

HWY24FH004

HUMAN PERFORMANCE FACTORS

Group Chair's Factual Report - Attachment
State of West Virginia Uniform Traffic Crash Report

(15 pages)



State of West Virginia Uniform Traffic Crash Report

Crash Data

DOH Form: 17-c
Revised: 02/2007

Crash Record Number: Reporting Agency's Record Number: Page of

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

Date / Time of Crash: / Date / Time Crash Reported: / Time of Arrival:

County: Municipality or Place of Crash: GPS Coordinates:
Latitude Longitude

Highway Class: Interstate US WV
 County/HARP City Street State Park / Forest Road Not Applicable Spur North East Truck Route Other
 Private Road Private Property/Off-Roadway Other Alternate Ramp South West Toll

Route: / Milepost: Ramp: Street:

Other Description of Location: Intersecting Street:

Relation to Junction / Junction Type: Non-Junction Junction, Non-Interchange Area Junction, Interchange Area

Intersection Thru Roadway
 Intersection-Related Merge/Diverge Area
 Interstate to Interstate Intersection
 Railroad Grade Crossing #: Intersection-Related
 Median Crossover-Related Entrance / Exit Ramp
 Business or Residential Driveway/Alley Access Other Part of Interchange
 Other Non-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: Angle (Front to Side) Same Direction Right Angle

Single Vehicle Crash
 Rear End Head-On
 Sideswipe, Same Direction Angle (Front to Side) Opp. Direction
 Sideswipe, Opposite Direction Angle - Direction Not Specified
 Rear-to-Side
 Rear-to-Rear

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

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

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

Road - Contributing Circumstances: (Select Up to 3)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ruts, Holes, Bumps	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Work Zone	<input type="radio"/> Utility
<input type="checkbox"/> Road Surface Condition (Wet, Icy, etc.)	<input type="checkbox"/> Worn, Travel Polished Surface	<input type="radio"/> None <input type="radio"/> Low <input type="radio"/> Soft <input type="radio"/> High	<input type="radio"/> Construction	
<input type="checkbox"/> Debris	<input type="checkbox"/> Obstruction in Roadway	<input type="checkbox"/> Problem w/ Traffic Control Device	<input type="radio"/> Maintenance	
	<input type="checkbox"/> Pavement Markings Not Visible	<input type="radio"/> Inoperative <input type="radio"/> Missing <input type="radio"/> Obscured	<input type="checkbox"/> Non-Highway Work	
			<input type="checkbox"/> Other <input type="text"/>	

School Bus Related: <input type="radio"/> No <input checked="" type="radio"/> Yes, School Bus Directly Involved <input type="radio"/> Yes, School Bus Indirectly Involved	School Zone Related: <input checked="" type="radio"/> No <input type="radio"/> Yes	Type of School Zone Sign: <input type="radio"/> When Present <input type="radio"/> None <input type="radio"/> When Flashing <input type="radio"/> Lists Specific Times	School Zone Flashers: <input type="radio"/> Present, Not Active <input type="radio"/> Present, Active <input type="radio"/> Not Present	School Zone Speed Limit: <input type="text"/>
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Work Zone Related: <input checked="" type="radio"/> No <input type="radio"/> Yes	Workers Present: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Work Zone Speed Limit: <input type="text"/>	Location of Crash in Work Zone: <input type="radio"/> Before 1st Warning Sign <input type="radio"/> Advance Warning Area <input type="radio"/> Transition (Merge) Area	Activity Area: <input type="radio"/> Activity Area <input type="radio"/> Termination Area	Type of Work Zone: <input type="radio"/> Lane Closure <input type="radio"/> Lane Shift / Crossover <input type="radio"/> Work on Shoulder or in Median	<input type="radio"/> Intermittent or Moving Work <input type="radio"/> Other
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NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

ON MONDAY, MARCH 04, 2024, AT APPROXIMATELY 1750 HOURS, VEHICLE 1, A SCHOOL BUS, WAS TRAVELING 39 MPH SOUTH ON WV RT. 16, COMMONLY REFERRED TO AS SOUTH CALHOUN HIGHWAY NEAR THE ADDRESS OF 8968 SO. CALHOUN HIGHWAY IN MOUNT ZION, CALHOUN COUNTY, WEST VIRGINIA. AS VEHICLE 1 WAS NEGOTIATING A LEFT HAND CURVE IN THE ROADWAY, THE DRIVER OF VEHICLE 1 RAN OFF THE RIGHT HAND SIDE OF THE ROAD. AFTER RUNNING OFF THE ROAD, THE VEHICLE CONTINUED TO TRAVEL IN A SOUTHERNLY DIRECTION WHERE IT IMPACTED A DRIVEWAY'S CULVERT WITH THE FRONT PASSENGER'S TIRE OF THE VEHICLE.

AFTER STRIKING THE CULVERT, VEHICLE 1 THEN CONTINUED TO TRAVEL SOUTH AND IMPACTED A WOODEN FENCE. SHORTLY AFTER STRIKING THE FENCE, THE VEHICLE BEGAN TO SPIN COUNTERCLOCKWISE, RESULTING THE REAR PASSENGER'S SIDE OF THE BUS STRIKING THE GROUND AND LEAVING LARGE GOUGE MARKS FROM THE FUEL TANK, THE REAR BUMPER, AS WELL AS THE REAR PASSENGER'S TIRES. THE REAR PASSENGER'S TIRE THEN IMPACTED WITH A SMALL CULVERT, CAUSING THE VEHICLE TO ROLLOVER ONTO THE PASSENGER'S SIDE OF THE VEHICLE.

VEHICLE 1 CAME TO REST WITH THE FRONT ON THE PASSENGER'S SIDE OF THE VEHICLE WITH THE FRONT PORTION OF THE BUS BLOCKING NEARLY ALL OF THE ROADWAY.

DRIVER 1 ADMITTED TO CONSUMING ALCOHOL PRIOR THAT DAY AND BLEW A .161% BAC ON THE FST ON SCENE. HE WAS TAKEN BACK TO THE WVSP DETACHMENT WHERE HE PRODUCED A .127% BAC ON THE INTOXIMENTER. DRIVER SUBMITTED TO A BLOOD DRAW. RESULTS ARE PENDING. HE WAS CHARGED AND PROCESSED FOR DUI CAUSING BODILY INJURY AND CHILD NEGLECT RESULTING IN SERIOUS INJURY.

Reported By: <input checked="" type="radio"/> State Police <input type="radio"/> Sheriff's Dept <input type="radio"/> Municipal PD <input type="radio"/> Other	Photos Taken: <input checked="" type="radio"/> Yes <input type="radio"/> No	By Whom: <input type="text" value="BE YOUNG"/>
	Video Taped: <input type="radio"/> Yes <input checked="" type="radio"/> No	By Whom: <input type="text"/>

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

Investigating Officer's Name: **Number:** **Signature:**

Phone: **ORI Number:** **Agency:**

Assisting Officer's Name(s):

Reconstructed: Yes No **By Whom:** **Date of Submission:**



State of West Virginia Uniform Traffic Crash Report

Vehicle Data

Crash Record Number: _____ Vehicle Number: 01 Reporting Agency's Record Number: WVSP24-0882 Page 4 of 14

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): CALOUN COUNTY SCHOOL BOARD

Address: 540 ALAN B MOLLOHAN DR MOUNT ZION WV 26151 (304) 354-7011

Make: ICRP Model: 300 SCHOOL BUS Model Year: 2022 Body Type: BUS Color: YELLOW
Registration Status: Properly Registered Improperly Registered No Registration Required
Proof of Liability Insurance: Yes No Not Req
Ins. Co.: NATIONAL UNION FIRE
Policy No.:
Exp Date: 07/01/2024

VIN: 4DRBUC8N8NB4 Plate Class: N License Plate Number: State: WV Reg Year: 2024

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 Private School Bus Scheduled Service Bus Commuter Bus Shuttle Bus Modified for Personal/Private Use Tour Bus Church Bus
Ins. Agent Name or Phone: 304-766-2646
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): 55
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: 2
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 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 Hillcrest Uphill Sag (Bottom) Downhill

