



INDIANA DEPARTMENT OF TRANSPORTATION

Person sending report: _____ Office Phone: _____

New restriction Revision to report dated _____ Cell Phone: _____

Route being restricted: _____ Contract Number: _____

Mile Marker: _____ to _____ Number of lanes open: _____ of _____

Actual location of work from: _____ to _____

District: _____ Greenfield City/Town nearest restriction: _____

County: _____ Where is restriction relative to downtown of city/town above?

Max. Length of Restriction: _____ miles North South East West Downtown

Lanes Affected, From Left	Grass Median	Left Shoulder	Left Turn Or Ramp	Thru Lane 1	Thru Lane 2	Thru Lane 3	Thru Lane 4	Thru Lane 5	Right Turn Or Ramp	Right Shoulder
EB NB										
WB SB										
Road Closure	20 min. Closure	Rolling Crews	Traffic Moving Very Slowly			Minimal Impact on Traffic				

Time & date first restriction begins: _____ Time & date this type of work will end: _____

Weekly work days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Daily start time: _____ Daily end time: _____ Number of work days needed: _____

What type of restriction is this?	Weather Conditions That Will Postpone Work:	Drizzle	Rain
24 hour/Permanent Daily/Recurring	Mud Fog Freezing Temps Slick Roads	High Winds	

Purpose of closure: _____

When will this contract be

What is next Phase of work? _____ Substantially Complete? _____

Between nearest state routes: _____ and _____

Official Detour: _____

Detour Length: _____ miles Any size or weight restrictions? _____

Also Notified: Fire Ambulance Sheriff City Police ISP Schools Post Office Subdistrict

Comments: