



**THE STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF TRANSPORTATION**



**CHRISTOPHER D. CLEMENT, SR.**  
**COMMISSIONER**

**JEFF BRILLHART, P.E.**  
**ASSISTANT COMMISSIONER**

**To: Certified Local Public Agency (LPA) Sponsors and Certified LPA Consultants**

**From: Nancy Mayville, NHDOT Bureau of Planning and Community Assistance**

**Re: LPA Notice #2014-1 Work Zone Crash Reporting**

**Date: April 2014**

The NHDOT and Federal Highway Administration (FHWA) are requiring all LPA project sponsors and/or their consultants to complete a Work Zone Crash Report (WZCR) if a crash should occur in your LPA project work zone that has been established to protect the travelling public and/or construction workers. This would include crashes during non-work hours. Please find enclosed a blank copy of NHDOT's Work Zone Crash Report.

If a crash should occur in your LPA project work zone, the WZCR shall be filled out and returned to the NHDOT project manager for your project. A completed hard copy version or a scanned electronic version will be acceptable. The NHDOT project manager will distribute the WZCR within NHDOT, as well as to FHWA. Instructions for filling out the WZCR can be found at the end of the "[Work Zone Safety and Mobility Policy Guidelines](http://www.nh.gov/dot/business/engineers.htm)" located at NHDOT web link: <http://www.nh.gov/dot/business/engineers.htm>

If you have questions when filling out the WZCR, please contact Michelle Marshall (603-271-1407) or Sally Gunn (603-271-1581) or the NHDOT project manager for your project. A previously completed WZCR describing a previous crash is also attached as a reference. In the future, the WZCR will be made available in an electronic database format. You will be notified when the electronic format is available (estimated to be summer 2014).

Thank you in advance for your cooperation in this matter.

*History:*

*On September 9, 2004, the FHWA published the Work Zone Safety and Mobility Rule (the Rule) in the Federal Register (69 FR 54562). The Rule requires implementation of a quantitative approach that measures work zone impacts anticipated during design in comparison with work zone impacts experienced during construction. The measurement and comparison of these impacts will provide practical information that will be used to adjust future work zone policies and procedures. The Rule applies to all state and local governments that receive federal-aid highway funding. Transportation agencies are required to comply with the provisions of the Rule. In an effort to comply with the intent of the Rule, the NHDOT evaluates work zone crashes to identify the causes and assess work zone components. This information is used to identify and develop improved methods and work zone layouts and ultimately improve the safety of construction workers and the travelling public.*

# NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION

## WORK ZONE TRAFFIC CRASH REPORT

(Reports are to be submitted to supervisor within 48 hours of crash)

