



State of West Virginia Uniform Traffic Crash Report

Crash Data

DOH Form: 17-c
Revised: 02/2007

Crash Record Number: Reporting Agency's Record Number: Page of

of Vehicles Involved: # of Non-Motorists Involved:

Date / Time of Crash: / Date / Time Crash:

County: Municipality or Place of Crash:

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

Route: / Milepost: Ramp: Street:

Other Description of Location: Intersecting Street:

Relation to Junction / Junction Type:
 Non-Junction Junction, Non-Interchange Area
 Intersection
 Intersection-Related
 Interstate to Interstate
 Railroad Grade Crossing #:
 Median Crossover-Related
 Business or Residential Driveway/Alley Access
 Other Non-Interchange

CRASH DATA
– On this page, an officer will record details about where the crash occurred, including city or town and whether it happened on a highway, city street, private road or other location. The date and time will also be noted, as well as the weather and road conditions. The type of collision will also be recorded.

Junction, Interchange Area
 Thru Roadway
 Merge/Diverge Area
 Intersection
 Intersection-Related
 Entrance / Exit Ramp
 Other Part of Interchange

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

Manner of Collision:
 Single Vehicle Crash
 Rear End
 Head-On
 Sideswipe, Same Direction
 Sideswipe, Opposite Direction
 Rear-to-Side
 Rear-to-Rear
 Angle (Front to Side) Same Direction
 Angle (Front to Side) Opp. Direction
 Right Angle
 Angle - Direction Not Specified

Environmental Contributing Circumstances (Select Up to 3):
 None
 Weather Conditions
 Physical Obstruction(s)
 Glare
 Animal(s) in Roadway
Type:
 Other:

Weather (Select Up to 2):
 Clear Rain Blowing Snow Other
 Cloudy Sleet, Hail, or Freezing Rain Severe Crosswinds
 Fog, Smog, Smoke Snow Blowing Sand, Soil, Dirt

Lighting:
 Daylight Dawn
 Dark - Lighted Dusk
 Dark - Not Lighted Other:

Roadway Surface Condition:
 Dry Slush Mud, Dirt, Gravel, Sand
 Wet Ice / Frost
 Snow Water (Standing / Moving)

Location of First Harmful Event:
 On Roadway Roadside In Parking Lane or Zone Outside of Right-of-Way
 Shoulder Gore Off Roadway, Location Unknown
 Median Separator Unknown

Roadway Surface Type: Asphalt Concrete Gravel Dirt Brick Other:

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

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

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

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

Road - Contributing Circumstances: (Select Up to 3)

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

School Bus Related:

No
 Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved

School Zone Related:
 No
 Yes

Type of School Zone:
 When Present
 When Flagged
 Lists Specified

Work Zone Related:
 No
 Yes

Workers Present:
 Yes
 No
 Unknown

Work Zone Speed Limit:

Location of Crash in Work Zone:
 Before 1st Warning Sign
 Advance Warning Area
 Transition (Merge) Area
 Work on Shoulder

NARRATIVE
 - The officer will write a description of how the accident occurred after examining the scene talking to the people involved. This section may describe negligent actions taken by the other driver - for example, whether the driver ran a red light or was driving recklessly.

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

CRASH DIAGRAM
 - There will be a drawing that depicts the accident, including the direction each vehicle was traveling and relative distance to intersections and any objects there were struck, such as a guardrail or a utility pole.

CRASH DIAGRAM:
 (Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
 IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

Draw Arrow Pointing North in Box

Reported By: State Police Sheriff's Dept Municipal PD Other

Photos Taken: Yes No

Video Taped: Yes No

By Whom:

By Whom:

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name: Number: Signature:

Phone: ORI Number: Agency:

Assisting Officer's Name(s):

Reconstructed: Yes No By Whom: Date of Submission:



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-veh
Revised: 02/2007

Vehicle Data

Crash Record Number: _____ Vehicle Number: _____

Vehicle Type: Motor Veh In Transport Parked Motor Veh / Trailer Working Veh / Equip

Owner's Name(s): _____

Address: _____

Make _____ Model _____ Model Year _____ Body Type _____

VIN _____ Plate Class _____ License Plate Number _____ State _____

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 Commuter Bus Tour Bus
 Private School 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): _____

Roadway Description:
 Two-Way, Not Divided Two-Way, Divided, Unprotected Median
 Two-Way, Not Divided w/ Cont. Left Turn Lane Two-Way, Divided, with Median Barrier
 One-Way Roadway

Total Lanes in Roadway:
For Undivided Highways:
Count Total Lanes in Both Directions.
(Excluding Designated Turn Lanes)
For Divided Highways:
Count Only Lanes in Direction
Vehicle was Traveling Prior to Crash.

