

INTERPRETING YOUR WEST VIRGINIA CAR ACCIDENT POLICE REPORT

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LOCATION AND TIME

When and where your accident happened in West Virginia can be found on the top of the first page. This information might seem straightforward, but it's important to make sure the exact date, time and location of your accident is accurate. Otherwise, an insurance company could challenge your accident claim based on inaccurate information.

WHERE AND TYPE OF ACCIDENT

Listed as "relation to junction" and "manner of collision," this part of the accident report states where your accident happened and what type of motor vehicle accident you were involved in. Relation to junction simply refers to whether your crash happened at or near an intersection. Manner of collision can include rear-end, head-on and other types of crashes. Carefully review this information. If you notice any errors, an attorney can help you set the record straight.

CAUSE OF CRASH

Weather (sleet, snow, rain, etc.) and road conditions (standing water, wet, dry, etc.) often play a role in the cause of a motor vehicle crash. So can the "first harmful event" in a crash, which may include a vehicle "overturn/rollover," "fire/explosion" or a vehicle "jackknife." You know what happened. Make sure information on this part of the report is correct.

State of West Virginia Uniform Traffic Crash Report

Crash Data

DOH Form: 17-c
Revised: 02/2007

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:** _____

Highway Class: ☐ Interstate ☐ US ☐ WV ☐ County/HARP ☐ City Street ☐ State Park / Forest Road ☐ Private Road ☐ Private Property/Off-Roadway ☐ Other

Supplemental Designation: ☐ Not Applicable ☐ Spur ☐ North ☐ East ☐ Truck Route ☐ Other ☐ 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

☐ Intersection ☐ Junction, Interchange Area

☐ Intersection-Related ☐ Thru Roadway

☐ Interstate to Interstate ☐ Merge/Diverge Area

☐ Railroad Grade Crossing #; _____ ☐ Intersection

☐ Median Crossover-Related ☐ Intersection-Related

☐ Business or Residential Driveway/Alley Access ☐ Entrance / Exit Ramp

☐ Other Non-Interchange ☐ Other Part of Interchange

Intersection Type:

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

Manner of Collision:

☐ Single Vehicle Crash ☐ Angle (Front to Side) Same Direction ☐ Right Angle

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

☐ Head-On ☐ Sideswipe, Same Direction ☐ Sideswipe, Opposite Direction

☐ Rear-to-Side ☐ Rear-to-Rear

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):

☐ Clear ☐ Rain ☐ Blowing Snow ☐ Other

☐ Cloudy ☐ Sleet, Hail, or Freezing Rain ☐ Severe Crosswinds ☐ Gore

☐ Fog, Smog, Smoke ☐ Snow ☐ Blowing Sand, Soil, Dirt

Lighting:

☐ Daylight ☐ Dawn ☐ Dark - Lighted ☐ Dusk ☐ Dark - Not Lighted ☐ Other

Roadway Surface Condition:

☐ Dry ☐ Slush ☐ Mud, Dirt, Gravel, Sand ☐ On Roadway ☐ Roadside ☐ In Parking Lane or Zone ☐ Outside of Right-of-Way

☐ Wet ☐ Ice / Frost ☐ Shoulder ☐ Gore ☐ Off Roadway, Location Unknown ☐ Unknown

☐ Snow ☐ Water (Standing / Moving) ☐ Median ☐ Separator

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

First Harmful Event:

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

ROAD CONDITIONS

The condition of the road where your accident took place may have been a contributing circumstance. Whether it's "ruts, holes, bumps" in the road or an "obstruction in roadway," this information should be noted on this part of your accident report.

NARRATIVE

One of the most important parts of your accident report, this section includes the investigating police officer's description of what happened. Insurance companies carefully review this part of the report. If you disagree with the police officer's description, it's important that you provide your own narrative of what happened. A lawyer can help you do this important work.

