



**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 #:		TRIP FIRM:	
TRIP COORDINATOR(S)/ INCIDENT COMMANDER(S):			

CALL ACCEPTANCE TIME:		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:		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:				

<b>INCIDENT DESCRIPTION</b>

<b>SPECIAL PROBLEMS</b>

<b>SOLUTIONS</b>

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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