INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
25-JUN-2015 AUG 25 2015	Reference No. 10730288

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number [redacted]	
City NORTH RIDGEVILLE	**State** OH	**Zip Code** [redacted]	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
19UUA66285A[redacted]	ACURA	TL	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 16-JUN-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 200000 WHEELS	Failure Mileage	Failure Speed
	129000	60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

WITHOUT PROVOCATION OR SHOCK OF ANY KIND MY LEFT FRONT WHEEL SEPARATED FROM THE CAR WHILE DRIVING IN THE LEFT LANE OF I-64 W NEAR NITRO WV. THE ALUMINUM WHEEL ASSEMBLY BROKE AT ALL FIVE SPOKES WITH THE CENTER STILL FIRMLY BOLTED TO THE DRIVETRAIN.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-c
Revised: 02/2007

Crash Data

Crash Record Number | *Reporting Agency's Record Number:* [redacted] | *Page* 1 *of* 8

# of Vehicles Involved: 1 | # of Non-Motorists Involved: 0 | # of Fatal Injuries: 0 | # of A B or C Injuries: 0

Date / Time of Crash: 06/16/2015 / 1140 | Date / Time Crash Reported: 06/16/2015 / 1146 | Time of Arrival: 1206

County: KANAWHA | Municipality or Place of Crash: CROSS LANES | GPS Coordinates: Latitude | Longitude

Highway Class: (●) Interstate ( ) US ( ) WV ( ) County/HARP ( ) City Street ( ) State Park / Forest Road ( ) Private Road ( ) Private Property/Off-Roadway ( ) Other

Supplemental Designation: (●) Not Applicable ( ) Spur ( ) North ( ) East ( ) Truck Route ( ) Other ( ) Alternate ( ) Ramp ( ) South ( ) West ( ) Toll

Route: 064 / | Milepost: 045.00 | Ramp: | Street:

Other Description of Location: | Intersecting Street:

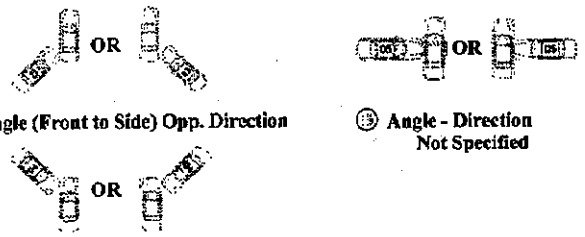
Relation to Junction / Junction Type:

(●) Non-Junction ( ) Junction, Non-Interchange Area
- [ ] Intersection
- [ ] Intersection-Related
- [ ] Interstate to Interstate
- [ ] Railroad Grade Crossing #:
- [ ] Median Crossover-Related
- [ ] Business or Residential Driveway/Alley Access
- [ ] Other Non-Interchange

( ) Junction, Interchange Area
- [ ] Thru Roadway
- [ ] Merge/Diverge Area
- [ ] Intersection
- [ ] Intersection-Related
- [ ] Entrance / Exit Ramp
- [ ] Other Part of Interchange

Intersection Type:
( ) 4-Way Intersection
( ) T Intersection
( ) Y Intersection
( ) Intersection as Part of Interchange
( ) Traffic Circle / Roundabout
( ) 5-Point or More

Manner of Collision:
(●) Single Vehicle Crash
( ) Rear End
( ) Head-On
( ) Sideswipe, Same Direction
( ) Sideswipe, Opposite Direction
( ) Rear-to-Side
( ) Rear-to-Rear
( ) Angle (Front to Side) Same Direction
( ) Angle (Front to Side) Opp. Direction
( ) Right Angle
( ) Angle - Direction Not Specified



Environmental Contributing Circumstances (Select Up to 3):
- [X] None
- [ ] Weather Conditions
- [ ] Physical Obstruction(s)
- [ ] Glare
- [ ] Animal(s) in Roadway
  - Type:
- [ ] Other:

Weather (Select Up to 2):
- [X] Clear
- [ ] Cloudy
- [ ] Fog, Smog, Smoke
- [ ] Rain
- [ ] Sleet, Hail, or Freezing Rain
- [ ] Snow
- [ ] Blowing Snow
- [ ] Severe Crosswinds
- [ ] Blowing Sand, Soil, Dirt
- [ ] Other

