



STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION

**Request for Crash Information**

Date: \_\_\_\_\_

Requestor: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ NCDOT Courier Number: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_

Description (if possible, please attach a map with the location highlighted):  
\_\_\_\_\_

*NCDOT Use Only:*

W or Other Project: \_\_\_\_\_ FS#: \_\_\_\_\_ TIP#: \_\_\_\_\_ BSIP WBS Element: \_\_\_\_\_  
If a TIP project, has a crash analysis been requested since 9/1/03 (Y/N)? \_\_\_\_

**Mark all that apply:**

- Intersection Analysis  Other (specify in comments)
- Section Analysis
- Crash Rate Analysis

**Note: Standard Y-lines are 0 feet for sections and 150 feet (along each approach) for intersections, and the standard time frame is the most recent 3 years of available data. Please specify if other.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send request to:

If questions or comments please contact:

Traffic Safety Systems Engineer  
1561 Mail Service Center  
Raleigh, N.C. 27699-1561

Traffic Safety Unit  
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