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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. 02-07-2019 DO 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 OF  ACCIDENT: | | | | | | | | | | | |  | | | | | | | | | | | | | | AM  PM | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF VEHICLES  INVOLVED IN ACCIDENT: | | | | | | | | | | | | | NUMBER  INJURED: | | | | | | | | | | | | | | | | | | NUMBER  KILLED: | | | | | | | | | | | | | | | | | | | | | ACCIDENT WAS  INVESTIGATED BY: | | | | | | | | | | | | | | | 1  2 | | | | | | | State Police  City Police | | | | | | | | 3  4 | | | | | | | | | Sheriff  None of Above | | | | | | | | | | |
|  | **L**  **O**  **C**  **A**  **T**  **I**  **O**  **N** | COUNTY | | | | | | | | | | | | CITY OR TOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | HIGHWAY CLASSIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | IN  NEAR | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2 | | | | | | Interstate  U. S. | | | | | | | | 3  4 | | | | | | | | W. Va.  County | | | | | | | | | | 5  6 | | | | | City  Otner | | |
| ACCIDENT  OCCURRED  ON: | | | | | | | ROUTE 1 | | | | | Or | | | | | | | STREET 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CODE | | | | | | | | | | IF ON CONTROLLED ACCESS HIGHWAY, CHECK ONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1  2 | | | Main Road  Main Road at Interchange | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AT  INTERSECTION  WITH: | | | | | | | ROUTE 2 | | | | | Or | | | | | | | STREET 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CODE | | | | | | | | | | 3  4 | | | Entrance Ramp On  Exit Ramp On | | | | | | | | | | | | N | | | | | | | | | S | | | | | | E | | | | W | | | | | |  |
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| IF NOT AT  INTERSECTION: | | | | | | |  | | | | FEET  MILES | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OF | | | STREET, HIGHWAY, TOWN, ETC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CODE | | | | | | |
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| SPECIAL  REFERENCE: | | | | | | | 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. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| DRIVER  ACTION:  (Check One) | | | | | 1 Going Straight Anead  2  Turning Right  3  Turning Left | | | | | | | | | | | | | | | | | | 4 U - Turning  5  Changing Lanes  6  Passing | | | | | | | | | | | | | | | | | | | | | | | 7 Parking  8  Parked  9  Backing | | | | | | | | | | | 10 Merging  11  Slowing or Stopping  12  Stopped in Traffic Lane | | | | | | | | | | | | | | | | | | | | | 13 Entering or Leaving Driveway  14  Pulling Out from Parking Space  15  Other | | | | | | | | | | | | | | | | | | | | | | |
| **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 OCCUPANTS  OF THIS VEHICLE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECTION OF TRAVEL:  (If turning, enter direction  BEFORE turn.) | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | ON | | | | | | | | ROUTE  (Or Street) | | | | | | | | | | 1  2 (See LOCATION Section Above) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| APPROXIMATE COST TO REPAIR  $ Total Loss | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AREA(S) Select Number(s) from Diagram **→** INITIAL  DAMAGED: 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  5  Changing Lanes  6  Passing | | | | | | | | | | | | | | | | | | | | | | | 7 Parking  8  Parked  9  Backing | | | | | | | | | | | 10 Merging  11  Slowing or Stopping  12  Stopped in Traffic Lane | | | | | | | | | | | | | | | | | | | | | 13 Entering or Leaving Driveway  14  Pulling Out from Parking Space  15  Other | | | | | | | | | | | | | | | | | | | | | | |
| **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| APPROXIMATE COST TO REPAIR  $ Total Loss | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AREA(S) Select Number(s) from Diagram **→** INITIAL  DAMAGED: IMPACT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER** | **DAMAGE** | DAMAGED PROPERTY OTHER THAN VEHICLES | | | | | | | | | | | | | | | | | | | | | | | | | | | ON  PAVEMENT  OR | | | | | | | | | | | | | | FEET | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | |  | | | | | | OF PAVEMENT  EDGE | | | | | | | | | | | | | | | | Approx. Damage  $ | | | | | | | | | |