Traffic Control Device Type:
 None 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 Level Uphill Sag (Bottom)
 Curve Left Hillcrest Downhill

Underride / Override:
 No Underride or Override Underride, Compartment Intrusion Unknown
 Underride, Compartment Intrusion Override, Motor Vehicle in Transport
 Underride, No Compartment Intrusion Override, Other Motor Vehicle

Veh Travel Speed (MPH): _____

Traffic Control Functioning Properly: Yes No

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 Suspension Other _____

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

Displaying Hazardous Materials Placard:
 No
 Yes

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

Modified Vehicle:
 No
 Yes

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce:
 No Yes

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

Towed to: _____ Towed by: _____

VEHICLE DATA
– On this page, the officer will list information such as the type of vehicle, the make and model, VIN and license plate number and the vehicle's owner. The officer will also note what actions the vehicle was engaged in at the time of the crash and whether the driver took action to avoid a collision.

- Crash Events:**
- | | | | | |
|----------------------------------|-------------------------------------|--|---------------------------------|---------------------------------|
| 01 Overturn / Rollover | 10 Cross Median / Centerline | 19 Motor Vehicle in Transport | 29 Curb | 39 Traffic Sign Support |
| 02 Fire / Explosion | 11 Downhill Runaway | 20 Parked Motor Vehicle | 30 Ditch | 40 Traffic Signal Support |
| 03 Immersion | 12 Fell / Jumped from Motor Vehicle | 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh | 31 Embankment | 41 Other Post, Pole, or Support |
| 04 Jackknife | 13 Thrown or Falling Object | 22 Work Zone / Maintenance Equip | 32 Guardrail Face | 42 Fence |
| 05 Cargo/Equipment Loss or Shift | 14 Other Non-Collision | 23 Other Non-Fixed Object | 33 Guardrail End | 43 Mailbox |
| 06 Equipment Failure | COLLISION WITH: | 24 Impact Attenuator / Crash Cushion | 34 Cable Median Barrier | 44 Other Fixed Object |
| 07 Separation of Units | 15 Pedestrian | 25 Bridge/Overhead Structure | 35 Concrete Barrier | |
| 08 Ran Off Road Right | 16 Pedalcycle | 26 Bridge Pier or Support | 36 Other Traffic Barrier | |
| 09 Ran Off Road Left | 17 Railroad Vehicle | 27 Bridge Rail | 37 Tree (Standing) | |
| | 18 Animal | 28 Culvert | 38 Utility Pole / Light Support | |

Sequence of Events:

Most Harmful Event:

Select the ONE Diagram that best matches the involved vehicle:

<input checked="" type="radio"/> Single Unit Vehicle  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Motorcycle  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage
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DRIVER DATA

– The officer will record information of the driver, including name and contact information. This page will also note the driver's condition and whether the driver drove recklessly or was under the influence of alcohol or drugs.

Using the Numbers from the Diagram Above, Identify the Following: Area of Initial Impact: Most Damaged Area:

Number of Trailing Units: _____

Trailing Unit #1: Same as Power Unit Carrier / Owner's Name: _____
 Address: _____ Phone: _____
 City State Zip Code
 VIN Plate Class License Plate Number State Year Make Model Model Year Body Type

Trailing Unit #2: Same as Power Unit Carrier / Owner's Name: _____
 Address: _____ Phone: _____
 City State Zip Code
 VIN Plate Class License Plate Number State Year Make Model Model Year Body Type

Trailing Unit #3: Same as Power Unit Carrier / Owner's Name: _____
 Address: _____ Phone: _____
 City State Zip Code
 VIN Plate Class License Plate Number State Year Make Model Model Year Body Type

Property Damaged Other Than Vehicles:

- None
- Work Zone / Maintenance Equipment
- Impact Attenuator / Crash Cushion
- Bridge / Tunnel
- Culvert
- Guardrail
- Concrete Barrier
- Cable Median Barrier
- Other Traffic Barrier
- Utility Pole / Light Support #:
- Traffic Sign Support
- Traffic Signal Support
- Other Post, Pole or Support
- Fence
- Mailbox
- Other Fixed Object

Damaged Property Owner(s):

- WVDOH Private
- City Utility Company
- Other:

Damaged Property Location:

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