

FDOT Guardrail Approach Terminal and Crash Cushion Inventory and Incident Documentation

Location Identification

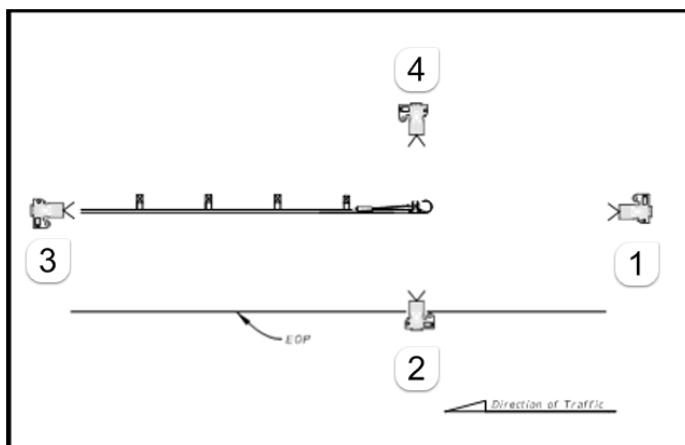
District:	Maintenance Unit/Cost Center:		
State Route:	County:	Roadway Section #:	
		Roadway Subsection #:	
Mile Post:	Latitude (Y):	Longitude (X):	
Posted Speed Limit (mph):			Offset:
35 or less _____ 40 _____ 45 _____ 50 _____ 55 _____ 60 _____ 65 _____ 70 _____			Right _____ Left _____ Median _____
Nearest Intersecting Route:			Distance from (miles):

Inventory (always document with photographs):

27 " Guardrail Approach Terminal			
Best _____	Formet FX Flared _____	SKT – SP _____	TRACC 05 _____
CAT 350 _____	Formet TX Tangent _____	Softstop Mash End Terminal _____	Trend 350 _____
ET – 2000 _____	Heart _____	SRT - 27 SP _____	Trend 350 Tangent 1.9 _____
ET - 2000 LET _____	MELT _____	SRT 350 _____	WideTracc _____
ET – Plus _____	Regent _____	SRT 350 Eight Post _____	X-LITE Flared _____
FLEAT – MT _____	Regent – C _____	SRT HBA 6 post _____	X-LITE Parallel _____
FLEAT – SP _____	SKT – 350 _____	SRT Mash Flared _____	X-TENSION _____
FLEAT 350 _____	SKT – Lite _____	TRACC _____	Other _____
31 " Guardrail Approach Terminal			
ET Plus 31 ET _____	Softstop Mash FT _____	SRT Mash Flared ET _____	X-LITE TL-3 Flared _____
FLEAT - MT – MGS _____	SRT - 31 Flared ET (Steel Posts) _____	Trend 350 Flared ET _____	X-LITE TL-3 Parallel _____
FLEAT - SP – MGS _____	SRT - 31 Flared ET (Wood Posts) _____	Trend 350 Median ET _____	X-TENSION Flared _____
SKT - SP – MGS _____		Trend 350 Tangent ET _____	X-TENSION Parallel _____
			Other _____

Crash Cushion			
Adiem 350 _____	Hex Foam Sandwich _____	QuadGuard II _____	TAU-II _____
BrakeMaster 350 _____	Hi-Dro Cell (Cluster) _____	React 350 _____	TRACC _____
DRAG-NET _____	Hi-Dro Cell (Sandwich) _____	Sand (Energite) _____	X-MAS _____
Easi-Cell Cluster _____	QuadGuard _____	Sand (Fitch) _____	Other _____
G-R-E-A-T _____	QuadGuard Elite _____	SCI Smart Cushion _____	

Inventory Photographs: Take photographs as indicated in the diagram.



Crash Information (always document with photographs):

Date of Crash: _____		Crash Report Number: _____	
Time of crash: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn	Crash Severity: <input type="checkbox"/> Fatality <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage Only		
	Collision Scenario: _____ (Choose letter from collision diagram)		
Vehicle Make: _____		Vehicle Model: _____	
Did vehicle breach the approach terminal/ crash cushion? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: <input type="checkbox"/> Over <input type="checkbox"/> Under <input type="checkbox"/> Through			
Did vehicle roll over?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was vehicle penetrated by guardrail/ crash cushion?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were Multiple Vehicles involved?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is location in an active work zone?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Take photographs as indicated on collision scenario diagram.

Check collision scenario similar to what is shown below:

