

Work Zone Accident Report (Form 25D-123)

Report WZ accidents to the Regional Traffic and Safety Engineer within 10 calendar days of accident.

Use the Tab key or mouse to navigate, and fill in the requested information.

In boxes with Yes or No choices, double click in a square and in next menu hit checked to fill it in.

1. Project name:

2. Project number:

3. Roadway name:

4. Investigated by
(DOT&PF
employee):

12. Drivers'
names:

5. Reported by:

13. Were contractor's vehicles or
equipment involved?

Yes No

6. Date & time of
arrival at
accident site:

14. Were state vehicles or equipment
involved?

Yes No

7. Milepost:

15. Did the accident happen within project
limits?

Yes No

8. Date of accident:

16. Did the accident happen within the
active work zone?

Yes No

9. Time of accident:

17. Was the accident related to
construction activity?

Yes No

10. Number of
vehicles involved:

18. Were the police on-site?
(If Yes, attach their report)

Yes No

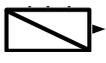
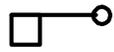
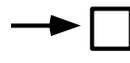
19. Police Case No.:

11. Roadway
conditions:

20. Weather conditions:

21. Severity of injuries:

22. Accident Narrative:

LEGEND			
Types of Collisions		Symbols	
	Head-on		
	Left turn		
	Rear End		
	Sideswipe – Opposite Direction		
	Sideswipe – Same Direction		
	Out of Control		
	Right Angle		
	Fixed Object		

23. Accident Diagram. You may paste an electronic sketch here or attach a hard copy sketch. Use symbols as shown in the Legend above, and include all traffic control devices, vehicles, and equipment involved or near the accident. Indicate North.