# STATE OF COLORADO

#### **DEPARTMENT OF TRANSPORTATION**

Traffic & Safety Section

222 South 6<sup>th</sup> Street, Room 100 Grand Junction, Colorado 81501 (970) 683-6287 Fax: 970-683-6290



Date:

October 12, 2010

To:

City/County Transportation Officials

From:

Alisa Babler

Permit Unit Engineer

Subject:

**CDOT Region 3 Intersection Analysis and Prioritization** 

**Request for Applications** 

CDOT Region 3 Traffic and Safety (CDOT) has commissioned Fehr and Peers to complete the Intersection Analysis and Prioritization Study. The intent of this study is to update the study done in 2007, develop a methodology, and prioritize intersection improvements for the use of the TPR and CDOT in a multi-year funding program. Up to three intersections per county will be analyzed in-depth and ranked, to assist in developing priorities for CDOT and the TPR. The study will analyze the intersections, identifying long and short term improvements to address deficiencies, and recommend prioritization for future funding.

At this time we are requesting intersection applications for the study. Intersections for consideration should have safety or operational issues and be located on the state highway system. We are requesting that counties submit up to three intersections for inclusion in the study. Additionally, please provide the application packet to cities within your respective county for additional submittals by the city if desired. All intersections submitted will be compiled and an initial evaluation done to establish the top three intersections in the county for an in-depth analysis and inclusion in the study. Intersections not included in the in-depth analysis will be provided as a list in the appendix for future reference.

Any supporting data and documentation available, as it relates to the intersection, will be useful in determining applicable improvements and the final priority of the intersection. The application should include as many specifics as possible regarding deficiencies of the intersection, time of day, impacts of weather, geometric constraints, right of way constraints, crash history, and any other site specific information available.

Please provide your applications no later than **December 15, 2010.** Completed applications should be sent to:

Emily Gloeckner, P.E. Fehr & Peers Transportation Consultants 621 17th Street, Ste. 2301 Denver, CO 80293 E.Gloeckner@fehrandpeers.com

Phone: 303-296-4300 Fax: 303-296-4302

Thank you for assisting us in the development of this program. Should you have any questions, please feel free to contact the CDOT project manager, Alisa Babler at 970-683-6271 or the Fehr & Peers project manager, Emily Gloeckner, at 303-296-4300.

Traffic & Safety Section

# Region 3 Intersection Analysis and Prioritization Intersection Application

## **Requesting Agency**

Agency Name	Garfield County
Contact Person	Betsy Suerth
Title	Garfield County Project Engineer
Email	bsuerth@garfield-county.com
Phone Number	970-945-8212 x1600
Mailing Address	108 8th Street #401 Glenwood Springs, CO 81601

Intersection Location		
Highway (example, US 50)	State Highway 82	
Highway Milepost	6.5	
Local Cross Street name	CR 154 & 114	

Is the Cross Street (check one) Public ROW Private Drive Other

# **Intersection Information**

Type of Intersection (check one)	Signal	Minor St Stop	All Way Stop	Other:
Nearby Driveways	Yes: 4 business and residential (restr. by median) No Distance between intersections: 250' to 1000'		No	
Traffic Mix (check all that apply)	Trucks	Pedestrians 🗸	Bicycles 🗸	Other: Stops
Intersection Issues	Please descintersection		safety or operationa	l issues at the
Safety Issues:	turn po taper. substance	limiting signickets are EB&WBac Kard length	Eastbound apprais visibility substandard celeration land taper. Riod & Signal (C)	.EB &WB left length, storage, es are of Grand Trail
Operational Issues:	-Side st Storage -Adjaceu	reet appr lengths. it accesse	oaches have	(CR 114) & South

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# **Intersection Deficiencies**

Please provide a brief description of the existing intersection deficiencies and associated safety concerns, including time of the concerns (day of the week/hour(s)/seasons/time/weekday/weekend/holiday/etc):

Please refer to attached existing conditions analysis.
Primary operational problems occur during weekday peak hours. Safety problems exist at all times.

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#### Mitigation

Please provide a brief description of possible mitigations, improvements, and/or projects to mitigate the safety concerns at the intersection:

- · Lengthen turn lowes (accel & decel) to CDOT Standards.
- · Provide better advance warning along SH82 for the intersection; including signing for flashing beacon connected to figual controller.

Are there any existing plans for improvements for this intersection? Yes/No. If yes, please explain:

No

Are any additional funding sources available for this project: Yes/No. If yes, please explain:

Potential developer involvement.

Does this intersection have impacts to adjacent intersections, roadways, etc? If yes, please explain:

Part of SHBZ corridor. Adjacent restricted accesses could be improved with acceleration lane extensions that would overlap wy these adjacent private accesses.

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#### **Additional Information**

To assist in analyzing the intersection please attach the following information if available/applicable:

- Accident data, including police reports if available
- Traffic Volumes, such as AADT/ADT, peak hour volumes, peak hour turning movement counts
- Traffic Studies
- Pedestrian Counts
- Bicycle Counts
- Existing signal timing or Synchro files
- Existing construction plans
- Survey data
- Aerial photos
- Photographs of the intersection
- Right of Way maps
- Any other data/documentation to assist in analyzing the intersection

Traffic & Safety Section

# Region 3 Intersection Analysis and Prioritization Intersection Application

## **Requesting Agency**

Agency Name			
Contact Person			
Title		·	
Email			
Phone Number			***************************************
Mailing Address		٠	
Intersection Location			
Highway (example, US 50)			
Highway Milepost			
Local Cross Street name		100 T-	
Is the Cross Street (check one)	Public ROW	Private Drive	Other

# **DEPARTMENT OF TRANSPORTATION**Traffic & Safety Section

## **Intersection Information**

Type of Intersection (check one)	Signal	Minor St Stop	All Way Stop	Other:
Nearby Driveways	Yes:		<u> </u>	No
	Distance bet	ween intersection	ns:	
Traffic Mix (check all that apply)	Trucks	Pedestrians	Bicycles	Other:
Intersection Issues	Please descintersection	ribe the types of n.	safety or operational	l issues at the
Safety Issues:				
Operational Issues:				
		÷		

# **DEPARTMENT OF TRANSPORTATION** Traffic & Safety Section

	Intersection	<b>Deficiencies</b>
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Please provide a brief description including time of the concerns (c	n of the existing intersec lay of the week/hour(s)/s	tion deficiencies and asso seasons/time/weekday/we	ociated safety concerns ekend/holiday/etc):	,
		•		

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Please provide a brief description of possible mitigations, improvements, and/or projects to mitigate the safety concerns at the intersection:		
Are there any existing plans for improvements for this intersec	ction? Yes/No. If yes, please explain:	
Are any additional funding sources available for this project:	Yes/No. If yes, please explain:	
Does this intersection have impacts to adjacent intersections, r	roadways, etc? If yes, please explain:	

Traffic & Safety Section

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Safety Issues:				
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	Intersection	<b>Deficiencies</b>
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# **DEPARTMENT OF TRANSPORTATION** Traffic & Safety Section

Mitigation Please provide a brief description of possible mitigations, improvements, and/or projects to mitigate the safety concerns at the intersection:				
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