

**New Jersey Department of Transportation
Response to Sign Damage Report**

Date: _____ **Crew:** _____ **EL-15 No.:** _____
Date of Notification: _____ **Time of Notification:** _____ **Reported By:** _____
Date Started: _____ **Time Left Yard:** _____ **Time On Scene:** _____
Date Completed: _____ **Time Completed:** _____ **DWR No.:** _____

LOCATION INFORMATION

Route: _____ **Milepost:** _____ **Direction:** _____
Position: _____ **Orientation:** _____ **Behind**
Guiderail/Barrier: _____ **Overhead Wires:** _____

Special Instructions:

SIGN DAMAGE INFORMATION

Sign	Sign Class	MUTCD	Width (in.)	Height (in.)	MT-80
1					
2					
3					
4					
Material	Quantity	Comments:			
6' Posts					
8' Posts					
10' 2.5 lbs. Posts					
10' 4 lbs. Posts					
12' 2.5 lbs. Posts					
12' 4 lbs. Posts					
14' 4 lbs. Posts					
Type 1 Breakaway					
Stub Post					
Soil Plate					
Other					

Signature: _____

Date: _____

Print Name: _____

Title: _____