



WSDOT Contract Number:		Project Engineer Org Code:		Estimated Dollar Amount of Repair:	
Contract Title:					
Region:			Project Engineer:		
Date of Report:		Date of Incident:(if known)		<input type="checkbox"/> Initial Report <input type="checkbox"/> Revised Report	
State Route:	Mile Post:	Control Section:	Increasing or Decreasing Direction: Increasing      Decreasing		County:
Damage Code: (Choose Code for Primary Damage)			Responsible Party Known or Unknown: Known      Unknown		Bid Item No.:
Responsible Party: (Name and Address, if known)					
Location Description:					
Description of Damage:					