<b>1. Town or City:</b> _____ <b>2. Project Name:</b> _____ <b>3. Project Number:</b> _____ <b>4. Bureau:</b> <input type="checkbox"/> Bridge Maintenance <input type="checkbox"/> Bridge Design <input type="checkbox"/> Survey/Design <input type="checkbox"/> Materials & Research <input type="checkbox"/> Construction <input type="checkbox"/> Traffic <input type="checkbox"/> Highway Maintenance <input type="checkbox"/> Turnpikes <input type="checkbox"/> LPA	<b>15. Roadway Condition:</b> <input type="checkbox"/> normal <input type="checkbox"/> rough <input type="checkbox"/> wheel ruts <input type="checkbox"/> potholes <input type="checkbox"/> pavement edge drop offs																							
<b>5. District/Shed/Contractor:</b> _____ <b>6. Crash Date:</b> _____ <b>7. Crash Time:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> unknown	<b>16. Surface Conditions:</b> <input type="checkbox"/> dry <input type="checkbox"/> wet <input type="checkbox"/> ice/snow <input type="checkbox"/> unknown																							
<b>8. Number of Vehicles Involved:</b> _____ <b>9. Number of Persons Injured and Fatalities:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">GENERAL PUBLIC</th> <th colspan="2">PROJECT PERSONNEL</th> </tr> <tr> <th>In Motor Vehicles</th> <th>Motorcycles Bicyclists</th> <th>Pedestrians</th> <th>Operating Equipment</th> <th>Pedestrians</th> </tr> </thead> <tbody> <tr> <td>Injured</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Fatalities</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		GENERAL PUBLIC			PROJECT PERSONNEL		In Motor Vehicles	Motorcycles Bicyclists	Pedestrians	Operating Equipment	Pedestrians	Injured	_____	_____	_____	_____	_____	Fatalities	_____	_____	_____	_____	_____	<b>17. Light Conditions:</b> <input type="checkbox"/> daytime <input type="checkbox"/> nighttime <input type="checkbox"/> nighttime illuminated <input type="checkbox"/> dawn/dusk <input type="checkbox"/> unknown
		GENERAL PUBLIC			PROJECT PERSONNEL																			
	In Motor Vehicles	Motorcycles Bicyclists	Pedestrians	Operating Equipment	Pedestrians																			
Injured	_____	_____	_____	_____	_____																			
Fatalities	_____	_____	_____	_____	_____																			
<b>10. Location of Crash:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">OCCURRED ON</th> <th style="width: 33%;">DISTANCE AND DIRECTION FROM</th> <th style="width: 33%;">INTERSECTING ROAD OR FEATURE</th> </tr> </thead> <tbody> <tr> <td style="height: 40px; vertical-align: bottom;">Route No./Street</td> <td style="vertical-align: bottom;"> <input type="checkbox"/> north  <input type="checkbox"/> south  <input type="checkbox"/> east  <input type="checkbox"/> west  <input type="checkbox"/> at intersection                      Distance from (ft.) _____                 </td> <td style="vertical-align: bottom;">Route No./Street/Feature _____</td> </tr> </tbody> </table>	OCCURRED ON	DISTANCE AND DIRECTION FROM	INTERSECTING ROAD OR FEATURE	Route No./Street	<input type="checkbox"/> north <input type="checkbox"/> south <input type="checkbox"/> east <input type="checkbox"/> west <input type="checkbox"/> at intersection Distance from (ft.) _____	Route No./Street/Feature _____	<b>18. Weather Conditions:</b> <input type="checkbox"/> clear <input type="checkbox"/> cloudy <input type="checkbox"/> fog <input type="checkbox"/> rain <input type="checkbox"/> snow <input type="checkbox"/> hail <input type="checkbox"/> sleet <input type="checkbox"/> freezing rain <input type="checkbox"/> high winds <input type="checkbox"/> unknown																	
OCCURRED ON	DISTANCE AND DIRECTION FROM	INTERSECTING ROAD OR FEATURE																						
Route No./Street	<input type="checkbox"/> north <input type="checkbox"/> south <input type="checkbox"/> east <input type="checkbox"/> west <input type="checkbox"/> at intersection Distance from (ft.) _____	Route No./Street/Feature _____																						
<b>11. Type of Crash or Collision with (first harmful event):</b> <input type="checkbox"/> frontal/side <input type="checkbox"/> rollover <input type="checkbox"/> flagger/officer <input type="checkbox"/> sideswipe <input type="checkbox"/> bicyclist <input type="checkbox"/> construction vehicle/equipment <input type="checkbox"/> rear end <input type="checkbox"/> worker <input type="checkbox"/> went over a drop off <input type="checkbox"/> head on <input type="checkbox"/> pedestrian <input type="checkbox"/> fixed object (check box below) <input type="checkbox"/> OTHER: _____	<b>19. Traffic Vol. :</b> <input type="checkbox"/> low <input type="checkbox"/> moderate <input type="checkbox"/> heavy																							
<b>12. Roadway Design:</b> <input type="checkbox"/> two way traffic <input type="checkbox"/> interstate/divided <input type="checkbox"/> one way/ramp <input type="checkbox"/> OTHER: _____	<b>20. Posted Speed Limit:</b> _____ mph																							
