

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ENGINEER'S MAINTENANCE OF TRAFFIC (MOT)  
EVALUATION AT CRASH SITE**

700-010-64  
CONSTRUCTION  
2/23  
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Date/Time of Occurrence: \_\_\_\_\_ Report Date: \_\_\_\_\_  
FIN Project No.: \_\_\_\_\_ State Road No.: \_\_\_\_\_ District: \_\_\_\_\_  
Federal Project No.: \_\_\_\_\_ County: \_\_\_\_\_  
Contract No.: \_\_\_\_\_

**MOT Evaluation at Crash Site:**

Major crash?    YES    NO    If yes, fatalities?    YES    NO

Project Personnel Involved?    YES    NO    If yes, injured?    YES    NO    If yes, who?

Have there been other crashes within this area of the project?    YES    NO

If yes, give dates. \_\_\_\_\_

Police Investigated?    YES    NO    If yes, Report # \_\_\_\_\_

Work Zone Location of Crash:  
(Station & Offset or GPS Coordinates) \_\_\_\_\_

Is the immediate area at the crash site in accordance with State Standards, MUTCD and TCP?    YES    NO

Are there any recommended enhancements to the MOT at the crash site?    YES    NO

List enhancements to be made to the work site. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Distribution:    Original to Project Administrator  
Copies to: District Safety and Health Managers  
Contractor  
State Construction Engineer  
State Safety Engineer  
State Safety And Health Program Administrator  
State Construction Specialty Engineer







**DIAGRAM AND CRASH SITE PHOTOS:**

Attached crash site photos

Crash Diagram including all traffic control devices present at the time of crash, vehicles involved, etc.

In addition to the above diagram, if the traffic control plan in effect follows guidelines of MUTCD, Part VI, indicate figure number, standard index sheet number, or plan sheet.

+ INDICATE NORTH

	Sign on Portable or Permanent Support
	Vertical Panel
	Barricade
	Cone
	Drum
	Flagger

**ANALYSIS OF CONDITIONS:** if known

Pavement:	Visibility:	Routing:	Work Zone Location of Crash:
Wet	Clear	Existing Pavement	Advanced Warning Area
Dry	Limited	Detour/Diversion	Transition Area
Asphalt	Night (darkness)	Approach to Construction	Buffer Space
Concrete	Day(daylight)		Work Area
Other			Termination Area
			Other (Describe) _____

**Type of Project:**

Resurfacing Undivided Median	Reconstruction Undivided Median, Urban
Resurfacing Divided Median	Reconstruction Divided Median, Urban
Widening Undivided Median	New Construction, Undivided Median
Reconstruction Undivided Median, Rural	New Construction, Divided Median
Reconstruction Divided Median, Rural	Intersection
Widening Undivided to Divided	Other (Describe) _____

\_\_\_\_\_  
Signature of Project Administrator

\_\_\_\_\_  
Telephone Number (daytime)

**DIRECTIONS FOR FORM NUMBER 700-010-64  
ENGINEERS MOT EVALUATION AT CRASH SITE  
(TYPE OR PRINT)**

<b>DATE/TIME OF OCCURRENCE:</b>	The day-month-year and estimated time am/pm of occurrence
<b>REPORT DATE:</b>	The day-month-year the report was completed
<b>FIN PROJECT NO:</b>	State Financial Project Number
<b>FEDERAL-AID PROJECT NO:</b>	FAP No
<b>STATE ROAD NUMBER:</b>	The State Road Number, i.e., SR-8
<b>COUNTY:</b>	The County where the crash occurred
<b>DISTRICT:</b>	The District where crash occurred
<b>CONTRACT NO.:</b>	Contract Number of project(s)
<b>MAJOR CRASH:</b>	Indicate if incident was a major crash as defined in CPAM 9.3.
<b>PROJECT PERSONNEL INVOLVED?:</b>	Indicate if any project personnel (including Contractor's personnel) were involved in the crash. If yes, indicate if injured and appropriate job description
<b>OTHER CRASHES:</b>	List dates of other crashes that have occurred within the same area of the project.
<b>POLICE INVESTIGATED:</b>	If applicable, provide report number. Do not hold off submitting Evaluation at Crash Site Report.
<b>LOCATION OF CRASH:</b>	List the station & offset or GPS coordinates of where the crash occurred.
<b>IN ACCORDANCE WITH STATE STANDARDS, MUTCD, TCP?:</b>	If the MOT in the immediate area of the crash site is in substantial conformance, check yes. If not, explain thoroughly.
<b>RECOMMEND ENHANCEMENTS:</b>	Check YES only if needed.
<b>DIAGRAM:</b>	Show vehicles involved in crash and detailed collision diagram. Show all MOT devices in the crash immediate area (drums, barriers, signs, pavement markings, etc.)
<b>PROJECT ADMINISTRATOR:</b>	Sign and date. Show telephone number.