

STATE OF MAINE
INTER-DEPARTMENTAL MEMORANDUM
Maine Department of Transportation
Safety Office – Crash Records Section

Date:

To: Shawn MacDonald, Crash Records Section **Division:** Office of Safety

Cc:

From:

Office/Program:

Project Leader:

Requester's Tel. #:

Subject: Crash Data Requests

WIN:

Location Data

Town:

County:

Description:

Nodes:

Information Required

Study Period

Accident Summary (I, II)

Current 3 years

Collision Diagram

Current 5 years

Individual Police Summaries

Other<

Other<

Purpose of Request:

Crash Records Section Use Only

Date Received:

Notes:

Assigned to:

Date Returned:

Other copies sent to: