



# National Work Zone Memorial Name Submission Form

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

### INFORMATION ON DECEDENT

Full Name (to appear on Memorial): \_\_\_\_\_

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\*) is a:

- |  |   |
|--|---|
| <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:

*\*Criteria: A work zone is defined in the Manual on Uniform Traffic Control Devices (MUTCD) as an area of a roadway with construction, maintenance or utility work activities. Work zones are typically marked by signs, channelizing devices, barriers, pavement markings and/or work zone vehicles. The zone extends from the first warning sign or high-intensity rotating, flashing, oscillating or strobe lights on a vehicle to the "End Road Work" sign or the last temporary traffic control device.*

### FORMER EMPLOYER INFORMATION OF THE DECEASED

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

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

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

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

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

### FAMILY CONTACT INFORMATION (must obtain 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\*?  Yes  No

If yes, Spouse's Name (if applicable): \_\_\_\_\_

If yes, Number of Children (if applicable): \_\_\_\_\_ Ages? \_\_\_\_\_

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



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**INCLUDE THE FOLLOWING DOCUMENTATION** (Please provide all that are available to verify the incident occurred within a work zone.)

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

### PHOTOGRAPH REQUIREMENTS

Please include a high-resolution photograph of the person named above. This will be included in the annual ceremony that recognizes the people whose names were added to the National Work Zone Memorial for the year.

### 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), the American Traffic Safety Services Foundation (ATSS Foundation) and its officers, agents and employees acting for ATSSA or ATSS 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 submit to:  
**Email:** [foundation@atssa.com](mailto:foundation@atssa.com) or **Mail:** American Traffic Safety Services Foundation  
 15 Riverside Parkway, Fredericksburg, VA 22406

### 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 Dec. 1 to be considered for inclusion on the Memorial the following year.

### QUESTIONS?

Contact ATSS Foundation at [foundation@atssa.com](mailto:foundation@atssa.com) or 540-368-1701.