

**“National Work Zone Memorial -  
Respect And Remembrance:  
Reflections Of Life On The Road” program**

**Memorial Name Submission  
Fatality MUST Have Occurred in a Roadway Work Zone**

(1) Name of Deceased: \_\_\_\_\_

(2) Date and Location of Fatality: \_\_\_\_\_

(3) The Person Named Above:

- Pedestrian
- Work Zone Worker
- Motorist
- Law Enforcement
- Public Safety Official
- Child

(4) Brief Description of Work Zone Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) Verification of above information is provided in the form of (please provide all available):

- Official police accident report
- Notarized employer affidavit (applicable in case of Roadway Workers, Law Enforcement Officers, and, Emergency Workers only)
- Newspaper or media clipping

(6) 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, against any liability, including costs and expenses. I further certify that all information provided above is true and correct to the best of my knowledge. 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: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Applicant's Daytime Telephone Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_

\* **Instructions:** Complete this form, include required documentation, (item 5) and mail to the Foundation, 15 Riverside Parkway, Suite 100, Fredericksburg, VA 22406 or fax to (540) 368-1717, **ATTN: KathyToney**

\*\* Names submitted before December 31, 2008 will be included on the Memorial Exhibition in 2009.

