700-010-64 CONSTRUCTION 2/23 Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

ENGINEER'S MAINTENANCE OF TRAFFIC (MOT) EVALUATION AT CRASH SITE

Date/Time of Occurrence:	Report Date:	
FIN Project No.:	State Road No.: District:	
Federal Project No.:	County:	
Contract No.:		
MOT Eval	lluation at Crash Site:	
Major crash? YES NO If yes, fatalities? YES	S NO	
Project Personnel Involved? YES NO If yes, injure	red? 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	ate Standards, MUTCD and TCP? YES NO	
Are there any recommended enhancements to the MOT at the	e 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

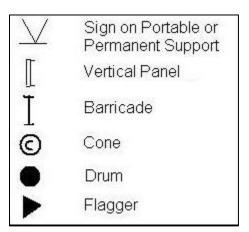
DIAGRAM AND CRASH SITE PHOTOS:

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.





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	
•		Buffer Space		
Asphalt	Night (darkness)	Approach to Construction	Work Area	
Concrete	Day(daylight)		Termination Area	
Other			Other (Describe)	
Type of Project:				
Resurfacing Undivided Median		Reconstruction U	Reconstruction Undivided Median, Urban	
Resurfacing Divided Median		Reconstruction D	Reconstruction Divided Median, Urban	
Widening Undivided Median		New Construction	New Construction, Undivided Median	
Reconstruction Undivided Median, Rural New Construction, Divided Median		n, Divided Median		
Reconstruction	Divided Median, Rural	Intersection		
Widening Undiv	vided to Divided	Other (Describe)		
Signatu	ure of Project Administrator		Telephone Number (daytime)	

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

DATE/TIME OF OCCURRENCE: The day-month-year and estimated time am/pm of occurrence

REPORT DATE: The day-month-year the report was completed

FIN PROJECT NO: State Financial Project Number

FEDERAL-AID PROJECT NO: FAP No

STATE ROAD NUMBER: The State Road Number, i.e., SR-8

COUNTY: The County where the crash occurred

DISTRICT: The District where crash occurred

CONTRACT NO.: Contract Number of project(s)

MAJOR CRASH: Indicate if incident was a major crash as defined in CPAM 9.3.

PROJECT PERSONNEL

Indicate if any project personnel (including Contractor's personnel) were involved in the INVOLVED?:

crash. If yes, indicate if injured and appropriate job description

OTHER CRASHES: List dates of other crashes that have occurred within the same area of the project.

If applicable, provide report number. Do not hold off submitting Evaluation at Crash Site **POLICE INVESTIGATED:**

Report.

List the station & offset or GPS coordinates of where the crash occurred. LOCATION OF CRASH:

IN ACCORDANCE WITH STATE STANDARDS, MUTCD, TCP?:

If the MOT in the immediate area of the crash site is in substantial conformance, check

yes. If not, explain thoroughly.

Check YES only if needed. **RECOMMEND ENHANCEMENTS:**

Show vehicles involved in crash and detailed collision diagram. Show all MOT devices in **DIAGRAM:**

the crash immediate area (drums, barriers, signs, pavement markings, etc.)

Sign and date. Show telephone number. PROJECT ADMINISTRATOR: