

Drunk Driving Victim

State Highway Naming Application Form

Missouri Department of Transportation

Drunk Driving
Victim
ABC 12/09
Think About It

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.

lameOrganization (if applicable)				
Address:		• •		
City		State	Zip Code	
Daytime Phone Number		Fax Number (optional)		
E-Mail (optional)				
By signing this document as the ap adoption, or that I am the victim's stepmother, father or stepfather.				
Applicant Signature			Date	
(immediate family member only)				
Crash Information:				
Date Crash Occurred				
Name of Victim (full name):(one sign per victim)	First	Middle	Last	
State Highway on which the crash (crash must have occurred on Missouri Sta				
Other Location Details (if available (ex. direction, mile marker, or distance from	e): m another state route)			
Nearest intersection				
		City or Toyen		

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 the applicant's name, organization (if applicable), address, daytime phone number, fax number and e-mail address.
- 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 a written consent from the immediate family is required.
- 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.
- 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, or the applicant withdraws the application, 100% of the application fee will be returned to the applicant.
- One sign will be erected for a given victim of an impaired driver.
- Website for more information www.modot.mo.gov/services/highwaynaming.htm
- After 9 years, the applicant must contact the Missouri Department of Transportation to sign a new 10-year application form and pay a second maintenance fee if applicant wishes to continue the memorial.

Submit to:

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