

Problems & Solutions

Know of a potential safety hazard on a roadway that you frequently travel? Complete the following form and submit it to your CTST Chairperson!

Study Requested By _____ Date _____

Phone _____ Agency _____

Location _____

Crash or Safety Problem Detail _____

Has the problem been previously reported or studied? Date _____

Recommendation/Request: _____

Crash reports attached: 12 months Hard Copies or Crash Diagram (From Local Engineering Dep't)

To be completed by maintaining agency:

Maintaining Agency State County City/Town of: _____ Other _____

Contact Person _____ Date Received _____

Number of reported crashes _____ in number of months _____ Crash Rate _____

ACTION TAKEN _____

