



**CONSTRUCTION WORK ZONE CRASH REPORT**

Omit information on this page if investigating officers report is attached.

**LOCATION AND TIME OF ACCIDENT**

\_\_\_\_\_ Date \_\_\_\_\_ Day of Week \_\_\_\_\_ Hour \_\_\_\_\_ Station No. or Mile Post \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_ Road No.  Urban  Suburban  Rural

\_\_\_\_\_ miles (south-north) of \_\_\_\_\_

\_\_\_\_\_ miles (west-east) \_\_\_\_\_ City or Town

**INVESTIGATING OFFICER**

\_\_\_\_\_ Name \_\_\_\_\_ Badge No. \_\_\_\_\_ Department \_\_\_\_\_

Were charges filed?  Yes  No If so, against whom? \_\_\_\_\_

**VEHICLE – NO.1**

\_\_\_\_\_ Driver's Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Type of Vehicle \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_ Age & Sex of Driver \_\_\_\_\_

\_\_\_\_\_ Owner's Name (if other than driver) \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VEHICLE – NO. 2**

\_\_\_\_\_ Driver's Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Type of Vehicle \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_ Age & Sex of Driver \_\_\_\_\_

\_\_\_\_\_ Owner's Name (if other than driver) \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**INJURED PERSONS**

NAME	INJURY	AGE	SEX	ADDRESS
Driver Vehicle No. 1				
Driver Vehicle No. 2				
Passenger Vehicle No. _____				
Passenger Vehicle No. _____				

WITNESSES	ADDRESS	PHONE

Date of Investigation \_\_\_\_\_

Report Prepared By \_\_\_\_\_

**Names and address of others with some knowledge of the accident (Include ambulance or rescue unit attendants, tow truck operators, photographers, those living near accident site, etc.)**

**Weather Conditions (Describe in detail if other than clear or cloudy. Include temperature and wind direction and velocity if pertinent.)**

**Pavement Surface Conditions (Describe in detail of other than normal. Include type and width).**

**Shoulder Condition (Describe in detail if other than normal. Include type and width.)**

**Photographs (Number each and give location from which taken, direction facing and description. Initial each picture and note date taken.)**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

**Additional information or comments:**

**Attach sketch or plan sheet (Include diagram or accident and exact location of each sign, barricade, flashing light, arrow, cones and other warning devices).**