



CITY OF NEWPORT NEWS – DEPARTMENT OF ENGINEERING
TRAFFIC OPERATIONS POLICY MANUAL **EFFECTIVE DATE: 04/01/2009**

SECTION: 3100	SUBJECT: Signage – Roadside Memorial Signs
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I. PURPOSE:

This program has been developed as a means to provide a memorial for victims of traffic accidents as well as enhance awareness of the need to drive safe and sober. The requirements contained herein have been developed to provide clear guidance for the Traffic Operations Division of Engineering regarding the fabrication and installation procedures for “Roadside Memorial” signs within the City of Newport News. Self/private erected memorials will no longer be permissible and shall be removed from City right-of-way.

II. POLICY:

The Department of Engineering will fabricate and install a roadside memorial sign along a city-maintained highway, normally for a period of two years. The entire cost of fabricating, installing and final removal of such a sign must be paid by the applicant requesting said sign. There may be no deviation from the standard roadside memorial sign specifications (see section IV).

III. PROCEDURE:

- A. A written application shall be forwarded to the Director of Engineering. Within the request shall indicate the victim of the traffic accident, the location of the crash and the date of the crash. If possible a copy of the Police Crash Report (FR300) should be sent along with the memorial sign request.
- B. The Director of Engineering or his designee will meet with the requester to review and approve the proposed location of the sign. The sign cannot be installed within a “clear zone”.
- C. Memorial Signs will not be installed or maintained in work zone areas for highway construction.
- D. The applicant will bear the entire cost of the sign. A onetime fee for the fabrication, installation and ultimate removal of the sign (per the sign specification) shall be paid to the City of Newport News prior to issuance of a work order.
- E. When the sign has been fabricated, the Traffic Operations Division will install the sign at the agreed upon location for a period of two years.

MENDS/SUPERSEDES:	REFERENCES:	APPROVAL: 
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- F. The sign *will not* remain on site more than two years. After this period, the Traffic Operations Division will remove the sign and retain it at the operations center for 30 days.
- G. For a roadside memorial sign to remain longer than the two-year period, the applicant *must write* the Supervisor of Traffic Operations requesting a one-year extension. This extension can be repeated in following years for a total installation period not to exceed 5 years.
- H. All memorials shall be erected on the right side of the highway.


IV. SIGN SPECIFICATIONS:



Option 1



Option 2

MENDS/SUPERSEDES:	REFERENCES:	APPROVAL: 
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Design Standards			
Shape	Top Panel:	Square	
	Bottom Panel:	Horizontal Rectangle	
Color	Message & Border:	Black Non-reflectORIZED	
	Field:	Gray Non-reflectORIZED	
Size		Top Panel	Bottom Panel
	Horizontal:	24"	30" (max)
	Vertical:	24"	6" (9" max)
	Circle Diameter:	22"	
Message		Top Panel	Bottom Panel
	Line 1 Capitals:	3" D	2" C
	Line 2 Capitals:	3" D	See notes
	Line 3 Capitals:	2" D	
	Line 4 Capitals:	2" D	
Border Width	Top Panel:	1"	
	Bottom Panel:	3/8"	
Corner Radius	Top Panel:	1 1/2"	
	Bottom Panel:	1 1/2"	

Notes:

Top Panel – Vertical spacing between the top of the panel and Line 1 is 4 1/8". Vertical spacing between Lines 1 and 2 is 2.25". Vertical spacing between Lines 2 and 3 is 2". Vertical spacing between Lines 3 and 4 is 1 1/2".

Bottom Panel – Vertical spacing between the top of the panel and Line 1 is 2". The use of initials and/or avoidance of hyphenated names may be needed for the deceased's name to fit the bottom panel. If necessary, the bottom panel may be increased to 9" in height and a second line used to accommodate those names that will not fit onto one line. When a 9" panel is used, vertical spacing between the top of the panel and Line 1 is 2" and vertical spacing between Lines 1 and 2 is 1". When the applicant requests that the deceased's name not be indicated, the message "A LOVED ONE" should be used on the bottom panel.

MENDS/SUPERSEDES:	REFERENCES:	APPROVAL:
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ROAD SIDE MEMORIAL SIGN POLICY/APPLICATION

Department of Engineering – City of Newport News



Mail the application to: Director of Engineering, 2400 Washington Avenue, Newport News, Virginia 23607

The following policy concerns the installation of Road Side Memorial signs within the public Right-of-way:

1. The applicant must make a written request, on this form, to the Department of Engineering that includes:
 - a. Name of the victim involved in a motor vehicle crash: and
 - b. Date of the motor vehicle crash and
 - c. Location of the motor vehicle crash and (if possible)
 - d. Copy of the Police Crash Report (FR300)
2. The sign will not remain on site more than two years. After this period, the Traffic Operations Division will remove the sign and retain it at the operations center for 30 days.
3. For a roadside memorial sign to remain longer than the two-year period, the applicant must write the Supervisor of Traffic Operations requesting a one-year extension. This extension can be repeated in following years for a total installation period not to exceed 5 years.
4. All memorials shall be erected on the right side of the highway.

If the request is approved, the Department of Engineering will so notify the applicant in writing.

THIS SECTION MUST BE COMPLETED BY THE APPLICANT

Applicant Name: _____ Phone Number: _____
Last, First Middle

Address: _____
Street, City/State Zip

Name of Deceased: _____
Last, First Middle

Date of Crash: _____ Location of Crash: _____

I certify that the information I have furnished is correct:

(Signature of Applicant) (Date)

<i>Check One</i>
I am requesting the:
<input type="checkbox"/> Drive Safely Sign
<input type="checkbox"/> Drive Sober Sign

<i>Check One</i>
<input type="checkbox"/> Place the name of the deceased, as shown, on the sign.
<input type="checkbox"/> <u>Do not</u> use the name of the deceased, use, "A LOVED ONE".

OFFICE USE ONLY – APPLICANT MUST NOT WRITE IN THIS SECTION

Date completed application received: _____

Application reviewed by: _____

Application approved (circle one) YES NO by: _____ on: _____

If not approved, give reason: _____

If approved: Work Order #: _____ Date: _____

Response to applicant by (Name): _____ Date: _____