



West Virginia Division of Highways Policy: **Reimbursable Claims**

Issued by the Commissioner of Highways

Policy No: DOH 2.7

Issue Date: 11/01/2010

Revised: 03/10/2023

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1.0 INTRODUCTION

This procedure describes the step-by-step process required to establish a claim against an individual or a firm that has damaged West Virginia Division of Highways' (WVDOH) property or equipment. The WVDOH's policy is to collect the total eligible costs, (direct and indirect), for repairs to WVDOH's property or equipment as a result of damages. Eligible costs include, but are not limited to, all associated labor, including payroll additive; equipment rental expenses; contractor costs; and materials or supplies expenses. These expenses will not result in a reduction of the maintenance or equipment budgets unless collection cannot be made due to the actions of the WVDOH.

West Virginia State Code provides a two-year statute of limitations for collection of claims based on the accident date. Each claim should be carefully considered, and all necessary information provided to the WVDOH's Legal Division within 15 months of the date of damage. If problems arise, contact WVDOH's Legal Division for resolution. Any deviation from these procedures requires District personnel to provide written requests (describing the deviation(s) and the reasoning), which must have prior approval by the Director of the Legal Division, the Director of the Finance Division, and the West Virginia Department of Transportation (WVDOT) Business Manager.

2.0 SCOPE

This policy describes the process of establishing claims against an individual or firm that has damaged WVDOH property to WVDOH.

3.0 DEFINITIONS

- 3.1 **Agency**: means any authority, bureau, commission, or Division or similar cabinet subpart of the WVDOT.
- 3.2 **Agency Head**: means the chief executive officer of an agency.
- 3.3 **Damaging Party**: means the person who causes damage to WVDOT property.
- 3.4 **District Manager**: means the administrative head of the District regardless of whether the person is an engineer or another classification.
- 3.5 **Division Director**: means the administrative head of a WVDOT Division.
- 3.6 **Employee**: means a person who lawfully occupies a position in a DOT agency and who is paid a wage or salary and who has not severed the employee-employer relationship.
- 3.7 **WVDOH**: means the West Virginia Division of Highways.

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- 3.8 **WVDOT**: means the West Virginia Department of Transportation.
- 3.9 **wvOASIS**: means the Enterprise Resource System, the statewide computer system designed to manage the state's business functions including Financial Management, Procurement, Asset Management, Personnel Administration, Payroll, Time Reporting, and Benefits Administration.
- 3.10 **REMIS**: means the Remote Entry Management Information System that was developed as an in-house system to gather detailed information in the areas of payroll, equipment, inventory, accounts payable and accounting. The data is accessible for various reports to assist in decision making. Several REMIS functions have migrated to other programs as REMIS is phased out.

4.0 INITIAL REPORTING OF DAMAGE

District personnel who discover damages that do not appear to be from natural causes to WVDOH property or equipment should immediately contact the proper WVDOH manager or designee. The manager will request an investigation be performed immediately.

The individual assigned to perform the investigation will email a Verbal Authorization Form BF-98C, as fully completed as possible, to the District Comptroller. Under no circumstances should more than five (5) calendar days elapse from the time the damage is discovered to the submission of Form BF-98C to the District Comptroller.

- 4.1 A Verbal Authorization Form (BF-98C) is not required if the damage is to WVDOH vehicles. That issue is covered under Section 9.0 of this policy.

5.0 DECISION TO ESTABLISH A CLAIM

As soon as practicable, but no more than five (5) working days after receipt of the BF-98C, the District Comptroller will utilize the BF-98C to establish a claim based on the following criteria:

- 5.1 the cost of repairs is greater than two hundred fifty dollars (\$250.00) and the responsible party is known; or
- 5.2 the cost of repairs is greater than seven hundred fifty dollars (\$750.00) and the responsible party is unknown.

If the responsible party is not identified within six (6) months of the date of the incident, the District Comptroller must take action to close the authorization and transfer all expenses to maintenance or equipment overhead authorization via Journal Voucher entries. If a claim is not established, the District Comptroller shall notify the proper supervisor to expense the repair costs to the appropriate maintenance or equipment overhead authorization.

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6.0 ESTABLISHING A REIMBURSABLE CLAIM AUTHORIZATION

After determining that a claim should be filed, the District Comptroller shall, within five (5) business days, email the BF-98C to the WVDOH's Legal Division's Claims Section, along with either a completed AR-13 or a copy of the West Virginia Uniform Traffic Crash Report pertaining to the damage. The Claims Section personnel will assign an authorization number to the BF-98C and email the form back to the District Comptroller and send a copy to the Accounts Receivable Section of the Finance Division. The Accounts Receivable Section will establish the required CMR authorization master.

Upon receipt of the BF-98C with an assigned authorization number, the District Comptroller provides the CMR authorization to the proper district and county supervisors for their utilization to expense repairs. All payroll, payroll additive, equipment rental, materials, and any other productive costs incurred in repairing damage must be expensed to the assigned authorization number.

Since there is a two-year statute of limitations on collection of claims, it is imperative that District personnel plan the project so that all repairs are completed and the Claims Package (as described in Section 5 .0) is submitted to the Legal Division's Claims Section as soon as possible, but no later than 15 months from the date of the incident. The Legal Division's Claims Section should be notified immediately of the following:

- 6.1 an incident that will require more than two (2) years to resolve the damage, such as a bridge being damaged so severely that it must be replaced; and
- 6.2 all landslides attributed to the actions of an individual or company should be reported upon discovery so that evidence may be collected to support the claim.

7.0 CLAIMS PACKAGE

All information described below must be obtained and submitted as part of the Claims Package. Some information may be obtained or compiled while work progresses during the repair phase.

- 7.1 District personnel should utilize the online database "REPORT BEAM" to obtain the Crash Data Report (**EXHIBIT # A**) which provides the needed bill information and the details of the incident. Access to "REPORT BEAM" may be obtained by contacting the Traffic Engineering Division 304-558-3063.
- 7.2 If a Crash Data Report is not available, a Report of Motor Vehicle Accident Form (AR-13) must be completed in its entirety. (**EXHIBIT # B**)
- 7.3 Once the repair work is completed and all charges have been entered into REMIS, the District Comptroller (or designee) shall request the CMRNOV10 job available in their TSO library. (**EXHIBIT # C**). This report is designed to automatically calculate the 10% administrative fee into all labor, equipment, and materials charges.
- 7.4 The CMRNOV10 report shall be forwarded to the appropriate District personnel, and they must complete a Claims Invoice Request Form (BF-38C), providing the following information: (**EXHIBIT #D**)

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- A. Date of the incident;
 - B. Driver's Name;
 - C. Location of the incident (include county, Route, Mile Post, & Nearest City) – (example: Kanawha County, Route 119, Mile Post 22, near Elkview);
 - D. Name and Address of the individual or company to be invoiced;
 - E. Breakdown by employee's title/classification of all labor with payroll additive;
 - F. Itemization by type of all equipment utilized (equipment rental);
 - G. Detailed listing by category of all materials used in making repairs;
 - H. Contractor repairs should be listed by vendor and include all materials utilized for the repair and the cost for each item (must agree to contract prices):
 - 1. contract price in effect at the time of repair; and
 - 2. the nomination fee shall be equally divided amongst all sites included on the guardrail job order (including any routine maintenance sites).
 - I. Complete the accounting information section based on the detailed charges listed above.
- 7.5 Complete a Revised Verbal Authorization Form BF-98C with any information not included in the original submission (example: change "UNKNOWN" to the name of the individual or company responsible for the incident).
- 7.6 Verify that all charges for the claim have been entered and complete the Authorization Expenditure Closure Form BF-150. (**Exhibit #E**)
- 7.7 Prepare the following required supporting documentation to be utilized by the Legal Division's Claims Section during collection efforts for all claims exceeding \$1,500.00:
- A. Digital photographs of damage prior to repair (if camera available);
 - B. Guardrail Inspection Sheet (if guardrail is damaged), which details site information and materials utilized during the repair (**EXHIBIT #F**); and
 - C. Contract Schedule of Prices associated with the claim (**EXHIBIT #G**).

Once all the required information is obtained, the Claims Package should be forwarded to the District Comptroller for final review. District personnel are responsible for ensuring accuracy on all forms. A tracking number is then assigned by the District Comptroller and a log maintained of those assignments. The forms are sequentially numbered, starting with the organization's

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identification number (example: 03 for District 3) followed by two (2) digits representing the fiscal year (example:

10 for 2010). The sequential numbering begins with 001 each fiscal year, followed by a "C." For example, the first Reimbursable Claim BF-38C for Fiscal 2010 in District 3 would be numbered as: 03-10-001C.

After numbering the Form BF-38C, the District Comptroller will email the entire Claims Package to the Legal Division's Claims Section. The Claims Section will assign a file number to the forms and submit the complete package to the Accounts Receivable Section of the Finance Division. The Accounts Receivable Section will establish the necessary computer and documentation files to begin the billing process, in accordance, with Section VI of this policy. All files shall be created and maintained in the joint database accessible by the Finance Division and the Legal Division. The Legal Division's Claims Section is responsible for coordinating all claims activity between District personnel and the Finance Division.

8.0 BILLING, NEGOTIATION AND SETTLEMENT OF CLAIMS

8.1 Billing

The Accounts Receivable Section of the Finance Division will prepare an Invoice within five (5) business days of the verified Claims Package. This invoice is generated through the Accounts Receivable Subsystem and when posted will update REMIS. The original invoice is mailed to the individual or company shown on the Invoice Request Form BF-38C. An electronic file will be maintained in the joint database.

8.2 Negotiation and Settlement

Upon contact by the damaging party or damaging party's agent, the Legal Division's Claims Section will negotiate for reimbursement of a claim. If personnel other than those of the Legal Division are contacted, the employee is to refer the damaging party or damaging party's agent to the Legal Division's Claims Section at 304-558-3136.

When District Managers or other management are contacted for information or a quote regarding property damage resulting from an accident (such as a bridge), the best response is, **"The Division of Highways needs to complete an investigation before a detailed assessment of the damage can be determined."** Then refer them to the Legal Division's Claims Section for further information.

The Legal Division may approve acceptance of payment for any amount that is at least 90 percent of the billed total. If the negotiated amount is 75 to 89 percent of the billed amount, the Legal Division Director must approve the amount in writing before acceptance of a check from the claimant or claimant's agent. Any payment less than 75 percent of the billed amount must be approved in writing, from the Legal Division Director and the WVDOT Business Manager, prior to payment acceptance and deposit. The Legal Division may negotiate and accept payment

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plans upon request of the claimant, within the guidelines approved by the WVDOT Business Manager.

Receipt of payments is authorized only for personnel of the Accounts Receivable Section and the Director of the Finance Division or the Claims Section of the Legal Division. Districts are not authorized to produce invoices or collect funds regarding claims.

8.3 Resolving Unpaid Claims

The Legal Division's Claims Section will send a reminder letter once an invoice is 90 days past the mailing date of the Claims Package submission date. Claims that cannot be collected will be enumerated periodically by the Legal Division and forwarded to the Finance Division.

9.0 DAMAGE TO WVDOH VEHICLES

West Virginia Code §17C-4-1 states, "Any DOH employee that is involved in an accident resulting in injury or death of any person or total property damage to an apparent extent of \$500 or more shall immediately by the quickest means of communication, whether oral or written, give notice of such accident to the local police department if such accident occurs within a municipality, otherwise to the office of the county sheriff or the nearest office of the West Virginia State Police."

An employee operating a WVDOH vehicle and/or equipment that becomes damaged or is involved in an accident shall complete an Accident Report Form AR-13 within three (3) business days. If there are injuries to the operator and he/she is unable to complete the detailed information as required, the responsibility is transferred to the employee/operator's immediate supervisor. The completed AR-13 Form must be emailed within three (3) working days from the date of the accident to the District Equipment Supervisor of the district in which the accident occurred.

Within one (1) working day from the date of receipt of the AR-13 Form, the District Equipment Supervisor will be responsible for emailing the AR-13 Form with a cost estimate for repairs, to the following parties: Director of the Equipment Division, Buckhannon; District Comptroller; Legal Division's Claims Section; District Safety Specialist; and the originating organization. If the District Equipment Supervisor is unable to meet the required timeframe, he/she shall designate an individual to check the AR-13 Form for accuracy and execute a repair estimate.

9.1 Damages Less Than \$1,000

Vehicles having estimated damages less than \$1,000 should be repaired in a WVDOH's equipment repair shop. Follow the standard procedures for a Reimbursable Claim, beginning with the transmission of a Form AR-13 and the cost estimate to the District Comptroller. This will assure the correct billing of damages to the responsible party.

9.2 Damages Exceeding \$1,000

The WVDOH will not negotiate with, nor accept payment from, the responsible parties' insurance company for damages above \$1,000 to a WVDOH vehicle.

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If the damages are more than \$1,000 the Equipment Supervisor will email the AR-13 Form to the Legal Division's Claims Section and the District Comptroller, and the cost estimate to the insurance carrier. The Equipment Supervisor also will notify the Claims Section of the location of the damaged vehicle and the vendor selected to make the repairs. The Equipment Supervisor will maintain a list of body shops in his/her area that are acceptable to WVDOH's insurance carrier. The Supervisor will distribute the vehicle/equipment repair work as evenly as possible to all qualified vendors.

The Claims Section will forward all information received from the Equipment Supervisor to WVDOH's insurance carrier via email. The insurance carrier will send an appraiser to estimate the damages to the vehicle. The appraiser will submit the estimate to the selected vendor and receive a commitment for the repairs in the amount of the estimate.

Upon confirmation, and notification from the District Equipment Supervisor (or designee), via email, that the vehicle has been repaired in an acceptable manner, the insurance carrier will issue a check for the appropriate amount payable to the vendor. The District Equipment Supervisor will retain a copy of the email notification to the insurance carrier in the district file.

9.3 Vehicles Appraised as Totaled

If the insurance carrier appraises the vehicle as "totaled," the carrier will issue a check in the amount of the appraised value of the vehicle, payable to the WVDOH, and send it to WVDOH's Legal Division's Claims Section. The Claims Section, upon receipt, will send the insurance check to the Finance Division. The transmittal for this check must note the specific E.D. number assigned to the vehicle. The Accounts Receivable Section of Finance Division will credit the necessary amount and make the deposit.

The WVDOH Equipment Division also must be advised of "totaled" vehicles. This is important to maintain the fleet inventory accuracy as well as proper disposition of any totaled vehicles.

- A. Any decision to repair and reactivate a "totaled" vehicle must be authorized by the WVDOH Equipment Division. The Equipment Division must review each situation to determine if such an action is economically feasible and whether the vehicle will be safe to operate after repair.

10.0 EXHIBITS

- 10.1 EXHIBIT A - Crash Data Report
- 10.2 EXHIBIT B - Form AR-13; Report of Motor Vehicle Accident
- 10.3 EXHIBIT C - Payroll Charges – REMIS TSO Report CMRNOV10
- 10.4 EXHIBIT D - Form BF-38C; Claims Invoice Request

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- 10.5 EXHIBIT E - Form BF-150; Project Completion Authorization Notification
- 10.6 EXHIBIT F- Guardrail Inspection Sheet
- 10.7 EXHIBIT G – Contract Schedule of Prices

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EXHIBIT A – CRASH DATA REPORT



State of West Virginia Uniform Traffic Crash Report

Crash Data

DOH Form: 17-c
Revised: 02/2007

Crash Record Number: <input type="text"/>		Reporting Agency's Record Number: <input type="text"/>		Page <input type="text"/> of <input type="text"/>	
# of Vehicles Involved: <input type="text"/>		# of Non-Motorists Involved: <input type="text"/>		# of Fatal Injuries: <input type="text"/>	
# of A B or C Injuries: <input type="text"/>		Date / Time of Crash: <input type="text"/>		Date / Time Crash Reported: <input type="text"/>	
Time of Arrival: <input type="text"/>		County: <input type="text"/>		Municipality or Place of Crash: <input type="text"/>	
GPS Coordinates: <input type="text"/>		Latitude: <input type="text"/>		Longitude: <input type="text"/>	
Highway Class: <input type="radio"/> Interstate <input type="radio"/> US <input type="radio"/> WV		Supplemental Designation: <input type="radio"/> Not Applicable <input type="radio"/> Spur <input type="radio"/> North <input type="radio"/> East <input type="radio"/> Truck Route <input type="radio"/> Other			
<input type="radio"/> County/HARP <input type="radio"/> City Street <input type="radio"/> State Park / Forest Road		<input type="radio"/> Alternate <input type="radio"/> Ramp <input type="radio"/> South <input type="radio"/> West <input type="radio"/> Toll			
<input type="radio"/> Private Road <input type="radio"/> Private Property/Off-Roadway <input type="radio"/> Other		Route: <input type="text"/> / <input type="text"/> Milepost: <input type="text"/> Ramp: <input type="text"/> Street: <input type="text"/>			
Other Description of Location: <input type="text"/>		Intersecting Street: <input type="text"/>			
Relation to Junction / Junction Type: <input type="radio"/> Non-Junction <input type="radio"/> Junction, Non-Interchange Area <input type="radio"/> Junction, Interchange Area		Intersection Type: <input type="radio"/> 4-Way Intersection <input type="radio"/> T Intersection <input type="radio"/> Y Intersection <input type="radio"/> Intersection as Part of Interchange <input type="radio"/> Traffic Circle / Roundabout <input type="radio"/> 5-Point or More			
<input type="checkbox"/> Intersection <input type="checkbox"/> Intersection-Related <input type="checkbox"/> Interstate to Interstate <input type="checkbox"/> Railroad Grade Crossing # <input type="text"/> <input type="checkbox"/> Median Crossover-Related <input type="checkbox"/> Business or Residential Driveway/Alley Access <input type="checkbox"/> Other Non-Interchange		<input type="checkbox"/> Thru Roadway <input type="checkbox"/> Merge/Diverge Area <input type="checkbox"/> Intersection <input type="checkbox"/> Intersection-Related <input type="checkbox"/> Entrance / Exit Ramp <input type="checkbox"/> Other Part of Interchange			
Manner of Collision: <input type="radio"/> Single Vehicle Crash <input type="radio"/> Rear End <input type="radio"/> Head-On <input type="radio"/> Sideswipe, Same Direction <input type="radio"/> Sideswipe, Opposite Direction <input type="radio"/> Rear-to-Side <input type="radio"/> Rear-to-Rear		<input type="radio"/> Angle (Front to Side) Same Direction <input type="radio"/> Right Angle <input type="radio"/> Angle (Front to Side) Opp. Direction <input type="radio"/> Angle - Direction Not Specified		Environmental Contributing Circumstances (Select Up to 3): <input type="checkbox"/> None <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Physical Obstruction(s) <input type="checkbox"/> Glare <input type="checkbox"/> Animal(s) in Roadway Type: <input type="text"/> Other: <input type="text"/>	
Weather (Select Up to 2): <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Other <input type="checkbox"/> Cloudy <input type="checkbox"/> Sleet, Hail, or Freezing Rain <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Fog, Smog, Smoke <input type="checkbox"/> Snow <input type="checkbox"/> Blowing Sand, Silt, Dirt		Lighting: <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dark - Lighted <input type="radio"/> Dusk <input type="radio"/> Dark - Not Lighted <input type="radio"/> Other <input type="text"/>			
Roadway Surface Condition: <input type="radio"/> Dry <input type="radio"/> Slush <input type="radio"/> Mud, Dirt, Gravel, Sand <input type="radio"/> Wet <input type="radio"/> Ice / Frost <input type="radio"/> Snow <input type="radio"/> Water (Standing / Moving)		Location of First Harmful Event: <input type="radio"/> On Roadway <input type="radio"/> Roadside <input type="radio"/> In Parking Lane or Zone <input type="radio"/> Outside of Right-of-Way <input type="radio"/> Shoulder <input type="radio"/> Gore <input type="radio"/> Off Roadway, Location Unknown <input type="radio"/> Median <input type="radio"/> Separator <input type="radio"/> Unknown			
Roadway Surface Type: <input type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Gravel <input type="radio"/> Dirt <input type="radio"/> Brick <input type="radio"/> Other: <input type="text"/>		First Harmful Event: <input type="radio"/> Overturn / Rollover <input type="radio"/> Fire / Explosion <input type="radio"/> Immersion <input type="radio"/> Jackknife <input type="radio"/> Cargo / Equipment Loss or Shift <input type="radio"/> Fell / Jumped from Motor Veh <input type="radio"/> Thrown or Falling Object <input type="radio"/> Other Non-Collision		COLLISION WITH: <input type="radio"/> Pedestrian <input type="radio"/> Pedalcycle <input type="radio"/> Railway Vehicle <input type="radio"/> Animal <input type="radio"/> Motor Vehicle in Transport <input type="radio"/> Parked Motor Vehicle <input type="radio"/> Work Zone / Maintenance Equip <input type="radio"/> Other Non-Fixed Object <input type="radio"/> Impact Attenuator / Crash Cushion	
		<input type="radio"/> Bridge Overhead Structure <input type="radio"/> Bridge Pier or Support <input type="radio"/> Bridge Rail <input type="radio"/> Culvert <input type="radio"/> Curb <input type="radio"/> Ditch <input type="radio"/> Embankment <input type="radio"/> Guardrail Face <input type="radio"/> Guardrail End <input type="radio"/> Cable Median Barrier		<input type="radio"/> Concrete Traffic Barrier <input type="radio"/> Other Traffic Barrier <input type="radio"/> Tree (Standing) <input type="radio"/> Utility Pole/Light Support <input type="radio"/> Traffic Sign Support <input type="radio"/> Traffic Signal Support <input type="radio"/> Other Post, Pole, or Support <input type="radio"/> Fence <input type="radio"/> Mailbox <input type="radio"/> Other Fixed Object	

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Crash Record Number <input type="text"/>		Reporting Agency's Record Number: <input type="text"/>		Page <input type="text"/> of <input type="text"/>	
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="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"/> 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"/> Other <input type="text"/>	
	<input type="checkbox"/> Pavement Markings Not Visible	<input type="checkbox"/> Inoperative <input type="checkbox"/> Missing <input type="checkbox"/> Obscured			
School Bus Related:		School Zone Related:	Type of School Zone Sign:	School Zone Flashers:	School Zone Speed Limit: <input type="text"/>
<input type="radio"/> No		<input type="radio"/> No	<input type="radio"/> When Present <input type="radio"/> None	<input type="radio"/> Present, Not Active	
<input type="radio"/> Yes, School Bus Directly Involved		<input type="radio"/> Yes	<input type="radio"/> When Flashing	<input type="radio"/> Present, Active	
<input type="radio"/> Yes, School Bus Indirectly Involved			<input type="radio"/> Lists Specific Times	<input type="radio"/> Not Present	
Work Zone Related:	Workers Present:	Work Zone Speed Limit:	Location of Crash in Work Zone:	Type of Work Zone:	<input type="radio"/> Intermittent or Moving Work
<input type="radio"/> No	<input type="radio"/> Yes	<input type="text"/>	<input type="radio"/> Before 1st Warning Sign	<input type="radio"/> Lane Closure	<input type="radio"/> Other
<input type="radio"/> Yes	<input type="radio"/> No		<input type="radio"/> Advance Warning Area	<input type="radio"/> Lane Shift / Crossover	
	<input type="radio"/> Unknown		<input type="radio"/> Transition (Merge) Area	<input type="radio"/> Work on Shoulder or in Median	
			<input type="radio"/> Activity Area		
			<input type="radio"/> Termination Area		

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

Reported By:	<input type="radio"/> State Police <input type="radio"/> Sheriff's Dept	Photos Taken:	<input type="radio"/> Yes <input type="radio"/> No	By Whom:	<input type="text"/>
	<input type="radio"/> Municipal PD <input type="radio"/> Other	Video Taped:	<input type="radio"/> Yes <input type="radio"/> No	By Whom:	<input type="text"/>
The information contained in this report reflects my best knowledge and judgment:					
Investigating Officer's Name:	<input type="text"/>	Number:	<input type="text"/>	Signature:	<input type="text"/>
Phone:	<input type="text"/>	ORI Number:	<input type="text"/>	Agency:	<input type="text"/>
Assisting Officer's Name(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reconstructed:	<input type="radio"/> Yes <input type="radio"/> No	By Whom:	<input type="text"/>	Date of Submission:	<input type="text"/>

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State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-vch
Revised: 02/2007

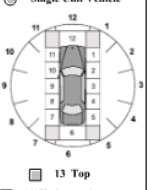
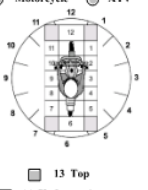
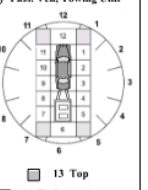
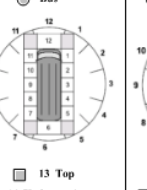
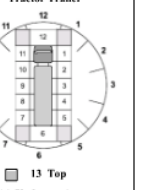
Vehicle Data

Crash Record Number: _____		Vehicle Number: _____		Reporting Agency's Record Number: _____		Page _____ of _____	
Vehicle Type: <input type="radio"/> Motor Veh in Transport <input type="radio"/> Parked Motor Veh / Trailer <input type="radio"/> Working Veh / Equipment		Hit and Run: <input type="radio"/> No, Did Not Leave Scene <input type="radio"/> Yes, Driver Left Scene <input type="radio"/> Yes, Car and Driver Left Scene		Driver Presence at Time of Crash: <input type="radio"/> Driver Operated Vehicle <input type="radio"/> Driverless Vehicle			
Owner's Name(s): _____		City: _____		State: _____		Zip Code: _____	
Address: _____		Home Phone: _____		Other Phone: _____			
Make: _____		Model: _____		Model Year: _____		Body Type: _____	
Color: _____		Registration Status: <input type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required		Proof of Liability Insurance: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Req		Ins. Co: _____	
VIN: _____		Plate Class: _____		License Plate Number: _____		State: _____	
Reg Year: _____		Special Function of Motor Vehicle: <input 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: <input type="radio"/> No <input type="radio"/> 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"/> Shuttle Bus <input type="radio"/> Private School 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 type="radio"/> Struck <input type="radio"/> Both					
Direction of Travel Before Crash: <input type="radio"/> Northbound <input 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): _____		Roadway Description: <input type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Divided, Unprotected Median <input type="radio"/> Two-Way, Divided, with Median Barrier <input type="radio"/> One-Way Roadway		Total Lanes in Roadway: _____	
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 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 type="radio"/> Straight <input type="radio"/> Curve Right <input type="radio"/> Curve Left		Vertical Alignment: <input type="radio"/> Level <input type="radio"/> Uphill <input type="radio"/> Sag (Bottom) <input type="radio"/> Hillcrest <input type="radio"/> Downhill		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 Functioning Properly: <input type="radio"/> Yes <input type="radio"/> No		Underride / Override: <input type="radio"/> No Underride or Override <input type="radio"/> Underride, Compartment Intrusion <input type="radio"/> Underride, No Compartment Intrusion <input type="radio"/> Underride, Compartment Intrusion Unknown <input type="radio"/> Override, Motor Vehicle in Transport <input type="radio"/> Override, Other Motor Vehicle		Extent of Damage: <input type="radio"/> No Damage <input type="radio"/> Minor Damage <input type="radio"/> Functional Damage <input type="radio"/> Disabling Damage		GVWR or GCWR: <input type="radio"/> Less Than or Equal To 10,000lbs <input type="radio"/> 10,001 - 26,000 lbs <input type="radio"/> More Than 26,000lbs	
Vehicle Maneuver / Action: <input type="radio"/> Essentially Straight Ahead <input type="radio"/> Making U-Turn <input type="radio"/> Bucking <input type="radio"/> Slowing <input type="radio"/> Stopped in Traffic <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked <input type="radio"/> Entering Traffic Lane <input type="radio"/> Negotiating a Curve <input type="radio"/> Turning Right <input type="radio"/> Turning Left <input type="radio"/> Other		Crash Avoidance Maneuver: <input 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 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		Number of Axles: _____	
Displaying Hazardous Materials Placard: <input type="radio"/> No <input type="radio"/> Yes		Occurrence of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input type="radio"/> Yes		Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input type="radio"/> Yes	
Manner, in which Vehicle was Removed from Scene: <input 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: _____ Reporting Agency's Record Number: _____ Page _____ of _____

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 Motorcycle 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
---	--	--	--	--

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

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

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: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

VIN: _____ Plate Class: _____ License Plate Number: _____ Make: _____ Model: _____ Model Year: _____ Body Type: _____

Trailing Unit #2: ☐ Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

VIN: _____ Plate Class: _____ License Plate Number: _____ Make: _____ Model: _____ Model Year: _____ Body Type: _____

Trailing Unit #3: ☐ Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

VIN: _____ Plate Class: _____ License Plate Number: _____ Make: _____ Model: _____ Model Year: _____ Body Type: _____

Property Damaged Other Than Vehicles:

<input type="checkbox"/> None <input type="checkbox"/> Work Zone / Maintenance Equipment <input type="checkbox"/> Impact Attenuator / Crash Cushion <input type="checkbox"/> Bridge / Tunnel <input type="checkbox"/> Culvert <input type="checkbox"/> Guardrail <input type="checkbox"/> Concrete Barrier <input type="checkbox"/> Cable Median Barrier <input type="checkbox"/> Other Traffic Barrier <input type="checkbox"/> Utility Pole / Light Support <input type="checkbox"/> Traffic Sign Support <input type="checkbox"/> Traffic Signal Support <input type="checkbox"/> Other Post, Pole or Support <input type="checkbox"/> Fence <input type="checkbox"/> Mailbox <input type="checkbox"/> Other Fixed Object

Damaged Property Owner(s):

<input type="checkbox"/> WVDOT <input type="checkbox"/> Private <input type="checkbox"/> City <input type="checkbox"/> Utility Company <input type="checkbox"/> Other: _____
--

Damaged Property Location:

<input type="radio"/> On Pavement <input type="radio"/> Right Side of Road <input type="radio"/> Left Side of Road
--

Policy: Reimbursable Claims

WEST VIRGINIA DIVISION OF HIGHWAYS

Policy No: DOH 2.7

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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

City

State

Zip Code

Home Phone:

Other Phone:

Driving License:

License Type:

- ☐ Not Licensed ☐ GDL Level 1 ☐ CDL Instruction Permit ☐ CDL Class:
☐ Driving License ☐ GDL Level 2 ☐ Motorcycle Instruction Permit ☐ A ☐ B ☐ C
☐ Instruction Permit ☐ GDL Level 3 ☐ Motorcycle Only

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

Policy: Reimbursable Claims

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State of West Virginia Uniform Traffic Crash Report Commercial Motor Vehicle (CMV) Data

DOH Form: 17-cmv
Revised: 02/2007

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

Policy: Reimbursable Claims

WEST VIRGINIA DIVISION OF HIGHWAYS

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Issue Date: 11/01/2010

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EXHIBIT B – FORM AR-13 REPORT OF MOTOR VEHICLE ACCIDENT

REPORT OF MOTOR VEHICLE ACCIDENT-- STATE OF WEST VIRGINIA										AR-13--REV. 03-07-2019		
INSTRUCTIONS: After completing the online form, forward copy to District Equipment Supervisor for review and distribution.										DO NOT COMPLETE		
DEPT/AGENCY										Risk Code: _____		
DATE OF ACCIDENT: MONTH DAY YEAR DAY OF WEEK (Check One) M T W Th F S Sun										Reference: _____		
TIME OF ACCIDENT: _____ AM PM										Date: _____		
NUMBER OF VEHICLES INVOLVED IN ACCIDENT: _____		NUMBER INJURED: _____		NUMBER KILLED: _____		ACCIDENT WAS INVESTIGATED BY: 1 State Police 2 City Police 3 Sheriff 4 None of Above						
LOCATION	COUNTY		CITY OR TOWN		HIGHWAY CLASSIFICATION							
	ACCIDENT OCCURRED ON: ROUTE 1 Or STREET 1 CODE		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15		1 Interstate U.S. 2 Main Road at Interchange 3 Entrance Ramp On 4 Exit Ramp On							
	AT INTERSECTION WITH: ROUTE 2 Or STREET 2 CODE											
	IF NOT AT INTERSECTION: FEET MILES		N S E W		OF STREET, HIGHWAY, TOWN, ETC.		CODE					
	SPECIAL REFERENCE:		IF LOCATION CAN BE DESCRIBED MORE PRECISELY, ENTER HERE		MILEPOST		TOLERANCE					
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 Safety Council's Defensive Driving Course? If Yes, Certificate No.											
	DRIVER ACTION: (Check One) 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 U-Turning Changing Lanes 5 Passing 6 Parking Parked Backing 7 Merging Slowing or Stopping Stopped in Traffic Lane 8 Entering or Leaving Driveway Pulling Out from Parking Space 9 Other											
STATE VEHICLE #1	ASSIGNED TO: ORGANIZATION, DISTRICT, COUNTY										POINT OF IMPACT	
	YEAR		MAKE		MODEL		BODY STYLE		LICENSE PLATE NUMBER		STATE	
	7 DIGIT VEHICLE ID NO.		VIN NO.		TOTAL OCCUPANTS OF THIS VEHICLE:							
	DIRECTION OF TRAVEL: (If turning, enter direction BEFORE turn.)		N S E W		ON ROUTE (Or Street) 1 2 (See LOCATION Section Above)							
	APPROXIMATE COST TO REPAIR \$		Total Loss		AREA(S) DAMAGED:		Select Number(s) from Diagram →		INITIAL 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					
	DRIVER ACTION: (Check One) 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 U-Turning Changing Lanes 5 Passing 6 Parking Parked Backing 7 Merging Slowing or Stopping Stopped in Traffic Lane 8 Entering or Leaving Driveway Pulling Out from Parking Space 9 Other											
OTHER VEHICLE	OWNER'S FULL NAME Same as Driver				ADDRESS				CITY		STATE	
	YEAR		MAKE		MODEL		BODY STYLE		LICENSE PLATE NUMBER		STATE	
	DIRECTION OF TRAVEL: (If turning, enter direction BEFORE turn.)		N S E W		ON ROUTE (Or Street) 1 2 (See LOCATION Section Above)							
	APPROXIMATE COST TO REPAIR \$		Total Loss		AREA(S) DAMAGED:		Select Number(s) from Diagram →		INITIAL IMPACT:			
OTHER DAMAGE	DAMAGED PROPERTY OTHER THAN VEHICLES				ON PAVEMENT OR FEET				N S E W		OF PAVEMENT EDGE	
	OWNER'S NAME				ADDRESS				CITY		STATE	
WITNESSES	Name				Address				Telephone Number			

