

WORK ZONE ACCIDENT REPORT

Date: _____ Time: _____ Light Conditions: _____

Project Name and Number: _____

Driver Names (If known): _____

County: _____ Weather: _____

Location, Milepost, or Station: _____

No. of Vehicles Involved: _____ Severity: Minor Damage Major Damage

No. of Pedestrians Involved: _____

Surface Condition: Wet Dry Injury Death

Adjacent Construction Activity: _____

Method of Traffic Control: Signs Temporary Barriers Flaggers Pilot Car
 Other (explain) _____

Contributing Factors: Excess Speed Failure to Yield Weather Improper Movement
 Highway Condition Drugs/Alcohol Mechanical Unknown
 Other (explain) _____

Have other accidents of similar nature occurred in this zone? Yes No Not Sure

If yes, give dates: _____

Investigated By: _____

Accident diagram including all traffic control devices present at the time of accident, vehicles involved, etc.:

Accident Narrative:









Resulting Action:

Time and date that action was taken: _____








Name and title: _____

WORK ZONE ACCIDENT/INCIDENT REPORT SYMBOLS








TYPES OF COLLISIONS

-  Head on
-  Left Turn
-  Rear End
-  Sideswipe-Opp. Direction
-  Sideswipe-Same Direction
-  Out of Control
-  Right Angle
-  Fixed Object

LEGEND

-  Moving Vehicle
-  Backing Vehicle
-  Non-involved Vehicle
-  Pedestrian
-  Parked Vehicle
-  Overturned Vehicle
-  Fixed Object

CONTROL DEVICES

-  Channelizing Device
-  Type I or II Barricade
-  Type III Barricade
-  Arrow Panel
-  Sign Support
-  Flagger
-  Work Area