



# State of West Virginia Uniform Traffic Crash Report

## Crash Data

DOH Form: 17-c  
Revised: 02/2007

<b>Crash Record Number</b> <input type="text"/>		<b>Reporting Agency's Record Number:</b> <input type="text" value="WVSP21-1878"/>		<b>Page</b> <input type="text" value="1"/> <b>of</b> <input type="text" value="10"/>	
# of Vehicles Involved: <input type="text" value="1"/>		# of Non-Motorists Involved: <input type="text" value="0"/>		# of Fatal Injuries: <input type="text" value="0"/>	
# of A B or C Injuries: <input type="text" value="2"/>		Date / Time of Crash: <input type="text" value="5/13/2021"/> / <input type="text" value="0635"/>		Date / Time Crash Reported: <input type="text" value="5/13/2021"/> / <input type="text" value="0640"/>	
Time of Arrival: <input type="text" value="0658"/>		County: <input type="text" value="MERCER"/>		Municipality or Place of Crash: <input type="text"/>	
GPS Coordinates: <input type="text" value="37.38750"/> Latitude		<input type="text" value="-81.05611"/> Longitude			
<b>Highway Class:</b> <input checked="" type="radio"/> Interstate <input type="radio"/> US <input type="radio"/> WV <input type="radio"/> County/HARP <input type="radio"/> City Street <input type="radio"/> State Park / Forest Road <input type="radio"/> Private Road <input type="radio"/> Private Property/Off-Roadway <input type="radio"/> Other		<b>Supplemental Designation:</b> <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"/> Alternate <input type="radio"/> Ramp <input type="radio"/> South <input type="radio"/> West <input checked="" type="radio"/> Toll			
Route: <input type="text" value="077"/> / <input type="text"/>		Milepost: <input type="text" value="011.00"/>		Ramp: <input type="text"/> Street: <input type="text"/>	
Other Description of Location: <input type="text"/>		Intersecting Street: <input type="text"/>			
<b>Relation to Junction / Junction Type:</b> <input checked="" type="radio"/> Non-Junction <input type="radio"/> Junction, Non-Interchange Area <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="radio"/> Junction, Interchange Area <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					
<b>Intersection Type:</b> <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					
<b>Manner of Collision:</b> <input checked="" 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					
<b>Environmental Contributing Circumstances (Select Up to 3):</b> <input checked="" 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"/> <input type="checkbox"/> Other: <input type="text"/>					
<b>Weather (Select Up to 2):</b> <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Other <input checked="" 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, Soil, Dirt					
<b>Lighting:</b> <input checked="" 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"/>					
<b>Roadway Surface Condition:</b> <input checked="" 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)					
<b>Location of First Harmful Event:</b> <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 checked="" type="radio"/> Off Roadway, Location Unknown <input type="radio"/> Unknown <input type="radio"/> Median <input type="radio"/> Separator					
<b>Roadway Surface Type:</b> <input checked="" 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"/>					
<b>First Harmful Event:</b> <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					
<b>COLLISION WITH:</b> <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 checked="" 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					

Road - Contributing Circumstances: (Select Up to 3)

☒ None

☐ Road Surface Condition (Wet, Icy, etc.)

☐ Debris

☐ Ruts, Holes, Bumps

☐ Worn, Travel Polished Surface

☐ Obstruction in Roadway

☐ Pavement Markings Not Visible

☐ Shoulders

☐ None

☐ Low

☐ Soft

☐ High

☐ Problem w/ Traffic Control Device

☐ Inoperative

☐ Missing

☐ Obscured

☐ Work Zone

☐ Construction

☐ Maintenance

☐ Non-Highway Work

☐ Other

☐ Utility

School Bus Related:

☒ No

☐ Yes, School Bus Directly Involved

☐ Yes, School Bus Indirectly Involved

School Zone Related:

☒ No

☐ Yes

Type of School Zone Sign:

☐ When Present

☐ When Flashing

☐ Lists Specific Times

☐ None

School Zone Flashers:

☐ Present, Not Active

☐ Present, Active

☐ Not Present

School Zone Speed Limit:

