**State of West Virginia Uniform Traffic Crash Report**

**Crash Data**

<table>
<thead>
<tr>
<th>Crash Record Number:</th>
<th>Reporting Agency's Record Number:</th>
<th>Page of</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th># of Vehicles Involved:</th>
<th># of Non-Motorists Involved:</th>
<th># of Fatal Injuries:</th>
<th># of A B or C Injuries:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date / Time of Crash:</th>
<th>Date / Time Crash Reported:</th>
<th>Time of Arrival:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County:</th>
<th>Municipality or Place of Crash:</th>
<th>GPS Coordinates:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Highway Class:</th>
<th>Supplemental Designation:</th>
<th>GPS Coordinates:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Route:</th>
<th>Milepost:</th>
<th>Ramp:</th>
<th>Street:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Description of Location:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relation to Junction / Junction Type:</th>
<th>Intersection Type:</th>
<th>Environmental Contributing Circumstances (Select Up to 3):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Non-Junction</th>
<th>Junction, Non-Interchange Area</th>
<th>Junction, Interchange Area</th>
<th>4-Way Intersection</th>
<th>T Intersection</th>
<th>Y Intersection</th>
<th>Intersection as Part of Interchange</th>
<th>Traffic Circle / Roundabout</th>
<th>5-Point or More</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Single Vehicle Crash</th>
<th>Rear End</th>
<th>Head-On</th>
<th>Sideswipe, Same Direction</th>
<th>Sideswipe, Opposite Direction</th>
<th>Rear-to-Side</th>
<th>Rear-to-Rear</th>
<th>Angle (Front to Side) Same Direction</th>
<th>Right Angle</th>
<th>Angle (Front to Side) Opp. Direction</th>
<th>Angle - Direction Not Specified</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Angle - Direction Not Specified</th>
<th>Angle - Direction Not Specified</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Weather (Select Up to 2):</th>
<th>Lighting:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clear</th>
<th>Rain</th>
<th>Blowing Snow</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cloudy</th>
<th>Sleet, Hail, or Freezing Rain</th>
<th>Severe Crosswinds</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fog, Smog, Smoke</th>
<th>Snow</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Roadway Surface Condition:</th>
<th>Location of First Harmful Event:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dry</th>
<th>Slush</th>
<th>Mud, Dirt, Gravel, Sand</th>
<th>On Roadway</th>
<th>Roadside</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wet</th>
<th>Ice / Frost</th>
<th>Snow</th>
<th>Shoulder</th>
<th>Gorge</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Water (Standing / Moving)</th>
<th>In Parking Lane or Zone</th>
<th>Off Roadway</th>
<th>Outside of Right-of-Way</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Roadway Surface Type:</th>
<th>Concrete</th>
<th>Concrete Traffic Barrier</th>
<th>Other Traffic Barrier</th>
<th>Tree (Standing)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Asphalt</th>
<th>Concrete</th>
<th>Gravel</th>
<th>Dirt</th>
<th>Brick</th>
<th>Other:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Overturn / Rollover</th>
<th>Collision With:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pedestrian</th>
<th>Bridge Overhead Structure</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fire / Explosion</th>
<th>Bridge Pier or Support</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Immersion</th>
<th>Bridge Rail</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Jackknife</th>
<th>Culvert</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cargo / Equipment Loss or Shift</th>
<th>Ditch</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Motor Vehicle in Transport</th>
<th>Embankment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Work Zone / Maintenance Equip</th>
<th>Guardrail Face</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Non-Collision</th>
<th>Guardrail End</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Impact Attenuator / Crash Cushion</th>
<th>Cable Median Barrier</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Fixed Object</th>
<th>Other Fixed Object</th>
</tr>
</thead>
</table>

Sample
### Vehicle Data

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crash Record Number:</td>
<td></td>
</tr>
<tr>
<td>Reporting Agency's Record Number:</td>
<td></td>
</tr>
<tr>
<td>Vehicle Number:</td>
<td></td>
</tr>
<tr>
<td>Hit and Run:</td>
<td></td>
</tr>
<tr>
<td>Driver Presence at Time of Crash:</td>
<td></td>
</tr>
<tr>
<td>Vehicle Type:</td>
<td></td>
</tr>
<tr>
<td>Vehicle Impact Role:</td>
<td></td>
</tr>
<tr>
<td>Registration Status:</td>
<td></td>
</tr>
<tr>
<td>Proof of Liability Insurance:</td>
<td></td>
</tr>
<tr>
<td>Applicable Speed Limit (MPH):</td>
<td></td>
</tr>
<tr>
<td>Roadway Description:</td>
<td></td>
</tr>
<tr>
<td>Total Lanes in Roadway:</td>
<td></td>
</tr>
<tr>
<td>Used as an Emergency Vehicle:</td>
<td></td>
</tr>
<tr>
<td>Vehicle Used as a Bus:</td>
<td></td>
</tr>
<tr>
<td>Horiz. Alignment:</td>
<td></td>
</tr>
<tr>
<td>Vertical Alignment:</td>
<td></td>
</tr>
<tr>
<td>Total Lanes in Roadway:</td>
<td></td>
</tr>
<tr>
<td>Traffic Control Device Type:</td>
<td></td>
</tr>
<tr>
<td>Traffic Control Functioning Properly:</td>
<td></td>
</tr>
<tr>
<td>Vehicle Maneuver / Action:</td>
<td></td>
</tr>
<tr>
<td>Crash Avoidance Maneuver:</td>
<td></td>
</tr>
<tr>
<td>Contributing Circumstances, Motor Vehicle:</td>
<td></td>
</tr>
<tr>
<td>Extent of Damage:</td>
<td></td>
</tr>
<tr>
<td>GVWR or GCWR:</td>
<td></td>
</tr>
<tr>
<td>Number of Axles:</td>
<td></td>
</tr>
<tr>
<td>Occupants of Veh:</td>
<td></td>
</tr>
</tbody>
</table>

### Vehicle Information

- **Make:**
- **Model:**
- **Model Year:**
- **Body Type:**
- **Color:**
- **VIN:**
- **Plate Class:**
- **License Plate Number:**
- **State:**
- **Reg Year:**
- **Special Function of Motor Vehicle:**
  - None
  - Police
  - Courtesy Patrol
  - Used as School Bus
  - Ambulance
  - Taxi
  - Used as Other Bus
  - Fire Truck
  - Military
- **Applicable Speed Limit (MPH):**
- **Roadway Description:**
  - Two-Way, Not Divided
  - Two-Way, Not Divided w/ Cont. Left Turn Lane
  - Two-Way, Divided, Unprotected Median
  - Two-Way, Divided, with Median Barrier
  - One-Way Roadway
- **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
- **Traffic Control Functioning Properly:**
  - Yes
  - No
- **Direction of Travel Before Crash:**
  - Northbound
  - Eastbound
  - Not on Road
  - Southbound
  - Westbound
  - Unknown
- **Direction of Travel Prior to Crash:**
  - Unknown
- **Horizontal Alignment:**
  - Straight
  - Curve Right
  - Curve Left
- **Vertical Alignment:**
  - Level
  - Uphill
  - Sag (Bottom)
  - Hillcrest
  - Downhill
- **Underride / Override:**
  - No Underride or Override
  - Underride, Compartment Intrusion Unknown
  - Underride, Compartment Intrusion
  - Override, Motor Vehicle in Transport
  - Override, Other Motor Vehicle
- **Vehicle Impact Role:**
  - Striking
  - Single Vehicle
  - Struck
  - Both
- **Veh Travel Speed (MPH):**
- **Displaying Hazardous Materials Placard:**
  - No
  - Yes
  - Caught Fire
- **Occurrence of Fire:**
  - No Fire
  - Yes, Vehicle
  - No
  - Yes
- **Number of Axles:**
- **Total Lanes in Roadway:**
- **For Undivided Highways:**
- **For Divided Highways:**
- **Manner, in which Vehicle was Removed from Scene:**
  - Driven
  - Towed Due to Damage
  - Towed Due to Driver Condition
  - Left at Scene
- **Vehicle Impacted:**
- **Vehicle Used as a Bus:**
  - Commuter Bus
  - Public School Bus
  - Private School Bus
  - Shuttle Bus
  - Church Bus
  - Scheduled Service Bus
  - Modified for Personal/Private Use
- **Vehicle Used as a Bus:**
  - Yes
  - No
  - Not Req
- **Special Function:**
  - None
  - Police
  - Courtesy Patrol
  - Used as School Bus
  - Ambulance
  - Fire Truck
  - Military
- **Ownership:**
  - Owner's Name(s):
  - Address:
  - City
  - State
  - Zip Code Home Phone
  - Other Phone
  - Exp Date:
  - Policy No:
  - Ins. Co:
  - Ins. Agent Name or Phone
  - Exp Date:
  - Policy No:
  - Ins. Co:
  - Ins. Agent Name or Phone
- **Owner's Name(s):**