| N | | | | | | | | S | | | E | | | | | | W | | | | | |
|  | | | | | | | |  | | |  | | | | | |  | | | | | |
| OWNER'S NAME | | | | | | | | | | | | | | | | | | | | ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | STATE | | | | |
| **WIT** | **NESS** | Name | | | | | | | | | | | | | | | | | | | | | | | | | | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Number | | | | | | | | | | | | |
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| **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 - 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. | | | | | | | 1 - None  2 - Police  3 - Emergency Medical  Technician  4 - Doctor  5 - Rescue Squad  6 - Helicopter Crew  7 - Paramedic  8 - Unknown | | | | | | | | |  | 1 | 2 | | 3 | | M - Motorcycle  B - Pedacycle  P - Pedestrian  O - Other  NOTE: Positions 7, 8  and 9 indicate Rear  of Station Wagon. | | | | | | | | 1 - None Installed  2 - Not Used  3 - Lab Pelt Only Used  4 - Lap and Shoulder Bellts Used  5 - Unknown | | | | | | | | | 1 - No  2 - Yes  3 - Partially  4 - Unknown | | |
| 4 | 5 | | 6 | |
| 7 | 8 | | 9 | | VEH. NO. | | | | | 1 - OCCUPANT OF YOUR VEHICLE  2 - 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 | | | FIRST  AID | SEAT  ING | | SEAT  BELTS | | EJEC  TED |
| 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 End  2 Head On  3 Same  Direction  Sideswipe  4 Opposite  Direction  Sideswipe | |  | | | 5 | | | |  | | | | 6  LEFT & RIGHT TURN | | | | | | | | | | | | | | | | SINGLE VEHICLE ACCIDENT  ACCIDENT OCCURRED  ON  OFF PAVEMENT | | | | | | | | | | | | |
|  | |  | | | | | | |  | | |  | | | | | | |  | | | | | | | |
| LEFT TURNS | | | | | | | | | | | | | | | | | | | | | | | | | | | 18  Hit Fixed Object  19  Hit Pedestrian  20  Hit Animal  21  Hit Parked Vehicle | | | | | | | | | 22  Hit Train  23  Ran Off Road  24  Overturned  25  Other | | | |
| 7 | | | 8 | | | | | 9 | | | | 10 | | | | 11 | | | | | | | 12 | | | |
|  | | |  | | | | |  | | | |  | | | |  | | | | | | |  | | | |
| RIGHT TURNS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | 14 | | | | | | 15 | | | | 16 | | | | | | | 17 | | | |  | |
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| **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 Intersection  2 Crossing Not at Intersection  3 Walking on Pavement With Traffic | | | | | | | | | | | | | | | | 4  Walking on Pavement Facing Traffic  5  Standing on Pavement  6  Playing on Pavement | | | | | | | | | | | | | | | 7  Working on Pavement  8  Other on Pavement  9  Not on Pavement | | | | | | | |
| **E**  **N**  **V**  **I**  **R**  **O**  **N**  **M**  **E**  **N**  **T** | LIGHT | WEATHER | | | | | | | ROADWAY  SURFACE | | | | | | | ROAD TYPE | | | | | | | | | TRAFFIC CONTROL | | | | | | | | VISION OBSCURED BY | | | | | | | | | |
| 1  Daylight  2  Dark  3  Dark, Arti-  ficial Lights  4  Dusk  5  Dawn | 1  Clear  2  Cloudy  3  Raining  4  Fog, Smog  5  Snowing or  Sleeting  6  Hailing | | | | | | | 1  Blacktop  2  Concrete  3  Brick  4  Gravel  5  Dirt  6  Other | | | | | | | | | 1  Stop Sign  2  Traffic Signal  3  Yield Sign  4  Officer, Flagman  5  RR Gates, Signals  6  None  7  Other  Yes  FUNCTIONING?  No | | | | | | | | 1  Not Obscured  2  Rain, Snow, Ice  on Windshield  3  Trees, Bushes  4  Building(s)  5  Embankment  6  Signboard | | | | | | 7  Hillcrest  8  Parked Vehicle(s)  9  Moving Vehicle(s)  10 Blinding Headlights  11 Blinding Sunlight  12 Other  13 Unknown | | | |
| 1  Dry  2  Wet  3  Snow, Ice  4  Muddy  5  Hazardous  Material | | | | | | |
| WERE LANES CLEARLY MARKED?  YES NO | | | | | | | | | | | | | | | NUMBER  OF LANES: | | | | | | | | |
| DATE OF  THIS REPORT: | | | | | | | | | | | **SIGN HERE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | Operator  Owner | | | |