



CITY; COUNTY; ENGINEERING FIRM & CONSULTANT Crash Data Request Form

Fill in this form as completely as possible and E-mail it to
crashinfo@dot.state.nv.us

Company Information	
Date Requested	
Company Name	
Contact Name & Title	Name: _____ Title: _____
Address	
Phone Number	
Fax Number	
E-mail address	
Company Tax ID (Only needed if first time request)	-
Crash Information	
County Name:	
Request Period	<input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> Other
Intersection:	
<u>Distance along Legs:</u>	
Primary Street:	
<u>Primary Street Name</u>	
Cross Street:	
<u>Cross Street Name</u>	
Road Segment:	
<u>Highway/Street Name</u>	
<u>From/Beginning Street</u>	
<u>To/Ending Street</u>	
Beginning Mile Post	
Ending Mile Post	

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Project Details	
Project Type: i.e. Condos; Retail; Casino; Corridor Study; Intersection Analysis	
Project's Address	
County Assessors Parcel Number	
A.M. Peak Hour Trip Increase	
P.M. Peak Hour Trip Increase	
Government Project	<input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Information	
RSA Related	<input type="checkbox"/> Yes <input type="checkbox"/> No

All crash data requests are billed @ \$35.00/hr for research and computer time.
No fee charged for governmental projects. (State, County, City, RTC)