Lighting:
(●) Daylight ( ) Dawn ( ) Dark - Lighted ( ) Dusk ( ) Dark - Not Lighted ( ) Other

Roadway Surface Condition:
(●) Dry ( ) Slush ( ) Mud, Dirt, Gravel, Sand ( ) Wet ( ) Ice / Frost ( ) Snow ( ) Water (Standing / Moving)

Location of First Harmful Event:
(●) On Roadway ( ) Roadside ( ) In Parking Lane or Zone ( ) Outside of Right-of-Way ( ) Shoulder ( ) Gore ( ) Off Roadway, Location Unknown ( ) Unknown ( ) Median ( ) Separator

Roadway Surface Type: (●) Asphalt ( ) Concrete ( ) Gravel ( ) Dirt ( ) Brick ( ) Other:

First Harmful Event:
( ) Overturn / Rollover
( ) Fire / Explosion
( ) Immersion
( ) Jackknife
( ) Cargo / Equipment Loss or Shift
( ) Fell / Jumped from Motor Veh
( ) Thrown or Falling Object
( ) Other Non-Collision

COLLISION WITH:
( ) Pedestrian
( ) Pedalcycle
( ) Railway Vehicle
( ) Animal
( ) Motor Vehicle in Transport
( ) Parked Motor Vehicle
( ) Work Zone / Maintenance Equip
( ) Other Non-Fixed Object
( ) Impact Attenuator / Crash Cushion
( ) Bridge Overhead Structure
( ) Bridge Pier or Support
( ) Bridge Rail
( ) Culvert
( ) Curb
( ) Ditch
( ) Embankment
( ) Guardrail Face
( ) Guardrail End
( ) Cable Median Barrier
(●) Concrete Traffic Barrier
( ) Other Traffic Barrier
( ) Tree (Standing)
( ) Utility Pole/Light Support
( ) Traffic Sign Support
( ) Traffic Signal Support
( ) Other Post, Pole, or Support
( ) Fence
( ) Mailbox
( ) Other Fixed Object

Crash Record Number _____ *Reporting Agency's Record Number:* [redacted] *Page* 2 *of* 8

Road - Contributing Circumstances: (Select Up to 3)

- [X] 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 — ( ) Utility ( ) Construction ( ) Maintenance
- [ ] Non-Highway Work
- [ ] Other

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 ( ) None ( ) When Flashing ( ) Lists Specific Times

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 WEST ON INTERSTATE 64. NEAR THE 46 MILE MARKER A COMPONET ON THE DRIVERS SIDE WHEEL BROKE, CAUSING THE DRIVER TO LOSE CONTROL OF THIS VEHICLE AND COLLIDE WITH THE CONCRETE MEDIAN. VEHICLE #1 WAS THEN PULLED INTO THE EMERGENCY LANE ON THE RIGHT HAND SIDE OF THE ROAD NEAR THE 45 MILE MARKER.

Reported By: ( ) State Police (●) Sheriff's Dept ( ) Municipal PD ( ) Other

Photos Taken: (●) Yes ( ) No — **By Whom:** DEPUTY K. B. DAUGHERTY

Video Taped: ( ) Yes (●) No — **By Whom:**

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

Investigating Officer's Name: DEPUTY K. B. DAUGHERTY **Number:** 96 **Signature:**

Phone: (304) 357-0169 **ORI Number:** WV0260000 **Agency:** Kanawha Co SD

Assisting Officer's Name(s):

Reconstructed: ( ) Yes (●) No **By Whom:**

Date of Submission: 06/16/2015

State of West Virginia Uniform Traffic Crash Report

Diagram

DOH Form: 17-dgrm
Revised: 02/2007

Crash Record Number:

Reporting Agency's Record Number: [redacted]

