# MEMORANDUM

## **Missouri Department of Transportation**

 **Traffic**

 **District x**

**---- CONFIDENTIAL ----**

**TO: [Name]**

 **District Regional Counsel**

**CC: File**

**FROM: [Name]**

 **[Title]**

**DATE:** [Date]

**SUBJECT:** Confidential

 Fatal Accident Site Survey

 Accident Date: [Accident Date]

 Accident Location: [Log Mile], [Route], [County]

This accident occurred in the [north, south, east, west] bound lanes of [route] approximately [location description]. According to MSHP Report Number [report number] (TMS Image Number [TMS number]), the accident occurred when [describe accident].

Field observations found that [insert any field observations]. There [were or were not] deficiencies in striping or signing. There [were or were not] other roadway environment contributing factors to the crash. [explain if necessary].

I have included several pictures of the accident scene for your review. [optional]

Photos – Include caption describing items such as direction and route of each photo.