Policy: Reimbursable Claims

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INS	Name and Address of Insurance Company – Vehicle No. 2 (If uninsured, please indicate)													
CODES	INJURY CLASSIFICATION K - Killed A - 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.	FIRST AID BY 1 - None 2 - Police 3 - Emergency Medical Technician 4 - Doctor 5 - Rescue Squad 6 - Helicopter Crew 7 - Paramedic 8 - Unknown	SEATING M - Motorcycle B - Pedalcycle P - Pedestrian O - Other NOTE: Positions 7, 8 and 9 indicate Rear of Station Wagon.			SEAT BELTS 1 - None Installed 2 - Not Used 3 - Lap Belt Only Used 4 - Lap and Shoulder Belts Used 5 - Unknown		EJECTED 1 - No 2 - Yes 3 - Partially 4 - Unknown						
			VEH. NO. 1 - OCCUPANT OF YOUR VEHICLE 2 - OCCUPANT OF OTHER VEHICLE											
INJURIES	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	FIRST AID	SEATING	SEAT BELTS	EJECTED	
	1. Name _____ Address _____													
	DESCRIPTION OF INJURY: _____													
	2. Name _____ Address _____													
	DESCRIPTION OF INJURY: _____													
ACCIDENT TYPE	3. Name _____ Address _____													
	DESCRIPTION OF INJURY: _____													
	1 <input type="checkbox"/> Rear End					5 <input type="checkbox"/> LEFT & RIGHT TURN			SINGLE VEHICLE ACCIDENT					
	2 <input type="checkbox"/> Head On					6 <input type="checkbox"/> LEFT TURNS			ACCIDENT OCCURRED <input type="checkbox"/> ON <input type="checkbox"/> OFF PAVEMENT					
	3 <input type="checkbox"/> Same Direction Sideswipe					7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>			18 <input type="checkbox"/> Hit Fixed Object					
NARRATIVE	4 <input type="checkbox"/> Opposite Direction Sideswipe					13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/>			19 <input type="checkbox"/> Hit Pedestrian					
									20 <input type="checkbox"/> Hit Animal					
									21 <input type="checkbox"/> Hit Parked Vehicle					
									22 <input type="checkbox"/> Hit Train					
									23 <input type="checkbox"/> Ran Off Road					
PEDEST	DESCRIBE WHAT HAPPENED (Refer to Vehicles by Numbers: State Vehicle = 1, Other Vehicle = 2)													
ENVIRONMENT	PEDESTRIAN ACTION:		1 <input type="checkbox"/> Crossing at Intersection		4 <input type="checkbox"/> Walking on Pavement Facing Traffic		7 <input type="checkbox"/> Working on Pavement							
	Clothing: <input type="checkbox"/> Light <input type="checkbox"/> Dark		2 <input type="checkbox"/> Crossing Not at Intersection		5 <input type="checkbox"/> Standing on Pavement		8 <input type="checkbox"/> Other on Pavement		9 <input type="checkbox"/> Not on Pavement					
ENVIRONMENT	LIGHT		WEATHER		ROADWAY SURFACE		ROAD TYPE		TRAFFIC CONTROL		VISION OBSCURED BY			
	1 <input type="checkbox"/> Daylight 2 <input type="checkbox"/> Dark 3 <input type="checkbox"/> Dark, Artificial Lights 4 <input type="checkbox"/> Dusk 5 <input type="checkbox"/> Dawn		1 <input type="checkbox"/> Clear 2 <input type="checkbox"/> Cloudy 3 <input type="checkbox"/> Raining 4 <input type="checkbox"/> Fog, Smog 5 <input type="checkbox"/> Snowing or 6 <input type="checkbox"/> Hailing		1 <input type="checkbox"/> Dry 2 <input type="checkbox"/> Wet 3 <input type="checkbox"/> Snow, Ice 4 <input type="checkbox"/> Muddy 5 <input type="checkbox"/> Hazardous Material		1 <input type="checkbox"/> Blacktop 2 <input type="checkbox"/> Concrete 3 <input type="checkbox"/> Brick 4 <input type="checkbox"/> Gravel 5 <input type="checkbox"/> Dirt 6 <input type="checkbox"/> Other		1 <input type="checkbox"/> Stop Sign 2 <input type="checkbox"/> Traffic Signal 3 <input type="checkbox"/> Yield Sign 4 <input type="checkbox"/> Officer, Flagman 5 <input type="checkbox"/> RR Gates, Signals 6 <input type="checkbox"/> None 7 <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No		1 <input type="checkbox"/> Not Obscured 2 <input type="checkbox"/> Rain, Snow, Ice on Windshield 3 <input type="checkbox"/> Trees, Bushes 4 <input type="checkbox"/> Building(s) 5 <input type="checkbox"/> Embankment 6 <input type="checkbox"/> Signboard		7 <input type="checkbox"/> Hillcrest 8 <input type="checkbox"/> Parked Vehicle(s) 9 <input type="checkbox"/> Moving Vehicle(s) 10 <input type="checkbox"/> Blinding Headlights 11 <input type="checkbox"/> Blinding Sunlight 12 <input type="checkbox"/> Other 13 <input type="checkbox"/> Unknown	
WERE LANES CLEARLY MARKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF LANES: _____												
DATE OF THIS REPORT: _____					SIGN HERE: _____					<input type="checkbox"/> Operator <input type="checkbox"/> Owner				

EXHIBIT C – PAYROLL CHARGES

Policy: Reimbursable Claims

WEST VIRGINIA DIVISION OF HIGHWAYS

Policy No: DOH 2.7

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STATE OF WEST VIRGINIA
DEPARTMENT - HIGHWAYS
DIVISION - S.S.P.D.

CMRNOV10 BILLINGS
PAYROLL CHARGES

REPORT NO. 2 PAGE 1
JOB NUMBER - HWCMBNOV
CURRENT DATE - 03/06/23
06:29 Monday, March 6, 2023

WAGE CODE	EMPLOYEE TITLE	HOME ORG.	REC. ORG.	REPORT. DATE	AUTH	ACT COD	SYSTEM KEY	SYSTEM DATA 2	UNITS ACCOMP.	UNIT COST	TOTAL AMOUNT
8367	TRANS WORKER 3 - AUTO BOD	0842	0858	12/14/22		404		B REG	3.000	23.371	127.75
----	-----	0842	0858	12/14/22		404		B REG	3.000	21.101	115.35
8367									6.000		243.10
									=====		=====
									6.000		243.10

STATE OF WEST VIRGINIA
DEPARTMENT - HIGHWAYS
DIVISION - S.S.P.D.

CMRNOV10 BILLINGS
EQUIPMENT CHARGES

REPORT NO. 3 PAGE 2
JOB NUMBER - HWCMBNOV
CURRENT DATE - 03/06/23
06:29 Monday, March 6, 2023

EQ. CL.	EQUIPMENT DESCRIPTION	HOME ORG.	REC. ORG.	REPORT. DATE	AUTH	ACT COD	SYSTEM KEY	SYSTEM DATA 2	UNITS ACCOMP.	UNIT COST	TOTAL AMOUNT
206	PICKUP TRUCK, 3/4 TON-4 X 4	0842	0858	12/14/22		404	2068994	REGULAR A	2.000	7.000	15.40
									=====		=====
									2.000		15.40

STATE OF WEST VIRGINIA
DEPARTMENT - HIGHWAYS
DIVISION - S.S.P.D.

BILLINGS
INVOICE CHARGES

REPORT NO. 1 PAGE 1
JOB NUMBER - HWCMBIL
CURRENT DATE - 03/06/23
07:12 Monday, March 6, 2023

FEIN	HOME ORG.	REC. ORG.	REPORT. DATE	AUTH	ACT COD	SYSTEM KEY	SYSTEM DATA 2	UNITS ACCOMP.	UNIT COST	TOTAL AMOUNT
000000000	0170	0158	09/15/22		404	0000000000000	VISA AUG702	45.000	0.000	389.70
								=====		=====
								45.000		389.70

STATE OF WEST VIRGINIA
DEPARTMENT - HIGHWAYS
DIVISION - S.S.P.D.

