

ANGLE PARKING ENGINEERING AND TRAFFIC STUDY

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK



pennsylvania

DEPARTMENT OF TRANSPORTATION

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A - LOCATION INFORMATION

COUNTY	MUNICIPALITY
STREET NAME	TOWNSHIP ROAD #
SR#	SEGMENT
RESTRICTED BETWEEN: Segment: Offset:	To Segment: Offset:
Location:	to Location:
Side of Street: <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH	

B - REFERENCE INFORMATION

REFERENCE Chapter 212	SECTION(S) 212.114(b)
REFERENCE PUB 46	SECTION(S) Chapter 11.6
REFERENCE Vehicle Code Title 75 Pa. C.S.	SECTION(S) §3354(c)

C - STUDY ELEMENTS

FROM PUB 212 APPENDIX:

- | | | |
|---|--|---|
| <input type="checkbox"/> Crash Analysis (1) | <input type="checkbox"/> Geometric Review (8) | <input type="checkbox"/> Speed Data (17) |
| <input type="checkbox"/> Angle Parking Measurements (4) | <input type="checkbox"/> Pedestrian Volumes (12) | <input type="checkbox"/> Traffic Volumes (20) |
| <input type="checkbox"/> Capacity Analysis (6) | <input type="checkbox"/> Sight Distance (16) | <input type="checkbox"/> Other: _____ |

D - ATTACHMENTS LISTING

Check those that apply and attach to this form in the order listed below:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1. 10-Day Response Letter | <input type="checkbox"/> 7. Crash Extract | <input type="checkbox"/> 13. Traffic/Pedestrian Volumes |
| <input type="checkbox"/> 2. Letter or Memo Requesting Study | <input type="checkbox"/> 8. Crash Rate | <input type="checkbox"/> 14. STAMPP Identification Data |
| <input type="checkbox"/> 3. Location Map | <input type="checkbox"/> 9. Collision Diagram Plot | <input type="checkbox"/> 15. Speed Limit |
| <input type="checkbox"/> 4. Straight Line Diagram | <input type="checkbox"/> 10. Speed Study | <input type="checkbox"/> 16. Traffic Signal Permit Plan |
| <input type="checkbox"/> 5. Photographs | <input type="checkbox"/> 11. Warrant Analysis | <input type="checkbox"/> 17. Other _____ |
| <input type="checkbox"/> 6. Field View Drawing or Condition Diagram | <input type="checkbox"/> 12. Multi-Way Stop or Truck Restriction Worksheet | _____ |

Confidential - Traffic Engineering and Safety Study

This document is the property of the Commonwealth of Pennsylvania, Department of Transportation. The data and information contained herein are part of a traffic engineering and safety study. This safety study is only provided to those official agencies or persons who have responsibility in the highway transportation system and may only be used by such agencies or persons for traffic safety related planning or research. The document and information are confidential pursuant to 75 Pa. C.S.3754 and 23 U.S.C. 409 and may not be published, reproduced, released or discussed without the written permission of the Pennsylvania Department of Transportation.

E - SITE OBSERVATION CHECKLIST

Operational Checklist:

1. Do obstructions block a driver's view of pedestrians or approaching vehicles? YES NO N/A
2. Do drivers respond correctly to signals, signs, or other traffic control devices? YES NO N/A
3. Is there evidence of crashes (*skid marks, property damage, tree/bush damage, broken glass/vehicle parts, etc.*)? YES NO N/A
4. Are there violations of parking or other traffic regulations? YES NO N/A
5. Do drivers appear confused about routes, street names, or other guidance information? YES NO N/A
6. Have you observed the location during peak hours for volume, crashes, and traffic operations? YES NO N/A
7. Are there traffic flow deficiencies or traffic conflict patterns associated with turning movements? YES NO N/A
8. Are there significant delays and/or congestion? YES NO N/A
9. Are there vehicle/pedestrians conflicts? YES NO N/A
10. Are there other traffic flow deficiencies or traffic conflict patterns? YES NO N/A

Physical Checklist:

1. Can sight obstructions be removed or lessened? YES NO N/A
2. Do the street alignments or widths adequately accommodate the type of traffic using the roadway? YES NO N/A
3. Are curb radii adequate for turning vehicles? YES NO N/A
4. Are pedestrian crosswalks properly located? YES NO N/A
5. Are signs adequate as to usefulness, message, size, conformity, and placement? YES NO N/A
6. Are traffic signals adequate as to placement, visibility, glare, conformity, number of signal heads, and timing? YES NO N/A
7. Are pavement markings adequate as to their conformance to standards and location? YES NO N/A
8. Is channelization (islands or pavement markings) adequate for reducing conflict areas, separating traffic flows, and defining movements? YES NO N/A
9. Does the existing legal parking layout affect sight distance for through or turning vehicles? YES NO N/A
10. Is the pavement condition free of potholes, washboard, slick surface, etc.? YES NO N/A

F - SITE DATA

DATE DATA COLLECTED	PERSON CONDUCTING STUDY	TITLE									
<ol style="list-style-type: none"> 1. The posted speed limit is _____ MPH. 2. The 20 _____ ADT is _____. 3. The 20 _____ peak hour volume is: <input type="checkbox"/> North Bound <input type="checkbox"/> South Bound <input type="checkbox"/> East Bound <input type="checkbox"/> West Bound 4. The existing level of service as determined by a capacity analysis using the peak hour volumes indicated above is: With angle parking (one side) _____. With angle parking (both sides) _____. With no angle parking _____. 5. Determine and list the minimum intersection sight distance at all approaches to all intersections within the proposed restriction and indicate below: _____ _____ _____. 	<ol style="list-style-type: none"> 6. The parking angle is _____ degrees. 7. The maneuver area, exclusive of the travel lane is _____. 8. The total parking and maneuver area is _____. 9. Does this satisfy the minimum parking and maneuver requirements in the table on page B-11 of Publication 212? <input type="checkbox"/> YES <input type="checkbox"/> NO <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">Parking Angle (degrees)</th> <th style="padding: 2px;">Parking and Maneuver Area (feet)</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">30</td> <td style="padding: 2px;">26</td> </tr> <tr> <td style="padding: 2px;">45</td> <td style="padding: 2px;">30</td> </tr> <tr> <td style="padding: 2px;">60</td> <td style="padding: 2px;">37</td> </tr> <tr> <td style="padding: 2px;">90</td> <td style="padding: 2px;">43</td> </tr> </tbody> </table>	Parking Angle (degrees)	Parking and Maneuver Area (feet)	30	26	45	30	60	37	90	43
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90	43										

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F - SITE DATA (CONTINUED)

10. Is the pedestrian activity minimal within the maneuver area.
 YES NO
11. Does the area contain either an official bus stop or a loading or unloading zone?
 YES NO
12. Other restrictions to be imposed:
 a. Meters YES NO
 b. Time restriction is in effect: _____
 c. Cost of parking: _____
 d. Hours of day restricted: _____
 e. Days of the week restricted: _____
 f. Class of vehicles restricted: _____
13. Signs to be installed: (list each type separately)
 a. Sign Number from PUB. 236: (a) _____ (b) _____ (c) _____
 b. No. of signs to be installed: (a) _____ (b) _____ (c) _____
 c. Sign message:
 (a) _____
 (b) _____
 (c) _____

14. Has a Resolution or Ordinance been enacted? YES NO
15. a. Is Department approval required? YES NO
 b. If yes, has the approval been obtained? . . . YES NO
16. Are parking stalls marked? YES NO
 Describe: stall size, material, etc.
17. List the number of crashes within the proposed parking area that can be either directly or indirectly attributed to each of the following as a primary cause during the past year:
 NOTE: Only to be used when angle parking is being re-evaluated.
- a. Vehicle parking on the roadway _____
 b. Vehicle entering or leaving the parked position . . _____
 c. Drivers or passengers entering or leaving parked vehicles on the street side _____
 d. Reduced sight distance _____
 e. Other _____
 f. Number of parking related crashes _____

G - REMARKS

H - ENGINEERING JUDGEMENT

I - APPROVALS

Comments:

Reviewed and Approved by Signature	Name/Title	Date
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