

<p align="center">SHEET 1</p> <p align="center">LTPP TRAFFIC DATA</p> <p align="center">SUMMARY TRANSMITTAL FORM</p>	*STATE ASSIGNED ID [_ _ _ _]
	*STATE CODE <u>1051</u>
	*SHRP SECTION ID <u>104001</u>

STATE OR PROVINCE Arkansas COUNTY Sebastian

HIGHWAY ROUTE NO. I-540 MILEPOST# 13.7 (milepoint)

NEAREST CITY/TOWN Ft. Smith NEAREST INTERSECTION N. of SH 253

FUNCTIONAL CLASS 11 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4

DIRECTION OF TRAVEL GPS LANE SB DATE OPENED TO TRAF. 04-01-91 ?

FIPS COUNTY CODE _____ FHWA STATION IDENTIFICATION NO. _____

HPMS SAMPLE NO. _____ HPMS SUBDIVISION NO. _____

TYPE OF PAVEMENT: AC _____ PCC Y OTHER _____

CONTROL OF ACCESS: YES ✓ NO _____ MEDIAN: YES ✓ NO _____

CURRENT SURROUNDING DEVELOPMENT:
 URBAN ✓ SUBURBAN _____ RURAL _____

HAS INTENSITY OF ROADSIDE DEVELOPMENT INCREASED OVER PAST 10 YEARS?
 YES _____ NO ✓
 IF YES, DESCRIBE CHANGES _____

NOTE: ATTACH ALL RELATED FORMS AND COUNT DATA AND SUBMIT TO THE SHRP REGIONAL OFFICE. ATTACH MAP INDICATING THE LOCATION OF EACH TRAFFIC COUNT, VEHICLE CLASSIFICATION COUNT, OR WEIGHT STATION RELATIVE TO THIS GPS TEST SECTION.

NAME OF PREPARER _____	PHONE # _____
DATE PREPARED _____	

ENTERED NOV 07 2000 D M

SHEET 1 LTPP TRAFFIC DATA SUMMARY TRANSMITTAL FORM	*STATE ASSIGNED ID [_ _ _ _] *STATE CODE [05] *SHRP SECTION ID [164]
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STATE OR PROVINCE Arkansas COUNTY Sebastian

HIGHWAY ROUTE NO. _____ MILEPOST# 13.70

NEAREST CITY/TOWN _____ NEAREST INTERSECTION _____

FUNCTIONAL CLASS 11 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4

DIRECTION OF TRAVEL GPS LANE 5 DATE OPENED TO TRAF. 04-01-91

FIPS COUNTY CODE _____ FHWA STATION IDENTIFICATION NO. _____

HPMS SAMPLE NO. _____ HPMS SUBDIVISION NO. _____

TYPE OF PAVEMENT: AC _____ PCC 1 OTHER _____

CONTROL OF ACCESS: YES ✓ NO _____ MEDIAN: YES ✓ NO _____

CURRENT SURROUNDING DEVELOPMENT:
 URBAN _____ SUBURBAN _____ RURAL _____

HAS INTENSITY OF ROADSIDE DEVELOPMENT INCREASED OVER PAST 10 YEARS?
 YES _____ NO _____
 IF YES, DESCRIBE CHANGES _____

ENTERED NOV 09 2000 T M

NOTE: ATTACH ALL RELATED FORMS AND COUNT DATA AND SUBMIT TO THE SHRP REGIONAL OFFICE. ATTACH MAP INDICATING THE LOCATION OF EACH TRAFFIC COUNT, VEHICLE CLASSIFICATION COUNT, OR WEIGHT STATION RELATIVE TO THIS GPS TEST SECTION.

NAME OF PREPARER _____	PHONE # _____
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