

# Construction Zone Vehicle Accident Report

**Location:** Construction District: \_\_\_\_\_ County: \_\_\_\_\_  
Agency: DelDOT (Delaware Department of Transportation)  
State Route No.: \_\_\_\_\_ Construction Phase: \_\_\_\_\_

**Project Information:**

Police Report No: \_\_\_\_\_ Project No: \_\_\_\_\_  
Contract Description: \_\_\_\_\_  
Contractor: \_\_\_\_\_  
Type of Construction: \_\_\_\_\_  
Length of Work Zone: \_\_\_\_\_  
Method of Traffic Control: \_\_\_\_\_  
\_\_\_\_\_  
Speed Limit through Work Zone: \_\_\_\_\_

Advisory      Reduced      Regulatory      Normal

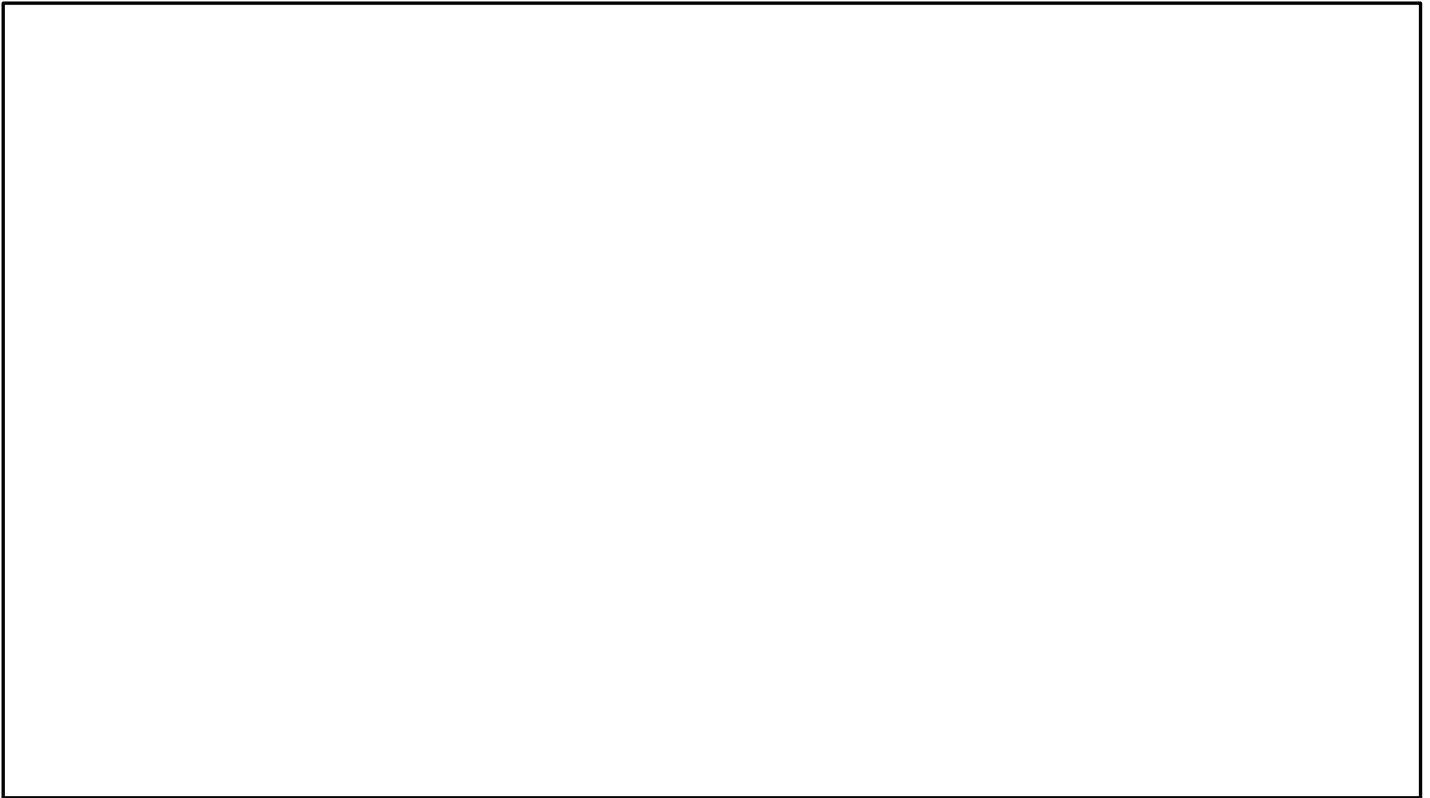
**Accident Information:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Weather: \_\_\_\_\_  
Site Conditions: \_\_\_\_\_  
Road Conditions: \_\_\_\_\_  
\_\_\_\_\_  
Police Department: \_\_\_\_\_ Report No.: \_\_\_\_\_  
Type of Accident: \_\_\_\_\_  
Did Accident Involve a Construction Vehicle? \_\_\_\_\_  
Type of Equipment: \_\_\_\_\_  
Severity: \_\_\_\_\_ Injuries: \_\_\_\_\_  
Property Damage Only: \_\_\_\_\_

**Roadway Type:**

Roadway Type:  
Other: \_\_\_\_\_  
\_\_\_\_\_  
Intersection: \_\_\_\_\_  
Accident Lane (number from sketch): \_\_\_\_\_  
Location of Accident within Work Zone: \_\_\_\_\_  
\_\_\_\_\_

**Generic Traffic Control Sketch:**



**Comments:**

Note any changes or revisions that were made to the Project's Traffic Control method as a result of the accident and the date they were implemented:

Date Implemented: \_\_\_\_\_

Note any damages to Project or State owned MOT

**Name :** \_\_\_\_\_ **Date:** \_\_\_\_\_