<b>13. Road Alignment:</b> <input type="checkbox"/> straight and level <input type="checkbox"/> intersection <input type="checkbox"/> curve and level <input type="checkbox"/> straight and on a grade <input type="checkbox"/> curve at a hillcrest <input type="checkbox"/> straight at a hillcrest	<b>21. Traffic Control Package:</b> <input type="checkbox"/> in use <input type="checkbox"/> not in use Package Designation: <div style="display: flex; justify-content: space-around;"> <span>MUTCD TA- _____</span> <span>NHWZTC TC- _____</span> <span>OTHER _____</span> </div> Condition of devices: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor Modifications or comments about the package: _____																							
<b>14. Roadway Surface Type:</b> Travel In.: <input type="checkbox"/> asphalt <input type="checkbox"/> concrete <input type="checkbox"/> grooved pavement <input type="checkbox"/> unpaved Shoulders: <input type="checkbox"/> asphalt <input type="checkbox"/> concrete <input type="checkbox"/> grooved pavement <input type="checkbox"/> unpaved	<b>22. Pavement Markings:</b> <table style="width: 100%; margin-top: 5px;"> <thead> <tr> <th>Left TW</th> <th>Centerline</th> <th>Right TW</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> none</td> <td><input type="checkbox"/> none</td> <td><input type="checkbox"/> none</td> </tr> <tr> <td><input type="checkbox"/> RPM</td> <td><input type="checkbox"/> RPM</td> <td><input type="checkbox"/> RPM</td> </tr> <tr> <td><input type="checkbox"/> paint</td> <td><input type="checkbox"/> paint</td> <td><input type="checkbox"/> paint</td> </tr> <tr> <td><input type="checkbox"/> tape</td> <td><input type="checkbox"/> tape</td> <td><input type="checkbox"/> tape</td> </tr> </tbody> </table>	Left TW	Centerline	Right TW	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> RPM	<input type="checkbox"/> RPM	<input type="checkbox"/> RPM	<input type="checkbox"/> paint	<input type="checkbox"/> paint	<input type="checkbox"/> paint	<input type="checkbox"/> tape	<input type="checkbox"/> tape	<input type="checkbox"/> tape								
Left TW	Centerline	Right TW																						
<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none																						
<input type="checkbox"/> RPM	<input type="checkbox"/> RPM	<input type="checkbox"/> RPM																						
<input type="checkbox"/> paint	<input type="checkbox"/> paint	<input type="checkbox"/> paint																						
<input type="checkbox"/> tape	<input type="checkbox"/> tape	<input type="checkbox"/> tape																						
<b>15. Roadway Design:</b> <input type="checkbox"/> two way traffic <input type="checkbox"/> interstate/divided <input type="checkbox"/> one way/ramp <input type="checkbox"/> OTHER: _____	<b>23. Lane Width (feet):</b> Lanes: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> tapered <input type="checkbox"/> unknown Shdrs.: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> tapered <input type="checkbox"/> unknown																							
<b>16. Roadway Design:</b> <input type="checkbox"/> two way traffic <input type="checkbox"/> interstate/divided <input type="checkbox"/> one way/ramp <input type="checkbox"/> OTHER: _____	<b>24. Changeable Message Signs:</b> <input type="checkbox"/> none <input type="checkbox"/> in place and operating <input type="checkbox"/> in place and not operating <div style="text-align: center; margin-top: 5px;"><u>MESSAGE</u></div> phase 1: _____ phase 2: _____ *phase 3: _____ <i>* FYI - per the MUTCD, message shall consist of only one or two phases</i>																							
<b>17. Roadway Design:</b> <input type="checkbox"/> two way traffic <input type="checkbox"/> interstate/divided <input type="checkbox"/> one way/ramp <input type="checkbox"/> OTHER: _____	<b>25. Flaggers:</b> <input type="checkbox"/> in use <input type="checkbox"/> not in use																							
<b>18. Roadway Design:</b> <input type="checkbox"/> two way traffic <input type="checkbox"/> interstate/divided <input type="checkbox"/> one way/ramp <input type="checkbox"/> OTHER: _____	<b>26. Uniformed Officers :</b> <input type="checkbox"/> with vehicle <input type="checkbox"/> without vehicle <input type="checkbox"/> not used																							
<b>19. Roadway Design:</b> <input type="checkbox"/> two way traffic <input type="checkbox"/> interstate/divided <input type="checkbox"/> one way/ramp <input type="checkbox"/> OTHER: _____	<b>27. At the time of the crash was there Work Zone related activity?</b> <input type="checkbox"/> yes <input type="checkbox"/> no																							
<b>20. Roadway Design:</b> <input type="checkbox"/> two way traffic <input type="checkbox"/> interstate/divided <input type="checkbox"/> one way/ramp <input type="checkbox"/> OTHER: _____	<b>28. Police Report:</b> Was a report generated? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown Town/City/State Troop No. : _____ Officer Name: _____ Report Number: _____																							



# NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION WORK ZONE TRAFFIC CRASH REPORT

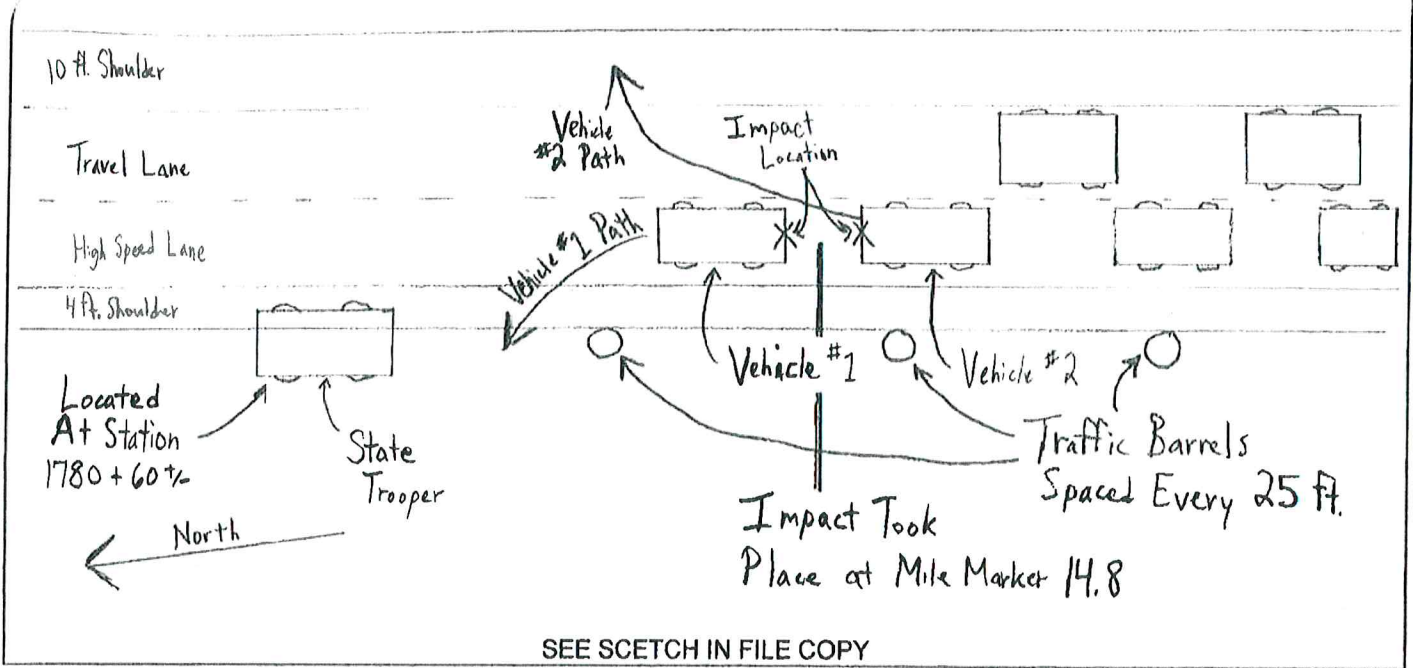
FILE COPY

(Reports are to be submitted to supervisor within 48 hours of crash)