Work Zone Related:

☒ No

☐ Yes

Workers Present:

☐ Yes

☐ No

☐ Unknown

Work Zone Speed Limit:

Location of Crash in Work Zone:

☐ Before 1st Warning Sign

☐ Advance Warning Area

☐ Transition (Merge) Area

☐ Activity Area

☐ Termination Area

Type of Work Zone:

☐ Lane Closure

☐ Lane Shift / Crossover

☐ Work on Shoulder or in Median

☐ Intermittent or Moving Work

☐ Other

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

VEHICLE 1 WAS TRAVELING SOUTH ON INTERSTATE 77. AT MILE MARKER 11 VEHICLE 1 DRIFTED OFF OF THE ROADWAY ALONG THE WEST ROADWAY EDGE. VEHICLE 1 PROCEEDED DOWN AN EMBANKMENT ADJACENT TO THE ROADWAY BEFORE STRIKING A UTILITY POLE AT THE BASE OF THE EMBANKMENT. VEHICLE 1 CONTINUED FORWARD AFTER STRIKING THE UTILITY POLE BEFORE STRIKING A CONCRETE CULVERT AND ROLLING ONTO THE DRIVER SIDE AND COMING TO REST.

Reported By:

☒ State Police

☐ Sheriff's Dept

☐ Municipal PD

☐ Other

Photos Taken:

☐ Yes

☒ No

By Whom:

Video Taped:

☐ Yes

☒ No

By Whom:

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

Investigating Officer's Name:

Z DUKE

Number:

217

Signature:

Phone:

(304) 256-6786

ORI Number:

WVWSP6700

Agency:

WVSP - PARKWAYS AUTH (MERCER)

Assisting Officer's Name(s):

Reconstructed:

☐ Yes

☒ No

By Whom:

Date of Submission:

05/18/2021

## State of West Virginia Uniform Traffic Crash Report *Diagram*



# State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-veh

Revised: 02/2007

## Vehicle Data

Crash Record Number: \_\_\_\_\_ Vehicle Number: 01 Reporting Agency's Record Number: WVSP21-1878 Page 4 of 10

Vehicle Type: ☒ Motor Veh in Transport ☐ Parked Motor Veh / Trailer ☐ Working Veh / Equipment

Hit and Run: ☒ No, Did Not Leave Scene

Driver Presence at Time of Crash:

☐ Yes, Driver Left Scene

☒ Driver Operated Vehicle

☐ Yes, Car and Driver Left Scene

☐ Driverless Vehicle

Owner's Name(s): US EXPRESS LEASING INC.

Address: 4402 SW 44TH STREET

OKLAHOMA CITY

OK

73119

City

State

Zip Code

Home Phone

Other Phone

Make Model Model Year Body Type Color  
KENWORTH SEMI 2020 TRUCK TRACTOR RED

Registration Status:

☒ Properly Registered

☐ Improperly Registered

☐ No Registration Required

Proof of Liability Insurance:

☒ Yes ☐ No

☐ Not Req

Ins. Co:

MTN LAKE RISK

Policy No:

USX188121-20

Exp Date:

09/01/2021

VIN Plate Class License Plate Number State Reg Year  
1XKYD49X8LT372736 3CX892 OK 2021

Ins. Agent Name or Phone

800-601-5500

Special Function of Motor Vehicle:

☒ None ☐ Police ☐ Courtesy Patrol  
☐ Used as School Bus ☐ Ambulance ☐ Taxi  
☐ Used as Other Bus ☐ Fire Truck ☐ Military

Used as an  
Emergency  
Vehicle:

☐ No ☐ Yes

Vehicle Used as a Bus:

☐ Public School Bus ☐ Commuter Bus ☐ Tour Bus  
☐ Private School Bus ☐ Shuttle Bus ☐ Church Bus  
☐ Scheduled Service Bus ☐ Modified for Personal/Private Use

Vehicle Impact Role:

☐ Striking ☒ Single Vehicle  
☐ Struck ☐ Both

Direction of Travel Before Crash:

