### Maryland SHA Work Zone Crash/Incident Report

**A. Crash Report**

Incident Report

(Evidence of an event that indicates safety problems within the work zone limits {ex: tire marks on barrier, skid marks on pavement, broken headlights/taillights, etc.})

- **MAARS Report Number** (Preprinted on Police Report)
- **Crash/Incident Date**
- **Contract Number**
- **Crash/Incident Date**

**Contract Number**

**B.**

- **District**
- **County**
- **Route**
- **Nearest Intersecting Road**

<table>
<thead>
<tr>
<th>Direction of Travel</th>
<th>Mile Point</th>
<th>Non-Intersection</th>
<th>Intersection</th>
<th>Accel/Decel</th>
<th>Ramp</th>
</tr>
</thead>
</table>

**C. Crash/Incident Information:**

- **Fatal**
- **Injury**
- **Property Damage**
- **Unknown**

- **Crash/Incident Time**
- **During Work Hours**

**Crash/Incident Time**

**D. Type of Crash / Incident:**

- **Rear End**
- **Turning**
- **Angle**
- **Head-On**
- **Sideswipe**

- **Run-off-Road/Drop-off**
- **Fixed Object:**
- **Other:**

- **Advance Warning Area**
- **Transition Area**
- **Buffer Area**
- **Work Area**
- **Termination Area**

* If diagram does not depict the accident site, draw a detail separately

**E. Work Zone Set-up:**

- **Right Lane Closure**
- **Left Lane Closure**
- **Center Lane Closure**
- **Lane/Roadway Shifts**
- **Exit/Entrance Ramp**
- **Detour/Road Closure**
- **Flagging Operation**
- **Mobile**
- **Lanes Divide**
- **Shoulder Work/Closure**

**F. Work Zone Information:**

- **Project Description**
- **Number of Lanes Open**
- **Number of Lanes Closed**
- **Lane / Shoulder Width**
- **Length of Work Zone**
- **Lane Closure Schedule**
- **Duration of Project**
- **Workers Present**
- **Traffic Barrier Present**
- **Workers Behind Traffic Barrier**
- **Speed Limit:**
- **Reduced Speed Limit:**

**G. Roadway Information:**

- **Weather:**
- **Surface Condition:**

<table>
<thead>
<tr>
<th>Geometrics:</th>
<th>Straight &amp; Level</th>
<th>Horizontal Curve</th>
<th>Vertical Curve</th>
<th>Combination of Curves</th>
</tr>
</thead>
</table>

**H. Reported By:**

- **Title**
- **Date**
- **Phone Number**
- **Name of Officer**
- **Ph # of Officer**

**Mail to:** Office of Traffic & Safety, TDSD RM 150, Hanover Complex (or) Fax: 410-582-9469

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