BILLINGS
PAYROLL CHARGES

REPORT NO. 2 PAGE 2
JOB NUMBER - HWCMBIL
CURRENT DATE - 03/06/23
07:12 Monday, March 6, 2023

WAGE CODE	EMPLOYEE TITLE	HOME ORG.	REC. ORG.	REPORT. DATE	AUTH	ACT COD	SYSTEM KEY	SYSTEM DATA 2	UNITS ACCOMP.	UNIT COST	TOTAL AMOUNT
	UNKNOWN	0172	0158	09/30/22		404			0.000	0.000	184.01
----	-----	0172	0458	09/30/22		404			0.000	0.000	-184.01
									0.000		0.00
0135	TRN CONSTRUCTION SUPT	0172	0458	06/24/22		404		C REG	4.000	23.430	167.28
8365	TRANS WORKER 1 - CRAFT WO	0173	0158	06/24/22		404		B REG	4.000	11.910	85.03
		0173	0458	06/24/22		404		B REG	2.000	11.910	42.52
		0173	0458	06/24/22		404		B OT	2.000	17.864	46.24
		0173	0458	06/24/22		404		B REG	-2.000	11.910	-42.52
----	-----	0173	0458	06/24/22		404		B OT	-2.000	17.864	-46.24
8365									4.000		85.03
8366	TRANS WORKER 2 - AUTO BOD	0173	0158	06/24/22		404		B REG	4.000	18.019	128.66
		0173	0158	06/24/22		404		B OT	4.000	20.924	99.11
		0173	0158	06/24/22		404		B REG	4.000	16.589	118.44
		0173	0158	06/24/22		404		B OT	4.000	24.884	128.82
		0173	0158	06/24/22		404		B REG	4.000	18.019	128.66
		0173	0458	06/24/22		404		B REG	2.750	18.019	88.44
		0173	0458	06/24/22		404		B OT	1.250	27.029	43.73
		0173	0458	06/24/22		404		B OT	4.000	20.924	99.11
		0173	0458	06/24/22		404		B REG	0.750	16.589	22.21
		0173	0458	06/24/22		404		B OT	3.250	24.884	104.65
		0173	0458	06/24/22		404		B OT	4.000	24.884	128.82
		0173	0458	06/24/22		404		B REG	3.500	18.019	112.57
		0173	0458	06/24/22		404		B OT	0.500	27.029	17.49
		0173	0458	06/24/22		404		B REG	-2.750	18.019	-88.44
		0173	0458	06/24/22		404		B OT	-1.250	27.029	-43.73
		0173	0458	06/24/22		404		B OT	-4.000	20.924	-99.11
		0173	0458	06/24/22		404		B REG	-0.750	16.589	-22.21
		0173	0458	06/24/22		404		B OT	-3.250	24.884	-104.65
		0173	0458	06/24/22		404		B OT	-4.000	24.884	-128.82
		0173	0458	06/24/22		404		B REG	-3.500	18.019	-112.57
----	-----	0173	0458	06/24/22		404		B OT	-0.500	27.029	-17.49
8366									20.000		603.69
8367	TRANS WORKER 3 - AUTO BOD	0173	0158	06/24/22		404		B OT	4.000	33.434	173.07
		0173	0458	06/24/22		404		B OT	4.000	33.434	173.07
----	-----	0173	0458	06/24/22		404		B OT	-4.000	33.434	-173.07
8367									4.000		173.07

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STATE OF WEST VIRGINIA
DEPARTMENT - HIGHWAYS
DIVISION - S.S.P.D.

CM9587R BILLINGS
EQUIPMENT CHARGES

REPORT NO. 3 PAGE 4
JOB NUMBER - HWCMBILL
CURRENT DATE - 03/06/23
07:12 Monday, March 6, 2023

BQ. CL.	EQUIPMENT DESCRIPTION	HOME ORG.	REC. ORG.	REPORT. DATE	AUTH	ACT COD	SYSTEM KEY	SYSTEM DATA 2	UNITS ACCOMP.	UNIT COST	TOTAL AMOUNT
	UNKNOWN	0173	0158	09/30/22		404			0.000	0.000	117.41
		0172	0158	09/30/22		404			0.000	0.000	21.44
		0173	0458	09/30/22		404			0.000	0.000	-117.41
		0172	0458	09/30/22		404			0.000	0.000	-21.44
									0.000		0.00
201	CREW CAB PICKUP-4 X 4	0173	0158	06/24/22		404	2018848	DISCOUNT A	4.000	2.670	11.75
		0173	0158	06/24/22		404	2018854	DISCOUNT A	4.000	2.670	11.75
		0173	0458	06/24/22		404	2018848	DISCOUNT A	4.000	2.670	11.75
		0173	0458	06/24/22		404	2018854	REGULAR A	2.000	4.450	9.79
		0173	0458	06/24/22		404	2018854	DISCOUNT A	2.000	2.670	5.87
201									16.000		50.91
206	PICKUP TRUCK, 3/4 TON-4 X 4	0172	0458	06/24/22		404	2065924	REGULAR A	4.000	4.430	19.49
370	DUMP TRUCKS, 1 TON (AWD) W/	0173	0158	06/24/22		404	3700340	REGULAR A	4.000	17.680	77.79
		0173	0458	06/24/22		404	3700340	REGULAR A	4.000	17.680	77.79
370									8.000		155.58
839	PORTABLE SIGN TRAILER	0173	0158	06/24/22		404	8390201	REGULAR A	4.000	0.350	1.54
		0173	0458	06/24/22		404	8390201	REGULAR A	4.000	0.350	1.54
839									8.000		3.08
									36.000		229.06

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EXHIBIT D - FORM BF-38C; CLAIMS INVOICE REQUEST FORM

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CLAIMS INVOICE				EXHIBIT D	
WEST VIRGINIA DIVISION OF HIGHWAYS					
District/Division 2118		Invoice No. 01-10-123C		Date 10/6/2010	
Payable To JOHN DOE 5555 GREENBRIER ST CHARLESTON, WV 25305		CAPT/1340			
THIS INVOICE IS FOR COSTS INCURRED BY THE WEST VIRGINIA DIVISION OF HIGHWAYS DUE TO AN ACCIDENT INVOLVING YOUR VEHICLE ON OCTOBER 1, 2010 ON I-76 AT MILE MARKER 105.5 NEAR ELKVIEW IN KANAWHA COUNTY, WV. DRIVER, JANE DOE					
LABOR INCURRED COSTS					
LABOR	NUMBER OF HOURS	RATE	TOTAL		
Box					
TRANSPORTATION WORKER 1	10	\$10.0000	\$100.00		
TRANSPORTATION WORKER 2	10	\$15.0000	\$150.00		
INSPECTOR 1	10	\$20.0000	\$200.00		
Sub Total Labor			\$450.00		
EQUIPMENT					
Equipment	NUMBER OF HOURS	RATE	TOTAL		
001 - PICKUP TRUCK 1/2 & 3/4 TON	10	\$10.0000	\$100.00		
001 - ENDLOADER 1 1/2 CY	5	\$10.0000	\$50.00		
Sub Total Equipment			\$150.00		
MATERIALS					
Item Description	QUANTITY	UNIT	RATE	TOTAL	
SAND	10	TON	\$20.0000	\$200.00	
GRAVEL	10	TON	\$25.0000	\$250.00	
Sub Total Materials			\$450.00		
CONTRACTUAL EXPENSES					
Vendor Name	ITEM DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL	
GREEN ACRES CONTRACTING	GUARDRAIL ELEMENT	3	\$242.50	\$727.50	
	TYPE 1 GUARDRAIL REMOVE AND STORED	37.5	\$0.50	\$18.75	
PENN LINE	FLARED END TERMINAL	1	\$2,500.00	\$2,500.00	
	CABLE GR ANCHOR UNIT	2	\$900.00	\$1,800.00	
VELOTTA	BRIDGE REPAIR	1	\$5,000.00	\$5,000.00	
Sub Total Contract			\$10,046.25		
GRAND TOTAL			\$11,096.25		

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Contract to Admin:

DATE	AUTHORIZATION	ACT CODE	PROJECT CODE	NR
07/08	0002400	000	000	01

(Please Use Only)

LINE	PL	SEG	ACT CODE	PROJECT CODE	AMOUNT
0001	0001	0000	277	000	\$450.00
0002	0001	0000	277	000	\$450.00
0003	0001	0000	277	000	\$450.00
0004	0001	0000	277	000	\$450.00

TOTAL AMOUNT OF INVOICE **\$1,800.00**

PRINT THIS FORM BEFORE SUBMITTING TO THE CLAIMS SECTION IF YOU WANT A COPY FOR YOUR FILES. THE FORM WILL BE CLEARED WHEN YOU CLICK ON THE SUBMIT BUTTON.

