

# MID-BLOCK CROSSWALK ENGINEERING AND TRAFFIC STUDY

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK



## A - LOCATION INFORMATION

|             |                 |
|-------------|-----------------|
| COUNTY      | MUNICIPALITY    |
| STREET NAME | TOWNSHIP ROAD # |
| SR#         | SEGMENT         |

## B - REFERENCE INFORMATION

|  |                                 |
|--|---------------------------------|
| REFERENCE<br>Chapter 212                     | SECTION(S)<br>212.5(b)(1)(v)(T) |
| REFERENCE<br>MUTCD                           | SECTION(S)<br>3B.17             |
| REFERENCE<br>PUB 46                          | SECTION(S)<br>Chapter 11.9      |
| REFERENCE<br>Vehicle Code Title 75 P.a. C.S. | SECTION(S)<br>§ 3542            |
| REFERENCE<br>TC-8600                         | SECTION(S)<br>Sheet 4 of 8      |

## C - STUDY ELEMENTS

### FROM PUB 212 APPENDIX:

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

## 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"> <li>1. What is the posted speed limit? . . . . . _____ MPH</li> <li>2. What is the total width of the roadway? . . . . . _____ feet</li> <li>3. What is the number of travel lanes at the proposed crosswalk? . . . . . _____</li> <li>4. Are sidewalks present? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>5. Is parking permitted in the area of the proposed crosswalk? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>                     What distance is the parking area from the proposed crosswalk? . . . . . _____ feet</li> <li>6. Is angle parking present? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>7. Is curbing present? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>                     If yes, does curbing include a curb extension? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>8. Is the distance to the nearest marked crosswalk greater than 300 feet? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>9. What is the exact location of the proposed crosswalk (be as specific as possible)? _____<br/>                     _____</li> <li>10. Is the traffic volume on the roadway 10,000 ADT or less? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>                     If no, is the two-lane traffic volume 15,000 ADT or less? . . . . . <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ol> |                         |       |

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**F - SITE DATA (CONTINUED)**

11. What is the total number of pedestrians crossing the street within 150 feet of the proposed crosswalk? \_\_\_\_\_
12. In the table below, indicate the four highest one hour periods that pedestrians will use the crosswalk and how many pedestrians will cross.

|          | TIME           | NO. OF PEDESTRIANS CROSSING |
|----------|----------------|-----------------------------|
| Example: | 7:00 – 8:00 AM | 40                          |
| 1.)      | _____          | _____                       |
| 2.)      | _____          | _____                       |
| 3.)      | _____          | _____                       |
| 4.)      | _____          | _____                       |

13. Is there a high concentration of children, elderly, or disabled pedestrians crossing the roadway in the vicinity of the proposed crossing? .....  YES  NO
- If yes, how many? \_\_\_\_\_
14. Does the available sight distance between an approaching driver and a person anywhere within the proposed crosswalk satisfy the following minimum values where both driver's eye and the pedestrian are assumed to be 3.5 ft above the roadway? .....  YES  NO

| Speed Limit (mph) | Minimum Sight Distance for a Corresponding Grade (feet) |       |     |
|-------------------|---|-------|-----|
|                   | -6%   | level | +6% |
| 25                | 215   | 200   | 184 |
| 30                | 271   | 250   | 229 |
| 35                | 333   | 305   | 278 |

**G - REMARKS**

**H - ENGINEERING JUDGEMENT**

**I - APPROVALS**

**Comments:**

|                                    |            |      |
|------------------------------------|------------|------|
| Reviewed and Approved by Signature | Name/Title | Date |
| Reviewed and Approved by Signature | Name/Title | Date |

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