

TRAFFIC ANALYSIS REQUEST

INSTRUCTIONS: Please complete and send the TAR form to Manager: Project Planning Section, or E-mail to MDOT-projectplanning@michigan.gov. by clicking on the Submit button. For assistance, please call (517) 373-9560.

REQUESTOR INFORMATION

REQUESTOR NAME	PROJECT MANAGER NAME	TODAY'S DATE	DATE NEEDED*
PHONE	REGION/DIVISION	JOB NUMBER (required)	CHARGABLE PHASE (required)

PROJECT DESCRIPTION/PURPOSE OF REQUEST (Intersection design, Pavement design, Bridge design, etc)

PROJECT LOCATION AND INFORMATION

REGION/TSC	COUNTY	ROUTE DESIGNATION
CONTROL SECTION	BEGINNING MILE POINT	ENDING MILE POINT

LOCATION DESCRIPTION

FORECAST YEARS

PROJECT ROUTE	BASE YEAR	CONSTRUCTION YEAR	FORECAST YEAR
DETOUR ROUTE (Describe in remarks)	BASE YEAR	CONSTRUCTION YEAR	FORECAST YEAR

REQUESTED SERVICES *(Indicate "X" where applicable)*

<input type="checkbox"/> Average Annual Daily Traffic (AADT)	<input type="checkbox"/> % Commercial of ADT (CADT)
<input type="checkbox"/> Directional Average Daily Traffic (DADT)	<input type="checkbox"/> Commercial DDHV
<input type="checkbox"/> 30 th High Hour Total (DHV)	<input type="checkbox"/> Vehicle Classification by Type**
<input type="checkbox"/> 30 th High Hour Directional (DDHV)	<input type="checkbox"/> Medium/Heavy Trucks (For Noise Impact Analysis)
<input type="checkbox"/> AM Peak Hour Volume and Time	<input type="checkbox"/> Equivalent Single Axle Loadings (ESALs) for Life Cycle Cost Analysis
<input type="checkbox"/> PM Peak Hour Volume and Time	<input type="checkbox"/> 24 Hour Traffic Distribution
<input type="checkbox"/> Interchange/Intersection Turning Movements ** (Describe in remarks)	
<input type="checkbox"/> Travel Demand Model Estimated Traffic Diversion (for Workzone Safety & Mobility Analysis)	

REMARKS/OTHER ANALYSES (e.g., Pedestrian/Non-Motorized Volumes)

****Project Planning Section endeavors to provide requested information within 30 days of TAR receipt, depending on data availability.** Items marked ** often require a field survey and/or additional analysis. Assigned staff will contact the requestor if data collection or analysis will require additional time.

LOCATION(S) OF INTERSECTIONS, RAMPS, OR INTERCHANGES REQUIRING ANALYSES *(Please be specific and send map if necessary)*

1.	2.
3.	4.

OFFICE USE

TAR#				Staff		Completed	
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