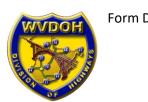
Type of Crash

Standard safety message used for any fatality

Alternative message for fatalities where victim was not wearing seat belt



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION **DIVISION OF HIGHWAYS**

ROADSIDE MEMORIAL SIGN APPLICATION

Please print or type all information

Message PLEASE DRIVE SAFELY

PLEASE BUCKLE UP

IN MEMORY OF

Name: (Please print clearly in block letters the name as you would like it to appear on memorial)

Please select which message to be displayed on memorial sign by checking one box on the left.

	DON'T DRINK & DRIVE	Alternative message for fatalities involving alcohol and/or drugs	
	WATCH FOR	Alternative message for fatalities involving pedestrians	
	PEDESTRIANS		
		CRASH INFORMATION	
		CKASH INFORMATION	
Date	of Crash	County	
Doubte Dood on Church Name			
Route, Road or Street Name			
Involved Driver's Name (if known)			
		APPLICANT INFORMATION	
		AAA A MAGAATA AATA GAACAATA GAA	
Nam	e:	Relationship:	
Mailing Address			
Maning Address			
City	and State		
Zip (Code	Day Phone: ()	

I certify that to the best of my knowledge the individual I am requesting to be memorialized did no
commit a serious traffic offense that was determined to be proximate cause of the crash.

Signature of Applicant

<u>NOTE</u>: Applicant will be required to remit a check, payable to the West Virginia Department of Transportation in the amount of \$200, once sign application is approved. Please keep West Virginia Division of Highways informed of any change of address.

Please return completed application to:

Roadside Memorial Sign Program WVDOH, Traffic Division Building 5, Rm A-248 1900 Kanawha Blvd, E Charleston, West Virginia 25305-0430