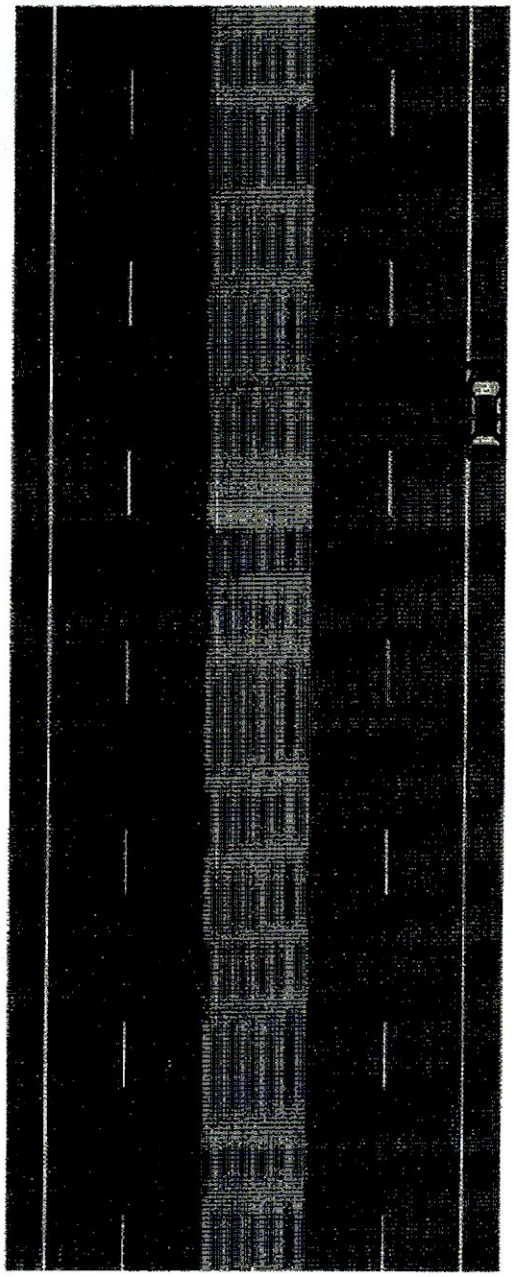
Page 3 *of* 8

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

From RP to:	N/S	E/W

I-64 EAST BOUND



I-64 WEST BOUND

State of West Virginia Uniform Traffic Crash Report

Vehicle Data

DOH Form: 17-veh
Revised: 02/2007

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Crash Record Number: _____ *Vehicle Number:* 01 *Reporting Agency's Record Number:* [redacted] *Page* 4 *of* 8

Vehicle Type: ● Motor Veh in Transport ○ Parked Motor Veh / Trailer ○ Working Veh / Equipment

Hit and Run: ● No, Did Not Leave Scene ○ Yes, Driver Left Scene ○ Yes, Car and Driver Left Scene

Driver Presence at Time of Crash: ● Driver Operated Vehicle ○ Driverless Vehicle

Owner's Name(s): [redacted]

Address: [redacted] N RIDGEVILLE (City) OH (State) [redacted] (Zip Code) [redacted] (Home Phone) [redacted] (Other Phone)

Make	Model	Model Year	Body Type	Color
ACURA	TL	2005	SEDAN, 4-DOOR	GOLD

Registration Status: ● Properly Registered ○ Improperly Registered ○ No Registration Required

Proof of Liability Insurance: ● Yes ○ No ○ Not Req

Ins. Co: AAA
Policy No: [redacted]
Exp Date: 08/23/2016
Ins. Agent Name or Phone: 1-866-222-7198

VIN	Plate Class	License Plate Number	State	Reg Year
19UUA66285A[redacted]	A	[redacted]	OH	2016

Special Function of Motor Vehicle: ● None ○ Used as School Bus ○ Used as Other Bus ○ Police ○ Ambulance ○ Fire Truck ○ Courtesy Patrol ○ Taxi ○ Military

Used as an Emergency Vehicle: ○ No ○ Yes

Vehicle Used as a Bus: ○ Public School Bus ○ Private School Bus ○ Scheduled Service Bus ○ Commuter Bus ○ Shuttle Bus ○ Modified for Personal/Private Use ○ Tour Bus ○ Church Bus

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, Not Divided w/ Cont. Left Turn Lane ○ Two-Way, Divided, Unprotected Median ● Two-Way, Divided, with Median Barrier ○ 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. 04

