

# INTERSECTION TRAFFIC COUNT REQUEST

DT2184 2005

Wisconsin Department of Transportation

Please provide site sketch on back side of form.

<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> NOT Urgent		Project ID <b>203-002-0700</b>	Date Requested
Firm Name DOT		Requester	Unit Planning
Location - Main Highway <b>SR WSH 41</b>		Intersecting Side Road <b>CTH N (Freedom Rd.)</b>	
County	<input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village OF	Number of Staff Required 2	Hours 6:00 AM to 6:00 PM
Special Instructions			

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> Passenger Vehicles<br>(Cars, Light Trucks, Motorcycles) | <input checked="" type="checkbox"/> Heavy Trucks | <input checked="" type="checkbox"/> Bicycles          | <input checked="" type="checkbox"/> Pedestrians |
| <input checked="" type="checkbox"/> Buses   | <input checked="" type="checkbox"/> School Buses | <input checked="" type="checkbox"/> School in Session | <input checked="" type="checkbox"/> U-Turns     |

## Field Observations

1 <sup>st</sup> Observation - Day 1			2 <sup>nd</sup> Observation - Day 2		
Date (M - D - Y)	Day of Week	Time of Day	Date (M - D - Y)	Day of Week	Time of Day
<b>Dec 7 2011</b>	<b>Weds.</b>	<b>0600</b>			
Weather <b>Cold partly cloudy</b>			Weather		
Observer Name <b>Mike Fitzsimons</b>	Observer Name <b>Reggie</b>		Observer Name	Observer Name	
Observer Name	Observer Name		Observer Name	Observer Name	

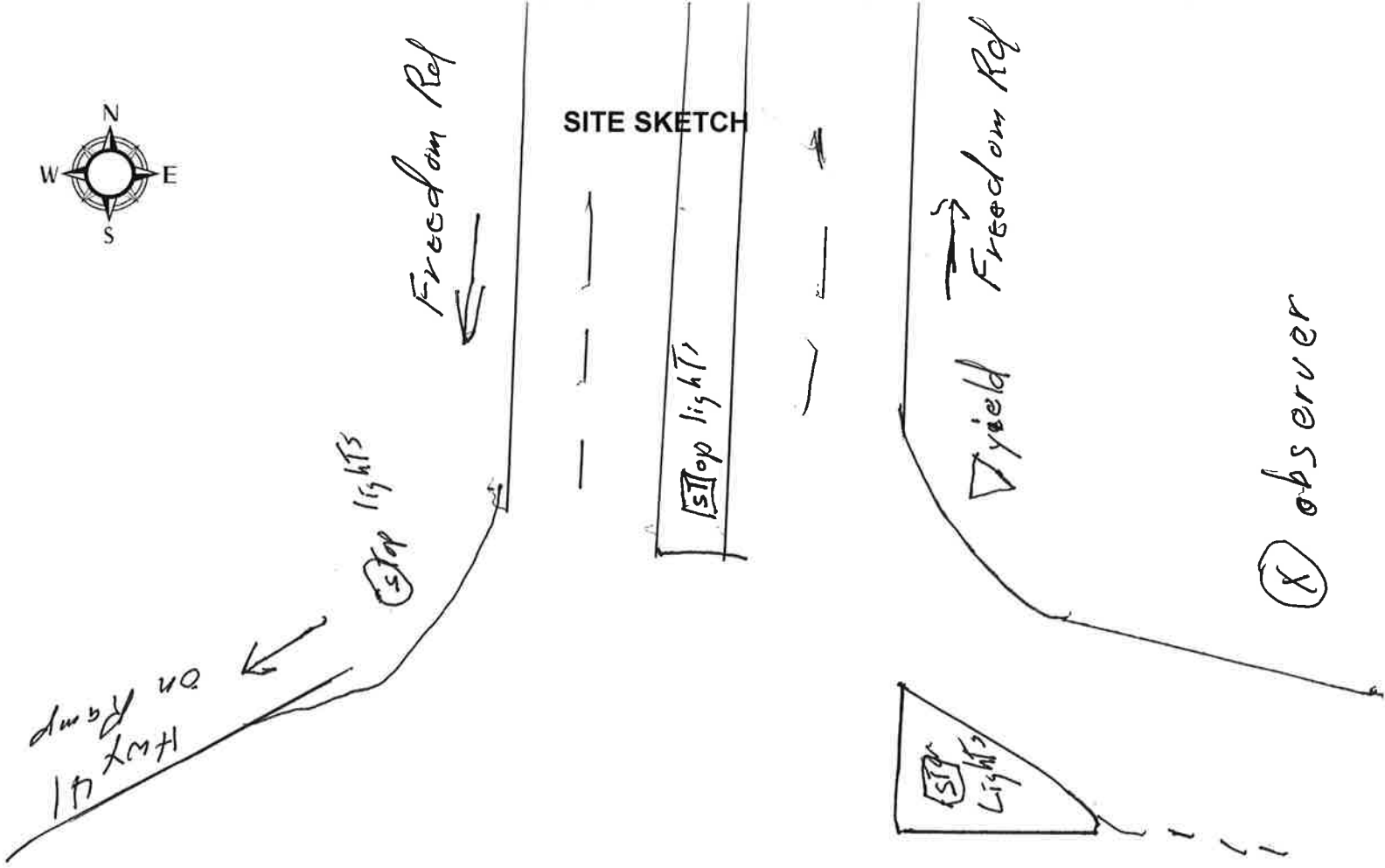
Common Observations - Indicate how many times these observations occur.

	None	1-2	A Few	Several	Many
Blown Stops	0				
Close Calls		1			
Driveway Cut-Thrus	0				
Funeral Processions	0				
Long Queue - Left Turn	0				
Long Queue - On-Ramp	0				
Trains	0				
Truck - Turning Radius	0				
Truck - Yellow Clearance	0				
Trucks Consistently One Type	0				
U-Turns in Medians	0				
Other:	0				

Comments **Had one accident small fender bender.**  
**Otherwise traffic moved smoothly.**



# SITE SKETCH



Sketch Information - Check all that apply.

- |                                     |   |   |                                      |  |
|-------------------------------------|---|---|--------------------------------------|--|
| <input type="checkbox"/> Bridges    | <input type="checkbox"/> Buildings      | <input type="checkbox"/> Bus Stops        | <input type="checkbox"/> Driveways   | <input type="checkbox"/> Fence             |
| <input type="checkbox"/> Foliage    | <input type="checkbox"/> Islands        | <input type="checkbox"/> Land Uses        | <input type="checkbox"/> No Parking  | <input type="checkbox"/> Observer Location |
| <input type="checkbox"/> Parking    | <input type="checkbox"/> Pavement Edges | <input type="checkbox"/> Road Center Line | <input type="checkbox"/> Shoulders   | <input type="checkbox"/> Speed Limits      |
| <input type="checkbox"/> Stop Signs | <input type="checkbox"/> Traffic Lanes  | <input type="checkbox"/> Traffic Signals  | <input type="checkbox"/> Yield Signs | <input type="checkbox"/> _____             |