

## STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

## **WORK ZONE CRASH REPORT**

1.	Project Name		
2.	State & Fed Project #		
	Reported by		
4.	Date & time of arrival		
	at crash site		
	Date of crash		
6.	Were the police on-	Yes □ Police Case #:	
	site?	No 🗆	
7.	Roadway Name		
8.	Crash Station/Offset		
9.	Crash Location	Before the first Advance Warning Sign □	
		Advance Warning Area	
		Transition Area □	
Check if Unknown □		Activity Area	
		Termination Area	
		Along Detour	
4.0		Not Applicable	
10.	Describe what work		
44	was occurring	V □	
11.	Workers Present? (Within 500')	Yes □	
	,	No 🗆	
12.	Were construction	State	
	vehicles or equipment involved?	Contractor	
		Subcontractor	
		None	
13.	Which TCPs were in		
	effect?		
14.	Work Zone speed limit		
15. Attach copies of:			
TCPs in effect at the time of crash.			
<ul> <li>Forms 25D-103 &amp; 25D-104 for the day prior, day of, and day after the crash.</li> </ul>			
	Photos or video of the crash location.		
	<ul> <li>Photos or video of the traffic control setup near the crash location.</li> </ul>		
	<ul> <li>Copy of the police report. (If not available, submit when available.)</li> </ul>		
16. Any additional remarks?			
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## WORK ZONE CRASH REPORT FORM 25D-123 INSTRUCTIONS

Submit this form to the Engineer within 3 days of a crash. The Engineer will forward the form to the Regional Traffic & Safety Engineer within 10 calendar days of crash.

- 1. Enter the project name.
- 2. Enter the state and federal project numbers. If the project is state funded, enter N/A for the federal number.
- 3. Enter the name of the person who is filling out the form. Include who their employer is (contractor, subcontractor, consultant, etc.).
- 4. Enter the date and time the person reporting first visited the location of the crash.
- 5. Enter the date the crash occurred.
- 6. Check whether the police were on site to investigate the accident. Include the police case number if known. If unknown, list which police department was on site. If there were no police on site, enter N/A for the police case number.
- 7. Enter the name of the roadway the crash physically occurred (e.g. if the crash was on a side street, use the side street name not the main roadway).
- 8. Enter the project station and offset where the crash occurred.
- 9. Refer to figure 6C-1 of the ATM. Check "before the first advance warning sign" if the crash occurred in a backup queue. Check "not applicable" if the crash was in the project limits but not within a work zone.
- 10. Enter a general description of what work was occurring at the time of the crash.
- 11. Check whether any department, contractor, subcontractor, etc. personnel were in the area at the time of the crash.
- 12. Check whether any vehicles or equipment were involved in the crash. This includes any personal or inspection vehicles. Check all that apply.
- 13. List the TCPs in effect at the time of the crash. Use the same TCP identification as used in the project submittals (e.g. TCP-1)
- 14. Enter the regulatory speed limit and any advisory speeds at the location of the crash.
- 15. Attach copies of the TCPs listed in item 13. Attach copies of the signed forms 25d-103 & 25d-104 from the day before the crash, the day of the crash, and the day after the crash.
  - Take photographs or videos of the general road conditions at the time of the report. Show devices upstream and downstream of the crash location, road surface conditions, drop-offs, etc. The purpose of the photos is to give department traffic & safety staff who are not familiar with the project a sense of the work site.
  - If the police report is not available, follow up periodically with the police department and submit the police report when it becomes available.
- 16. Note any changes to the TCPs as a result of the crash. Add any additional remarks that are not noted in other questions. If previous crashes have occurred near this location, note it here. If the crash was not investigated by the police, provide a sketch and brief description of the crash including number of vehicles and any injuries (if known). Use a blank sheet or Continuation Sheet 25D-065 if additional room is needed.