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

Traffic Control Functioning Properly: Yes No

Veh Travel Speed (MPH): 39

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: 2 0 / 5 7

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

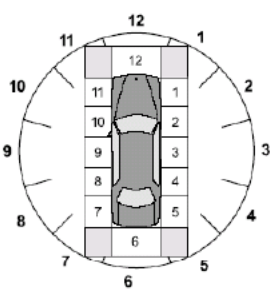
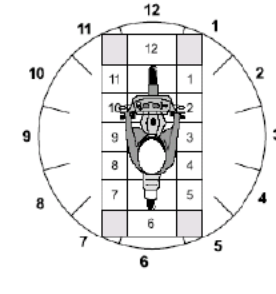
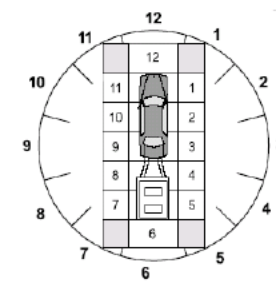
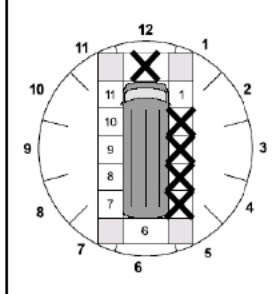
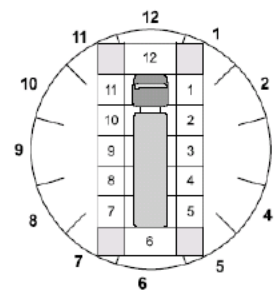
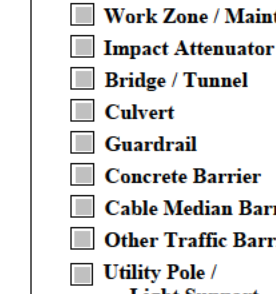
Manner, in which Vehicle was Removed from Scene: Driven Towed Due to Damage Towed Due to Driver Condition Left at Scene

Towed to: CALHOUN SCHOOL BUS GARAGE Towed by: NSB OWING

Crash Events:

- | | | | | |
|----------------------------------|-------------------------------------|--|---------------------------------|---------------------------------|
| 01 Overturn / Rollover | 10 Cross Median / Centerline | 19 Motor Vehicle in Transport | 29 Curb | 39 Traffic Sign Support |
| 02 Fire / Explosion | 11 Downhill Runaway | 20 Parked Motor Vehicle | 30 Ditch | 40 Traffic Signal Support |
| 03 Immersion | 12 Fell / Jumped from Motor Vehicle | 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh | 31 Embankment | 41 Other Post, Pole, or Support |
| 04 Jackknife | 13 Thrown or Falling Object | 22 Work Zone / Maintenance Equip | 32 Guardrail Face | 42 Fence |
| 05 Cargo/Equipment Loss or Shift | 14 Other Non-Collision | 23 Other Non-Fixed Object | 33 Guardrail End | 43 Mailbox |
| 06 Equipment Failure | COLLISION WITH: | 24 Impact Attenuator / Crash Cushion | 34 Cable Median Barrier | 44 Other Fixed Object |
| 07 Separation of Units | 15 Pedestrian | 25 Bridge/Overhead Structure | 35 Concrete Barrier | |
| 08 Ran Off Road Right | 16 Pedalcycle | 26 Bridge Pier or Support | 36 Other Traffic Barrier | Sequence of Events: |
| 09 Ran Off Road Left | 17 Railroad Vehicle | 27 Bridge Rail | 37 Tree (Standing) | <u>08</u> <u>01</u> _____ |
| | 18 Animal | 28 Culvert | 38 Utility Pole / Light Support | Most Harmful Event: <u>01</u> |

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

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

Using the Numbers from the Diagram Above, Identify the Following: Area of Initial Impact: 2 Most Damaged Area: 14

