

MnDOT Username: _____

Work Order Number: _____

Date of Intrusion: _____

Route Number: _____

Time of Intrusion: _____

Mile Post: _____

Section 1. Intrusion Severity

Did the intrusion involve a flagger? Yes No

Did the crew make evasive maneuvers? Yes No Unknown

Was there risk to the crew? Yes No

Did a reportable crash or injury occur? Yes No

Was law enforcement called? Yes No

Directions for Remaining Sections:

If you checked an Intrusion Severity question as **Yes**, complete **ALL** remaining sections. Otherwise, **skip** to **Section 6**.

Section 2. Intrusion Info

Intrusion Maneuver: (Select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Circumvented work zone or traffic | <input type="checkbox"/> Disobeyed or disrupted flagger | <input type="checkbox"/> Disrupted worker outside work zone |
| <input type="checkbox"/> Failed to move into correct lane | <input type="checkbox"/> Merged between moving vehicles | <input type="checkbox"/> Moved out of correct lane |
| <input type="checkbox"/> Pushed into work zone | <input type="checkbox"/> Turned/U-Turned into work zone | <input type="checkbox"/> Lost control of vehicle |
| <input type="checkbox"/> Swerved to avoid collision | <input type="checkbox"/> Other | <input type="checkbox"/> Unknown |

Number of Vehicles: Single Multiple
(Select one)

Location within Work Zone: (Select one)

- | | |
|---|--|
| <input type="radio"/> Advance Warning Area | <input type="radio"/> Flagger Station |
| <input type="radio"/> Activity Area: Buffer | <input type="radio"/> Activity Area: Workspace |
| <input type="radio"/> Termination Area | <input type="radio"/> Unknown |

Primary Vehicle Type: (Select one)

- | | | |
|----------------------------------|--------------------------------------|----------------------------------|
| <input type="radio"/> Car | <input type="radio"/> Pickup/SUV/Van | <input type="radio"/> Motorcycle |
| <input type="radio"/> Bus/RV | <input type="radio"/> Semi-Truck | <input type="radio"/> Bicycle |
| <input type="radio"/> Pedestrian | <input type="radio"/> Other | |

Intrusion Narrative (Required): _____

Section 3. Work Zone Info

Work Zone

Function: Maintenance Construction
(Select one)

Was the layout modified?

Yes No

Primary Layout Type: _____
(Ex. 6K-65)

(If so, please describe): _____

Traffic Control Present: (Select all that apply)

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Advance warning sign(s) | <input type="checkbox"/> Arrow board | <input type="checkbox"/> Auto flagger | <input type="checkbox"/> Barricades |
| <input type="checkbox"/> Channelizers | <input type="checkbox"/> Flashing warning lights | <input type="checkbox"/> Flagger | <input type="checkbox"/> Law enforcement |
| <input type="checkbox"/> Positive protection | <input type="checkbox"/> Portable traffic signals | <input type="checkbox"/> PCMS | <input type="checkbox"/> Protection vehicle |
| <input type="checkbox"/> Rumble strips | <input type="checkbox"/> Shadow vehicle | <input type="checkbox"/> Spotter | <input type="checkbox"/> Temporary stop sign |
| <input type="checkbox"/> TRPMs | <input type="checkbox"/> Vehicle warning lights | <input type="checkbox"/> Other | |

Section 4. Roadway Info

Work Zone

Speed Limit: _____

Road Grade: (Select one)

Level Uphill Downhill Hillcrest Sag (Bottom)

Road Alignment:

(Select one)

- Straight
 Left Curve
 Right Curve

Road Condition: (Select one)

- Dry Wet Snow Oil
 Slush Sand Debris Ice/Frost
 Water on road Mud/Dirt/Gravel Rut/Hole/Bump Other

Section 5. Environment Info

Weather: (Select one)

- Blowing Dirt/Sand/Soil Clear Cloudy Fog/Smog/Smoke Rain
 Severe Crosswinds Sleet/Hail Snow Other

Lighting Conditions: (Select one)

- Daylight Dark w/ Streetlights Sunrise/Dawn Sunset/Evening
 Dark Dark w/ Worklights Other

Was there glare?

- Yes
 No

Section 6. Additional Comments and Signature & Date

Additional Comments (Optional): _____

Print Name: _____

Date: _____