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| REPORT OF MOTOR VEHICLE ACCIDENT--- STATE OF WEST VIRGINIA**INSTRUCTIONS:** After completing the online form, forward copy to District Equipment Supervisor for review and distribution. | **AR-13** -- REV. 02-07-2019DO NOT COMPLETE |
|  | **Risk Code:** |  |
| **Reference** |
| DEPT/AGENCY NAME |  | **Date:** |
| DATE OF ACCIDENT: | MONTH DAY YEAR | DAY OF WEEK:(Check One) | M**[ ]** 1 | T**[ ]** 2 | W**[ ]** 3 | Th**[ ]** 4 | F**[ ]** 5 | S**[ ]** 6 | Sun**[ ]** 7 | TIME OFACCIDENT: |  | **[ ]**  AM**[ ]**  PM |  |
|  |
| NUMBER OF VEHICLESINVOLVED IN ACCIDENT:  | NUMBERINJURED:  | NUMBERKILLED:  | ACCIDENT WASINVESTIGATED BY: | 1 **[ ]** 2 **[ ]**  | State PoliceCity Police | 3 **[ ]** 4 **[ ]**  | SheriffNone of Above |
|  | **L****O****C****A****T****I****O****N** | COUNTY | CITY OR TOWN | HIGHWAY CLASSIFICATION |
| **[ ]** **[ ]**  | INNEAR |  | 1 **[ ]** 2 **[ ]**  | InterstateU. S. | 3 **[ ]** 4 **[ ]**  | W. Va.County | 5 **[ ]** 6 **[ ]**  | CityOtner |
| ACCIDENTOCCURREDON: | ROUTE 1 | Or | STREET 1 | CODE | IF ON CONTROLLED ACCESS HIGHWAY, CHECK ONE |
| 1 **[ ]** 2 **[ ]**  | Main RoadMain Road at Interchange |
| ATINTERSECTIONWITH: | ROUTE 2 | Or | STREET 2 | CODE | 3 **[ ]** 4 **[ ]**  | Entrance Ramp OnExit Ramp On | N[ ]  | S[ ]  | E**[ ]**  | W**[ ]**  |  |
| N[ ]  | S[ ]  | E**[ ]**  | W**[ ]**  |
|  |  |  |  |  |  |
| IF NOT ATINTERSECTION: |  |  [ ]  FEET [ ]  MILES |  | OF | STREET, HIGHWAY, TOWN, ETC. | CODE |
| N[ ]  | S[ ]  | E[ ]  | W[ ]  |
|  |
| SPECIALREFERENCE: | IF LOCATION CAN BE DESCRIBED MORE PRECISELY, ENTER HERE      | MILEPOST | TOLERANCE |
| **STATE** | **DRIVER** | YOUR FULL NAME (Please Print) | ADDRESS | CITY | STATE |
| DATE OF BIRTH: | MONTH | DAY | YEAR | **[ ]**  Male**[ ]**  Female | DRIVER'S LICENSE NUMBER | STATE |
| Have you taken the National Safey Council's Defensive Driving Course? |  | If Yes, Certificate No. |  |
| DRIVERACTION:(Check One) | 1 **[ ]** Going Straight Anead2 **[ ]**  Turning Right3 **[ ]**  Turning Left | 4 **[ ]** U - Turning5 **[ ]**  Changing Lanes6 **[ ]**  Passing | 7 **[ ]** Parking8 **[ ]**  Parked9 **[ ]**  Backing | 10 **[ ]** Merging11 **[ ]**  Slowing or Stopping12 **[ ]**  Stopped in Traffic Lane | 13 **[ ]** Entering or Leaving Driveway14 **[ ]**  Pulling Out from Parking Space15 **[ ]**  Other |
| **VEHICLE #1** | STATE**VEHICLE** | ASSIGNED TO: ORGANIZATION, DISTRICT, COUNTY  | POINT OF IMPACT |
| YEAR | MAKE | MODEL | BODY STYLE | LICENSE PLATE NUMBER | STATE |  |
| 7 DIGIT VEHICLE ED NO.**-** | VIN NO. | TOTAL OCCUPANTSOF THIS VEHICLE:  |
| DIRECTION OF TRAVEL: (If turning, enter direction BEFORE turn.) |  |  |  |  | ON | ROUTE(Or Street) | **[ ]** 1**[ ]**  2 (See LOCATION Section Above) |