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ 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: _____ 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: _____ 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

Reporting Agency's Record Number:

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
DUI CAUSING INJURY TO OTHER THAN SELF	17C-5-2(c)		<input type="checkbox"/>
CHILD NEGLECT CAUSING SERIOUS INJURY	61-8D-4(B)		<input type="checkbox"/>
DUI WITH UNEMANCIPATED MINOR UNDER 16 YRS	17C-5-2(i)		<input type="checkbox"/>
DUI - CDL .04 TO .10	17E-1-14(a)		<input type="checkbox"/>

STATEMENT OF DRIVER:

DRIVER ARRESTED ON SCENE.



State of West Virginia Uniform Traffic Crash Report

Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

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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
02	BRANNON	JEFFREY	A		01	01		054	M	O	1	1		02	01		
03					01	02		016	M	A	5	3		01	01		
04					01	02		011	F	B	5	1		01	01		
05					01	02		012	M	A	5	1		01	01		
06					01	02		013	M	B	5	1		01	01		

Occupant Type Codes:

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

Injury Status Codes:

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

Type of Occupant Protection System Used Codes:

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

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

Gender:

- M Male
- F Female

Proper Use of Occupant Protection:

01 Used Properly	02 Used Improperly
	03 Unknown

DOT Approved Helmet:

01 Yes	02 No	03 Unknown
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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
02	07	02	01		01									
03	07	02	01		02	40723	24-0000781	CAMC	1756	1806	1913			
04	07	02	01		02	RG 112	202403018	MINNIE HAMILTON HEALTH SYSTEM	1800	1827	1859			
05	07	02	01		02	44407	202400030017A	ROANE GENERAL	1800	1819	1911			
06	07	02	01		05			MINNIE HAMILTON HEALTH SYSTEM			2036			

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

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

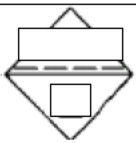
US DOT Number: State ID Number:

Lessee / Lessor Name:

Address:
City State Zip Code

US DOT Number: Carrier Classification: Interstate Intrastate
 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)



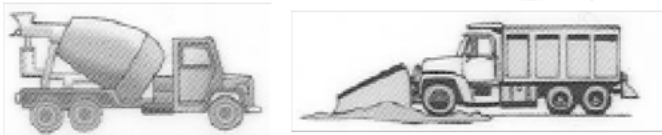
- Bus (Seats More Than 15, Including Driver)



- Single Unit Truck (2 Axles, 6 Tires)



- Single Unit Truck (3 or More Axles)



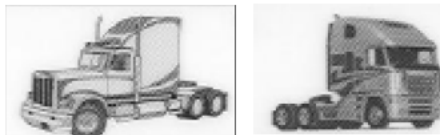
- Piggy Back



- 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

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



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-st
Revised: 02/2007

Statement

Crash Record Number:

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Reporting Agency's Record Number:

Statement of: Involved Vehicle Passenger / Driver Involved Non-Motorist Uninvolved Witness

Vehicle Number: Person Number:

Person Number:

Name:

Last First Middle Suffix

Home Phone:

Address:

City State Zip Code

Other Phone:

STATEMENT:

TAKEN BY OFFICER BWC.

I SAW THE WHOLE THING AND I AM A RETIRED BUS DRIVER.

HE WAS GOING WAY TOO FAST. HE HIT THE FENCE. PANICKED. OVER CORRECTED, ALL THE WAY TO THE LEFT. BECAUSE IF HE WOULD'VE JUST HIT THE FENCE, KEPT HIS AIR BRAKES ON AND CAME THROUGH HERE (POINTING TO HER DRIVEWAY BESIDE THE BUS). BUT HE PANICKED, WHICH YOU TEND TO WHEN YOU HIT THINGS IN A BUS WITH KIDS; HE OVER CORRECTED; HE TURNED THAT WHEEL ALL THE WAY TO THE LEFT, AND THAT'S WHAT MADE IT SLAM ON ITS SIDE. AND I THOUGHT IT WAS GOING TO GO OVER THE OTHER SIDE (OVER THE EASTERN ROADSIDE HILL).

