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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **wisdot-agency-name-logo-100-black-rgb.jpgCRITICAL FINDINGS REPORT**  Wisconsin Department of Transportation  **DT2026 03/2022** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **INITIAL ASSESSMENT** | | | | | | | | | | | | | | | |
| ***STRUCTURE LOCATION*** | | | |  | | | | | | | | | | | |
| County | | | | | | | | | | | Structure Number | | | | |
|  | | | | | | | | | | |  | | | | |
| Feature On | | | | | | | | | | | Direction | | | | |
|  | | | | | | | | | | |  | | | | |
| Feature Under | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Structural Components Affected | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| ***CRITICAL FINDING OVERVIEW*** | | | | | | |  | | | | | | | | |
| Incident Situation Description | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| ***INCIDENT IMPACT*** *(at time of event)* | | | | | | | |  | | | | | | | |
| Impact on Traffic | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Incident Duration | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Classification | | | | | | | | | | | | | | | |
|  | (1) URGENT |  | (2) SEVERE | | | | | | | | | | | | |
| ***CONTACT INFORMATION*** | | | | | | |  | | | | | | | | |
| Inspector’s Name | | | | | | | | | | | | | Date | | |
|  | | | | | | | | | | | | |  | | |
| When Reported to BOS: | | | | | Date | | | |  | | | | | Time |  |
|  | | | | | | | | | | | | | | | |
| BOS Contact | | | | | | | | | | | | Phone Number | | | |
|  | | | | | | | | | | | |  | | | |
| Caller Name Reporting Incident | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |
| Caller Agency | | | | | | | | | | | | Phone Number | | | |
|  | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |
| **CLOSE-OUT DOCUMENTATION** *(required for critical findings)* | | | | | | | | | | | | | | | |
| Description of Short-Term Follow-up Actions and/or Long-Term Plan of Action | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Follow-up Actions Complete: | | | | | | Date | | | |  | | | | | |
| Close-Out Inspection Complete: | | | | | | Date | | | |  | | | | | |
|  | | | | | | | | | | | | | | | |
| **Please provide photo documentation of completed follow-up actions.** | | | | | | | | | | | | | | | |