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

Horizontal Alignment: ● Straight ○ Curve Right ○ Curve Left

Vertical Alignment: ● Level ○ Uphill ○ Sag (Bottom) ○ Hillcrest ○ Downhill

Veh Travel Speed (MPH): 70

Traffic Control Functioning Properly: ○ Yes ○ No

Underride / Override: ● No Underride or Override ○ Underride, Compartment Intrusion ○ Underride, No Compartment Intrusion ○ Underride, Compartment Intrusion Unknown ○ Override, Motor Vehicle in Transport ○ Override, Other Motor Vehicle

Extent of Damage: ○ No Damage ○ Minor Damage ○ Functional Damage ● Disabling Damage

Vehicle Maneuver / Action: ● Essentially Straight Ahead ○ Backing ○ Changing Lanes ○ Overtaking / Passing ○ Parked ○ Turning Right ○ Turning Left ○ Making U-Turn ○ Slowing ○ Stopped in Traffic ○ Leaving Traffic Lane ○ Entering Traffic Lane ○ Negotiating a Curve ○ 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 ☐ Brakes ☐ Wipers ☐ Steering ☐ Power Train ☐ Mirrors ☒ Suspension ☐ Tires ☒ Wheels ☐ Lights (Head, Signal, Tail, etc.) ☐ Windows ☐ Truck Coupling/Trailer Hitch/Safety Chains ☐ Other

GVWR or GCWR: ● Less Than or Equal To 10,000lbs ○ 10,001 - 26,000 lbs ○ More Than 26,000lbs

Number of Axles: 02

Total / Max Occupants of Veh: 02 / 05

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: _____ **Towed by:** _____

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Crash Events:

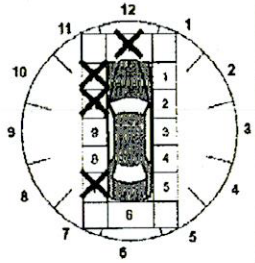
01 Overturn / Rollover
02 Fire / Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss or Shift
06 Equipment Failure
07 Separation of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median / Centerline
11 Downhill Runaway
12 Fell / Jumped from Motor Vehicle
13 Thrown or Falling Object
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: 06 09 35

Most Harmful Event: 35

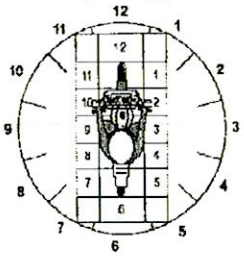
Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

● Single Unit Vehicle



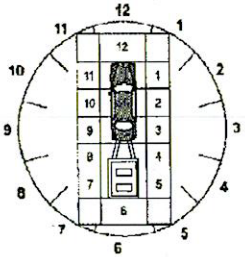
☒ 13 Top
☒ 14 Undercarriage

○ Motorcycle ○ ATV



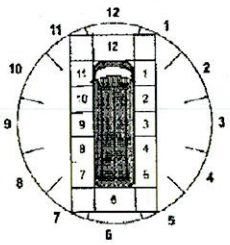
☐ 13 Top
☐ 14 Undercarriage

○ Pass. Veh, Towing Unit



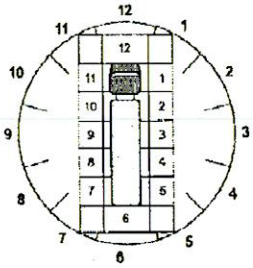
☐ 13 Top
☐ 14 Undercarriage

○ Bus



☐ 13 Top
☐ 14 Undercarriage

○ Tractor Trailer



☐ 13 Top
☐ 14 Undercarriage

Using the Numbers from the Diagram Above, Identify the Following: Area of Initial Impact: 11 Most Damaged Area: 11

Number of Trailing Units: 0

Trailing 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

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:

☒ 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 #:
☐ Traffic Sign Support
☐ Traffic Signal Support
☐ Other Post, Pole or Support
☐ Fence
☐ Mailbox
☐ Other Fixed Object

Damaged Property Owner(s):

☐ WVDOH ☐ Private
☐ City ☐ Utility Company
☐ Other:

Damaged Property Location:

○ On Pavement
○ Right Side of Road
○ Left Side of Road

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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)* 01 *Page* 6 *of* 8

Reporting Agency's Record Number: [redacted]

Driver's Name: [redacted] (Last) [redacted] (First) M (Middle) _____ (Suffix)

Address: ● Same as Veh Owner [redacted] N RIDGEVILLE (City) OH (State) [redacted] (Zip Code)

Home Phone: [redacted] Other Phone: [redacted]

Driving License:

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

Issuing State: OH
Lic. Number: [redacted]
Date of Birth: [redacted]

License Restrictions: (Select All that Apply)
- ☐ None
- ☒ Corrective Lenses
- ☐ Mechanical Devices
- ☐ Prosthetic Aid
- ☐ Automatic Transmission
- ☐ Outside Mirror
- ☐ Limit to Daylight Only
- ☐ Limit to Employment
- ☐ Must Be Accompanied by Adult
- ☐ Limited - Other
- ☐ CDL Intrastate Only
- ☐ Motor Vehicles w/o Air Brakes
- ☐ Military Vehicles Only
- ☐ Except Class A Bus
- ☐ Except Class A and Class B Bus
- ☐ Except Tractor - Trailer
- ☐ Farm Waiver
- ☐ 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
- ☐ Ran Off Road
- ☐ Failed to Yield Right of Way
- ☐ Disregarded Traffic Signs
- ☐ Ran Red Light
- ☐ Disregarded Other Road Markings
- ☐ Exceeded Posted Speed Limit
- ☐ Drove Too Fast For Conditions
- ☐ Improper Turn
- ☐ Improper Backing
- ☐ Improper Passing
- ☐ Wrong Side or Wrong Way
- ☐ Followed Too Closely
- ☐ Failed to Keep in Proper Lane
- ☐ Operated Veh in Erratic, Reckless, or Careless Manner
- ☐ Operated Veh in Aggressive Manner
- ☐ Swerved or Avoided
- ☐ Over Correcting / Over Steering
- ☐ Other Improper Action

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
- ○ Electronic Communication Device
- ○ Other Electronic Device
- ○ Other Inside Vehicle
- ○ Other Outside Vehicle

Crash Record Number: _____ *Vehicle Number (from Vehicle Data Page)* 01 *Page* 7 *of* 8

Reporting Agency's Record Number: [redacted]

Known or Suspected Violation(s) by Driver:

- [X] 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
			[ ]
			[ ]
			[ ]
			[ ]

STATEMENT OF DRIVER:

I WAS DRIVING ON THE INTERSTATE GOING WEST BOUND WHEN I FELT MY STEERING WHEEL VIBRATE. I THEN FELT A SUDDEN JERK FROM THE STEERING WHEEL TO THE LEFT CAUSING ME TO HIT THE CONCRETE BARRIER. I WAS ABLE TO PULL MY CAR OFF THE RIGHT SIDE OF THE ROAD WITHOUT GETTING HIT BY ANY OTHER CARS.

State of West Virginia Uniform Traffic Crash Report

Driver and Vehicle Passenger Data

DOH Form: 17-pas
Revised: 02/2007

Crash Record Number: _____ ***Reporting Agency's Record Number:*** [redacted]

Indiv #	Name: Last	First	Middle Int.	Suffix	Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position: Row	Seat	Other	Occupant Protection: Type Used	Proper Use	App. Helmet
01	[redacted]	[redacted]	[redacted]		01	01		[redacted]	[redacted]	F	O	1	1		02	01	02
02	[redacted]	[redacted]	[redacted]		01	02		[redacted]		M	O	1	2		02	01	02

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

Injury Status Codes:
- K Killed
- O No Injury
- A Incapacitating Injury
- B Non-Incapacitating Injury
- C Possible Injury
- M Medical Condition Non-Crash Related Death or Injury

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

Gender:
- M Male
- F Female

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

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	04	01	01		01									
02	05	01	01		01									

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

Medically Transported By:
- 01 Not Transported
- 02 EMS
- 03 Law Enforcement
- 04 Refused
- 05 Other
- 06 Unknown

Place of Victim's Death:
- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other

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