DMV-17-F REVISED 5/97

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT

PAGE ___ OF ___

Date of Crash | M T W Th F S Sun (1 2 3 4 5 6 7) | Time of Crash HRS. | CRASH REPORTED BY: 1 State Police 2 City Police 3 Sheriff 4 Other | Time of Notification HRS. | Time of Arrival HRS. | Fatality | Leaving Scene | Hit & Run | Striking Unattended Vehicle | Other | FORM OVERFLOW DE #

LOCATION

COUNTY | CITY OR TOWN (IN / NEAR) | HIGHWAY CLASSIFICATION: 1 Interstate 2 U.S. 3 WV 4 County 5 City 6 Other

CRASH OCCURRED ON: ROUTE 1 | STREET 1 | MAXIMUM SPEED LIMIT (Posted / Not Posted) | ADVISORY SPEED | IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE: 1 Main Road 2 Main Road at Interchange 3 Entrance Ramp On (N S E W) Side 4 Exit Ramp On (N S E W) Side

Or

AT INTERSECTION WITH: ROUTE 2 | STREET 2 | MAXIMUM SPEED LIMIT (Posted / Not Posted) | ADVISORY SPEED

Or

IF NOT AT INTERSECTION: ___ FEET / MILES N E S W OF STREET, HIGHWAY, TOWN ETC.

RELATION TO ROADWAY (Location of First Impact): 1 On Road 2 Median 3 Shoulder 4 Outside of Shoulder/Curb 5 Gore 6 Other/Unknown

IF LOCATION CAN BE DESCRIBED MORE PRECISELY, ENTER HERE SPECIAL REFERENCE OR GIS/GPS COORDINATES

DRIVER

DRIVER'S FULL NAME (M / F) | ADDRESS | CITY | STATE | ZIP

DATE OF BIRTH | SOCIAL SECURITY NUMBER | DRIVER LICENSE NUMBER | CDL / Jr. Operator's / Learner's Perm. | STATE | LICENSE RESTRICTION(S) VIOLATED

CITATION NUMBER | CITATION CHARGE | DRIVER CONDITION: 1 Normal 2 Fatigued 3 Asleep 4 Ill 5 Drinking 6 Medication 7 Other 8 Unknown

SOBRIETY TEST GIVEN: Yes / No / Refused Test / Not Offered | TYPE OF TEST GIVEN: FIELD / BLOOD / BREATH / PBT / URINE / OTHER / N/A | TEST RESULTS:

DRIVER ACTION: 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 U-Turning 5 Changing Lanes 6 Passing 7 Parking 8 Parked 9 Backing 10 Merging 11 Slowing or Stopping 12 Stopped in Traffic Lane 13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)

VEHICLE

OWNER'S FULL NAME / SAME AS DRIVER | ADDRESS / SAME AS DRIVER | CITY | STATE | ZIP

YEAR | MAKE | MODEL | STYLE | COLOR (List Primary/Secondary)

LICENSE PLATE NUMBER | STATE | YEAR | VEHICLE IDENTIFICATION NUMBER

DIRECTION TRAVEL (If turning, enter direction BEFORE turn.): N E S W ON ROUTE 1 2 (Or Street) ABOVE | TOTAL OCCUPANTS OF THIS VEHICLE: | EXTENT OF DAMAGE: 0 1 2 3 4 5 6 - Unknown | DRIVEABLE: Yes / No | DAMAGED AREA(S) | PT. OF INITIAL IMPACT

TOWED DUE TO DAMAGE: Yes / No | TOWED BY: | TOWED TO:

AUTO LIABILITY INSURANCE: Yes / No | INSURANCE COMPANY | POLICY NO. | AGENT

CONTRIBUTING CIRCUMSTANCES (Check One or More): 1 No Improper Driving 2 Exceeding Speed Limit 3 Exceeding Safe Speed 4 Changing Lanes Improperly 5 Following Too Closely 6 Disregarded Traffic Control 7 Did Not Have Right of Way 8 Failure to Maintain Control 9 Driving Under Minimum Speed 10 No Signal or Improper Signal 11 Turning Improperly 12 Passing Improperly 13 Parking Improperly 14 Backing Improperly 15 Avoiding Animal or Vehicle 16 Distraction Inside Vehicle 17 Walking Violation 18 Driver Under Influence 19 Pedestrian Under Influence 20 Slippery Pavement 21 Other Roadway Defects 22 Previous Accident 23 Left of Center 24 Other (SEE NARRATIVE)

12 UNDERCARRIAGE
13 NONE/NON-APPARENT
14 OTHER/UNKNOWN
15 ALL AREAS

DRIVER

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DATE OF BIRTH | SOCIAL SECURITY NUMBER | DRIVER LICENSE NUMBER | CDL / Jr. Operator's / Learner's Perm. | STATE | LICENSE RESTRICTION(S) VIOLATED

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