<b>1. Town or City:</b> _____ <b>2. Project Name:</b> <u>Salem-Manchester</u> <b>3. Project Number:</b> <u>14633-F</u> <b>4. Bureau:</b> <input type="checkbox"/> Survey/Design <input type="checkbox"/> Bridge Maintenance <input type="checkbox"/> Bridge Design <input type="checkbox"/> Traffic <input type="checkbox"/> Materials & Research <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Highway Maintenance <input type="checkbox"/> Turnpikes	<b>15. Roadway Condition:</b> <input checked="" type="checkbox"/> normal <input type="checkbox"/> rough <input type="checkbox"/> wheel ruts <input type="checkbox"/> potholes <input type="checkbox"/> pavement edge drop offs																							
<b>5. District/Shed/Contractor:</b> _____ <b>6. Crash Date:</b> <u>March 7</u> <b>7. Crash Time:</b> <u>12:16</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> unknown	<b>16. Surface Conditions:</b> <input checked="" type="checkbox"/> dry <input type="checkbox"/> wet <input type="checkbox"/> ice/snow <input type="checkbox"/> unknown																							
<b>8. Number of Vehicles Involved:</b> <u>2</u>	<b>17. Light Conditions:</b> <input checked="" type="checkbox"/> daytime <input type="checkbox"/> nighttime <input type="checkbox"/> nighttime illuminated <input type="checkbox"/> dawn/dusk <input type="checkbox"/> unknown																							
<b>9. Number of Persons Injured and Fatalities:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">GENERAL PUBLIC</th> <th colspan="2">PROJECT PERSONNEL</th> </tr> <tr> <th>In Motor Vehicles</th> <th>Motorcycles Bicyclists</th> <th>Pedestrians</th> <th>Operating Equipment</th> <th>Pedestrians</th> </tr> </thead> <tbody> <tr> <td>Injured</td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fatalities</td> <td style="text-align: center;">None</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		GENERAL PUBLIC			PROJECT PERSONNEL		In Motor Vehicles	Motorcycles Bicyclists	Pedestrians	Operating Equipment	Pedestrians	Injured	1					Fatalities	None					<b>18. Weather Conditions:</b> <input checked="" type="checkbox"/> clear <input type="checkbox"/> cloudy <input type="checkbox"/> fog <input type="checkbox"/> rain <input type="checkbox"/> snow <input type="checkbox"/> hail <input type="checkbox"/> sleet <input type="checkbox"/> freezing rain <input checked="" type="checkbox"/> high winds <input type="checkbox"/> unknown
		GENERAL PUBLIC			PROJECT PERSONNEL																			
	In Motor Vehicles	Motorcycles Bicyclists	Pedestrians	Operating Equipment	Pedestrians																			
Injured	1																							
Fatalities	None																							
<b>10. Location of Crash:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 20%;">OCCURRED ON</th> <th style="width: 30%;">DISTANCE AND DIRECTION FROM</th> <th style="width: 50%;">INTERSECTING ROAD OR FEATURE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">I-93 NB</td> <td style="text-align: center;"> <input type="checkbox"/> north  <input type="checkbox"/> south  <input type="checkbox"/> east  <input type="checkbox"/> west  <input type="checkbox"/> at intersection               </td> <td style="text-align: center;">At Mile Marker 14.8</td> </tr> <tr> <td style="font-size: 0.8em;">Route No./Street</td> <td style="font-size: 0.8em;">Distance from (ft.)</td> <td style="font-size: 0.8em;">Route No./Street/Feature</td> </tr> </tbody> </table>	OCCURRED ON	DISTANCE AND DIRECTION FROM	INTERSECTING ROAD OR FEATURE	I-93 NB	<input type="checkbox"/> north <input type="checkbox"/> south <input type="checkbox"/> east <input type="checkbox"/> west <input type="checkbox"/> at intersection	At Mile Marker 14.8	Route No./Street	Distance from (ft.)	Route No./Street/Feature	<b>19. Traffic Vol. :</b> <input type="checkbox"/> low <input checked="" type="checkbox"/> moderate <input type="checkbox"/> heavy <b>20. Posted Speed Limit:</b> <u>65</u> mph														
OCCURRED ON	DISTANCE AND DIRECTION FROM	INTERSECTING ROAD OR FEATURE																						
I-93 NB	<input type="checkbox"/> north <input type="checkbox"/> south <input type="checkbox"/> east <input type="checkbox"/> west <input type="checkbox"/> at intersection	At Mile Marker 14.8																						
Route No./Street	Distance from (ft.)	Route No./Street/Feature																						
<b>11. Type of Crash or Collision with (first harmful event):</b> <input type="checkbox"/> frontal/side <input checked="" type="checkbox"/> rollover <input type="checkbox"/> flagger/officer <input type="checkbox"/> sideswipe <input type="checkbox"/> bicyclist <input type="checkbox"/> construction vehicle/equipment <input checked="" type="checkbox"/> rear end <input type="checkbox"/> worker <input type="checkbox"/> went over a drop off <input type="checkbox"/> head on <input type="checkbox"/> pedestrian <input type="checkbox"/> fixed object (check box below) <input type="checkbox"/> OTHER: _____	<b>21. Traffic Control Package:</b> <input type="checkbox"/> in use <input checked="" type="checkbox"/> not in use Package Designation: <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>MUTCD</span> <span>NHWZTC</span> <span>OTHER</span> </div> TA- _____ TC- _____ Condition of devices: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor Modifications or comments about the package: <i>*Permanent construction zone signs in place.</i>																							
