



To Office: Construction & Materials Date: _____
 Attention: Construction & Materials Engineer Ref. No.: _____
 (Project Number)
 From: _____, RCE County: _____
 Office: _____ Construction Residency
 Subject: Severe/Fatal Accident Information

Following find information relating to a severe or fatal accident that recently occurred on a construction project.

Route Number: _____ Direction: _____ Milepost: _____
 Date of Accident: _____ Time of Accident: _____
 Contractor: _____

Traffic Control Required in Contract Documents:

Approved Traffic Control Modifications:

Brief Description of Facts Surrounding Accident:

- cc: Highway Administration Director
- Operations Division Director
- Construction & Materials Bureau, Traffic Safety Engineer
- Strategic Communications Bureau Director
- Administration Services Division, Claims Manager
- Employee Services Bureau, Director
- District Engineer
- District Construction Engineer
- Traffic Management Center