

REQUEST FOR ACCIDENT HISTORY

MEMO TO TRAFFIC ENGINEERING ACCIDENT RESEARCH OFFICE-SCDOT HQ

DATE _____ FROM _____

DISTRICT _____ DEPARTMENT _____ ROOM # _____

TELEPHONE NO. _____ ORGANIZATION _____

SPECIFY INFORMATION REQUESTED:

ACCIDENT HISTORY PRINTOUT & ACCIDENT REPORTS: YES / NO

ACCIDENT HISTORY PRINTOUT ONLY: YES / NO

ONE PAGE SUMMARIZED COUNT OF ACCIDENT HISTORY ONLY: YES / NO

OTHER: _____

SPECIFY LOCATION & TYPE OF REQUEST:

COUNTY _____ CITY _____

INTERSECTION OF (ROAD NO.): _____ AND _____

STREET NAME (IF OFF SYSTEM ROAD): _____ OR _____

(STANDARD INTERSECTIONS RESEARCHED UP TO 200 FT IN ALL DIRECTIONS UNLESS OTHERWISE SPECIFIED): RESEARCH UP TO _____

SECTION OF ROADWAY (ROAD NO.): _____

FROM ROAD: _____ TO ROAD: _____

STREET NAMES (IF OFF SYSTEM ROADS):

FROM ROAD: _____ TO ROAD: _____

OTHER: _____

DESIRED ACCIDENT HISTORY IS FOR THE TIME FRAME OF: ____/____/____ TO ____/____/____
(STANDARD ACCIDENT RESEARCH IS CURRENT YEAR PLUS THREE PREVIOUS YEARS)

IF YOU HAVE ANY ADDITIONAL QUESTIONS, CONTACT **DARRELL MUNN** AT (803) 737-1624.

NOTE: FOR ALL REQUESTS, PLEASE ATTACH A MAP DENOTING LOCATION