CRASH DIAGRAM

A drawing of the crash scene can be found here. How the vehicles are positioned in the drawing can be very important. Insurance companies often base decisions – including whether to approve or deny an accident claim – based on the crash diagram. If you disagree with the diagram, voice your concerns. Talk to an attorney. They can assist you and be your voice with insurance companies and law enforcement officials.

Crash Record Number:

Reporting Agency's Record Number:

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Road - Contributing Circumstances: (Select Up to 3)

☐ None

☐ Road Surface

☐ Condition (Wet, Icy, etc.)

☐ Debris

☐ Ruts, Holes, Bumps

☐ Worn, Travel Polished Surface

☐ Obstruction in Roadway

☐ Pavement Markings Not Visible

Shoulders

☐ None

☐ Low

☐ Soft

☐ High

☐ Problem w/ Traffic Control Device

☐ Inoperative

☐ Missing

☐ Obscured

Work Zone

☐ Construction

☐ Maintenance

☐ Non-Highway Work

☐ Other

Utility

☐ Construction

☐ Maintenance

☐ Non-Highway Work

☐ 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

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: 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

Reported By:

☐ State Police

☐ Municipal PD

☐ Sheriff's Dept

☐ Other

Photos Taken:

☐ Yes

☐ No

By Whom:

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 INFORMATION

The names of the owners of all the vehicles involved in your crash – along with the make and model information about the vehicles – can be found here. Additional information about large vehicles – including commercial trucks and buses – should be listed here as well.

VEHICLE DAMAGE AND MANEUVERS

If your vehicle sustained serious damage in your crash, this information should be listed in the section titled "extent of damage." This part of the accident report also states whether you or another driver took evasive action to avoid a collision. This information can be found in the section named "crash avoidance maneuver."

CRASH EVENTS AND DIAGRAMS

A "crash event" as defined by this official accident report can be a sequence of different events, including "equipment failure," a vehicle overturning, an animal in the road or a traffic barrier. There are also five different, circular vehicle diagrams for the investigating police officer to choose from when filling out the report. Each diagram applies to a different type of vehicle, including a single car, motorcycle, bus, tractor-trailer or car with a towing unit.

State of West Virginia Uniform Traffic Crash Report

Vehicle Data

DOI# Form: 17-06

Revised: 02/2007

Crash Record Number:

Vehicle Number:

Reporting Agency's Record Number:

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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:
 Owner's Name(s): ☐ Yes, Driver Left Scene ☐ Driver Operated Vehicle
 Address: ☐ Yes, Car and Driver Left Scene ☐ Driverless Vehicle

Make	Model	Model Year	Body Type	Color	City	State	Exp. Code	How Found	Other Person
YES	Plate Class	License Plate Number	State	Reg Year	Registration Status:	Proof of Liability Insurance:	Yes, <input type="checkbox"/> No, <input type="checkbox"/>	Policy No.:	Exp. Date:
					<input type="checkbox"/> Properly Registered	<input type="checkbox"/> Not Registered	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Improperly Registered	<input type="checkbox"/> No Registration Required	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Special Function of Motor Vehicle: ☐ Country Patrol ☐ Used as an Emergency Vehicle ☐ Vehicle Used as a Bus: ☐ Commuter Bus ☐ Tour Bus ☐ School Bus ☐ Shuttle Bus ☐ Church Bus ☐ Ambulance ☐ Taxi ☐ Private School Bus ☐ Modified for Personal Private Use ☐ Single Vehicle ☐ Both

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

Applicable Speed Limit (MPH):

Roadway Description: ☐ Two-Way, Not Divided ☐ Two-Way, Divided, Unimproved Median ☐ Two-Way, Divided, with Median Barrier ☐ One-Way Roadway ☐ One-Way Two Lane

Traffic Control Device Type: ☐ None ☐ Yield Sign ☐ Stop Sign ☐ School Zone Signs ☐ Warning Signs ☐ Flashing Obstruction Sign ☐ Railroad Crossing Advance Sign ☐ Stop Sign

Horizontal Alignment: ☐ Straight ☐ Curve Right ☐ Curve Left

Vertical Alignment: ☐ Level ☐ Uphill ☐ Sag (Bottom) ☐ Downhill

Vehicle Travel Speed (MPH):

Traffic Control Functioning Properly: ☐ Yes ☐ No

Crash Avoidance Maneuver: ☐ Making U-Turn ☐ Braking ☐ Shifting ☐ Stopping in Lane ☐ Leaving Traffic Lane ☐ Exiting Traffic Lane ☐ Negotiating a Curve ☐ Other

Crash Avoidance Maneuver: ☐ Near Collision or Reported ☐ Braking - Midlane Evaded ☐ Braking - Driver Stopped ☐ Braking - Other Evidence ☐ Steering - Evidence or Stated ☐ Steering and Braking ☐ Other

Vehicle Damage / Action: ☐ Essentially Straight Ahead ☐ Backing ☐ Changing Lanes ☐ Overcoming / Passing ☐ Parked ☐ Turning Right ☐ Turning Left

Crash Avoidance Maneuver: ☐ Near Collision or Reported ☐ Braking - Midlane Evaded ☐ Braking - Driver Stopped ☐ Braking - Other Evidence ☐ Steering - Evidence or Stated ☐ Steering and Braking ☐ Other

Crash Avoidance Maneuver: ☐ Near Collision or Reported ☐ Braking - Midlane Evaded ☐ Braking - Driver Stopped ☐ Braking - Other Evidence ☐ Steering - Evidence or Stated ☐ Steering and Braking ☐ Other

Deploying Hazardous Materials Placard: ☐ No ☐ Yes

Occurrence of Fire: ☐ No Fire ☐ Yes, Vehicle Caught Fire

Modified Vehicle: ☐ No ☐ Yes

Vehicle's Primary Use: ☐ Transport Goods, Property, or People for Commerce ☐ No ☐ Yes

Manner, in which Vehicle was Removed from Scene: ☐ Driven ☐ Towed Due to Damage ☐ Towed Due to Driver Condition ☐ Left at Scene

Crash Record Number:

Vehicle Number:

Reporting Agency's Record Number:

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Crash Events:

10 Cross Median / Centerline

11 Downhill Runaway

12 Left / Changed from Motor Vehicle

13 Hit by / Falling Object

14 Other Non-Collision

15 Collision With:

16 Equipment Failure

17 Separation of Units

18 Run Off Road Right

19 Run Off Road Left

Crash Events:

20 Cross Median / Centerline

21 Downhill Runaway

22 Left / Changed from Motor Vehicle

23 Hit by / Falling Object

24 Other Non-Collision

25 Collision With:

26 Equipment Failure

27 Separation of Units

28 Run Off Road Right

29 Run Off Road Left

Crash Events:

30 Cross Median / Centerline

31 Downhill Runaway

32 Left / Changed from Motor Vehicle

33 Hit by / Falling Object

34 Other Non-Collision

35 Collision With:

36 Equipment Failure

37 Separation of Units

38 Run Off Road Right

39 Run Off Road Left

Crash Events:

40 Cross Median / Centerline

41 Downhill Runaway

42 Left / Changed from Motor Vehicle

43 Hit by / Falling Object

44 Other Non-Collision

45 Collision With:

46 Equipment Failure

47 Separation of Units

48 Run Off Road Right

49 Run Off Road Left

Crash Events:

50 Cross Median / Centerline

51 Downhill Runaway

52 Left / Changed from Motor Vehicle

53 Hit by / Falling Object

54 Other Non-Collision

55 Collision With:

56 Equipment Failure

57 Separation of Units

58 Run Off Road Right

59 Run Off Road Left

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60 Cross Median / Centerline

61 Downhill Runaway

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63 Hit by / Falling Object

64 Other Non-Collision

65 Collision With:

66 Equipment Failure

67 Separation of Units

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70 Cross Median / Centerline

71 Downhill Runaway

72 Left / Changed from Motor Vehicle

73 Hit by / Falling Object

74 Other Non-Collision

75 Collision With:

76 Equipment Failure

77 Separation of Units

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80 Cross Median / Centerline

81 Downhill Runaway

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84 Other Non-Collision

85 Collision With:

86 Equipment Failure

87 Separation of Units

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Crash Events:

90 Cross Median / Centerline

91 Downhill Runaway

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93 Hit by / Falling Object

94 Other Non-Collision

95 Collision With:

96 Equipment Failure

97 Separation of Units

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Crash Events:

100 Cross Median / Centerline

101 Downhill Runaway

102 Left / Changed from Motor Vehicle

103 Hit by / Falling Object

104 Other Non-Collision

105 Collision With:

106 Equipment Failure

107 Separation of Units

108 Run Off Road Right

109 Run Off Road Left

Crash Events:

110 Cross Median / Centerline

111 Downhill Runaway

112 Left / Changed from Motor Vehicle

113 Hit by / Falling Object

114 Other Non-Collision

115 Collision With:

116 Equipment Failure

117 Separation of Units

118 Run Off Road Right

119 Run Off Road Left

Crash Events:

120 Cross Median / Centerline

121 Downhill Runaway

122 Left / Changed from Motor Vehicle

123 Hit by / Falling Object

124 Other Non-Collision

125 Collision With:

126 Equipment Failure

127 Separation of Units

128 Run Off Road Right

129 Run Off Road Left

Crash Events:

130 Cross Median / Centerline

131 Downhill Runaway

132 Left / Changed from Motor Vehicle

133 Hit by / Falling Object

134 Other Non-Collision

135 Collision With:

136 Equipment Failure

137 Separation of Units

138 Run Off Road Right

139 Run Off Road Left

DRIVER DATA

The driver's name, address, phone number and driver's license number can be found here. If the driver does not have a valid driver's license, the status of their license should be noted here, as well. This information might seem straightforward, but it's critical that everything is accurate and up to date.

DRUG OR ALCOHOL USE

If the driver who caused your crash was under the influence of alcohol or drugs, this information should be included on the report. If you believe the driver was intoxicated but it does not say so on this part of the report, make sure you voice your concerns. The status of your insurance claim or lawsuit could be dramatically influenced depending on whether insurance companies and investigators know that an impaired driver caused your crash.