### Contributing Circumstances, Motor Vehicle (Select up to 2):

- None
- Tires
- Brakes
- Wheels
- Wipers
- Lights (Head, Signal, Tail, etc.)
- Steering
- Windows
- Power Train
- Truck Coupling/Trailer
- Mirrors
- Hitch/Safety Chains
- Suspension
- Other

- GVWR or GCWR:
  - Less Than or Equal To 10,000lbs
  - 10,001 - 26,000 lbs
  - More Than 26,000lbs

- Number of Axles:

- Manner, in which Vehicle was Removed from Scene:
**Crash Record Number:**

**Vehicle Number:**

**Reporting Agency’s Record Number:**

**Page**

**Crash Events:**

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Event Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overturn / Rollover</td>
<td>01</td>
</tr>
<tr>
<td>Fire / Explosion</td>
<td>02</td>
</tr>
<tr>
<td>Immersion</td>
<td>03</td>
</tr>
<tr>
<td>Jackknife</td>
<td>04</td>
</tr>
<tr>
<td>Cargo/Equipment Loss or Shift</td>
<td>05</td>
</tr>
<tr>
<td>Equipment Failure</td>
<td>06</td>
</tr>
<tr>
<td>Separation of Units</td>
<td>07</td>
</tr>
<tr>
<td>Ran Off Road Right</td>
<td>08</td>
</tr>
<tr>
<td>Ran Off Road Left</td>
<td>09</td>
</tr>
</tbody>
</table>

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

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

**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: ______________
  - 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: ______________
  - 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: ______________
  - 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):**

- WVDOH
- Private
- City
- Utility Company
- Other:

**Damaged Property Location:**

- On Pavement
- Right Side of Road
- Left Side of Road
**State of West Virginia Uniform Traffic Crash Report**

**Driver Data**

**Crash Record Number:**

**Reporting Agency's Record Number:**

**Driver's Name:**  
Last:  
First:  
Middle:  
Suffix:  

**Address:**  
City:  
State:  
Zip Code:  

**Home Phone:**  
Other Phone:  

**License Type:**  
- [ ] Not Licensed  
- [ ] GDL Level 1  
- [ ] CDL Instruction Permit  
- [ ] CDL Class: A  
- [ ] B  
- [ ] C  

**License Restrictions:**  
- [ ] 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  
- [ ] Limit to Daylight Only  
- [ ] Except Tractor - Trailer  
- [ ] Limit to Employment  
- [ ] Farm Waiver  
- [ ] Must Be Accompanied by Adult  
- [ ] Other  

**Endorsements:**  
- [ ] 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  

**Driving License:**  
Lic. Number:  

**Status:**  
- [ ] Valid  
- [ ] Expired  
- [ ] Suspended  
- [ ] Revoked  
- [ ] Probation  
- [ ] Surrendered  
- [ ] Valid/Interlock  
- [ ] Fraudulent  

**Date of Birth:**

**License Restrictions: (Select All that Apply)**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] None</td>
<td></td>
</tr>
<tr>
<td>[ ] Corrective Lenses</td>
<td></td>
</tr>
<tr>
<td>[ ] Mechanical Devices</td>
<td></td>
</tr>
<tr>
<td>[ ] Prosthetic Aid</td>
<td></td>
</tr>
<tr>
<td>[ ] Automatic Transmission</td>
<td></td>
</tr>
<tr>
<td>[ ] Outside Mirror</td>
<td></td>
</tr>
<tr>
<td>[ ] Limit to Daylight Only</td>
<td></td>
</tr>
<tr>
<td>[ ] Limit to Employment</td>
<td></td>
</tr>
<tr>
<td>[ ] Must Be Accompanied by Adult</td>
<td></td>
</tr>
</tbody>
</table>

