



**NDOT TOWING AND RECOVERY INCENTIVE PROGRAM (T.R.I.P.)
TRIP CRASH SYNOPSIS REPORT**

MUST Be Filled Out Completely By The Tow Company and Submitted Within 5 Days of Incident

DATE:		LOCATION:	
EVENT #:		This is the event # for the incident.	IRM:
TRIP COORDINATOR(S)/ INCIDENT COMMANDER(S):			

CALL ACCEPTANCE TIME:	Arrival Time is when all 3 TRIP Team members have arrived on scene. Notice to Proceed MUST be recorded by you and called into Auto Return. This is after you have had a conversation with the IC. The goal of the Incident Clearance is 90 minutes.	TRIP Dvr #	TOW COMPANY STAFF:
ARRIVAL TIME:			
NOTICE TO PROCEED TIME:			
WORK STOPPAGE TIME:			
WORK RESUME TIME:			
LANE CLEARANCE TIME:			
INCIDENT CLEARANCE TIME:			

Safety Vest:		Safety vest, PPE (Helmets & Eye Protection MUST be worn. Need photos for this.	Comp. Unit #'s	
PPE Worn:			TRIP Stcker #	
Photos:			Other Information:	
Number of Highway Traffic Lanes Closed:				
Number of Highway Traffic Shoulders Closed:				
Description of Higway Shoulders Closed:				

INCIDENT DESCRIPTION

SPECIAL PROBLEMS

SOLUTIONS

Report Prepared By:		Signature:	
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For Parsons Use ONLY

Report Reviewed By:		Signature:	
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Date Reviewed:	
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TRIP CRASH SYNOPSIS REPORT

DATE:		LOCATION:	
EVENT #:		TRIP FIRM:	

PAGE:	
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Select from the Drop-Down

Additional Notes

Report Prepared By:		Signature:	
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