State of West Virginia Uniform Traffic Crash Report

Driver Data

DOI Form: 17-drv
Revised: 02/2007

Crash Record Number: <input type="text"/>		Vehicle Number (from Vehicle Data Page) <input type="text"/>		Page <input type="text"/> of <input type="text"/>	
Reporting Agency's Record Number: <input type="text"/>					
Driver's Name: <input type="text"/>					
Last		First		Middle	
Address: <input type="text"/>		City		State	
Home Phone: <input type="text"/>		Other Phone: <input type="text"/>		Zip Code <input type="text"/>	
Driving License:					
License Type: <input type="checkbox"/> Not Licensed <input type="checkbox"/> GDL Level 1 <input type="checkbox"/> CDL Instruction Permit <input type="checkbox"/> CDL Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				Issuing State: <input type="text"/>	
<input type="checkbox"/> Driving License <input type="checkbox"/> GDL Level 2 <input type="checkbox"/> Motorcycle Instruction Permit				Lic. Number: <input type="text"/>	
<input type="checkbox"/> Instruction Permit <input type="checkbox"/> GDL Level 3 <input type="checkbox"/> Motorcycle Only				Date of Birth: <input type="text"/>	
License Restrictions: (Select All that Apply)					
<input type="checkbox"/> None <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Mechanical Devices <input type="checkbox"/> Prosthetic Aid <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Outside Mirror <input type="checkbox"/> Limit to Daylight Only <input type="checkbox"/> Limit to Employment <input type="checkbox"/> Must Be Accompanied by Adult		<input type="checkbox"/> Limited - Other <input type="checkbox"/> CDL Intrastate Only <input type="checkbox"/> Motor Vehicles w/o Air Brakes <input type="checkbox"/> Military Vehicles Only <input type="checkbox"/> Except Class A Bus <input type="checkbox"/> Except Class A and Class B Bus <input type="checkbox"/> Except Tractor - Trailer <input type="checkbox"/> Farm Waiver <input type="checkbox"/> Other <input type="text"/>		Endorsements: (Select Up to 5) <input type="checkbox"/> None <input type="checkbox"/> T - Double/Triple Trailers <input type="checkbox"/> P - Passenger Vehicle <input type="checkbox"/> S - School Bus <input type="checkbox"/> N - Tank Vehicle <input type="checkbox"/> H - Hazardous Materials <input type="checkbox"/> X - Combined Tank / Haz. Materials <input type="checkbox"/> F - Motorcycle (WV Only) <input type="checkbox"/> Other - Non-WV Licenses Only	
Status: <input type="checkbox"/> Valid					
<input type="checkbox"/> Expired					
<input type="checkbox"/> Suspended					
<input type="checkbox"/> Revoked					
<input type="checkbox"/> Probation					
<input type="checkbox"/> Surrendered					
<input type="checkbox"/> Valid-Interlock					
<input type="checkbox"/> Fraudulent					
Driver Condition at Time of Crash:					
<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Emotional <input type="checkbox"/> Ill <input type="checkbox"/> Fell Asleep, Fainted, Fatigued <input type="checkbox"/> Under the Influence of Medication/Alcohol/Drugs <input type="checkbox"/> Other <input type="text"/>					
Action(s) of Driver that Contributed to the Crash: (Select Up to 4)					
<input type="checkbox"/> None <input type="checkbox"/> Ran Off Road <input type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> Disregarded Traffic Signs <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Disregarded Other Road Markings <input type="checkbox"/> Exceeded Posted Speed Limit <input type="checkbox"/> Drove Too Fast For Conditions		<input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Passing <input type="checkbox"/> Wrong Side or Wrong Way <input type="checkbox"/> Followed Too Closely <input type="checkbox"/> Failed to Keep in Proper Lane <input type="checkbox"/> Operated Veh in Erratic, Reckless, or Careless Manner		<input type="checkbox"/> Operated Veh in Aggressive Manner <input type="checkbox"/> Swerved or Avoided <input type="checkbox"/> Over Correcting / Over Steering <input type="checkbox"/> Other Improper Action	
Driver Use of Alcohol Suspected:					
Alcohol Use Suspected:		Alcohol Test Given:		Type of Alcohol Test Given (Select Up to 2):	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> Test Given <input type="checkbox"/> None Given <input type="checkbox"/> Test Refused		<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Serum <input type="checkbox"/> Field <input type="checkbox"/> Other: <input type="text"/>	
PBT Results:		BAC Results:			
<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Pending <input type="checkbox"/> Unknown			
Driver Use of Drugs Suspected:					
Drug Use Suspected:		Drug Test Given:		Type of Drug Test Given:	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> Test Given <input type="checkbox"/> None Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown if Tested		<input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="text"/>	
Drug Test Results (Check All that Apply):					
<input type="checkbox"/> None <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Opiate		<input type="checkbox"/> Amphetamine <input type="checkbox"/> PCP <input type="checkbox"/> Other Controlled Substance <input type="checkbox"/> Other Drug			
Driver Distracted By:					
<input type="checkbox"/> Not Distracted <input type="checkbox"/> Electronic Communication Device		<input type="checkbox"/> Other Electronic Device <input type="checkbox"/> Other Inside Vehicle <input type="checkbox"/> Other Outside Vehicle			