| N[ ]  | S[ ]  | E[ ]  | W[ ]  |
|  |  |  |  |
| APPROXIMATE COST TO REPAIR $ **[ ]** Total Loss | AREA(S) Select Number(s) from Diagram **→** INITIALDAMAGED: IMPACT:  |
| Name of State Employee responsible for repairs of State Vehicle: | Location: | Telephone: |
| **OTHER** | **DRIVER** | OTHER DRIVER'S FULL NAME | ADDRESS | CITY | STATE |
| **[ ]**  Male**[ ]**  Female | DRIVER'S LICENSE NUMBER | STATE |  |  |
| DRIVERACTION:(Check One) | 1 **[ ]**  Going Straight Ahead2 **[ ]**  Turning Right3 **[ ]**  Turning Left | 4 **[ ]** U - Turning5 **[ ]**  Changing Lanes6 **[ ]**  Passing | 7 **[ ]** Parking8 **[ ]**  Parked9 **[ ]**  Backing | 10 **[ ]** Merging11 **[ ]**  Slowing or Stopping12 **[ ]**  Stopped in Traffic Lane | 13 **[ ]** Entering or Leaving Driveway14 **[ ]**  Pulling Out from Parking Space15 **[ ]**  Other |
| **OTHER** | **VEHICLE** | OWNER'S FULL NAME **[ ]**  Same as Driver | ADDRESS | CITY | STATE | POINT OF IMPACT |
|  |
| YEAR | MAKE | MODEL | BODY STYLE | LICENSE PLATE NUMBER | STATE |
| DIRECTION OF TRAVEL: (If turning, enter direction BEFORE turn.) |  |  |  |  | ON | ROUTE(Or Street) | **[ ]** 1**[ ]**  2 (See LOCATION Section Above) |
| N[ ]  | S[ ]  | E[ ]  | W[ ]  |
|  |  |  |  |
| APPROXIMATE COST TO REPAIR $ **[ ]** Total Loss | AREA(S) Select Number(s) from Diagram **→** INITIALDAMAGED: IMPACT:  |
| **OTHER** | **DAMAGE** | DAMAGED PROPERTY OTHER THAN VEHICLES | [ ]  ONPAVEMENTOR |  FEET |  |  |  |  | OF PAVEMENTEDGE | Approx. Damage$  |
| N[ ]  | S[ ]  | E[ ]  | W[ ]  |
|  |  |  |  |
| OWNER'S NAME | ADDRESS | CITY | STATE |
| **WIT** | **NESS** | Name | Address | Telephone Number |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **I****N**S | Name and Address of Insurance Company -- Vehicle No. 2 (If uninsured, please indicate)  |
| **C****O****D****E****S** | INJURY CLASSIFICATION | FIRST AID BY |  | SEATING | SEAT BELTS | EJECTED |
| K - KilledA - Bleeding Wound, Distorted Member, or Had to Be Carried from Scene.B - Bruises, Abrasions, Swelling, Limping, Etc.C - No Visible Injury But Complaint of Pain or Momentary Unconsciousness. | 1 - None2 - Police3 - Emergency Medical Technician4 - Doctor5 - Rescue Squad6 - Helicopter Crew7 - Paramedic8 - Unknown |  | 1 | 2 | 3 | M - MotorcycleB - PedacycleP - PedestrianO - OtherNOTE: Positions 7, 8and 9 indicate Rearof Station Wagon. | 1 - None Installed2 - Not Used3 - Lab Pelt Only Used4 - Lap and Shoulder Bellts Used5 - Unknown | 1 - No2 - Yes3 - Partially4 - Unknown |
| 4 | 5 | 6 |
| 7 | 8 | 9 | VEH. NO. | 1 - OCCUPANT OF YOUR VEHICLE2 - OCCUPANT OF OTHER VEHICLE |
|  |
| **I****N****J****U****R****I****E****S** | For each person injured or killed in the accident, use the codes above to fill in the boxes at the right. | AGE | SEX | VEH.NO. | IN-JURY | FIRSTAID | SEATING | SEATBELTS | EJECTED |
