

WORK ZONE INCIDENT REPORT

Incident Types:

<input type="checkbox"/> Observed unreported accident <input type="checkbox"/> Damaged traffic control device <input type="checkbox"/> Skid marks on vehicle track off-roadway <input type="checkbox"/> Vehicles stopping in roadway <input type="checkbox"/> Traffic backups <input type="checkbox"/> Complaint from drivers, police or workers	<input type="checkbox"/> Erratic maneuvers <input type="checkbox"/> Rear-end conflicts <input type="checkbox"/> Lane change conflicts <input type="checkbox"/> Slow vehicle conflicts <input type="checkbox"/> Slow-to-merge conflicts <input type="checkbox"/> Unsafe driving actions <input type="checkbox"/> Shoulder or lane encroachments
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Other (Explain) _____
 Description of the incident _____

Incident Descriptors:

Date _____ Time _____ Project No. _____
 Milepost or Location _____ Weather _____
 Number of vehicles involved _____
 Have similar incidents occurred in this area? _____
 If yes, explain _____

<p>Incident Diagram</p>	<p>Indicate North</p> 	<p style="text-align: center;">LEGEND</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> </td> <td>Traffic Sign</td> </tr> <tr> <td style="text-align: center;">x</td> <td>Drum</td> </tr> <tr> <td style="text-align: center;">□</td> <td>Channelizing Device (Vertical Panel, Cone or Type I Barricade) (To be weighted)</td> </tr> <tr> <td style="text-align: center;">p</td> <td>Type II Barricade (Weighted)</td> </tr> <tr> <td style="text-align: center;"> </td> <td>Type III Barricade</td> </tr> <tr> <td style="text-align: center;">[>>>]</td> <td>Arrow Panel</td> </tr> <tr> <td style="text-align: center;">[diagonal lines]</td> <td>Work Area</td> </tr> <tr> <td style="text-align: center;">[flagger symbol]</td> <td>Flagger</td> </tr> </table>		Traffic Sign	x	Drum	□	Channelizing Device (Vertical Panel, Cone or Type I Barricade) (To be weighted)	p	Type II Barricade (Weighted)		Type III Barricade	[>>>]	Arrow Panel	[diagonal lines]	Work Area	[flagger symbol]	Flagger
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Resulting action: _____

Time and date that action was taken: _____
 Name and title: _____