Many times, drivers responsible for causing a collision are cited by police for a traffic violation. Violations may include driving while impaired, drinking while operating, failure to stop for red signal or improper, unsafe passing. If a driver's citation or violation is not included here – or if you believe the other driver broke the law in some way – make sure you speak up. An attorney can be

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

The investigating police officer will often ask the drivers to make a statement about what happened. Other times, they might simply write down what the drivers said at the scene of the accident. If you believe you said something different than what's included in the "statement of driver" section, speak up. Talk to an attorney and tell them exactly what happened. That way, your lawyer can work with you to make sure your voice is heard loud and clear.

[illegible]

If any passengers were in your vehicle or another one at the time of your accident, their personal information (name, age, etc.) should be included here. There's also a line for the investigating police officer to note if the passenger was injured and the severity of their injury. Verify this information. If it's not accurate, tell the police or tell your attorney. Your lawyer can work with you to get the facts right.



DOI: 10.1002/for
Revised: 02/2007

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[illegible]

Type of Occupant Protection System Used Code:

01. None Used
02. Shoulder and Lap Belt Used

03 Shoulder Belt Only Used
04 Lap Belt Only Used

05 Child Restraint System - Fo

06. Child Restraint System - Re

Proper Use of Occupant Protection	
01 Used Properly	02 Not Used Properly

Facility Name	Notified Time
1. _____	_____
2. _____	_____
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98. _____	_____
99. _____	_____
100. _____	_____

1	Ejection Path:
4	(4) Thru Side Door Op

partially	02. Three Side Window
totally	03. Three Window

04 Three Back Window
File:

05 Other	01 A
06 Unknown	01 B

100	100
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STATEMENT

Many times, many people involved in an accident want to make an official statement about exactly what happened. This page provides people involved in a crash an opportunity to write down exactly what happened. If you want to make a formal statement about your accident, talk to an attorney. A lawyer can advise you on how to fill out this page based on what happened to you.



State of West Virginia Uniform Traffic Crash Report Statement

DOI Form: 17-1st
Revised: 02/2007

Crash Record Number:

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Reporting Agency's Record Number:

Statement of:

☒ Involved Vehicle Passenger / Driver

☒ Involved Non-Motorist

☒ Uninvolved Witness

Vehicle Number:

Person Number:

Person Number:

Name:

Last

First

Middle

Suffix

Home Phone:

Address:

City

State

Zip Code

Other Phone:

STATEMENT:

Statement area with horizontal lines for text entry. A large diagonal watermark reading "Sample" is visible across the area.

PEDESTRIANS, CYCLISTS AND OTHER NON-MOTORISTS

Many motor vehicle accidents involve pedestrians, bicyclists and other non-motorists. Their information can be found on these pages. The circumstances surrounding these accidents can also be found here. Carefully review these pages if you or family member was injured or worse in a pedestrian or bicycle accident.



State of West Virginia Uniform Traffic Crash Report Non-Motorist Data

DOI Form 17-06
Revised: 02/2007

Crash Record Number:

Reporting Agency's Record Number:

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Index #	Sex	Name	Year	DOB	Index	Person Type	Social Security #	Birthdate	Age	Gender	Injury	Veh Number of Motor Veh Involved	Action PRIOR to Crash	Location PRIOR to Crash	Contributing Actions	Location at Time of Crash

Person Type Codes:

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

Gender:

- M Male
F Female
- Injury Status Codes:
A Inapplicable Injury
B Non-Incorporating Injury
C Possible Injury

Medical Condition

- M Medical Condition
Non-Crash Related
Death or Injury

Non-Motorist Action PRIOR to Crash:

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

Non-Motorist Location PRIOR to Crash:

- 01 None
02 Improper Crossing
03 Driving / Running
04 In Roadway (Struck, Hit)

