



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 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

Manner of Collision:

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

Angle (Front to Side) Same Direction Right Angle
 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):

Clear Rain Blowing Snow Other
 Cloudy Sleet, Hail, or Freezing Rain Severe Crosswinds
 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
 Wet Ice / Frost
 Snow Water (Standing / Moving)

Location of First Harmful Event:

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:

Overturn / Rollover Fire / Explosion Immersion Jackknife Cargo / Equipment Loss or Shift Fell / Jumped from Motor Veh Thrown or Falling Object Other Non-Collision

COLLISION WITH:

Pedestrian Pedalcycle Railway Vehicle Animal Motor Vehicle in Transport Parked Motor Vehicle Work Zone / Maintenance Equip Other Non-Fixed Object Impact Attenuator / Crash Cushion

Bridge Overhead Structure Bridge Pier or Support Bridge Rail Culvert Curb Ditch Embankment Guardrail Face Guardrail End Cable Median Barrier

Concrete Traffic Barrier Other Traffic Barrier Tree (Standing) Utility Pole/Light Support Traffic Sign Support Traffic Signal Support Other Post, Pole, or Support Fence Mailbox Other Fixed Object



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Vehicle Data

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 Yes, Driver Left Scene Yes, Car and Driver Left Scene
Driver Presence at Time of Crash: Driver Operated Vehicle Driverless Vehicle

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

Make _____ Model _____ Model Year _____ Body Type _____ Color _____
Registration Status: Properly Registered Improperly Registered No Registration Required
Proof of Liability Insurance: Yes No Not Req
Ins. Co: _____ Policy No: _____ Exp Date: _____

VIN _____ Plate Class _____ License Plate Number _____ State _____ Reg Year _____
Ins. Agent Name or Phone _____

Special Function of Motor Vehicle: None Police Courtesy Patrol Used as School Bus Ambulance Taxi Used as Other Bus Fire Truck Military
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 Tour Bus Church Bus
Vehicle Impact Role: Striking Struck Single Vehicle Both

Direction of Travel Before Crash: Northbound Eastbound Not on Road Southbound Westbound Unknown
Applicable Speed Limit (MPH): _____
Roadway Description: Two-Way, Not Divided Two-Way, Divided, Unprotected Median Two-Way, Not Divided w/ Cont. Left Turn Lane Two-Way, Divided, with Median Barrier One-Way Roadway
Total Lanes in Roadway: _____
For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes)
For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash.

Traffic Control Device Type: None Person (Flagger, etc.) Traffic Control Signal Flashing Overhead Signal Stop Sign Yield Sign School Zone Signs Warning Signs Railroad Crossing Device Other _____
Horizontal Alignment: Straight Curve Left Curve Right Vertical Alignment: Level Hillcrest Uphill Sag (Bottom) Downhill
Veh Travel Speed (MPH): _____

Traffic Control Functioning Properly: Yes No
Underride / Override: No Underride or Override Underride, Compartment Intrusion Underride, No Compartment Intrusion Underride, Compartment Intrusion Unknown Override, Motor Vehicle in Transport Override, Other Motor Vehicle
Extent of Damage: No Damage Minor Damage Functional Damage Disabling Damage

Vehicle Maneuver / Action: Essentially Straight Ahead Backing Changing Lanes Overtaking / Passing Parked Turning Right Turning Left Making U-Turn Slowing Stopped 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 Brakes Wipers Steering Power Train Mirrors Suspension Tires Wheels Lights (Head, Signal, Tail, etc.) Windows Truck Coupling/Trailer Hitch/Safety Chains Other _____
GVWR or GCWR: Less Than or Equal To 10,000lbs 10,001 - 26,000 lbs More Than 26,000lbs
Number of Axles: _____ Total / Max Occupants of Veh: _____ / _____

Displaying Hazardous Materials Placard: No Yes
Occurrence of Fire: No Fire Yes, Vehicle Caught Fire
Modified Vehicle: No Yes
Vehicle is Primarily Used to 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
Towed to: _____ Towed by: _____