| 1. Name  | Address |  |  |  |  |  |  |  |  |
| DESCRIPTION OF INJURY:  |
| 2. Name  | Address |  |  |  |  |  |  |  |  |
| DESCRIPTION OF INJURY:  |
| 3. Name  | Address |  |  |  |  |  |  |  |  |
| DESCRIPTION OF INJURY:  |
| **A****C****C****I****D****E****N****T****T****Y****P****E** | 1 **[ ]**  Rear End2 **[ ]** Head On3 **[ ]** Same Direction Sideswipe4 **[ ]** Opposite Direction Sideswipe |  | 5 **[ ]**  |  | 6 **[ ]**  LEFT & RIGHT TURN | SINGLE VEHICLE ACCIDENTACCIDENT OCCURRED **[ ]**  ON **[ ]**  OFF PAVEMENT |
|  |  |  |  |  |
| LEFT TURNS | 18  **[ ]**  Hit Fixed Object19  **[ ]**  Hit Pedestrian20 **[ ]**  Hit Animal21  **[ ]**  Hit Parked Vehicle | 22 **[ ]**  Hit Train23  **[ ]**  Ran Off Road24  **[ ]**  Overturned25  **[ ]**  Other |
| 7 **[ ]**  | 8 **[ ]**  | 9 **[ ]**  | 10 **[ ]**  | 11 **[ ]**  | 12 **[ ]**  |
|  |  |  |  |  |  |
| RIGHT TURNS |
| 13 **[ ]**  | 14 **[ ]**  | 15 **[ ]**  | 16 **[ ]**  | 17 **[ ]**  |  |
|  |  |  |  |  |
| **N****A****R****R****A****T****I****V****E** | DESCRIBE WHAT HAPPENED (Refer to Vehicles by Numbers: State Vehicle = 1, Other Vehicle = 2) |
|       |
| **P****E****D** | PEDESTRIAN ACTION:Clothing: **[ ]**  Light **[ ]**  Dark | 1 **[ ]** Crossing at Intersection2 **[ ]** Crossing Not at Intersection3 **[ ]** Walking on Pavement With Traffic | 4 **[ ]**  Walking on Pavement Facing Traffic5 **[ ]**  Standing on Pavement6 **[ ]**  Playing on Pavement | 7 **[ ]**  Working on Pavement8 **[ ]**  Other on Pavement9 **[ ]**  Not on Pavement |
| **E****N****V****I****R****O****N****M****E****N****T** | LIGHT | WEATHER | ROADWAYSURFACE | ROAD TYPE | TRAFFIC CONTROL | VISION OBSCURED BY |
| 1 **[ ]**  Daylight2 **[ ]**  Dark3 **[ ]**  Dark, Arti- ficial Lights4 **[ ]**  Dusk5 **[ ]**  Dawn | 1 **[ ]**  Clear2 **[ ]**  Cloudy3 **[ ]**  Raining4 **[ ]**  Fog, Smog5 **[ ]**  Snowing or Sleeting6 **[ ]**  Hailing | 1 **[ ]**  Blacktop2 **[ ]**  Concrete3 **[ ]**  Brick4 **[ ]**  Gravel5 **[ ]**  Dirt6 **[ ]**  Other | 1 **[ ]**  Stop Sign2 **[ ]**  Traffic Signal3 **[ ]**  Yield Sign4 **[ ]**  Officer, Flagman5 **[ ]**  RR Gates, Signals6 **[ ]**  None7 **[ ]**  Other **[ ]**  YesFUNCTIONING? **[ ]**  No | 1 **[ ]**  Not Obscured2 **[ ]**  Rain, Snow, Ice on Windshield3 **[ ]**  Trees, Bushes4 **[ ]**  Building(s)5 **[ ]**  Embankment6 **[ ]**  Signboard | 7 **[ ]**  Hillcrest8 **[ ]**  Parked Vehicle(s)9 **[ ]**  Moving Vehicle(s)10**[ ]**  Blinding Headlights11**[ ]**  Blinding Sunlight12**[ ]**  Other13**[ ]**  Unknown |
| 1 **[ ]**  Dry2 **[ ]**  Wet3 **[ ]**  Snow, Ice4 **[ ]**  Muddy5 **[ ]**  Hazardous Material |
| WERE LANES CLEARLY MARKED? **[ ]**  YES **[ ]**  NO | NUMBEROF LANES:  |
| DATE OFTHIS REPORT:  | **SIGN HERE:** | **[ ]** Operator**[ ]** Owner |