



# Drunk Driving Victim State Highway Naming Application Form

Missouri Department of Transportation



The following items must be submitted with this completed form:

- Application fee payable to: Director of Revenue - Credit State Road Fund
- Written consent from immediate family member of victim.
- Submission copy of Missouri Law Enforcement's report or other supporting documentation indicating one of the vehicle operators involved in the crash was impaired.

**Step 1 Applicant Information:**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
*(if applicable)*

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

City \_\_\_\_\_ State : \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax Number: *(optional)* \_\_\_\_\_

E-Mail *(optional)* : \_\_\_\_\_

**Step 2** By signing this document as the applicant, I understand I am certifying I am related to the victim or I have received written consent from an immediate family member of the victim (refer to step 2 of the instructions page). Also, I understand and agree not to install any memorials, adornment, landscaping or make modifications to the marker or the ground around the marker per Chapter 27 of the Missouri Code of State Regulations, Section 7 SCR 10-27.030. Falsifying information will void the application request and could result in loss of fees and marker installation.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to Victim** \_\_\_\_\_

**Step 3 Crash Information**

Date Crash Occurred: \_\_\_\_\_

Name of Victim (full name): \_\_\_\_\_  
*(one marker per victim)* First Middle Last

State Highway on which the crash occurred: \_\_\_\_\_  
*(crash must have occurred on Missouri State Highway System)*

Other Location Details (if available): \_\_\_\_\_  
*(ex. direction, mile marker, or distance from another state route)*

Nearest intersection: \_\_\_\_\_

County: \_\_\_\_\_ City/Town: \_\_\_\_\_

Full Name of vehicle operator involved in crash \_\_\_\_\_  
*(one of the vehicle operators other than the victim)*

Questions or concerns regarding application, please call 1-888-275-6636 and ask for Highway Safety and Traffic Division.

### **Instructions to Applicant:**

In order to be considered, this application must be completed and submitted to the Missouri Department of Transportation along with the appropriate fees, written consent from immediate family member (if not an immediate family member), submission copy of Missouri Law Enforcement's report or other supporting documentation indicating one of the vehicle operators involved in the crash was impaired. Check or money order (cash not accepted) made payable to the Director of Revenue - Credit State Road Fund.

**Step 1** Fill in your name, organization (if applicable), address, daytime phone number, fax number and e-mail address.

**Step 2** Sign signature line certifying you are in fact related to the victim by way of marriage, adoption, or that you are the victim's spouse, child, stepchild, brother, stepbrother, sister, stepsister, mother, stepmother, father or stepfather. If not an immediate member of the family, written consent from the immediate family is required and submitted with this application. Also, by signing, you understand and agree to not install any memorials, adornment, landscaping or make modifications to the marker or the ground around the marker per Chapter 27 of the Missouri Code of State Regulations, Section 7 CSR 10-27.030.

**Step 3** List the date crash occurred, full name of the victim (first, middle initial, last), Missouri State Highway on which the crash occurred, other location details (direction, mile marker, or distance from another state route), nearest intersection, county, city or town, and one of the vehicle operator's full name involved in the crash other than the victim.

**Step 4** Submit completed application, payment, written consent from immediate family member of victim, and copy of Missouri Law Enforcement's report or other supporting documentation indicating one of the vehicle operators involved in the crash was impaired to the Missouri Department of Transportation to the address shown below.

### **Additional Information:**

- The department will submit this application and all supporting documentation to the Committee for their approval or denial.
- The department will notify the applicant of the approval or denial of the proposed state highway designated location. If the designated location is not approved, 100% of the application fee will be returned to the applicant.
- One marker will be erected for a given victim of an impaired driver.
- The marker will be placed as close as possible to the location where the accident occurred.
- The marker will be placed on the right side of the roadway.
- The marker will be placed in the direction of travel, parallel to the roadway.
- The marker will not be placed perpendicular to the roadway.
- The marker remains the property of the Missouri Department of Transportation.
- Website for more information - [www.modot.mo.gov/services/MemorialDesignationPrograms.htm](http://www.modot.mo.gov/services/MemorialDesignationPrograms.htm) Questions or concerns regarding application, please call Highway Safety and Traffic Division at 1-888-275-6636.
- After 9 years, the applicant must contact the Missouri Department of Transportation to sign a new 10-year application form and pay a second application fee if applicant wishes to continue the memorial.

### **Submit To:**

Missouri Department of Transportation  
Highway Safety and Traffic Division  
PO Box 270  
Jefferson City, Missouri 65102