Crash Record Number: _____

Vehicle Number: _____

Reporting Agency's Record Number: _____

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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

- 10 Cross Median / Centerline
- 11 Downhill Runaway
- 12 Fell / Jumped from Motor Vehicle
- 13 Thrown or Falling Object
- 14 Other Non-Collision
- COLLISION WITH:
- 15 Pedestrian
- 16 Pedalcycle
- 17 Railroad Vehicle
- 18 Animal

- 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 Attenuator / Crash Cushion
- 25 Bridge/Overhead Structure
- 26 Bridge Pier or Support
- 27 Bridge Rail
- 28 Culvert

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

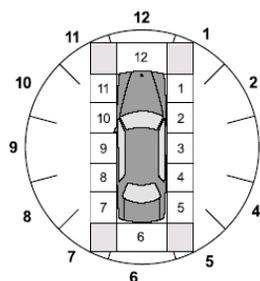
- 39 Traffic Sign Support
- 40 Traffic Signal Support
- 41 Other Post, Pole, or Support
- 42 Fence
- 43 Mailbox
- 44 Other Fixed Object

Sequence of Events:

Most Harmful Event:

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

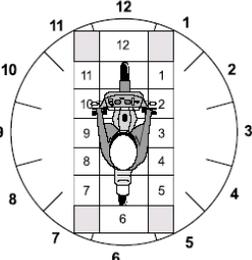
Single Unit Vehicle



13 Top

14 Undercarriage

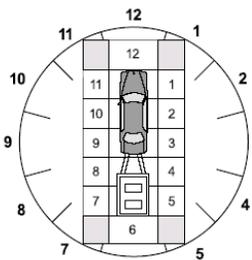
Motorcycle ATV



13 Top

14 Undercarriage

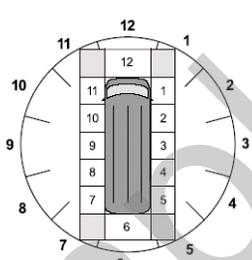
Pass. Veh, Towing Unit



13 Top

14 Undercarriage

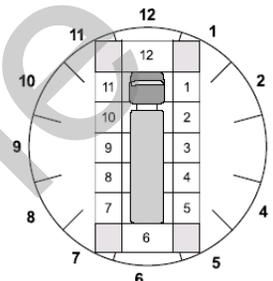
Bus



13 Top

14 Undercarriage

Tractor Trailer



13 Top

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: Phone:

City State Zip Code

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: Phone:

City State Zip Code

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: Phone:

City State Zip Code

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

- None
- Work Zone / Maintenance Equipment
- Impact Attenuator / 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
- Mailbox
- Other Fixed Object

Damaged Property Owner(s):

- WVDOT Private
- City Utility Company
- Other:

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road



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Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

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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
- Driving License
- Instruction Permit
- GDL Level 1
- GDL Level 2
- GDL Level 3
- CDL Instruction Permit
- Motorcycle Instruction Permit
- Motorcycle Only
- CDL Class: A B C

Issuing State: _____

Lic. Number: _____

Date of Birth: _____

License Restrictions: (Select All that Apply)

- None
- Corrective Lenses
- Mechanical Devices
- Prosthetic Aid
- Automatic Transmission
- Outside Mirror
- Limit to Daylight Only
- Limit to Employment
- Must Be Accompanied by Adult
- Limited - Other
- CDL Intrastate Only
- Motor Vehicles w/o Air Brakes
- Military Vehicles Only
- Except Class A Bus
- Except Class A and Class B Bus
- Except Tractor - Trailer
- Farm Waiver
- 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
- F - 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
- Ran Off Road
- Failed to Yield Right of Way
- Disregarded Traffic Signs
- Ran Red Light
- Disregarded Other Road Markings
- Exceeded Posted Speed Limit
- Drove Too Fast For Conditions
- Improper Turn
- Improper Backing
- Improper Passing
- Wrong Side or Wrong Way
- Followed Too Closely
- Failed to Keep in Proper Lane
- 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
- Serum
- Breath
- Field
- Urine
- 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
- Serum
- Urine
- Other
- DRE

