

MDOT SHA Office of Traffic and Safety Work Zone Crash/Incident Report Form

A. Crash Report Incident Report		ACRS Report/Police Report #		Date of Crash/Incident	
(Incident = Evidence of an event indicating safety issue within the work zone limits [ex. tire marks on barrier skid marks on pavement,		Contract Number		County	 District
broken headlights/taillights, etc.])		Crash/Incident Time:			
	Nearest Intersecting Road	Direction o	of Travel Mile Point	At Intersection? On a ramp?	○ yes ○ no ○ yes ○ no
_	☐ Injury ☐ Property Da ites were: ☐ MDOT Empl	• •			
	—			////	
Check where crash/incident occurred:	Advance Warning Area Area	Transition Area	Buffer Area	Work Terminat Area Area	
Fixed Objective Fixed Fixed Objective Fixed Fixed Objective Fixed	Rear End Turning Orect: Set up: Right Lane Clodway Shift Ramp OP	osure () Lef	Other:	enter Lane Closure	○ Mobile
_	: Weather:			_	
	e Information: Closures: (○ None ○		○ 2 lanes ○ 3+ la	
Workers: Other:	Not present O Behind ba	arrier or cha	nnelizing devices (Off of roadway	
Work Zone ha	as Automated Speed Enfor	cement (ASI	E): ○ yes ○ no Sp	eed Reduction:) yes ○ no
H. Narrative:	Describe what happened:				
	f necessary) ttach a crash drawing/dia RS or police report, etc.) C	_	•	on (photos, MOT p	olans,
J. Reported B					
	Name		Title	Phone	Number
L. Officer Info	ormation: Name /Z.TDSD@mdot.maryland.		Investigating Agen	cy Phone	Number