Date of Investigation_____

Report Prepared By_____

Prepared for use of the General Counsel Division, Iowa D.O.T.



CONSTRUCTION WORK ZONE CRASH REPORT

Omit information on this page if investigating officers report is attached.

		LOCATION	N AND TIME O	F ACCIDE	NI				
Date	Day of Week		Hour		Station No. or Mile Post			<u>t</u>	
County	Road No. miles (south-north) of miles (west-east)		☐ Urban	City or Town	ourban	□ Ru	ıral		
		INVE	STIGATING O	FFICER					
Name			Badge No. Department			ent		_	
Were charges filed?	☐ Yes	☐ No	If so, agair	st whom?					
			VEHICLE – NO	D.1					
Driver's Name	Street Address			City			State	Zip	
Type of Vehicle	Make	Year	License No	·	State		Age & Sex of Driver		
Owner's Name (if other than driver) Street A			ess	City			State		
		,	VEHICLE – NO). 2					
Driver's Name	Street Address			City			State	Zip	
Type of Vehicle	Make	Year	License No		State		Age & Sex of Driver		
Owner's Name (if other than	driver)	Street Addr			City		State	Zip	
NAME		INJURED PERSON INJURY		ONS	AGE	SEX		ADDRESS	
Driver Vehicle	No. 1						-		
Driver Vehicle									
Passenger Vehicle No									
Passenger Vehicle l									
WITNESSES			ADDRESS			•	PHONE		

Names and address of others with some knowledge of the accident (Include ambulance or rescue unit attendants, tow truck operators, photographers, those living near accident site, etc.)
Weather Conditions (Describe in detail if other than clear or cloudy. Include temperature and wind direction and velocity if pertinent.)
Pavement Surface Conditions (Describe in detail of other than normal. Include type and width).
Shoulder Condition (Describe in detail if other than normal. Include type and width.)
Photographs (Number each and give location from which taken, direction facing and description. Initial each picture and note date taken.) 1. 2. 3. 4. 5.
6. 7.
8. Additional information or comments:
Attach sketch or plan sheet (Include diagram or accident and exact location of each sign, barricade, flashing light, arrow, cones and other

warning devices).