Drug Test Results (Check All that Apply):

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

Driver Distracted By:

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

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

Citation(s) Issued to Driver:

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

STATEMENT OF DRIVER:



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Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

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Indiv #	Name				Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
	Last	First	Middle Int.	Suffix								Row	Seat	Other	Type Used	Proper Use	App. Helmet

Occupant Type Codes:

- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh Not in Transport
- 04 Unknown Vehicle Passenger

Injury Status Codes:

A Incapacitating Injury	M Medical Condition Non-Crash Related Death or Injury
K Killed	B Non-Incapacitating Injury
O No Injury	C Possible Injury

Type of Occupant Protection System Used Codes:

01 None Used	07 Booster Seat
02 Shoulder and Lap Belt Used	08 Helmet Used
03 Shoulder Belt Only Used	09 Restraint Used - Type Unknown
04 Lap Belt Only Used	10 Other
05 Child Restraint System - Forward Facing	11 Unable to Determine - Due to Vehicle Damage
06 Child Restraint System - Rear Facing	

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

Proper Use of Occupant Protection:

01 Used Properly	02 Used Improperly
	03 Unknown

DOT Approved Helmet:

01 Yes	02 No	03 Unknown
--------	-------	------------

Indiv # from Above	Air-bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding 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

Airbag Deployed Codes:

DEPLOYED (This Seat):	NOT DEPLOYED (This Seat):
01 Front	05 Available, Didn't Deploy
02 Side	06 Available, Turned Off
03 Other	07 None Installed
04 Multiple Directions (Front and Side)	08 Previously Deployed - Not Replaced
	09 Disabled or Removed
10 Unable to Determine - Due to Vehicle Damage	

Trapped / Extricated Codes:

- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

Ejection Codes:

- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown

Ejection Path:

01 Thru Side Door Opening	05 Thru Back Door / Tailgate Opening	08 Other Path
02 Thru Side Window	06 Thru Roof Opening	09 Unknown Path
03 Thru Windshield	07 Thru Convertible (Top Up) Roof	
04 Thru Back Window		

Medically Transported By:

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

Place of Victim's Death:

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



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Non-Motorist Data

Crash Record Number: _____

Reporting Agency's Record Number: _____

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Indiv #	Name					Person Type	Social Security #	Birthdate	Age	Gender	Injury	Veh Number of Motor Veh Striking	Action PRIOR to Crash	Location PRIOR to Crash	Contributing Actions		Location at Time of Crash
	Last	First	Mid. Int.	Suffix	#1										#2		

Person Type Codes:

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

Gender: M Male, F Female

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

Non-Motorist Action PRIOR to Crash:

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

Non-Motorist Location PRIOR to Crash:

01 In Roadway	02 Other Adjacent to Roadway
---------------	------------------------------

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

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

Non-Motorist Location at Time of Crash:

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

Indiv # from Above	Use of Safety Equipment		Traffic Control Device		Medical Transport By	Responding 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
	#1	#2	#1	#2										

Safety Equipment Used (Select Up to 2):

01 Not Applicable	05 Reflective Clothing
02 None Used	06 Lighting
03 Helmet	07 Other
04 Protective Pads	

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

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

Medically Transported By:

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

Place of Victim's Death:

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

Crash Record Number: _____

Reporting Agency's Record Number: _____

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

Non-Motorist Condition at Time of Crash:

Alcohol Test Given:

Type of Alcohol Test Given:

Drug Test Given:

Type of Drug Test Given:

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

- 01 Test Given
- 02 None Given
- 03 Test Refused

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

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

- 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

Indiv #
from
Above

Violations Suspected of or
Committed by Non-Motorist

#1	#2	#3	#4

Citation(s) Issued to Non-Motorist

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

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

- | | | | |
|--|---|--|------------------------------------|
| 01 No Violations | Rules of the Road - Traffic Signs and Signals | Rules of the Road - Lane Usage | Equipment |
| Reckless/Careless/Hit and Run Type Offenses | 08 Failure to Stop for Red Signal | 17 Unsafe or Prohibited Lane Change | 24 Bicycle Helmet Violations |
| 02 Inattentive, Careless, Improper Driving | 09 Failure to Stop for Flashing Red Signal | 18 Improper Use of Lane | 25 Equipment Violations, Generally |
| 03 Fleeing or Eluding Law Enforcement | 10 Violation of Turn on Red | 19 Lane Violations, Generally | |
| 04 Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic | 11 Failure to Obey Flashing Signal (Yellow or Red) | Rules of the Road - Turning, Yielding, Signaling | Other Violations |
| Impairment Offenses | 12 Failure to Obey Signal, Generally | 20 Turn in Violation of Traffic Control | 26 Jaywalking |
| 05 Illegal Possession of Alcohol or Drugs | 13 Violation of RR Grade Crossing Device or Regulations | 21 Failure to Signal for Turn or Stop | 27 Driving Where Prohibited |
| 06 Refusal to Submit to Chemical Test | 14 Failure to Obey Stop Sign | 22 Failure to Yield to Emergency Vehicle | 28 Other Moving Violation |
| 07 Public Intoxication | 15 Failure to Obey Yield Sign | 23 Failure to Yield, Generally | |
| | 16 Failure to Obey Traffic Control Device | | |



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-cmv
Revised: 02/2007

Commercial Motor Vehicle (CMV) Data

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

Reporting Agency's Record Number:

Carrier Name:

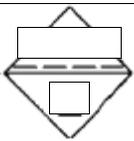
Carrier Address:
City State Zip Code

US DOT Number: State ID Number:

Lessee / Lessor Name:

Address:
City State Zip Code

US DOT Number: <input type="text"/>	Carrier Classification	Carrier Information Source:
State ID Number: <input type="text"/>	<input type="radio"/> Interstate <input type="radio"/> Intrastate <input type="radio"/> Government Veh - Not in Commerce <input type="radio"/> Other Veh - Not in Commerce	<input type="radio"/> Shipping Papers <input type="radio"/> Log Book <input type="radio"/> Lease <input type="radio"/> Driver <input type="radio"/> Vehicle Reg <input type="radio"/> Vehicle Side <input type="radio"/> Other: <input type="text"/>

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)



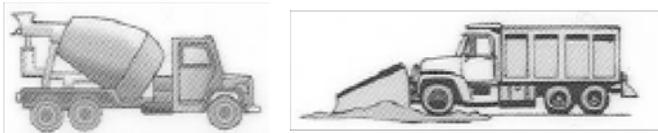
- Bus (Seats More Than 15, Including Driver)



- Single Unit Truck (2 Axles, 6 Tires)



- Single Unit Truck (3 or More Axles)



- Piggy Back



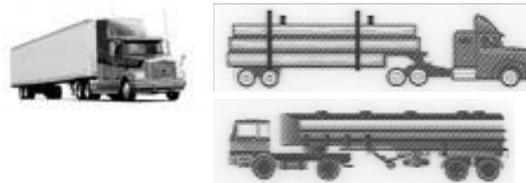
- Single Unit Truck Pulling a Trailer



- Truck Tractor (Bobtail)



- Truck Tractor w/ Semi-Trailer



- Truck Tractor w/ Double



- Truck Tractor w/ Triple



- Truck - Can't Classify

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page of

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



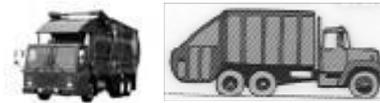
Concrete Mixer



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-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