

NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION WORK ZONE TRAFFIC CRASH REPORT

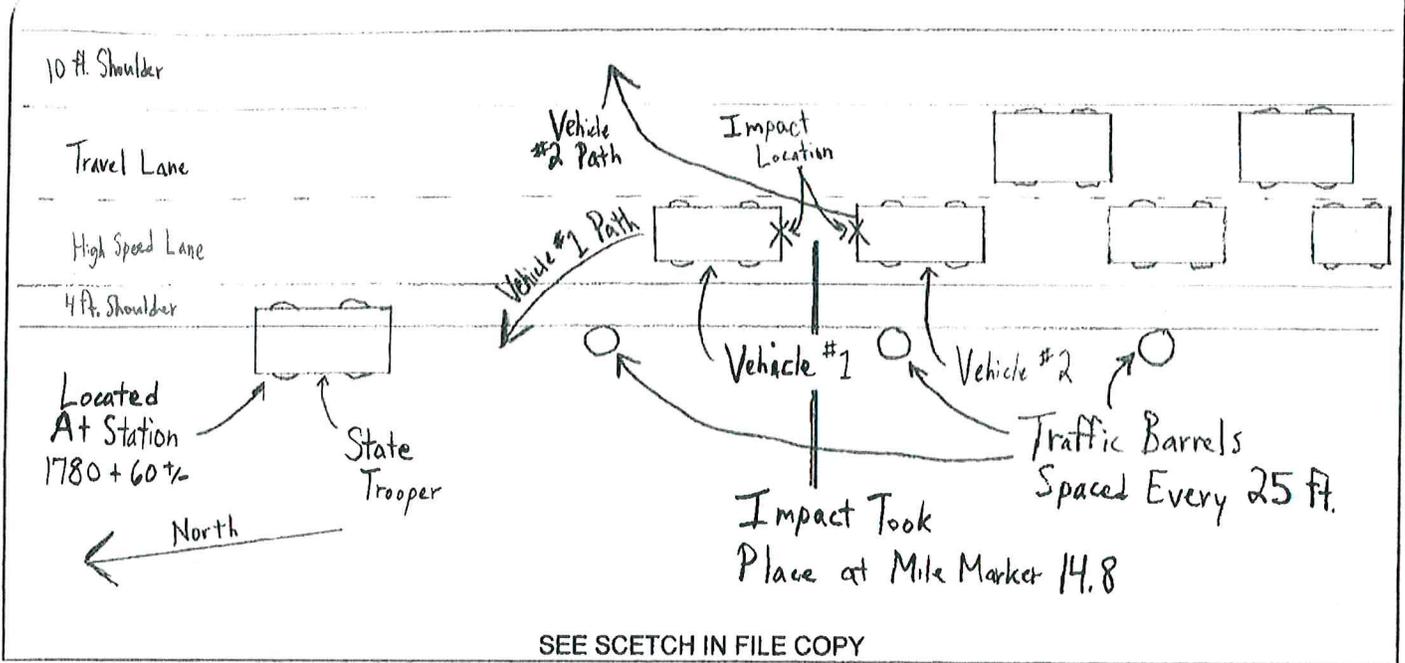
FILE COPY

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

1. Town or City: _____ 2. Project Name: <u>Salem-Manchester</u> 3. Project Number: <u>14633-F</u> 4. Bureau: <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	15. Roadway Condition: <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																							
5. District/Shed/Contractor: _____ 6. Crash Date: <u>March 7</u> 7. Crash Time: <u>12:16</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> unknown	16. Surface Conditions: <input checked="" type="checkbox"/> dry <input type="checkbox"/> wet <input type="checkbox"/> ice/snow <input type="checkbox"/> unknown																							
8. Number of Vehicles Involved: <u>2</u>	17. Light Conditions: <input checked="" type="checkbox"/> daytime <input type="checkbox"/> nighttime <input type="checkbox"/> nighttime illuminated <input type="checkbox"/> dawn/dusk <input type="checkbox"/> unknown																							
9. Number of Persons Injured and Fatalities: <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					18. Weather Conditions: <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
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10. Location of Crash: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>OCURRED ON</th> <th>DISTANCE AND DIRECTION FROM</th> <th>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>	OCURRED 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	19. Traffic Vol. : <input type="checkbox"/> low <input checked="" type="checkbox"/> moderate <input type="checkbox"/> heavy 20. Posted Speed Limit: <u>65</u> mph														
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11. Type of Crash or Collision with (first harmful event): <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: _____	21. Traffic Control Package: <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;"> MUTCD NHWZTC OTHER </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>																							
12. Roadway Design: <input type="checkbox"/> two way traffic <input checked="" type="checkbox"/> interstate/divided <input type="checkbox"/> one way/ramp <input type="checkbox"/> OTHER: _____	22. Pavement Markings: <table border="1" style="width: 100%; border-collapse: collapse; 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 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								
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13. Road Alignment: <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	23. Lane Width (feet): 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																							
14. Roadway Surface Type: 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	24. Changeable Message Signs: <input type="checkbox"/> none <input checked="" type="checkbox"/> in place and operating <input type="checkbox"/> in place and not operating MESSAGE phase 1: <u>BLASTING TODAY 10 TO 2</u> phase 2: <u>AT EXIT 5</u> *phase 3: _____ *FYI - per the MUTCD, message shall consist of only one or two phases																							
15. Roadway Surface Type: (continued)	25. Flaggers: <input checked="" type="checkbox"/> in use <input type="checkbox"/> not in use 26. Uniformed Officers : <u>1</u> <input type="checkbox"/> with vehicle <input checked="" type="checkbox"/> without vehicle <input type="checkbox"/> not used																							
16. Roadway Surface Type: (continued)	27. At the time of the crash was there Work Zone related activity? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no																							
17. Roadway Surface Type: (continued)	28. Police Report: Was a report generated? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown Town/City/State Troop No. : _____ <u>State Trooper</u> Officer Name: <u>Unknown</u> Report Number: <u>B-4-07</u>																							

29. Sketch Required

NTS



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

[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