In Roadway (Stand, Sit)
- 05 Failure to Yield Right of Way
- 06 Not Visible
- 07 Inattentive
- 08 Failure to Obey Traffic Signs, Signals, or Officer
- 09 Wrong Side of Road
- 10 Other

Non-Motorist Location at Time of Crash:

- 01 Marked Crosswalk at Intersection
- 02 At Intersection, but No Crosswalk
- 03 Non-Intersection Crosswalk
- 04 Driveway Access Crosswalk
- 05 In Roadway (Not in Crosswalk or Intersection)
- 06 Median
- 07 Island
- 08 Shoulder
- 09 Sidewalk
- 10 Roadside
- 11 Outside of Trafficway
- 12 Dedicated Bike Lane
- 13 Shared Use Path or Trail
- 14 Inside Building
- 15 Other
- 16 Unknown

Index # from Above	Use of Safety Equipment #1	Safety Device #2	Traffic Control Device #3	Medical Transport By #4	Requesting EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death

Safety Equipment Used (Select Up to 2):

- 01 Not Applicable
- 02 Neon Clothing
- 03 Neon Vest
- 04 Reflective Clothing
- 05 Lighting
- 06 Other
- 07 Helmet
- 08 Other
- 09 Protective Pads
- 10 Crossing Guard

Non-Motorist's Traffic Control Device (Select Up to 2):

- 01 Marked Crosswalk
- 02 Traffic Signal with Pedestrian Signals
- 03 Traffic Signal with NO Pedestrian Signals
- 04 Crossing Guard
- 05 None

Medically Transported By:

- 01 Not Transported
- 02 EMS
- 03 Law Enforcement
- 04 Refused
- 05 Other
- 06 Unknown

Place of Victim's Death:

- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other

Crash Record Number: _____

Reporting Agency's Record Number: _____

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Index # from Front	Last	Name	First	Condition at Time of Crash	Suspected Y/N	Alcohol Related Test Given	Type of Alcohol Test Given	BAC Results	Suspected Y/N	Test Given	Type of Test	Drug Related Test 1	Test Results 2	Test Results 3	Test Results 4

Non-Motorist Condition at Time of Crash:

- 1 Apparently Normal
- 2 Physically Impaired
- 3 Emotionally
- 4 Ill
- 5 Asleep, Fatigued, Fatigued
- 6 Under the Influence of Medication/Alcohol/Drugs
- 7 Other

Alcohol Test Given:

- 01 Test Given
- 02 None Given
- 03 Test Refused
- 04 Blood
- 05 Field
- 06 Other

Type of Alcohol Test Given:

- 01 Blood
- 02 Serum
- 03 Breath
- 04 Field
- 05 Urine
- 06 Other

Drug Test Given:

- 01 Test Given
- 02 None Given
- 03 Test Refused
- 04 Unknown if Tested
- 05 Inattentive

Type of Drug Test Given:

- 01 Blood
- 02 Serum
- 03 Urine
- 04 DRE
- 05 Other

BAC Results:

- Enter BAC Level if Available
- P Pending
- U Unknown

Drug Test Results:

- 01 None
- 02 Marijuana
- 03 Cocaine
- 04 Opiate
- 05 Amphetamine
- 06 PCP
- 07 Other Controlled Substance
- 08 Other Drug
- 09 Pending

Index # from Above

Violations Suspected of or Committed by Non-Motorist

Citation(s) Issued to Non-Motorist

Index # from Above	#1	#2	#3	#4	Charge	State Code / Municipal Ordinance	Citation Number	Warning

Violation(s) Suspected of or Committed by Non-Motorist:

- 01 No Violations
- 02 Inattentive, Careless, Improper Driving
- 03 Fleeing or Evasion Law Enforcement
- 04 Failure to Obey Law Enforcement, Firearms, Authorized Person Directing Traffic
- 05 Illegal Possession of Alcohol or Drugs
- 06 Refusal to Submit to Chemical Test
- 07 Public Intoxication
- 08 Failure to Stop for Red Signal
- 09 Failure to Stop for Flashing Red Signal
- 10 Violation of Turn or Road
- 11 Failure to Obey Flashing Signal (Yellow or Red)
- 12 Failure to Obey Signal, Generally
- 13 Violation of R/R Grade Crossing Device or Regulations
- 14 Failure to Obey Stop Sign
- 15 Failure to Obey Yield Sign
- 16 Failure to Obey Traffic Control Device
- 17 Unsafe or Prohibited Lane Change
- 18 Improper Use of Lane
- 19 Lane Violation, Generally
- 20 Turn in Violation of Traffic Control
- 21 Failure to Signal for Turn or Stop
- 22 Failure to Yield to Emergency Vehicle
- 23 Failure to Yield, Generally
- 24 Bicycle Helmet Violations
- 25 Equipment Violations, Generally
- 26 Juviciding
- 27 Drinking Where Prohibited
- 28 Other Moving Violation



State of West Virginia Uniform Traffic Crash Report

Commercial Motor Vehicle (CMV) Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) Page of

Reporting Agency's Record Number:

Carrier Name:

Carrier Address: City State Zip Code

US DOT Number: State ID Number:

Lessee / Lessor Name:

Address: City State Zip Code

US DOT Number: Carrier Classification: Interstate Intrastate Government Veh - Not in Commerce Other Veh - Not in Commerce

State ID Number: Carrier Information Source: Shipping Papers Log Book Lease Driver Vehicle Reg Vehicle Side Other:

Haz Mat Placard Number:



Haz Mat Released from Cargo Compartment:

- No
- Yes
- Unknown

Did Crash Occur on a Coal Resource Transportation System (CRTS) Route?

- No
- Yes
- Unknown

Commercial Vehicle Configuration

- Passenger Veh w/ Haz Mat Placard
- Light Truck w/ Haz Mat Placard
- Bus/Large Van (Seats 9-15, Including Driver)



- Bus (Seats More Than 15, Including Driver)



- Single Unit Truck (2 Axles, 6 Tires)



- Single Unit Truck (3 or More Axles)



- Piggy Back



- Single Unit Truck Pulling a Trailer



- Truck Tractor (Bobtail)



- Truck Tractor w/ Semi-Trailer



- Truck Tractor w/ Double



- Truck Tractor w/ Triple



- Truck - Can't Classify

Commercial vehicles

Detailed information about commercial vehicles involved in your accident should be included on these two pages. These pages can be very important if you or your attorney need to contact the company the commercial driver works for. The contents of the truck that caused your collision should also be listed on these pages.

Reporting Agency's Record Number:

Commercial Cargo Body Type:

- Not Applicable
 Bus (Seats for 9-15, Including Driver)



- Bus (Seats for More Than 15, Including Driver)



- Van / Enclosed Box



- Cargo Tank



- Flatbed



- Dump



- Concrete Mixer



- Auto Transporter



- Garbage / Refuse



- Grain, Chips, Gravel



- Pole



- Log



- Intermodal Chassis



- Vehicle Towing Motor Vehicle



- No Cargo Body



- Other

Gross Vehicle Weight Rating (GVWR) of Power Unit: Gross Combination Weight Rating (GCWR) - All Units: Last Known Commodity:

Cargo Compartment Empty or Full at Time of Crash:

 Empty Full# of Passengers in CMV:

Passengers Traveling with Written Permission of Carrier:

 Yes No

CMV Self Insured:

 No Yes

Proof of Self Insurance:

 Yes No

State of West Virginia Uniform Traffic Crash Report
Diagram

DOH Form: 17-4grm
Revised: 02/2007

Large diagram

Sometimes, the investigating police officer will draw a larger diagram of the accident. Like the smaller diagram, make sure the police officer's drawing of your accident is accurate. You know best what happened. Make sure the facts are correct.

Crash Record Number

Reporting Agency's Record Number:

Page of

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

Draw Arrow Pointing
North in Box

Sample