



ROAD SITE CRASH ASSESSMENT FORM

_____ County Road Commission

Date of Accident: _____ Time: _____

Person Completing Form: _____ Title: _____

Arrived at Scene Time: _____ a.m. / p.m. Date: _____

Accident Location:

Roadway(s): _____ Township: _____

Location: _____ (ft/mi) N S E W from _____

- Location Type: Road Segment Driveway Intersection Other

Roadway Description: (Ex: primary/local; paved/unpaved; speed limit; pavement; markings; straight; vertical curves; horizontal curves; pavement width; shoulder width and compositing; pavement edge drop (depth and length), etc.).

Environmental Conditions at Time of Crash:

Weather: Clear, Cloudy
 Fog

Rain
 Snow

Light: Day
 Dusk – Dawn

Street Lights
 Dark

Road Surface: Dry
 Wet

Snow/Ice
 Other _____

Signing:

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

Drainage:

Shoulder & Gutter
 Curb & Cutter

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)

Witnesses:

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.)
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