☐ Northbound ☐ Eastbound ☐ Not on Road  
☒ Southbound ☐ Westbound ☐ Unknown

Applicable Speed  
Limit (MPH):

70

Roadway Description:

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

Total Lanes in Roadway:

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

2

Traffic Control Device Type:

☒ None ☐ Yield Sign  
☐ Person (Flagger, etc.) ☐ School Zone Signs  
☐ Traffic Control Signal ☐ Warning Signs  
☐ Flashing Overhead Signal ☐ Railroad Crossing Device  
☐ Stop Sign ☐ Other

Horizontal Alignment:

☐ Straight ☐ Curve Right ☐ Level ☐ Uphill ☐ Sag (Bottom)  
☒ Curve Left ☐ Hillcrest ☒ Downhill

Vertical Alignment:

Underride / Override:

☒ No Underride or Override ☐ Underride, Compartment Intrusion Unknown  
☐ Underride, Compartment Intrusion ☐ Override, Motor Vehicle in Transport  
☐ Underride, No Compartment Intrusion ☐ Override, Other Motor Vehicle

Veh Travel Speed (MPH):

Traffic Control Functioning Properly: ☐ Yes ☐ No

Extent of Damage

☐ No Damage  
☐ Minor Damage  
☐ Functional Damage  
☒ Disabling Damage

Vehicle Maneuver / Action:

☒ Essentially Straight Ahead ☐ Making U-Turn  
☐ Backing ☐ Slowing  
☐ Changing Lanes ☐ Stopped in Traffic  
☐ Overtaking / Passing ☐ Leaving Traffic Lane  
☐ Parked ☐ Entering Traffic Lane  
☐ Turning Right ☐ Negotiating a Curve  
☐ Turning Left ☐ Other

Crash Avoidance Maneuver:

☒ None Evident or Reported  
☐ Braking - Skidmarks Evident  
☐ Braking - Driver Stated  
☐ Braking - Other Evidence  
☐ Steering - Evidence or Stated  
☐ Steering and Braking  
☐ Other

Contributing Circumstances, Motor Vehicle (Select up to 2):

☒ None ☐ Tires  
☐ Brakes ☐ Wheels  
☐ Wipers ☐ Lights (Head, Signal, Tail, etc.)  
☐ Steering ☐ Windows  
☐ Power Train ☐ Truck Coupling/Trailer  
☐ Mirrors ☐ Hitch/Safety Chains  
☐ Suspension ☐ Other

GVWR or GCWR:

☐ Less Than or Equal To 10,000lbs  
☐ 10,001 - 26,000 lbs  
☒ More Than 26,000lbs

Number of Axles:

05

Total / Max

Occupants of Veh:

0

2

Displaying Hazardous  
Materials Placard:

☒ No  
☐ Yes

Occurrence of Fire:

☒ No Fire  
☐ Yes, Vehicle  
Caught Fire

Modified  
Vehicle:

☒ No  
☐ Yes

Vehicle is Primarily Used to  
Transport Goods, Property,  
or People for Commerce:

☐ No ☒ Yes

Manner, in which Vehicle was Removed from Scene:

☐ Driven ☒ Towed Due to Damage ☐ Towed Due to Driver Condition ☐ Left at Scene

Towed to:

GLENS WRECKER SERVICE

Towed by:

GLENS WRECKER SERVICE

Crash Record Number: \_\_\_\_\_

Vehicle Number: 01Reporting Agency's Record Number: WVSP21-1878Page 5 of 10

## 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 Pedalcycle  
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

