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 _____
Date:

DEPT/AGENCY

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☐ State Police 2☐ City Police 3☐ Sheriff 4☐ None of Above

LOCATION

COUNTY

CITY OR TOWN ☐ IN ☐ NEAR

HIGHWAY CLASSIFICATION 1☐ Interstate 2☐ U. S. 3☐ W. Va. 4☐ County 5☐ City 6☐ Otner

ACCIDENT OCCURRED ON: ROUTE 1 Or STREET 1 CODE

AT INTERSECTION WITH: ROUTE 2 Or STREET 2 CODE

IF ON CONTROLLED ACCESS HIGHWAY, CHECK ONE
1☐ Main Road
2☐ Main Road at Interchange
3☐ Entrance Ramp On N☐ S☐ E☐ W☐
4☐ Exit Ramp On N☐ S☐ E☐ W☐

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

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 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

STATE VEHICLE #1

ASSIGNED TO: ORGANIZATION, DISTRICT, COUNTY

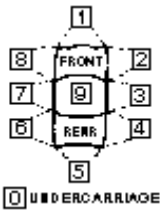
YEAR MAKE MODEL BODY STYLE LICENSE PLATE NUMBER STATE

7 DIGIT VEHICLE ED NO. – VIN NO. TOTAL OCCUPANTS OF THIS VEHICLE:

DIRECTION OF TRAVEL: (If turning, enter direction BEFORE turn.) 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:

POINT OF 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

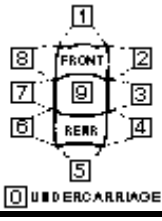
OWNER'S FULL NAME ☐ Same as Driver ADDRESS CITY STATE

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:

POINT OF IMPACT



OTHER DAMAGE

DAMAGED PROPERTY OTHER THAN VEHICLES ☐ ON PAVEMENT OR FEET N☐ S☐ E☐ W☐ OF PAVEMENT EDGE Approx. Damage $

OWNER'S NAME ADDRESS CITY STATE

WITNESS

Name	Address	Telephone Number

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

1	2	3
4	5	6
7	8	9

M - Motorcycle
B - Pedacycle
P - Pedestrian
O - Other

NOTE: Positions 7, 8 and 9 indicate Rear of Station Wagon.

SEAT BELTS
1 - None Installed
2 - Not Used
3 - Lab Pelt Only Used
4 - Lap and Shoulder Bellts 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	SEAT ING	SEAT BELTS	EJEC TED
1. Name	Address								
DESCRIPTION OF INJURY:									
2. Name	Address								
DESCRIPTION OF INJURY:									
3. Name	Address								
DESCRIPTION OF INJURY:									

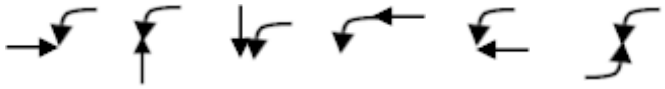
ACCIDENT TYPE

1 ☐ Rear End
2 ☐ Head On
3 ☐ Same Direction Sideswipe
4 ☐ Opposite Direction Sideswipe

5 ☐ 6 ☐ LEFT & RIGHT TURN

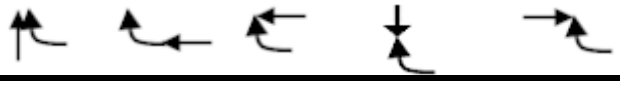
LEFT TURNS

7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐



RIGHT TURNS

13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐



SINGLE VEHICLE ACCIDENT

ACCIDENT OCCURRED ☐ ON ☐ OFF PAVEMENT

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

NARRATIVE

DESCRIBE WHAT HAPPENED (Refer to Vehicles by Numbers: State Vehicle = 1, Other Vehicle = 2)

PED

PEDESTRIAN ACTION:
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

Clothing: ☐ Light ☐ Dark

ENVIRONMENT

LIGHT
1 ☐ Daylight
2 ☐ Dark
3 ☐ Dark, Artificial Lights
4 ☐ Dusk
5 ☐ Dawn

WEATHER
1 ☐ Clear
2 ☐ Cloudy
3 ☐ Raining
4 ☐ Fog, Smog
5 ☐ Snowing or Sleeting
6 ☐ Hailing

ROADWAY SURFACE
1 ☐ Dry
2 ☐ Wet
3 ☐ Snow, Ice
4 ☐ Muddy
5 ☐ Hazardous Material

ROAD TYPE
1 ☐ Blacktop
2 ☐ Concrete
3 ☐ Brick
4 ☐ Gravel
5 ☐ Dirt
6 ☐ Other

TRAFFIC CONTROL
1 ☐ Stop Sign
2 ☐ Traffic Signal
3 ☐ Yield Sign
4 ☐ Officer, Flagman
5 ☐ RR Gates, Signals
6 ☐ None
7 ☐ Other ☐ Yes
FUNCTIONING? ☐ No

VISION OBSCURED BY
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

WERE LANES CLEARLY MARKED? ☐ YES ☐ NO

NUMBER OF LANES:

DATE OF THIS REPORT:

SIGN HERE:

☐ Operator
☐ Owner