WFLHD 27

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 occured 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: _____

Save Data Only | Clear Form | Save Form & Data | Email Form | Retrieve Data

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