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EXHIBIT E - FORM BF-150; PROJECT COMPLETION AUTHORIZATION NOTIFICATION

WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

PROJECT AUTHORIZATION COMPLETION NOTIFICATION

FROM:	<input type="text"/>	DATE:	<input type="text"/>
THRU:	<input type="text"/>		

TO:	<input type="checkbox"/>	Transportation Finance Division (CM_R, PM_R, PS_R, and PW_R Authorizations)
	<input type="checkbox"/>	Transportation Budget Division (All Other Authorizations)

State Project Number:	<input type="text"/>
Federal Project Number:	<input type="text"/>
Receiving Org. Number:	<input type="text"/>
Authorization Number:	<input type="text"/>

CLOSE AUTHORIZATION:

Total Authorized Amount:	<input type="text"/>
Total Expenditures:	<input type="text"/>
Funds Adjustment Required:	<input type="text"/>

REASON OR REMARKS:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Original: Transportation Finance (BF) or Transportation Budget (BB)
Copy: Originating Organization

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EXHIBIT F- GUARDRAIL INSPECTION SHEET

Revised 2019

WEST VIRGINIA DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS INSPECTOR'S GUARDRAIL WORKSHEET

Federal Project # -	State Project # -	R088-REM/GR-20.00	Date -
CID # -	2019000228	Authorization # -	Attachment -
			2020 03 02 Guardrail Work Sheet

ITEM	DESCRIPTION	LOCATION STATION TO STATION (L,R,C)	PLACED QUANTITY
607-01 (001)	TYPE 1 GUARDRAIL Class I		m (LF)
607-01 ()	TYPE 1 GUARDRAIL		m (LF)
607-01 ()	TYPE 1 GUARDRAIL		m (LF)
607-01 ()	TYPE 1 GUARDRAIL		m (LF)
()			
()			
()			
607-05 ()	TYPE 5 GUARDRAIL		m (LF)
()			
()			
607-09 (001)	TYPE 1 GUARDRAIL REMOVED AND RESET		m (LF)
607-09 ()	TYPE GUARDRAIL REMOVED AND RESET		m (LF)
607-10 (001)	TYPE 1 GUARDRAIL REMOVED AND STORED		m (LF)
607-10 ()	TYPE GUARDRAIL REMOVED AND STORED		m (LF)
607-25 ()	CUT SLOPE TERMINAL (CST)		EA
607-65 ()	FLARED END TERMINAL (FET)		EA
607-65 ()	TANGENT END TERMINAL (TET)		EA

YES	NO	NA	CHECKS VERIFIED FOR GUARDRAIL (SEE GR - 1)
X			HAS CONTRACTOR CHECKED FOR UNDERGROUND UTILITIES
	X		HEIGHT TO CENTER OF RAIL 570 mm ± 25 mm (1' 10 3/8" ± 1")
X			LAPPED IN DIRECTION OF TRAFFIC AND ALL BOLTS TIGHTENED
X			POSTS DRIVEN A MINIMUM OF 1.1 m (3' 6") IN GROUND
X			LENGTH OF RAIL ELEMENT MINIMUM 4.1 m (13' 6 1/2") AND RECTANGULAR WASHER 5 mm (3/16") THICK AND SLOTTED
X			WOOD BLOCKS SECURED WITH CORRECT NAILS (GR - 4)
X			POST SPACING AT 950 mm (3' 1 1/2") AT OBSTACLES WITHIN 1.2 m (4') RAIL FACE (GR - 5)
X			BLOCK BOLT ON APPROACH SIDE OF POST AND CUT OFF 13 mm (1/2") BEYOND NUT IN WALKWAY AREAS
X			ALL DAMAGED GALVANIZATION TOUCHED UP WITH ACCEPTABLE MATERIAL

YES	NO	NA	CHECKS VERIFIED FOR CST TYPE () (SEE GR - 2A)
		X	LENGTH BURIED 3.8 m (12' 6") OR MORE AND TRENCH WIDTH NOT OVER 450 mm (18") (TYPE "A" ONLY)
		X	CUT SLOPE RESHAPED 2:1 OR FLATTER AND SLOPE SEEDED AND MULCHED (TYPE "A" ONLY)
		X	APPROACH SIDE SLOPE 4:1 OR FLATTER

INSPECTOR Matt Swenker

Signature

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EXHIBIT G – CONTRACT SCHEDULE OF PRICES



West Virginia Department of Transportation

Contract Schedule of Prices

Contract ID: 2020000285

Auth No: SM2069M

Vendor: 25-1271209 GREEN ACRES CONTRACTING COMPANY, I

Project Number: S388-GDR/L-21.

District: 08

County Name: PENDLETON

Line Number	Item Number	Item Description	Bid Quantity	Units	Bid Price Per Unit	Item Bid Amount
0005	204002-000	MOBILIZATION, PER	400.0000	MI	1.0000	\$400.00
0010	204003-000	MOBILIZATION, PER	2.0000	EA	1,700.0000	\$3,400.00
0015	204003-000	MOBILIZATION, PER	3.0000	EA	1,500.0000	\$4,500.00
0020	601046-001	MODIFIED CONCRETE END POST	4.0000	EA	500.0000	\$2,000.00
0025	607001-001	TYPE 1 GUARDRAIL, CLASS	2,000.0000	LF	24.0000	\$48,000.00
0030	607001-001	TYPE 1 GUARDRAIL, CLASS	500.0000	LF	15.5000	\$7,750.00
0035	607001-001	TYPE 1 GUARDRAIL, CLASS	1,000.0000	LF	15.0000	\$15,000.00
0040	607001-001	TYPE 1 GUARDRAIL, CLASS	400.0000	LF	22.0000	\$8,800.00
0045	607001-001	TYPE 1 GUARDRAIL, CLASS	400.0000	LF	23.0000	\$9,200.00
0050	607006-001	THRIE BEAM GUARDRAIL BRIDGE TRAN	2.0000	EA	2,200.0000	\$4,400.00
0055	607006-001	THRIE BEAM GUARDRAIL BRIDGE TRAN	2.0000	EA	2,200.0000	\$4,400.00
0060	607009-001	TYPE 1 GUARDRAIL REMOVED AND RES	1,000.0000	LF	8.0000	\$8,000.00

Tuesday, March 7, 2023

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11.0 RELEVANT MATERIALS/DOCUMENTS

- 11.1 Crash Report Data
- 11.2 [Form AR-13](#); Report of Motor Vehicle Accident
- 11.3 Payroll Charges
- 11.4 Form BF-38C; Claims Invoice Request
- 11.5 [Form BF-98C](#); Verbal Authorization
- 11.5 [Form BF-150](#); Financial End Date Adjustment and Project Completion
- 11.6 Guardrail Inspection Sheet
- 11.7 Contract Schedule Prices
- 11.8 West Virginia Code §17C-4-6; Traffic Regulations and Laws of The Road

<https://transportation.wv.gov/employees/Pages/DOHForms.aspx>

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<https://transportation.wv.gov/employees/Pages/DOTForms.aspx>
<http://code.wvlegislature.gov/17C-4-6/>

12.0 CHANGE LOG

March 10, 2023 –

- Reformatted policy.
- Incorporated changes from Legal and Finance Divisions

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Effective Date of Policy: 03/10/2023

Approved by:



Jimmy D. Wriston, P.E.
Secretary of
Transportation
Commissioner of
Highways



Date

*The Secretary of the West Virginia Department of Transportation or the Commissioner of Highways may, pursuant to the authority vested with the Secretary and Commissioner in W. Va. Code §5F-2-2, §17-2A-1 *et seq.*, and §17-2-1 *et seq.*, waive the requirements of this policy if the circumstances, in the Secretary or Commissioner's sole discretion, warrant such action.