

WORK ZONE INCIDENT REPORT

Incident Type:

- | | |
|--|-------------------------------|
| _____ Observed unreported accident | _____ Erratic maneuvers |
| _____ Damaged traffic control device | _____ Rear-end conflicts |
| _____ Skid marks on vehicle track off-roadway | _____ Lane change conflicts |
| _____ Vehicles stopping in roadway | _____ Slow vehicle conflicts |
| _____ Traffic backups | _____ Slow-to-merge conflicts |
| _____ Complaint from drivers, police, or workers | _____ Unsafe driving actions |
| _____ Shoulder or lane encroachments | |

Other (explain) _____

Description of the incident: _____

Incident Descriptors:

Date: _____ Time: _____ Route No.: _____ Job No.: _____

Milepost or Location: _____ Weather: _____

No. of Vehicles Involved: _____

Have other similar incidents occurred in this area? Yes No Not Sure

If yes, explain: _____

Incident Diagram









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