



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

Request for Crash Information

Date: _____

Requestor: _____

Company: _____

Contact Information:

Phone: _____

Email: _____

Mailing Address: _____

County: _____

City: _____

Location Description (If possible, please attach a map with the location highlighted):

Reason for Request: _____
TIP#: _____ WBS Element: _____ Other project number: _____

Request Type (mark all that apply):

Intersection Analysis

Crash Rate Analysis

Section Analysis

Other (specify in comments)

Note: Standard Y-lines are 0 feet for sections and 150 feet (along each approach) for intersections. The standard time frame is the most recent 5 years of available data. Please specify if other.

Comments:

Please send request to:

Mail: Traffic Safety Systems Engineer
1561 Mail Service Center
Raleigh, NC 27699-1561

If questions or comments, please contact:

Traffic Safety Unit
Office (919) 814-5000 | Fax: (919) 771-2745
bgmurphy@ncdot.gov

Email (preferred): bgmurphy@ncdot.gov