## Work Zone Accident Report (Form 25D-123)

Use the Tab key to navigate (or click in a shaded area), and fill in the requested information. In boxes with Yes or No choices, press the spacebar or click in a square to fill it in.

1.	Project name:					
2.	<b>Project number:</b>					
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:			Were the police on-site? (If Yes, attach their report) Police Case No.:	Yes	□ No
11.	Roadway conditions:		20.	Weather conditions:	-	
21.	Severity of injur	ies:				
22.	Accident Narrat	ive:				

LEGEND											
Types of Collisions			Symbols								
<b>-&gt;</b>	Head-on		<b></b>	Moving Vehicle		Channelizing Device					
<b>*</b>	Left turn			Backing Vehicle	++-	Type II Barricade					
<b>←</b>	Rear End			Non-involved Vehicle	+++	Type II Barricade					
<b>*</b>	Sideswipe – Opposite Direction		<del>X</del>	Pedestrian	4	Arrow Panel					
<b>\</b>	Sideswipe – Same Direction			Parked Vehicle	_	Sign Support					
<i>&gt;</i> 000 <b>→</b>	Out of Control		= -	Overturned Vehicle		Flagger					
	Right Angle			Fixed Object		Work Area					
→ 🗌	Fixed Object	•									

<sup>23.</sup> 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.