

Major Incident Tow (MIT) Activation Report

(NOTE: This form is required for all MIT Activations)

This form to be completed by Tow Truck Operator

MIT Activation Report Form - Revised 2012.01.04

RTTO Lead Company: _____ WSP Trooper-in Charge & #: _____

Activation Date: _____ Direction & Route #: _____ Milepost: _____ LM/X St: _____

MIT Operator #1: _____ Company: _____

MIT Operator #2: _____ Company: _____

WSP Notification Time: _____

Truck 1 time enroute: _____ Truck 1 time arrived on-scene: _____

Truck 2 time enroute: _____ Truck 2 time arrived on-scene: _____

Notice to Proceed Time: _____ MIT Recovery STOP time: _____ Total Net Minutes: _____

Was MIT Successful (≤90 Minutes): Yes / No Request Incident Debriefing: Yes / No

Collision Information

Truck Driver: _____ Truck Owner: _____

Address: _____ Address: _____

C, S, Z: _____ C, S, Z: _____

Vehicle License(s): _____ State: _____

Color/Year/Make/Model: _____

Insurance Company & Policy#: _____

Brief Description of Incident (submit a detailed description if warranted): _____

Issues in meeting 90 minute requirement: _____