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

- 01 None
02 Failure to Yield Right of Way
03 Wrong Side of Road
04 Improper Crossing
05 Not Visible
06 Inattentive
07 Failure to Obey Traffic Signs, Signals, or Officers

Non-Motorist Location at Time of Crash:

- 01 Marked Crosswalk at Intersection
02 At Intersection, but Not in Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Across Crosswalk
05 In Roadway (Not in Crosswalk or Intersection)
06 Median

Non-Motorist Location at Time of Crash:

- 07 Island
08 Shoulder
09 Sidewalk
10 Roadside
11 Outside of Trafficway
12 Dedicated Bike Lane

Non-Motorist Location at Time of Crash:

- 13 Should Use Path or Trails
14 Inside Building
15 Other

Index # from Above	Use of Safety Equipment	Traffic Control Device	Medical Transport By	Beginning 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 None Used
03 Helmet
04 Protective Pads
- 05 Reflective Clothing
06 Lighting
07 Other

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

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

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:

Page of

Index # from Above	Sex	Name	Year	DOB	Index	Condition at Time of Crash	Suspected Y/N	Alcohol Related Test Given	Type of Test	RAC Results	Suspected Y/N	Test Given	Type of Test	Drug Related Test	Test Results

Non-Motorist Condition at Time of Crash:

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

Alcohol Test Given:

- 01 Test Given
02 None Given
03 Test Refused

Type of Alcohol Test Given:

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

Drug Test Given:

- 01 Test Given
02 None Given
03 Unknown if Tested

Type of Drug Test Given:

- 01 Blood
02 Urine
03 Serum
04 DRE
05 Other

RAC Results:

- Enter RAC Level if Available
P Pending
U Unknown

Drug Test Results:

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

Violations Suspected of or Committed by Non-Motorist:

Index # from Above	Violations Suspected of or Committed by Non-Motorist

Citation(s) Issued to Non-Motorist

Charge	State Code / Municipal Ordinance	Citation Number	Warning

Violations Suspected of or Committed by Non-Motorist:

01 No Violations

02 No Violations

03 No Violations

04 No Violations

05 No Violations

06 No Violations

07 No Violations

08 No Violations

09 No Violations

10 No Violations

11 No Violations

12 No Violations

13 No Violations

14 No Violations

15 No Violations

16 No Violations

Rules of the Road - Traffic Signs and Signals

- 01 Failure to Stop for Red Signal
02 Failure to Stop for Flashing Red Signal
10 Violation of Turn on Red
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

Rules of the Road - Lane Usage

- 17 Unsafe or Prohibited Lane Change
18 Improper Use of Lane
19 Lane Violations, Generally

Rules of the Road - Turning, Yielding, Stopping

- 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

Equipment

- 24 Bicycle Helmet Violations
25 Equipment Violations, Generally

Other Violations

- 26 Jaywalking
27 Driving Where Prohibited
28 Other Moving Violation

COMMERCIAL MOTOR VEHICLES

Many accidents involve large commercial vehicles, including tractor-trailers and buses. These two pages are devoted to crashes involving these vehicles. The investigating police officer will indicate what type of commercial motor vehicle was involved in the crash. The contact information for the company the commercial driver works for can also be found here.



State of West Virginia Uniform Traffic Crash Report Commercial Motor Vehicle (CMV) Data

DOI Form: 17-cmv
Revised: 02/2007

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)



- ☐ Pige 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 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

CRASH DIAGRAM

Some investigating police officers use this page to draw a large diagram of the accident. Carefully review the drawing for accuracy. Does the drawing accurately show the correct positions of the vehicles involved in the crash? Or does the diagram need to be amended? You were there. You know what happened. Make sure the drawing is correct. Talk to a lawyer and learn more about your legal options.



State of West Virginia Uniform Traffic Crash Report Diagram

DOH Form: 17-dgrm
Revised: 02/2007

Crash Record Number

Page of

Reporting Agency's Record Number:

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