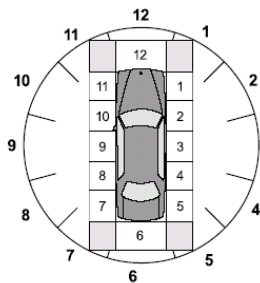
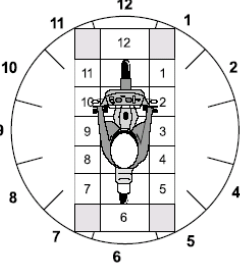
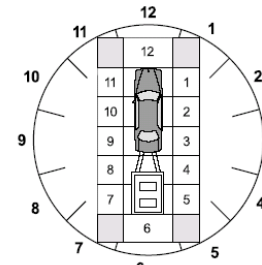
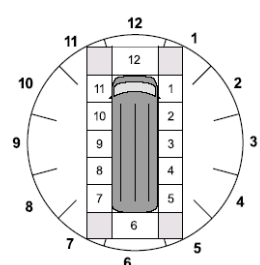
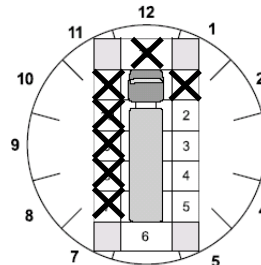
Sequence of Events:

08 38 28 01

Most Harmful Event:

01

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

☐ Single Unit Vehicle☐ 13 Top☐ 14 Undercarriage☐ Motorcycle☐ 13 Top☐ 14 Undercarriage☐ ATV☐ 13 Top☐ 14 Undercarriage☐ Pass. Veh, Towing Unit☐ 13 Top☐ 14 Undercarriage☐ Bus☐ 13 Top☒ 14 Undercarriage☒ Tractor Trailer

- ☐ None  
☐ Work Zone / Maintenance Equipment  
☐ Impact Attenuator / Crash Cushion  
☐ Bridge / Tunnel  
☐ Culvert  
☐ Guardrail  
☐ Concrete Barrier  
☐ Cable Median Barrier  
☐ Other Traffic Barrier  
☒ Utility Pole / Light Support #: 131C2-1767  
☐ Traffic Sign Support  
☐ Traffic Signal Support  
☐ Other Post, Pole or Support  
☐ Fence  
☐ Mailbox  
☐ Other Fixed Object

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact:

12

Most Damaged Area:

12

Number of Trailing Units:

1Trailing Unit #1: ☒ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Phone: \_\_\_\_\_

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type
3H3V532C8JR498372	PMT	U787932	TN	2021	HYUND	ST	2018	SEMI-TRAILER

Trailing Unit #2: ☐ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Phone: \_\_\_\_\_

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: ☐ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Phone: \_\_\_\_\_

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

Damaged Property Owner(s):

- ☐ WVDOH ☐ Private  
☐ City ☒ Utility Company  
☐ Other: \_\_\_\_\_

Damaged Property Location:

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



# 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: ☐ A ☐ B ☐ C
- ☐ Driving License ☐ GDL Level 2 ☐ Motorcycle Instruction Permit
- ☐ 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

Reporting Agency's Record Number: 

WVSP21-1878

Known or Suspected Violation(s) by Driver:

☐ No Violations

Reckless/Careless/Hit and Run Type Offenses

- ☐ Negligent Homicide
- ☐ Reckless Driving; Driving to Endanger; Negligent Driving
- ☐ Inattentive, Careless, Improper Driving
- ☐ Fleeing or Eluding Law Enforcement
- ☐ Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- ☐ Hit and Run, Failure to Stop After Accident
- ☐ Serious Violation Resulting in Death

Impairment Offenses

- ☐ Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- ☐ Driving While Impaired
- ☐ Driving Under Influence of Controlled Substance
- ☐ Driving Under Influence of Non-Controlled Substance
- ☐ Drinking While Operating
- ☐ Illegal Possession of Alcohol or Drugs
- ☐ Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- ☐ Refusal to Submit to Chemical Test

Speed Related Offenses

- ☐ Failure to Maintain Control of Vehicle
- ☐ Racing
- ☐ Speeding (Above Speed Limit)
- ☐ Speed Greater than Reasonable and Prudent
- ☐ Exceeding Special Limit
- ☐ Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- ☐ Failure to Stop for Red Signal
- ☐ Failure to Stop for Flashing Red Signal
- ☐ Violation of Turn on Red
- ☐ Failure to Obey Flashing Signal (Yellow or Red)
- ☐ Failure to Obey Signal, Generally
- ☐ Violation of RR Grade Crossing Device or Regulations
- ☐ Failure to Obey Stop Sign
- ☐ Failure to Obey Yield Sign
- ☐ Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- ☐ Unsafe or Prohibited Lane Change
- ☐ Improper Use of Lane
- ☐ Certain Traffic to Use Right Lane
- ☒ Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- ☐ Driving Wrong Way on One-Way Road
- ☐ Driving on Left, Wrong Side of Road, Generally
- ☐ Improper, Unsafe Passing
- ☐ Passing on Right (Drive Off of Pavement to Pass)
- ☐ Passed Stopped School Bus
- ☐ Failure to Give Way When Overtaken
- ☐ Following Too Closely
- ☐ Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- ☐ Turn in Violation of Traffic Control
- ☐ Improper Method and Position of Turn
- ☐ Failure to Signal for Turn or Stop
- ☐ Failure to Yield to Emergency Vehicle
- ☐ Failure to Yield, Generally
- ☐ Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- ☐ Driving While License Suspended or Revoked
- ☐ Other Driver License Restrictions
- ☐ Commercial Driver Violations
- ☐ Vehicle Registration Violations
- ☐ Failure to Carry Insurance Card
- ☐ Driving Uninsured Vehicle
- ☐ Non-Moving Violations, Generally

Equipment

- ☐ Lamp Violations
- ☐ Brake Violations
- ☐ Failure to Require Restraint Use
- ☐ Motorcycle Equipment Violations
- ☐ Violation of Hazardous Cargo Regulations
- ☐ Size, Weight, Load Violations
- ☐ Equipment Violations, Generally

Other Violations

- ☐ Parking
- ☐ Theft, Unauthorized Use of Motor Vehicle
- ☐ Driving Where Prohibited
- ☐ Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**STATEMENT OF DRIVER:**

DRIVER # 1

I HAD JUST COME OFF OF A BREAK AND I WAS GOING SOUTH ON I-77 TOWARD CHARLOTTE. I FELL ASLEEP AND RAN OFF THE RIGHT SIDE OF THE ROAD AND ENDED UP FLIPPED OVER IN THE DITCH.

SIGNED LORENZO JOHNSON





# State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-pas

Revised: 02/2007

## Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

WVSP21-1878

Page 8 of 10

Indiv #	Name				Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
	Last	First	Middle Init.	Suffix								Row	Seat	Other	Type Used	Proper Use	App. Helmet
01	JOHNSON	LORENZO	LAMONT		01	01		05/19/1997	023	M	B	1	1		02	01	
02	STRONG	MCKENZIE			01	02		04/15/2003	018	F	B	2	4		01		

## Occupant Type Codes:

- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh  
Not in Transport
- 04 Unknown Vehicle Passenger

## Gender:

- M Male
- F Female

## Injury Status Codes:

- A Incapacitating Injury
- B Non-Incapacitating Injury
- C Possible Injury
- M Medical Condition  
Non-Crash Related  
Death or Injury

## Seating Position Codes:

- | ROW         | SEAT      | OTHER                              |
|-------------|-----------|------------------------------------|
| 1 Front     | 1 Left    | 1 Sleeper Section of Cab           |
| 2 Second    | 2 Middle  | 2 Other Enclosed Cargo Area        |
| 3 Third     | 3 Right   | 3 Unenclosed Cargo Area            |
| 4 Fourth    | 4 Other   | 4 Trailing Unit                    |
| 5 Other Row | 5 Unknown | 5 Riding on Motor Vehicle Exterior |
| 6 Unknown   |           | 6 Unknown                          |

## Type of Occupant Protection System Used Codes:

- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing
- 07 Booster Seat
- 08 Helmet Used
- 09 Restraint Used - Type Unknown
- 10 Other
- 11 Unable to Determine  
- Due to Vehicle Damage

## Proper Use of Occupant Protection:

- 01 Used Properly
- 02 Used Improperly
- 03 Unknown

## DOT Approved Helmet:

- 01 Yes
- 02 No
- 03 Unknown

Indiv # from Above	Air- bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	05	01	01		02	PRS 658		PCH						
02	09	02	01		02	PRS 659		PCH						