<b>12. Roadway Design:</b> <input type="checkbox"/> two way traffic <input checked="" type="checkbox"/> interstate/divided <input type="checkbox"/> one way/ramp <input type="checkbox"/> OTHER: _____	<b>22. Pavement Markings:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Left TW</th> <th style="width: 33%;">Centerline</th> <th style="width: 33%;">Right TW</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> none</td> <td><input type="checkbox"/> none</td> <td><input type="checkbox"/> none</td> </tr> <tr> <td><input type="checkbox"/> RPM</td> <td><input type="checkbox"/> RPM</td> <td><input type="checkbox"/> RPM</td> </tr> <tr> <td><input checked="" type="checkbox"/> paint</td> <td><input checked="" type="checkbox"/> paint</td> <td><input checked="" type="checkbox"/> paint</td> </tr> <tr> <td><input type="checkbox"/> tape</td> <td><input type="checkbox"/> tape</td> <td><input type="checkbox"/> tape</td> </tr> </tbody> </table>	Left TW	Centerline	Right TW	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> RPM	<input type="checkbox"/> RPM	<input type="checkbox"/> RPM	<input checked="" type="checkbox"/> paint	<input checked="" type="checkbox"/> paint	<input checked="" type="checkbox"/> paint	<input type="checkbox"/> tape	<input type="checkbox"/> tape	<input type="checkbox"/> tape								
Left TW	Centerline	Right TW																						
<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none																						
<input type="checkbox"/> RPM	<input type="checkbox"/> RPM	<input type="checkbox"/> RPM																						
<input checked="" type="checkbox"/> paint	<input checked="" type="checkbox"/> paint	<input checked="" type="checkbox"/> paint																						
<input type="checkbox"/> tape	<input type="checkbox"/> tape	<input type="checkbox"/> tape																						
<b>13. Road Alignment:</b> <input checked="" type="checkbox"/> straight and level <input type="checkbox"/> intersection <input type="checkbox"/> curve and level <input type="checkbox"/> straight and on a grade <input type="checkbox"/> curve at a hillcrest <input type="checkbox"/> straight at a hillcrest	<b>23. Lane Width (feet):</b> Lanes: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 12+ <input type="checkbox"/> tapered <input type="checkbox"/> unknown Shdrs.: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> tapered <input type="checkbox"/> unknown																							
<b>14. Roadway Surface Type:</b> Travel In.: <input checked="" type="checkbox"/> asphalt <input type="checkbox"/> concrete <input type="checkbox"/> grooved pavement <input type="checkbox"/> unpaved Shoulders: <input checked="" type="checkbox"/> asphalt <input type="checkbox"/> concrete <input type="checkbox"/> grooved pavement <input type="checkbox"/> unpaved	<b>24. Changeable Message Signs:</b> <input type="checkbox"/> none <input checked="" type="checkbox"/> in place and operating <input type="checkbox"/> in place and not operating <div style="text-align: center; margin-top: 5px;">MESSAGE</div> phase 1: <u>BLASTING TODAY 10 TO 2</u> phase 2: <u>AT EXIT 5</u> *phase 3: _____ <i>* FYI - per the MUTCD, message shall consist of only one or two phases</i>																							
<b>15. Roadway Surface Type:</b> (continued)	<b>25. Flaggers:</b> <input checked="" type="checkbox"/> in use <input type="checkbox"/> not in use																							
<b>16. Roadway Surface Type:</b> (continued)	<b>26. Uniformed Officers :</b> <u>1</u> <input type="checkbox"/> with vehicle <input checked="" type="checkbox"/> without vehicle <input type="checkbox"/> not used																							
<b>17. Roadway Surface Type:</b> (continued)	<b>27. At the time of the crash was there Work Zone related activity?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no																							
<b>18. Roadway Surface Type:</b> (continued)	<b>28. Police Report:</b> Was a report generated? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown Town/City/State Troop No. :    _____ <i>State Trooper</i> Officer Name: <u>Unknown</u> Report Number: <u>B-4-07</u>																							

29. Sketch Required

NTS



SEE SCETCH IN FILE COPY

30. Additional Documentation

- daily report    
  police report    
  photos    
  videos    
  digital photos

\*if possible date stamp photos or videos

31. Crash Description and any Additional Comments:

A collision occurred on I-93 NB high speed lane at 12:16 pm. Vehicle #1 slowed down for a state trooper positioned on the high speed lane shoulder. Vehicle #2 did not react in time and rear-ended Vehicle #1. Vehicle #1 traveled into the median ditch and rolled over. Vehicle #2 crossed the travel lane after impacting Vehicle #1 and came to a stop in the low-speed shoulder. Both NB lanes were closed for cleanup. The driver in Vehicle #2 had no injuries. The driver of Vehicle #1 had non-life threatening cuts and bruises and was transported to the Elliot hospital from the crash site by ambulance. The contractors on site were at lunch at the time of the accident.

NOTE : The message board on I-93 NB was located on the low speed side at Mile Marker 12.7.

32. Report generated by:

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Name

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Date

\* Submit this report to supervisor within 48 hours of the crash.

Distribution:     Planning & Community Assistance     Traffic     Originating Bureau     FHWA     TMC