

# 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																			
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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																	
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<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								
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<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: _____																							

