



# National Work Zone Memorial Name Submission Form

## Respect and Remembrance: Reflections of Life on The Road

### INFORMATION ON DECEDENT

Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Location of Fatality (City and State): \_\_\_\_\_

The Person Named Above (fatality must have occurred in an active roadway work zone):

- |  |   |
|--|---|
| <input type="checkbox"/> Child           | <input type="checkbox"/> Pedestrian             |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Public Safety Official |
| <input type="checkbox"/> Motorist        | <input type="checkbox"/> Work Zone Worker       |

Brief Description of Work Zone Incident: \_\_\_\_\_

### FORMER EMPLOYER INFORMATION OF THE DECEASED

Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

### FAMILY CONTACT INFORMATION (must obtained permission from the deceased's family)

Family Member Contact Name: \_\_\_\_\_

Relation to The Deceased: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the person named above have dependents\*?  Child(ren)  Spouse

\*The Foundation has resources for families including the Roadway Worker Memorial Scholarship program (post-high school education scholarship) and the Experience Camps Travel Scholarship program (summer camps for grieving children).

### INCLUDE THE FOLLOWING DOCUMENTATION (please provide all that are available to verify incident occurred within a work zone):

- Official police incident report
- Notarized employer affidavit (applicable in case of roadway workers, law enforcement officers, and emergency workers only)
- News article regarding incident/death
- High-resolution photograph of person named above



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### PHOTOGRAPH REQUIREMENTS

Please include a high-resolution photograph of the person named above to be included in the annual Memorial ceremony honoring the names of those added to the National Work Zone Memorial.

### APPLICANT'S INFORMATION

I certify I have obtained permission from the deceased's family or former guardian to provide the above information, and for the deceased's name to be listed on the National Work Zone Memorial. By providing this information, applicant shall indemnify and save and hold harmless American Traffic Safety Services Association (ATSSA), American Traffic Safety Services Foundation (The Foundation) and its officers, agents, and employees acting for ATSSA or The Foundation, against any liability, including costs and expenses. I further certify that all information provided is true and correct to the best of my knowledge, particularly, the spelling of the decedent's name, as it will appear on the National Work Zone Memorial. For motorist category only: I further certify that the individual named on this form was not under the influence of drugs or alcohol at the time of the fatality.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_ Relation to The Deceased: \_\_\_\_\_  
Organization (if applicable): \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

### INSTRUCTIONS

Complete this form, include required documentation and send to:  
American Traffic Safety Services Foundation  
15 Riverside Parkway, Suite 100  
Fredericksburg, VA 22406  
**Phone:** 540-368-1701  
**Toll-Free:** 800-272-8772  
**Email:** [foundation@atssa.com](mailto:foundation@atssa.com)

### NAME SUBMISSION DEADLINE

Names are inscribed on the National Work Zone Memorial once a year, prior to ATSSA's Convention & Traffic Expo. A name submission form must be submitted by December 1 to be considered for inclusion on the Memorial the following year.