

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WV00000006 Entity: Barboursville -Line-(Courier)

State: WV

DATE OF LOSS: 04/13/21

LOSS STREET : RT 60

LOSS CITY : BARBOURSVILLE

POLICE DEPT.: BARBOURSVILLE PD

REPORT NUM. : 21-244

Image Name: WV00000006_3331086228_211215_2185120.tif



3331086228

Road - Contributing Circumstances: (Select Up to 3)

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

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 ☐ None
☐ 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 ☐ Activity Area
☐ Advance Warning Area ☐ Termination Area
☐ Transition (Merge) Area

Type of Work Zone:

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

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

DRIVER 1 WAS HEADED EAST IN THE 6200 BLOCK OF US RT. 60 WHEN SHE SIDE SWIPED THE DRIVER SIDE OF VEHICLE 2 BEFORE COLLIDING WITH THE REAR BUMPER OF VEHICLE 3 WHO WERE BOTH SITTING IN TRAFFIC AT THE RED LIGHT WAITING TO TURN NORTH ON MERRITTS CREEK.

DRIVER 1 STATED TO THIS OFFICER THAT SHE DID NOT KNOW WHAT HAPPENED AND THAT HER VISION WENT "BLACK" AFTER HER AIRBAG DEPLOYED.

DRIVER 2 STATED THAT HE WAS EITHER SITTING STILL OR BARELY ROLLING WHEN DRIVER 1 SIDE SWIPED THE DRIVER SIDE OF HIS TRUCK, PUNCTURING AND DEFLATING HIS TIRE. DRIVER 2 CALLED THIS OFFICER SHORTLY AFTER THE COLLISION AND CONFIRMED THAT HE WAS SITTING STILL, STATING THAT HE REMEMBERS THE AIR BRAKE BEING ON.

DRIVER 3 STATED THAT HE WAS SITTING IN TRAFFIC AT THE RED LIGHT WHEN DRIVER 1 COLLIDED WITH HIS REAR BUMPER.

TWO WITNESSES AT THE SCENE PROVIDED WRITTEN STATEMENTS (SEE ATTACHED). LACEY BEVINS 304-691-3345 AND APRIL KING 304-710-7695.

DRIVER 1 WAS TRANSPORTED TO THE HOSPITAL VIA EMS AND HER VEHICLE WAS TOWED FROM THE SCENE. DRIVER 2 DID NOT COMPLAIN OF ANY INJURIES AND HIS VEHICLE WAS MOVED TO TANYARD STATION TO REPAIR HIS DEFLATED TIRE. DRIVER 3 DID NOT STATE THAT HE WAS HURT BUT "SHAKEN UP" AND HIS PASSENGER DID NOT COMPLAIN OF ANY INJURIES. THEIR VEHICLE WAS DRIVEN FROM THE SCENE.

Reported By:

☐ State Police ☐ Sheriff's Dept
☒ Municipal PD ☐ 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:

C. SEAY

Number:

62

Signature:

Phone:

(304) 736-5203

ORI Number:

WV0060100

Agency:

Barboursville PD

Assisting Officer's Name(s):

B. SIMMONS

Reconstructed:

☐ Yes ☒ No

By Whom:

Date of Submission:

04/20/2021



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-veh

Revised: 02/2007

Vehicle Data

Crash Record Number: _____ Vehicle Number: 01 Reporting Agency's Record Number: 21-244 Page 4 of 20

Vehicle Type: ☒ Motor Veh in Transport ☐ Parked Motor Veh / Trailer ☐ Working Veh / EquipmentHit and Run: ☒ No, Did Not Leave Scene
☐ Yes, Driver Left Scene
☐ Yes, Car and Driver Left SceneDriver Presence at Time of Crash:
☒ Driver Operated Vehicle
☐ Driverless Vehicle

Owner's Name(s): SHELTON, ROBIN N.

Address: 6319 OHIO RIVER RD. LESAGE WV 25537

City State Zip Code Home Phone Other Phone

Make Model Model Year Body Type Color
HONDA ACCORD 2013 SEDAN, 4-DOOR BLUEVIN Plate Class License Plate Number State Reg Year
1HGCR2F58DA158821 A 85A658 WV 2021

Registration Status:

☒ Properly Registered
☐ Improperly Registered
☐ No Registration Required

Proof of Liability Insurance:

☒ Yes ☐ No
☐ Not Req

Ins. Co:

GEICO

Policy No:

4284547389

Exp Date:

10/15/2021

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 ☐ Commuter Bus ☐ Tour Bus
☐ Private School Bus ☐ Shuttle Bus ☐ Church Bus
☐ Scheduled Service Bus ☐ Modified for Personal/Private Use

Ins. Agent Name or Phone

Vehicle Impact Role:

☒ Striking ☐ Single Vehicle
☐ Struck ☐ Both

Direction of Travel Before Crash:

☐ Northbound ☒ Eastbound ☐ Not on Road
☐ Southbound ☐ Westbound ☐ Unknown

Applicable Speed Limit (MPH):

45

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. 6

Traffic Control Device Type:

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

Horizontal Alignment:

☒ Straight ☐ Curve Right
☐ Curve Left

Vertical Alignment:

☒ Level ☐ Uphill ☐ Sag (Bottom)
☐ Hillcrest ☐ 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 ☐ Making U-Turn
☐ Backing ☐ Slowing
☐ Changing Lanes ☐ Stopped in Traffic
☐ Overtaking / Passing ☐ Leaving Traffic Lane
☐ Parked ☐ Entering Traffic Lane
☐ Turning Right ☐ Negotiating a Curve
☐ Turning Left ☐ Other

Crash Avoidance Maneuver:

☒ None Evident or Reported
☐ Braking - Skidmarks Evident
☐ Braking - Driver Stated
☐ Braking - Other Evidence
☐ Steering - Evidence or Stated
☐ Steering and Braking
☐ Other

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

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

GVWR or GCWR:

☒ Less Than or Equal To 10,000lbs
☐ 10,001 - 26,000 lbs
☐ More Than 26,000lbs

Number of Axles:

02

Total / Max Occupants of Veh:

0 1 / 0 5

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: A-1 TOW LOT

Towed by: A-1 TOWING

Crash Record Number: _____

Vehicle Number: 01

Reporting Agency's Record Number: 21-244

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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:

19

Most Harmful Event:

19

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

<input checked="" type="radio"/> Single Unit Vehicle	<input type="radio"/> Motorcycle	<input type="radio"/> ATV	<input type="radio"/> Pass. Veh, Towing Unit	<input type="radio"/> Bus	<input type="radio"/> Tractor Trailer
 <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	 <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	 <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	 <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	 <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	 <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage

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

Area of Initial Impact:

2

Most Damaged Area:

12

Number of Trailing Units: 0

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):

☐ WVDOT☐ 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

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) Page of
Reporting Agency's Record Number:

Driver's Name: SHELTON Last ROBIN First N. Middle
Suffix

Address: ☒ Same as Veh Owner 6319 OHIO RIVER RD. LESAGE WV 25537
City State Zip Code

Home Phone: Other Phone:

Driving License:

License Type:

- ☐ Not Licensed ☐ GDL Level 1 ☐ CDL Instruction Permit
☒ Driving License ☐ GDL Level 2 ☐ Motorcycle Instruction Permit
☐ Instruction Permit ☐ GDL Level 3 ☐ Motorcycle Only

CDL Class:

- ☐ A ☐ B ☐ C

Issuing State: WV

Lic. Number: E265484

Date of Birth: 10/21/1961

License Restrictions: (Select All that Apply)

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

Endorsements: (Select Up to 5)

- ☒ None
☐ T - Double/Triple Trailers
☐ P - Passenger Vehicle
☐ S - School Bus
☐ N - Tank Vehicle
☐ H - Hazardous Materials
☐ X - Combined Tank / Haz. Materials
☐ 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 ☐ Improper Turn ☐ Operated Veh in Aggressive Manner
☐ Ran Off Road ☐ Improper Backing ☐ Swerved or Avoided
☐ Failed to Yield Right of Way ☐ Improper Passing ☐ Over Correcting / Over Steering
☐ Disregarded Traffic Signs ☐ Wrong Side or Wrong Way ☐ Followed Too Closely
☐ Ran Red Light ☐ Failed to Keep in Proper Lane ☒ Other Improper Action
☐ Disregarded Other Road Markings ☐ Operated Veh in Erratic, Reckless, or Careless Manner
☐ Exceeded Posted Speed Limit
☐ Drove Too Fast For Conditions

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Alcohol Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused

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

- ☐ Blood ☐ Breath ☐ Urine
☐ Serum ☐ Field ☐ Other:

PBT Results:

- ☐ Pass
☐ Fail

BAC Results:

- ☐ Pending
☐ Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Drug Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused
☐ Unknown if Tested

Type of Drug Test Given:

- ☐ Blood ☐ DRE
☐ Serum
☐ Urine
☐ Other

Drug Test Results (Check All that Apply):

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

Driver Distracted By:

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

Crash Record Number:

Vehicle Number (from Vehicle Data Page) 01

Page 7 of 20

Reporting Agency's Record Number: 21-244

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:

DRIVER UNABLE TO PROVIDE WRITTEN STATEMENT DUE TO EMS TRANSPORT



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-veh
Revised: 02/2007

Vehicle Data

Crash Record Number: _____ Vehicle Number: 02 Reporting Agency's Record Number: 21-244 Page 8 of 20

Vehicle Type: ☒ Motor Veh in Transport ☐ Parked Motor Veh / Trailer ☐ Working Veh / EquipmentHit and Run: ☒ No, Did Not Leave Scene

Driver Presence at Time of Crash:

☐ Yes, Driver Left Scene☒ Driver Operated Vehicle☐ Yes, Car and Driver Left Scene☐ Driverless Vehicle

Owner's Name(s): UPS GROUND FREIGHT INC.

Address: 3343 COLISEUM BLVD. FT. WAYNE

City

State

Zip Code

Home Phone

Other Phone

Make	Model	Model Year	Body Type	Color
VOLVO	FREIGHTLINER	2006	TRUCK TRACTOR	BROWN
VIN	Plate Class	License Plate Number	State	Reg Year
4VHM19GG86N407490	A	1023982	IN	2021

Registration Status:

☒ Properly Registered☐ Improperly Registered☐ No Registration Required

Proof of Liability Insurance:

☒ Yes ☐ No☐ Not Req

Ins. Co:

LIBERTY MUTUAL

Policy No:

A12C21092036580

Exp Date:

01/01/2022

Special Function of Motor Vehicle:

<input checked="" type="radio"/> None	<input type="radio"/> Police	<input type="radio"/> Courtesy Patrol
<input type="radio"/> Used as School Bus	<input type="radio"/> Ambulance	<input type="radio"/> Taxi
<input type="radio"/> Used as Other Bus	<input type="radio"/> Fire Truck	<input type="radio"/> Military

Used as an
Emergency
Vehicle:☐ No ☐ Yes

Vehicle Used as a Bus:

<input type="radio"/> Public School Bus	<input type="radio"/> Commuter Bus	<input type="radio"/> Tour Bus
<input type="radio"/> Private School Bus	<input type="radio"/> Shuttle Bus	<input type="radio"/> Church Bus
<input type="radio"/> Scheduled Service Bus	<input type="radio"/> Modified for Personal/Private Use	

Ins. Agent Name or Phone

Vehicle Impact Role:

<input type="radio"/> Striking	<input type="radio"/> Single Vehicle
<input checked="" type="radio"/> Struck	<input type="radio"/> Both

Direction of Travel Before Crash:

<input type="radio"/> Northbound	<input checked="" type="radio"/> Eastbound	<input type="radio"/> Not on Road
<input type="radio"/> Southbound	<input type="radio"/> Westbound	<input type="radio"/> Unknown

Applicable Speed
Limit (MPH):

45

Roadway Description:

<input checked="" type="radio"/> Two-Way, Not Divided	<input type="radio"/> Two-Way, Divided, Unprotected Median
<input type="radio"/> Two-Way, Not Divided w/ Cont. Left Turn Lane	<input type="radio"/> Two-Way, Divided, with Median Barrier
<input type="radio"/> 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.

6

Traffic Control Device Type:

<input type="radio"/> None	<input type="radio"/> Yield Sign
<input type="radio"/> Person (Flagger, etc.)	<input type="radio"/> School Zone Signs
<input checked="" type="radio"/> Traffic Control Signal	<input type="radio"/> Warning Signs
<input type="radio"/> Flashing Overhead Signal	<input type="radio"/> Railroad Crossing Device
<input type="radio"/> Stop Sign	<input type="radio"/> Other

Horizontal Alignment:

<input checked="" type="radio"/> Straight	<input type="radio"/> Curve Right
<input type="radio"/> Curve Left	

Vertical Alignment:

<input checked="" type="radio"/> Level	<input type="radio"/> Uphill	<input type="radio"/> Sag (Bottom)
<input type="radio"/> Hillcrest	<input type="radio"/> Downhill	

Veh Travel Speed (MPH):

Traffic Control Functioning Properly: ☒ Yes ☐ No

Underride / Override:

<input checked="" type="radio"/> No Underride or Override	<input type="radio"/> Underride, Compartment Intrusion Unknown
<input type="radio"/> Underride, Compartment Intrusion	<input type="radio"/> Override, Motor Vehicle in Transport
<input type="radio"/> Underride, No Compartment Intrusion	<input type="radio"/> Override, Other Motor Vehicle

Extent of Damage

<input type="radio"/> No Damage
<input type="radio"/> Minor Damage
<input checked="" type="radio"/> Functional Damage
<input type="radio"/> Disabling Damage

Vehicle Maneuver / Action:

<input type="radio"/> Essentially Straight Ahead	<input type="radio"/> Making U-Turn
<input type="radio"/> Backing	<input type="radio"/> Slowing
<input type="radio"/> Changing Lanes	<input checked="" type="radio"/> Stopped in Traffic
<input type="radio"/> Overtaking / Passing	<input type="radio"/> Leaving Traffic Lane
<input type="radio"/> Parked	<input type="radio"/> Entering Traffic Lane
<input type="radio"/> Turning Right	<input type="radio"/> Negotiating a Curve
<input type="radio"/> Turning Left	<input type="radio"/> Other

Crash Avoidance Maneuver:

<input checked="" type="radio"/> None Evident or Reported
<input type="radio"/> Braking - Skidmarks Evident
<input type="radio"/> Braking - Driver Stated
<input type="radio"/> Braking - Other Evidence
<input type="radio"/> Steering - Evidence or Stated
<input type="radio"/> Steering and Braking
<input type="radio"/> Other

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

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Tires
<input type="checkbox"/> Brakes	<input type="checkbox"/> Wheels
<input type="checkbox"/> Wipers	<input type="checkbox"/> Lights (Head, Signal, Tail, etc.)
<input type="checkbox"/> Steering	<input type="checkbox"/> Windows
<input type="checkbox"/> Power Train	<input type="checkbox"/> Truck Coupling/Trailer Hitch/Safety Chains
<input type="checkbox"/> Mirrors	
<input type="checkbox"/> Suspension	<input type="checkbox"/> Other

GVWR or GCWR:

<input type="radio"/> Less Than or Equal To 10,000lbs
<input type="radio"/> 10,001 - 26,000 lbs
<input checked="" type="radio"/> More Than 26,000lbs

Number of Axles:

03

Total / Max
Occupants of Veh:

0 1 / 0 2

Displaying Hazardous
Materials Placard:

<input checked="" type="radio"/> No
<input type="radio"/> Yes

Occurrence of Fire:

<input checked="" type="radio"/> No Fire
<input type="radio"/> Yes, Vehicle Caught Fire

Modified
Vehicle:

<input checked="" type="radio"/> No
<input type="radio"/> Yes

Vehicle is Primarily Used to
Transport Goods, Property,
or People for Commerce:

<input checked="" type="radio"/> No	<input type="radio"/> Yes
-------------------------------------	---------------------------

Manner, in which Vehicle was Removed from Scene:

<input checked="" type="radio"/> Driven	<input type="radio"/> Towed Due to Damage	<input type="radio"/> Towed Due to Driver Condition	<input type="radio"/> Left at Scene
---	---	---	-------------------------------------

Towed to:

Towed by:

Crash Record Number: _____

Vehicle Number: 02

Reporting Agency's Record Number: 21-244

Page 9 of 20

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

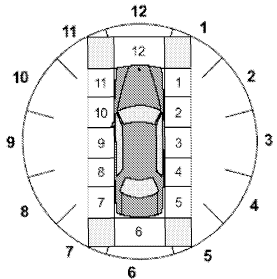
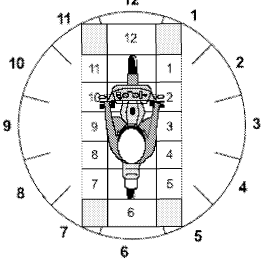
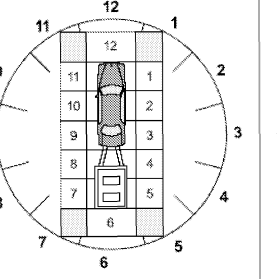
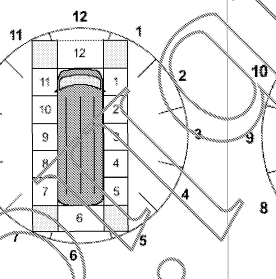
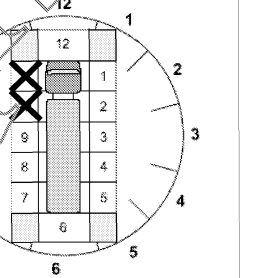
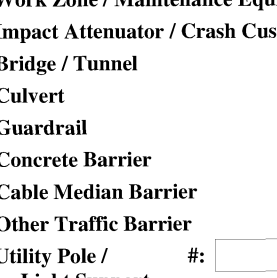
Sequence of Events:

19

Most Harmful Event:

19

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
					
<input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage

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

Area of Initial Impact:

10

Most Damaged Area:

10

Number of Trailing Units:

1

Trailing Unit #1: ☐ Same as Power Unit

Carrier / Owner's Name: UPS GROUND FREIGHT INC.

Address: 3343 COLISEUM BLVD

FT. WAYNE

IN

46808

Phone: _____

VIN

Plate Class

License Plate Number

State

Year

Make

Model

Model Year

Body Type

4V4M19GG86N407490

A

P777291

IN

2021

VOLVO

FREIGHTLINE

2006

SEMI-TRAILER

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):

☐ WVD0H☐ 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

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page of

Reporting Agency's Record Number:

Driver's Name: Last First Middle Suffix

Address: ☐ Same as Veh Owner ☐ 46 MARKS DR. City State Zip Code

Home Phone: Other Phone:

Driving License:

License Type:

- ☐ Not Licensed ☐ GDL Level 1 ☐ CDL Instruction Permit
☒ Driving License ☐ GDL Level 2 ☐ Motorcycle Instruction Permit
☐ Instruction Permit ☐ GDL Level 3 ☐ Motorcycle Only

CDL Class: ☐ A ☐ B ☐ C

Issuing State:

Lic. Number:

Date of Birth:

License Restrictions: (Select All that Apply)

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

Endorsements: (Select Up to 5)

- ☐ None
☒ T - Double/Triple Trailers
☒ P - Passenger Vehicle
☐ S - School Bus
☒ N - Tank Vehicle
☒ H - Hazardous Materials
☐ X - Combined Tank / Haz. Materials
☒ 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 ☐ Improper Turn ☐ Operated Veh in Aggressive Manner
☐ Ran Off Road ☐ Improper Backing ☐ Swerved or Avoided
☐ Failed to Yield Right of Way ☐ Improper Passing ☐ Over Correcting / Over Steering
☐ Disregarded Traffic Signs ☐ Wrong Side or Wrong Way ☐ Other Improper Action
☐ Ran Red Light ☐ Followed Too Closely
☐ Disregarded Other Road Markings ☐ Failed to Keep in Proper Lane
☐ Exceeded Posted Speed Limit ☐ Operated Veh in Erratic, Reckless, or Careless Manner
☐ Drove Too Fast For Conditions

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Alcohol Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused

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

- ☐ Blood ☐ Breath ☐ Urine
☐ Serum ☐ Field ☐ Other:

PBT Results:

- ☐ Pass
☐ Fail

BAC Results:

- ☐
☐ Pending
☐ Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Drug Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused
☐ Unknown if Tested

Type of Drug Test Given:

- ☐ Blood ☐ DRE
☐ Serum
☐ Urine
☐ Other

Drug Test Results (Check All that Apply):

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

Driver Distracted By:

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

Crash Record Number:

Vehicle Number (from Vehicle Data Page) 02

Page 11 of 20

Reporting Agency's Record Number: 21-244

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:

SEE ATTACHED DRIVERS STATEMENT



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-veh
Revised: 02/2007

Vehicle Data

Crash Record Number: _____ Vehicle Number: 03 Reporting Agency's Record Number: 21-244 Page 12 of 20

Vehicle Type: ☒ Motor Veh in Transport ☐ Parked Motor Veh / Trailer ☐ Working Veh / EquipmentHit and Run: ☒ No, Did Not Leave Scene

Driver Presence at Time of Crash:

☐ Yes, Driver Left Scene☒ Driver Operated Vehicle☐ Yes, Car and Driver Left Scene☐ Driverless Vehicle

Owner's Name(s): WHEELS LT. BEST BUY STORES LP

Address: 666 GARLAND PLACE

DES PLAINES

City

State

60016

Zip Code

Home Phone

Other Phone

Make	Model	Model Year	Body Type	Color
FORD	350HD	2016	SINGLE UNIT TRUCK	BLACK

VIN	Plate Class	License Plate Number	State	Reg Year
1FD8F9ZM2GKB56939	A	DUJ964	WV	2021

Registration Status:

☒ Properly Registered☐ Improperly Registered☐ No Registration Required

Proof of Liability Insurance:

☒ Yes ☐ No☐ Not Req

Ins. Co:

XL INS. AMERICA INC.

Policy No:

RAD943757409

Exp Date:

02/01/2022

Special Function of Motor Vehicle:

<input checked="" type="radio"/> None	<input type="radio"/> Police	<input type="radio"/> Courtesy Patrol
<input type="radio"/> Used as School Bus	<input type="radio"/> Ambulance	<input type="radio"/> Taxi
<input type="radio"/> Used as Other Bus	<input type="radio"/> Fire Truck	<input type="radio"/> Military

Used as an
Emergency
Vehicle:☐ No ☐ Yes

Vehicle Used as a Bus:

<input type="radio"/> Public School Bus	<input type="radio"/> Commuter Bus	<input type="radio"/> Tour Bus
<input type="radio"/> Private School Bus	<input type="radio"/> Shuttle Bus	<input type="radio"/> Church Bus
<input type="radio"/> Scheduled Service Bus	<input type="radio"/> Modified for Personal/Private Use	

Ins. Agent Name or Phone

Vehicle Impact Role:

<input type="radio"/> Striking	<input type="radio"/> Single Vehicle
<input checked="" type="radio"/> Struck	<input type="radio"/> Both

Direction of Travel Before Crash:

<input type="radio"/> Northbound	<input checked="" type="radio"/> Eastbound	<input type="radio"/> Not on Road
<input type="radio"/> Southbound	<input type="radio"/> Westbound	<input type="radio"/> Unknown

Applicable Speed
Limit (MPH):

45

Roadway Description:

<input checked="" type="radio"/> Two-Way, Not Divided	<input type="radio"/> Two-Way, Divided, Unprotected Median
<input type="radio"/> Two-Way, Not Divided w/ Cont. Left Turn Lane	<input type="radio"/> Two-Way, Divided, with Median Barrier
<input type="radio"/> 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.

6

Traffic Control Device Type:

<input type="radio"/> None	<input type="radio"/> Yield Sign
<input type="radio"/> Person (Flagger, etc.)	<input type="radio"/> School Zone Signs
<input checked="" type="radio"/> Traffic Control Signal	<input type="radio"/> Warning Signs
<input type="radio"/> Flashing Overhead Signal	<input type="radio"/> Railroad Crossing Device
<input type="radio"/> Stop Sign	<input type="radio"/> Other

Horizontal Alignment:

<input checked="" type="radio"/> Straight	<input type="radio"/> Curve Right
<input type="radio"/> Curve Left	

Vertical Alignment:

<input checked="" type="radio"/> Level	<input type="radio"/> Uphill	<input type="radio"/> Sag (Bottom)
<input type="radio"/> Hillcrest	<input type="radio"/> Downhill	

Veh Travel Speed (MPH):

Traffic Control Functioning Properly: ☒ Yes ☐ No

Underride / Override:

<input checked="" type="radio"/> No Underride or Override	<input type="radio"/> Underride, Compartment Intrusion Unknown
<input type="radio"/> Underride, Compartment Intrusion	<input type="radio"/> Override, Motor Vehicle in Transport
<input type="radio"/> Underride, No Compartment Intrusion	<input type="radio"/> Override, Other Motor Vehicle

Extent of Damage

<input type="radio"/> No Damage
<input type="radio"/> Minor Damage
<input checked="" type="radio"/> Functional Damage
<input type="radio"/> Disabling Damage

Vehicle Maneuver / Action:

<input type="radio"/> Essentially Straight Ahead	<input type="radio"/> Making U-Turn
<input type="radio"/> Backing	<input type="radio"/> Slowing
<input type="radio"/> Changing Lanes	<input checked="" type="radio"/> Stopped in Traffic
<input type="radio"/> Overtaking / Passing	<input type="radio"/> Leaving Traffic Lane
<input type="radio"/> Parked	<input type="radio"/> Entering Traffic Lane
<input type="radio"/> Turning Right	<input type="radio"/> Negotiating a Curve
<input type="radio"/> Turning Left	<input type="radio"/> Other

Crash Avoidance Maneuver:

<input checked="" type="radio"/> None Evident or Reported
<input type="radio"/> Braking - Skidmarks Evident
<input type="radio"/> Braking - Driver Stated
<input type="radio"/> Braking - Other Evidence
<input type="radio"/> Steering - Evidence or Stated
<input type="radio"/> Steering and Braking
<input type="radio"/> Other

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

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Tires
<input type="checkbox"/> Brakes	<input type="checkbox"/> Wheels
<input type="checkbox"/> Wipers	<input type="checkbox"/> Lights (Head, Signal, Tail, etc.)
<input type="checkbox"/> Steering	<input type="checkbox"/> Windows
<input type="checkbox"/> Power Train	<input type="checkbox"/> Truck Coupling/Trailer Hitch/Safety Chains
<input type="checkbox"/> Mirrors	
<input type="checkbox"/> Suspension	<input type="checkbox"/> Other

GVWR or GCWR:

<input checked="" type="radio"/> Less Than or Equal To 10,000lbs
<input type="radio"/> 10,001 - 26,000 lbs
<input type="radio"/> More Than 26,000lbs

Number of Axles:

02

Total / Max
Occupants of Veh:

0 2 / 0 2

Displaying Hazardous
Materials Placard:

<input checked="" type="radio"/> No
<input type="radio"/> Yes

Occurrence of Fire:

<input checked="" type="radio"/> No Fire
<input type="radio"/> Yes, Vehicle Caught Fire

Modified
Vehicle:

<input checked="" type="radio"/> No
<input type="radio"/> Yes

Vehicle is Primarily Used to
Transport Goods, Property,
or People for Commerce:

<input checked="" type="radio"/> No	<input type="radio"/> Yes
-------------------------------------	---------------------------

Manner, in which Vehicle was Removed from Scene:

<input checked="" type="radio"/> Driven	<input type="radio"/> Towed Due to Damage	<input type="radio"/> Towed Due to Driver Condition	<input type="radio"/> Left at Scene
---	---	---	-------------------------------------

Towed to:

Towed by:

Crash Record Number: _____

Vehicle Number: 03 _____

Reporting Agency's Record Number: 21-244 _____

Page 13 of 20

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:

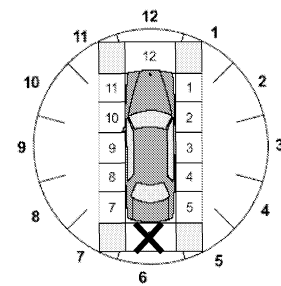
19 _____

Most Harmful Event:

19 _____

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

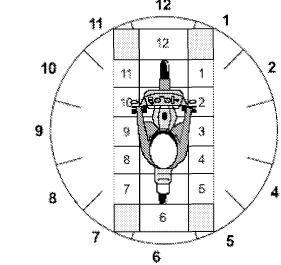
Single Unit Vehicle



13 Top

14 Undercarriage

Motorcycle

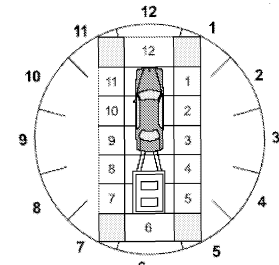


13 Top

14 Undercarriage

ATV

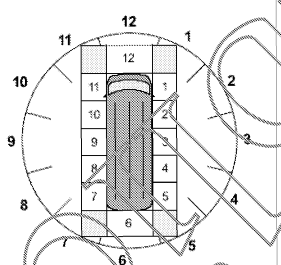
Pass. Veh. Towing Unit



13 Top

14 Undercarriage

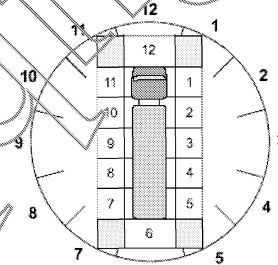
Bus



13 Top

14 Undercarriage

Tractor Trailer



13 Top

14 Undercarriage

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

Area of Initial Impact: 6 _____

Most Damaged Area: 6 _____

Number of Trailing Units: 0 _____

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



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page of

Reporting Agency's Record Number:

Driver's Name: Last First Middle Suffix

Address: ☐ Same as Veh Owner WV
City State Zip Code

Home Phone: Other Phone:

Driving License:

License Type:

- ☐ Not Licensed ☐ GDL Level 1 ☐ CDL Instruction Permit
☒ Driving License ☐ GDL Level 2 ☐ Motorcycle Instruction Permit
☐ Instruction Permit ☐ GDL Level 3 ☐ Motorcycle Only

CDL Class: ☐ A ☐ B ☐ C

Issuing State:

Lic. Number:

Date of Birth:

License Restrictions: (Select All that Apply)

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

Endorsements: (Select Up to 5)

- ☒ None ☐ T - Double/Triple Trailers
☐ P - Passenger Vehicle ☐ S - School Bus
☐ N - Tank Vehicle ☐ H - Hazardous Materials
☐ X - Combined Tank / Haz. Materials
☐ 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 ☐ Improper Turn ☐ Operated Veh in Aggressive Manner
☐ Ran Off Road ☐ Improper Backing ☐ Swerved or Avoided
☐ Failed to Yield Right of Way ☐ Improper Passing ☐ Over Correcting / Over Steering
☐ Disregarded Traffic Signs ☐ Wrong Side or Wrong Way ☐ Other Improper Action
☐ Ran Red Light ☐ Followed Too Closely
☐ Disregarded Other Road Markings ☐ Failed to Keep in Proper Lane
☐ Exceeded Posted Speed Limit ☐ Operated Veh in Erratic, Reckless, or Careless Manner
☐ Drove Too Fast For Conditions

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Alcohol Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused

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

- ☐ Blood ☐ Breath ☐ Urine
☐ Serum ☐ Field ☐ Other:

PBT Results:

- ☐ Pass
☐ Fail

BAC Results:

- ☐
☐ Pending
☐ Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Drug Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused
☐ Unknown if Tested

Type of Drug Test Given:

- ☐ Blood ☐ DRE
☐ Serum ☐ Urine
☐ Other

Drug Test Results (Check All that Apply):

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

Driver Distracted By:

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

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page of

Reporting Agency's Record Number:

Known or Suspected Violation(s) by Driver:

☒ No Violations

Reckless/Careless/Hit and Run Type Offenses

- ☐ Negligent Homicide
- ☐ Reckless Driving; Driving to Endanger; Negligent Driving
- ☐ Inattentive, Careless, Improper Driving
- ☐ Fleeing or Eluding Law Enforcement
- ☐ Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- ☐ Hit and Run, Failure to Stop After Accident
- ☐ Serious Violation Resulting in Death

Impairment Offenses

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

Speed Related Offenses

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

Rules of the Road - Traffic Signs and Signals

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

Rules of the Road - Lane Usage

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

Rules of the Road - Wrong Side, Passing and Following

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

Rules of the Road - Turning, Yielding, Signaling

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

Non-Moving License and Registration Violations

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

Equipment

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

Other Violations

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

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:

SEE ATTACHED DRIVERS STATEMENT



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-pas

Revised: 02/2007

Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

21-244

Page 16 of 20

Name					Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
Indiv #	Last	First	Middle Init.	Suffix								Row	Seat	Other	Type Used	Proper Use	App. Helmet
01	SHELTON	ROBIN	N.		01	01		10/21/1961	059	F	C	1	1		02	01	
02	HARPER	WILLIAM	CODY		02	01		06/19/1966	054	M	O	1	1		02	01	
03	PERRY	MASON	DONOV		03	01		11/05/1997	023	M	O	1	1		02	01	
04	WHITE	CHRISTIAN	LEE		03	02		02/19/1982	039	M	O	1	3		02	01	

Occupant Type Codes:

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

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

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 |

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
- 07 Booster Seat
- 08 Helmet Used
- 09 Restraint Used - Type Unknown
- 10 Other
- 11 Unable to Determine
- Due to Vehicle Damage

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
01	04	01	01		02	41	11062	CABELL HUNTINGTON	1446	1458	1539			
02	05	01	01											
03	05	01	01											
04	05	01	01											

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 | | 09 Unknown Path |
| 03 Thru Windshield | 06 Thru Roof Opening | |
| 04 Thru Back Window | 07 Thru Convertible (Top Up) Roof | |

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 | |



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: Carrier Classification: ☐ Interstate ☐ Intrastate
State ID Number: ☐ Government Veh - Not in Commerce
☐ Other Veh - Not in Commerce

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

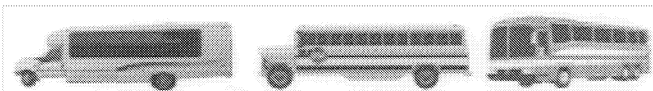
Did Crash Occur on a Coal Resource Transportation System (CRTS) Route?
☐ No ☐ Yes ☐ Unknown

Commercial Vehicle Configuration

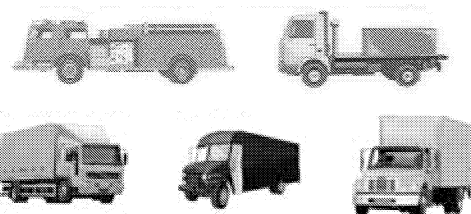
- ☐ Passenger Veh w/ Haz Mat Placard
☐ Light Truck w/ Haz Mat Placard
☐ Bus/Large Van (Seats 9-15, Including Driver)



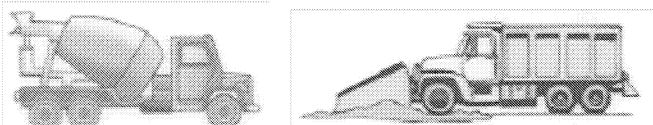
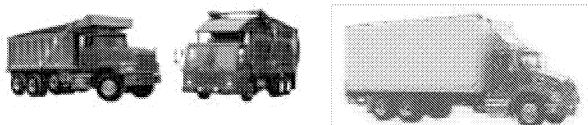
- ☐ Bus (Seats More Than 15, Including Driver)



- ☐ Single Unit Truck (2 Axles, 6 Tires)



- ☐ Single Unit Truck (3 or More Axles)



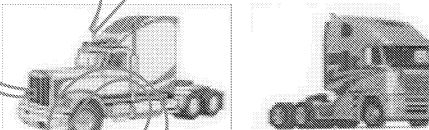
- ☐ Piggy Back



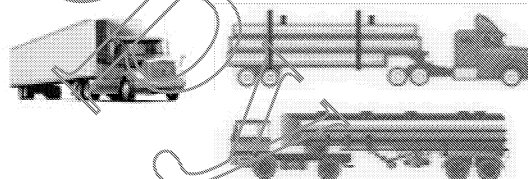
- ☐ Single Unit Truck Pulling a Trailer



- ☐ Truck Tractor (Bobtail)



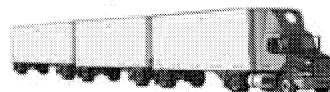
- ☒ Truck Tractor w/ Semi-Trailer



- ☐ Truck Tractor w/ Double



- ☐ Truck Tractor w/ Triple



- ☐ Truck - Can't Classify

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page 18 of 20

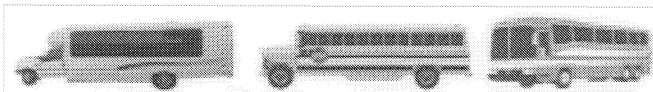
Reporting Agency's Record Number:

Commercial Cargo Body Type:

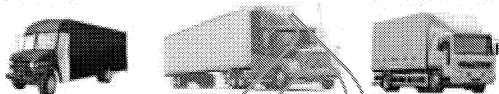
- ☐ Not Applicable
☐ Bus (Seats for 9-15, Including Driver)



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



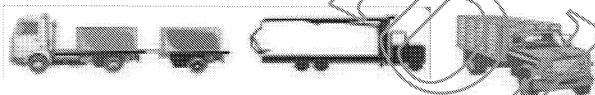
- ☒ Van / Enclosed Box



- ☐ Cargo Tank



- ☐ Flatbed



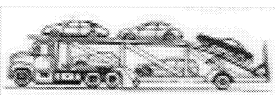
- ☐ Dump



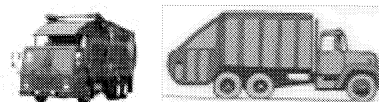
- ☐ Concrete Mixer



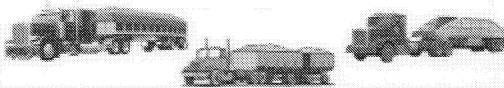
- ☐ Auto Transporter



- ☐ Garbage / Refuse



- ☐ Grain, Chips, Gravel



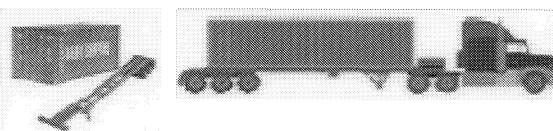
- ☐ Pole



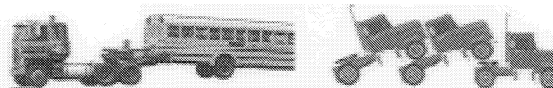
- ☐ Log



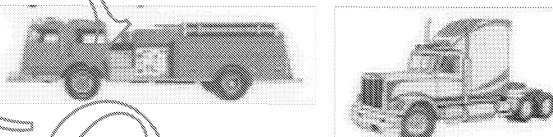
- ☐ Intermodal Chassis



- ☐ Vehicle Towing Motor Vehicle



- ☐ No Cargo Body



- ☐ Other

Gross Vehicle Weight Rating (GVWR) of Power Unit:

54000

Gross Combination Weight Rating (GCWR) - All Units:

54000

Last Known Commodity:

MACHINE PARTS

Cargo Compartment Empty or Full at Time of Crash:

☐ Empty

☐ Full

of Passengers in CMV:

0 0

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

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:

Carrier Classification

- ☐ Interstate ☐ Intrastate
☐ Government Veh - Not in Commerce
☐ Other Veh - Not in Commerce

State ID Number:

Carrier Information Source:

- ☒ Shipping Papers
☐ Log Book ☐ Lease ☐ Driver ☐ Vehicle Reg
☐ Vehicle Side ☐ Other:

Haz Mat Placard Number:

Haz Mat Released from Cargo Compartment:

- ☐ No
☐ Yes
☐ Unknown

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

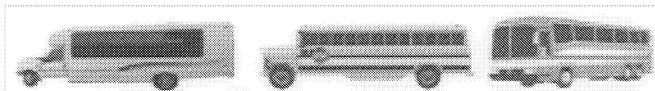
- ☐ No ☐ Yes ☐ Unknown

Commercial Vehicle Configuration

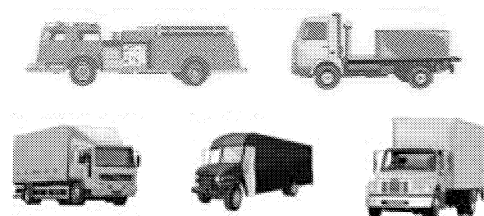
- ☐ Passenger Veh w/ Haz Mat Placard
☐ Light Truck w/ Haz Mat Placard
☐ Bus/Large Van (Seats 9-15, Including Driver)



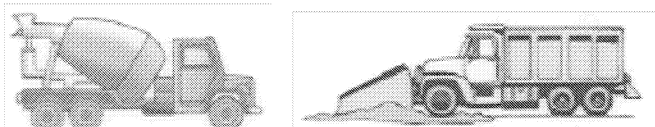
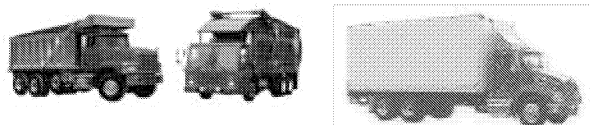
- ☐ Bus (Seats More Than 15, Including Driver)



- ☐ Single Unit Truck (2 Axles, 6 Tires)



- ☐ Single Unit Truck (3 or More Axles)



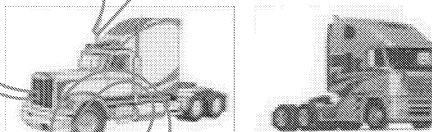
- ☐ Piggy Back



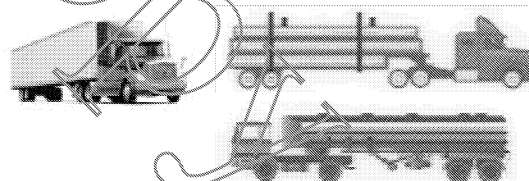
- ☐ Single Unit Truck Pulling a Trailer



- ☐ Truck Tractor (Bobtail)



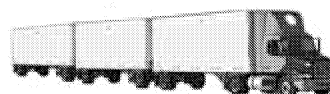
- ☐ Truck Tractor w/ Semi-Trailer



- ☐ Truck Tractor w/ Double



- ☐ Truck Tractor w/ Triple



- ☐ Truck - Can't Classify

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page of

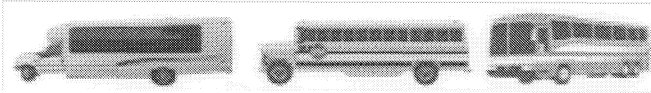
Reporting Agency's Record Number:

Commercial Cargo Body Type:

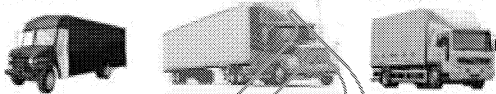
- ☐ Not Applicable
☐ Bus (Seats for 9-15, Including Driver)



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



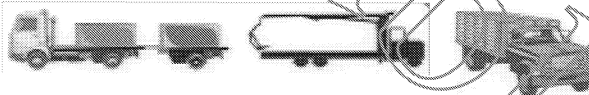
- ☐ Van / Enclosed Box



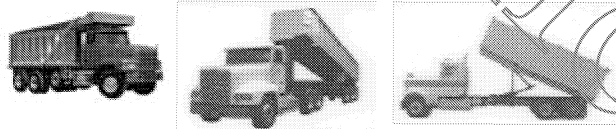
- ☐ Cargo Tank



- ☐ Flatbed



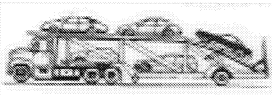
- ☐ Dump



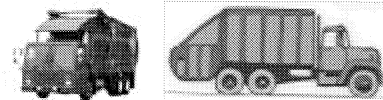
- ☐ Concrete Mixer



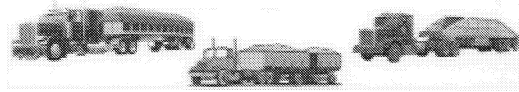
- ☐ Auto Transporter



- ☐ Garbage / Refuse



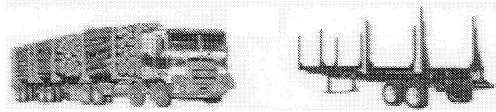
- ☐ Grain, Chips, Gravel



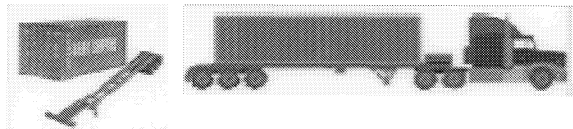
- ☐ Pole



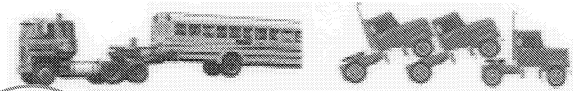
- ☐ Log



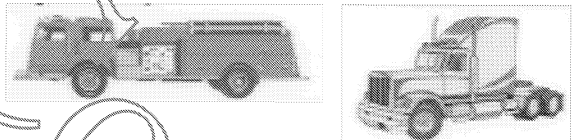
- ☐ Intermodal Chassis



- ☐ Vehicle Towing Motor Vehicle



- ☐ No Cargo Body



- ☒ Other

NA

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