(WERE THERE ANY OTHER CARS COMING THE OTHER WAY, MAKING HIM GET OVER?)

NO. HE WAS GOING TOO FAST.

RACHELLE WINANS



State of West Virginia Uniform Traffic Crash Report

Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

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Indiv #	Name				Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
	Last	First	Middle Int.	Suffix								Row	Seat	Other	Type Used	Proper Use	App. Helmet
01					01	02			015	M	B	4	3		01		
07					01	02			015	M	B	4	1		01	01	
08					01	02			014	M	B	5	3		01	01	
09					01	02			013	M	B	2	3		01	01	
10					01	02			014	F	B	5	1		01	01	

Occupant Type Codes:

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

Injury Status Codes:

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

Type of Occupant Protection System Used Codes:

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

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

Gender:

- M Male
- F Female

Proper Use of Occupant Protection:

01 Used Properly	02 Used Improperly	03 Unknown
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DOT Approved Helmet:

01 Yes	02 No	03 Unknown
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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	07	02	01		02	MH 505	24-000781	ROANE GENERAL	1756	1802	1827			
07	07	02	01		02	MH 505	24-000781	ROANE GENERAL	1756	1802	1827			
08	07	02	01		02	RG 110	202403017	ROANE GENERAL	1801	1828	1914			
09	07	02	01		03			MINNIE HAMILTON HEALTH SYSTEM			1900			
10	07	02	01		02	44407	202400030017202	ROANE GENERAL	1800	1819	1911			

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
10 Unable to Determine - Due to Vehicle Damage	09 Disabled or Removed

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

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

Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

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Indiv #	Name				Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
	Last	First	Middle Int.	Suffix								Row	Seat	Other	Type Used	Proper Use	App. Helmet
11					01	02			017	F	B	5	1		01		
12					01	02			013	M	B	5	3		01	01	
13					01	02			014	F	B	5	3		01	01	
14					01	02			011	F	B	2	1		01	01	
15					01	02			013	F	B	5	3		01	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
- K Killed
- O No 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
11	07	02	01		05			MINNIE HAMILTON HEALTH SYSTEM			2040			
12	07	02	01		02	MH 505		ROANE GENERAL	1756	1802	1827			
13	07	02	01		03			MINNIE HAMILTON HEALTH SYSTEM			1900			
14	07	02	01		03			MINNIE HAMILTON HEALTH SYSTEM			1900			
15	07	02	01		05			MINNIE HAMILTON HEALTH SYSTEM			2109			

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 |
| 10 Unable to Determine - Due to Vehicle Damage | 09 Disabled or Removed |

Trapped / Extricated Codes:

- 01 Not Trapped
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- 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



State of West Virginia Uniform Traffic Crash Report

Driver and Vehicle Passenger Data

Crash Record Number:

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Indiv #	Name				Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
	Last	First	Middle Int.	Suffix								Row	Seat	Other	Type Used	Proper Use	App. Helmet
16					01	02			011	F	B	5	1		01		
17					01	02			013	F	B	5	1		01	01	
18					01	02			015	F	B	5	3		01	01	
19					01	02			013	F	B	5	1		01	01	
20					01	02			014	M	A	5	3		01	01	

Occupant Type Codes:

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- F Female

Seating Position Codes:

ROW	SEAT	OTHER
1 Front	1 Left	1 Sleeper Section of Cab
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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
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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
16	07	02	01		02	RG 112	202403019	MINNIE HAMILTON HEALTH SYSTEM	1800	1827	1859			
17	07	02	01		02	44407	202400030017B	ROANE GENERAL	1800	1819	1911			
18	07	02	01		05			MINNIE HAMILTON HEALTH SYSTEM			2016			
19	07	02	01		03			MINNIE HAMILTON HEALTH SYSTEM			1900			
20	07	02	01		02	RG 110	202403016	ROANE GENERAL	1755	1824	1927			

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	05 Thru Back Door / 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	