## Airbag Deployed Codes:

- | DEPLOYED (This Seat):                          | NOT DEPLOYED (This Seat):             |
|--|---------------------------------------|
| 01 Front                                       | 05 Available, Didn't Deploy           |
| 02 Side  | 06 Available, Turned Off              |
| 03 Other                                       | 07 None Installed                     |
| 04 Multiple Directions<br>(Front and Side)     | 08 Previously Deployed - Not Replaced |
|  | 09 Disabled or Removed                |
| 10 Unable to Determine - Due to Vehicle Damage |                                       |

Trapped /  
Extricated Codes:

- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

## Ejection Codes:

- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown

## Ejection Path:

- |                           |   |                 |
|---------------------------|---|-----------------|
| 01 Thru Side Door Opening | 05 Thru Back Door /<br>Tailgate Opening | 08 Other Path   |
| 02 Thru Side Window       |   | 09 Unknown Path |
| 03 Thru Windshield        | 06 Thru Roof Opening                    |                 |
| 04 Thru Back Window       | 07 Thru Convertible (Top Up) Roof       |                 |

## Medically Transported By:

- |                    |                    |            |
|--------------------|--------------------|------------|
| 01 Not Transported | 03 Law Enforcement | 05 Other   |
| 02 EMS             | 04 Refused         | 06 Unknown |

## Place of Victim's Death:

- |             |                        |          |
|-------------|------------------------|----------|
| 01 At Scene | 03 At Medical Facility | 05 Other |
| 02 En Route | 04 Home                |          |





# 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

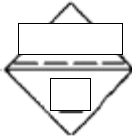
US DOT Number:  State ID Number:

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)



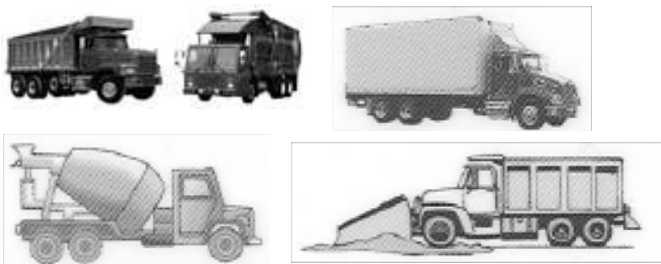
- ☐ Bus (Seats More Than 15, Including Driver)



- ☐ Single Unit Truck (2 Axles, 6 Tires)



- ☐ Single Unit Truck (3 or More Axles)



- ☐ Piggy Back



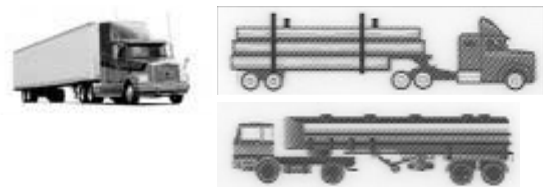
- ☐ Single Unit Truck Pulling a Trailer



- ☐ Truck Tractor (Bobtail)



- ☒ Truck Tractor w/ Semi-Trailer



- ☐ Truck Tractor w/ Double



- ☐ Truck Tractor w/ Triple



- ☐ Truck - Can't Classify

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page  of

Reporting Agency's Record Number:

Commercial Cargo Body Type:

☐ Not Applicable

☐ Bus (Seats for 9-15, Including Driver)



☐ Bus (Seats for More Than 15, Including Driver)



☒ Van / Enclosed Box



☐ Cargo Tank



☐ Flatbed



☐ Dump



☐ Concrete Mixer



☐ Auto Transporter



☐ Garbage / Refuse



☐ Grain, Chips, Gravel



☐ Pole



☐ Log



☐ Intermodal Chassis



☐ Vehicle Towing Motor Vehicle



☐ No Cargo Body



☐ Other

Gross Vehicle Weight Rating (GVWR) of Power Unit:

Gross Combination Weight Rating (GCWR) - All Units:

Last Known Commodity:

Cargo Compartment Empty or Full at Time of Crash:

☐ Empty

☒ Full

# of Passengers in CMV:

Passengers Traveling with Written Permission of Carrier:

☐ Yes

☐ No

CMV Self Insured:

☐ No

☐ Yes

Proof of Self Insurance:

☐ Yes

☐ No