

OFFICE OF CONSTRUCTION
REPORT OF MAJOR ROAD CLOSURE / PROJECT INCIDENT
DISTRICT:

DATE: _____ TIME: _____ PROJECT #: _____

ROUTE: _____ DIRECTION: _____ MUNICIPALITY: _____

SPECIFIC LOCATION: _____

OCCURRENCE: _____

INJURIES: YES _____ NO _____ UNKNOWN _____

TIME OF CLOSURE: _____ ANT. CLEARING: _____

NUMBER OF OPERATIONAL LANES: _____ NUMBER OF OPEN LANES: _____

CLOSED LANES: LEFT _____ CENTER _____ RIGHT _____ ALL _____

DETOUR: _____

ON SCENE: _____

TIME & ACTION TAKEN: _____

REPORTED BY: _____	PHONE # _____
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INCIDENT CLEARED

DATE: _____ TIME: _____ FROM WHOM: _____

CC: Office of Construction Liaison, Fax # 594-2678
Operations Center, Fax # (860) 594-3476:
District Engineer, Fax #
District MSAT
Municipal Liaison, Fax #