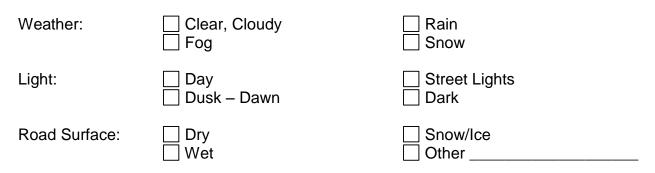


ROAD SITE CRASH ASSESSMENT FORM

		_ County Road Con	nmission
Date of Accident:			Time:
Person Completing	g Form:	Title	:
Arrived at Scene	Time:	a.m. / p.m.	Date:
Accident Locatio	<u>n</u> :		
Roadway(s):		Towns	hip:
Location:		(ft/mi) N S	SEW from
Location Type:	Road Segment Intersection	Drivewa	ay
	bavement edge drop	(depth and length),	vement width; shoulder width etc.).

Environmental Conditions at Time of Crash:



Signing:

Road	Type of Sign	Age	Size	Distance From	Applicable to N, S, E, W Bound Traffic

Drainage:

Shoulder & Gutter

__ None __ Other _____

Traffic Control Devices:

Traffic Signal
Pedestrian Signal
Flashing Beacon

RxR Flasher and/or Gates
Stop Signs
Yield Signs

DIAGRAM

(Not to scale, please indicate North)

<u>Witnesses</u>:

Name	Address	Phone	Location at time of crash	Synopsis of Observations

Please Attach:

Employee Statement: Attach a copy of handwritten statement describing incident.

Maintenance: Attach a copy of maintenance records including description and date of last maintenance operation:

PHOTO LOG

Date: _____ Photographed by: _____ Camera type: _____

Accident Location: _____

	Photo #	Description (Ex: roadway, directions, distance, camera height, etc.)
1		
2		
3		
4		
5		
6		
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