



NO TURN ON RED RESTRICTION ENGINEERING AND TRAFFIC STUDY

A - LOCATION INFORMATION

COUNTY	MUNICIPALITY
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MAJOR STREET INFORMATION

SR#/LOCAL HIGHWAY	SEGMENT	STREET NAME
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APPROACH DIRECTION (NB, SB, EB, WB)

MINOR STREET INFORMATION

SR#/LOCAL HIGHWAY	SEGMENT	STREET NAME
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APPROACH DIRECTION (NB, SB, EB, WB)

B - REFERENCE INFORMATION

REFERENCE Chapter 212	SECTION(S) 212.116
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REFERENCE MUTCD	SECTION(S) 2B.54
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REFERENCE Vehicle Code Title 75 Pa. C.S.	SECTION(S) §3112(a)(3)
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C - STUDY ELEMENTS

FROM PUB 212 APPENDIX:

- | | | |
|--|---|---|
| <input type="checkbox"/> Crash Analysis (1) | <input type="checkbox"/> Sight Distance (16) | <input type="checkbox"/> Traffic Volumes (20) |
| <input type="checkbox"/> Geometric Review (8) | <input type="checkbox"/> Speed Data (17) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pedestrian Volumes (12) | <input type="checkbox"/> Traffic Signals (19) | _____ |

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
<p><i>Note: Local authorities are responsible for making the necessary engineering and traffic studies at all signalized intersections under their jurisdiction, except:</i></p> <p>A. <i>At intersections where the traffic signal controller is preempted during train movements, and</i></p> <p>B. <i>At new or revised installations where the traffic signal is being designed by the Department</i></p> <p>Signal Permit No. _____</p> <p>Signal File No. _____</p> <p>1. A. Determine and list the sight distance from the approach where the Right Turn on Red Restriction has been requested. _____ feet.</p> <p>B. Does this sight distance satisfy the requirements in the Table on Page B-16 of Publication 212? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does the intersection have more than four approaches or restrictive geometry that is likely to cause vehicular conflicts which are not easily recognized by drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the turning movement allowed from more than one lane on a specific approach? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note that a no-turn-on-red restriction at these locations may only apply during the time periods that significant vehicular-pedestrian conflicts would occur. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4. Is there an exclusive pedestrian phase? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4a. Is there a lead pedestrian interval phase? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Does opposing traffic have unusual movements, such as double left turns, which would not be expected by drivers turning on a red signal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are there an unacceptable number of pedestrian conflicts with right-turn-on-red maneuvers, especially involving children, older pedestrians, or persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are there more than three right-turn-on-red accidents reported in a 12-month period for the particular approach? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does a crash analysis indicate that the turn-on-red movement has created an unsafe condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Does a potential safety problem exist for only a portion of the day? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, note that part-time or intermittent prohibition of the turn on red movement must be considered in accordance with Section 212.116(a)(2) of Publication 212.</p>	

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F - SITE DATA (CONTINUED)

10. Is the location an intersection approach where vehicles turning on red would cross an at-grade railroad crossing within 200 feet and the traffic signal controller is preempted during train movements during the time the signal controller is preempted?..... Yes No

If yes, note that part-time or intermittent prohibition of the turn-on-red movement may be used in accordance with Section 212.116(a)(2) of Publication 212.

11. Attach a sketch of the intersection if necessary.

Local authorities will be responsible for purchasing and erecting all required No Turn On Red signs at signalized intersections under their jurisdiction. Written approval of the District Engineer must be obtained prior to installation of No Turn On Red signs.

The municipality agrees to purchase, erect and maintain the signs necessary to legalize the above restrictions at no cost to the Department. Yes No

Authorized Municipal Official: _____

G - REMARKS

Blank area for remarks.

H - ENGINEERING JUDGEMENT

Blank area for engineering judgement.

I - APPROVALS

Comments:

Blank area for comments.

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

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