



Log Number _____

WEST VOLUSIA COMMUNITY TRAFFIC SAFETY TEAM STUDY REQUEST FORM

LAW ENFORCEMENT, ENGINEERING, EDUCATION and EMERGENCY SERVICES WORKING TOGETHER to REDUCE the NUMBER of FATALITIES, INJURIES and SEVERITY of INJURIES DUE to CRASHES in WEST VOLUSIA COUNTY.

STUDY REQUESTED BY: _____

AGENCY: _____ DATE: _____

LOCATION: _____

CRASH OR SAFETY PROBLEM DETAIL: _____

HAS THE PROBLEM BEEN PREVIOUSLY REPORTED/ STUDIED: _____ DATE: ____/____/____

RECOMMENDATION: _____

ARE THE HARD COPIES OF CRASH REPORTS ATTACHED (LATEST 12 MONTHS): _____ YES _____ NO

(BELOW TO BE COMPLETED BY ASSIGNED MAINTAINING AGENCY)

MAINTAINING AGENCY:

STATE: [] CITY: _____

COUNTY: [] OTHER: _____

CONTACT PERSON: _____ DATE RECEIVED: ____/____/____

NUMBER OF REPORTED CRASHES: _____ TO ____/____/____

CRASH RATE: _____

ACTION TAKEN: _____

RESPONSE GIVEN TO: _____ DATE: ____/____/____

Chairman: John Izzo, P.E., 301 Mercers Ferry Road, Deland, FL 32720; (386) 734-8715; E-mail "jizzo@totcon.com"
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(386) 943-5334; Fax: (904) 740-4314; E-mail "anthony.nosse@dot.state.fl.us"