**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:**  
- [ ] None  
- [ ] Improper Turn  
- [ ] Improper Backing  
- [ ] Improper Passing  
- [ ] Swerved or Avoided  
- [ ] Agoressive Manner  
- [ ] 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  
- [ ] Operated Veh in Erratic, Reckless,  
|  |

**Driver Use of Alcohol Suspected:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] Unknown</td>
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</tbody>
</table>

**Driver Use of Drugs Suspected:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] Unknown</td>
<td></td>
</tr>
</tbody>
</table>

**Drug Test Results (Check All that Apply):**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] None</td>
<td></td>
</tr>
<tr>
<td>[ ] Amphetamine</td>
<td></td>
</tr>
<tr>
<td>[ ] Pending</td>
<td></td>
</tr>
<tr>
<td>[ ] Marijuana</td>
<td></td>
</tr>
<tr>
<td>[ ] PCP</td>
<td></td>
</tr>
<tr>
<td>[ ] Cocaine</td>
<td></td>
</tr>
<tr>
<td>[ ] Other Controlled Substance</td>
<td></td>
</tr>
<tr>
<td>[ ] Opiate</td>
<td></td>
</tr>
<tr>
<td>[ ] Other Drug</td>
<td></td>
</tr>
</tbody>
</table>

**Driver Distracted By:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Not Distracted</td>
<td></td>
</tr>
<tr>
<td>[ ] Other Electronic Device</td>
<td></td>
</tr>
<tr>
<td>[ ] Other Inside Vehicle</td>
<td></td>
</tr>
<tr>
<td>[ ] Other Outside Vehicle</td>
<td></td>
</tr>
</tbody>
</table>

**Driver Use of Alcohol Given:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Test Given</td>
<td></td>
</tr>
<tr>
<td>[ ] None Given</td>
<td></td>
</tr>
<tr>
<td>[ ] Test Refused</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Alcohol Test Given:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Blood</td>
<td></td>
</tr>
<tr>
<td>[ ] Breath</td>
<td></td>
</tr>
<tr>
<td>[ ] Urine</td>
<td></td>
</tr>
<tr>
<td>[ ] Serum</td>
<td></td>
</tr>
<tr>
<td>[ ] Field</td>
<td></td>
</tr>
<tr>
<td>[ ] Other</td>
<td></td>
</tr>
</tbody>
</table>

**PBT Results:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Pass</td>
<td></td>
</tr>
<tr>
<td>[ ] Fail</td>
<td></td>
</tr>
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</table>

**BAC Results:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] [ ]</td>
<td></td>
</tr>
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</table>

**Drug Test Given:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Test Given</td>
<td></td>
</tr>
<tr>
<td>[ ] None Given</td>
<td></td>
</tr>
<tr>
<td>[ ] Test Refused</td>
<td></td>
</tr>
<tr>
<td>[ ] Unknown if Tested</td>
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</table>

**Type of Drug Test Given:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Blood</td>
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<tr>
<td>[ ] DRE</td>
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<tr>
<td>[ ] Serum</td>
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<tr>
<td>[ ] Urine</td>
<td></td>
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<tr>
<td>[ ] Other</td>
<td></td>
</tr>
</tbody>
</table>

**Drug Use Suspected:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] Unknown</td>
<td></td>
</tr>
</tbody>
</table>

**Drug Test Results:**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] None</td>
<td></td>
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<tr>
<td>[ ] Amphetamine</td>
<td></td>
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<tr>
<td>[ ] Pending</td>
<td></td>
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<tr>
<td>[ ] Marijuana</td>
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<tr>
<td>[ ] PCP</td>
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<tr>
<td>[ ] Cocaine</td>
<td></td>
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<tr>
<td>[ ] Other Controlled Substance</td>
<td></td>
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<tr>
<td>[ ] Opiate</td>
<td></td>
</tr>
<tr>
<td>[ ] Other Drug</td>
<td></td>
</tr>
</tbody>
</table>
**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 - 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

---

**STATEMENT OF DRIVER:**

[Sample text]

[Sample text]

[Sample text]

[Sample text]

[Sample text]

[Sample text]

[Sample text]

[Sample text]
## State of West Virginia Uniform Traffic Crash Report

### Driver and Vehicle Passenger Data

**Crash Record Number:**

**Reporting Agency's Record Number:**

**Page** of **Page**

<table>
<thead>
<tr>
<th>Indiv #</th>
<th>Last</th>
<th>First</th>
<th>Middle Init.</th>
<th>Suffix</th>
<th>Veh #</th>
<th>Occupant Type</th>
<th>Social Security #</th>
<th>Birthdate</th>
<th>Age</th>
<th>Gender</th>
<th>Injury</th>
<th>Seating Position</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

**Seating Position Codes:**

**Type of Occupant Protection System Used Codes:**
- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing

**Type of Occupant Protection System Used Codes:**
- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing

**Proper Use of Occupant Protection:**
- 01 Used Properly
- 02 Used Improperly
- 03 Unknown

**DOT Approved Helmet:**
- 01 Yes
- 02 No
- 03 Unknown

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

**Ejected 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
- 08 Other Path
- 09 Unknown Path

**Mедically 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
- 11 Unable to Determine - Due to Vehicle Damage
State of West Virginia Uniform Traffic Crash Report

**Statement**

**Crash Record Number:**

**Reporting Agency's Record Number:**

<table>
<thead>
<tr>
<th>Statement of:</th>
<th>Involved Vehicle Passenger / Driver</th>
<th>Involved Non-Motorist</th>
<th>Uninvolved Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle Number:</td>
<td>Person Number:</td>
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<tr>
<td>Person Number:</td>
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</tbody>
</table>

**Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
<th>Home Phone:</th>
</tr>
</thead>
</table>

**Address:**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Other Phone:</th>
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</thead>
</table>

**STATEMENT:**

_______________________________________________________________________
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**Sample**
### Non-Motorist Data

#### Crash Record Number:

#### Reporting Agency's Record Number:

### Person Information

<table>
<thead>
<tr>
<th>Indiv #</th>
<th>Last</th>
<th>First</th>
<th>Mid. Int.</th>
<th>Suffix</th>
<th>Name</th>
<th>Type</th>
<th>Social Security #</th>
<th>Birthdate</th>
<th>Age</th>
<th>Gender</th>
<th>Injury</th>
<th>Veh Number of Motor Veh Striking</th>
<th>Action PRIOR to Crash</th>
<th>Location PRIOR to Crash</th>
<th>Contributing Actions #1</th>
<th>Contributing Actions #2</th>
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</table>
### 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 Serum
- 03 Breath
- 04 Field
- 05 Urine
- 06 Other

### BAC Results:
- Enter BAC Level if Available
- P Pending
- U Unknown

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

### Type of Drug Test Given:
- 01 Blood
- 02 Serum
- 03 Urine
- 04 Field
- 05 Urine
- 06 Other
- 07 Controlled Substance
- 08 Other Drug
- 09 Pending

### Violation(s) Suspected of or Committed by Non-Motorist:
01 No Violations
02 Inattentive, Careless, Improper Driving
03 Fleeing or Eluding Law Enforcement
04 Failure to Obey Law Enforcement, Fireman, 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 on Red
11 Failure to Obey Flashing Signal (Yellow or Red)
12 Failure to Obey Signal, Generally
13 Violation of RR 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 Violations, 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 Jaywalking
27 Driving Where Prohibited
28 Other Moving Violation

### Rules of the Road - Traffic Signs and Signals
- Rules of the Road - Lane Usage
- Equipment
- Other Violations

---

Sample
State of West Virginia Uniform Traffic Crash Report

Commercial Motor Vehicle (CMV) Data

Crash Record Number: [ ] Vehicle Number (from Vehicle Data Page): [ ] Reporting Agency’s Record Number: [ ] Page [ ] of [ ]

Carrier Name: [ ]
Carrier Address: [ ]
Carrier Classification:
Interstate  Intrastate
Government Veh - Not in Commerce
Other Veh - Not in Commerce

US DOT Number: [ ] State ID Number: [ ]
Lessee / Lessor Name: [ ]
Address: [ ]

US DOT Number: [ ]
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

Sample
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:
(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