

SHEET 13 LTPP TRAFFIC DATA VEHICLE WEIGHT DATA TRANSMITTAL FORM	*STATE ASSIGNED ID [_ _ _ _]
	*STATE CODE [16]
	*SHRP SECTION ID [9032]

HIGHWAY RT. NO. (THIS SESSION) US95

MILEPOST NO. OR LOCATION (THIS SESSION) 424.1

90' FILENAME W169032.L40 DISK/TAPE ID _____

BEGINNING DATE 10/04/90 BEGINNING TIME 9:20

ENDING DATE 10/09/90 ENDING TIME 10:20

COUNT DURATION 5 [] HOURS [☒] DAYS [] MONTHS INV. 2/18/93 LU

WEIGHT SCALE TYPE: PORT. WIM ☒ PERM. WIM _____ OTHER _____

EQUIPMENT MAKE/MODEL# GR

SENSOR TYPE CAP MAT

NAME OF SHA CLASSIFICATION SCHEME: _____

METHOD OF CALIBRATION AND FREQUENCY: _____

COMMENTS _____

M/CAL. TCD 222.141

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER _____	PHONE # _____
DATE PREPARED <u>11/30/92</u>	

SHEET 13 LTPP TRAFFIC DATA VEHICLE WEIGHT DATA TRANSMITTAL FORM	*STATE ASSIGNED ID [_ _ _ _]
	*STATE CODE <u>1261</u>
	*SHRP SECTION ID <u>190321</u>

HIGHWAY RT. NO. (THIS SESSION) US95

MILEPOST NO. OR LOCATION (THIS SESSION) 424.1

FILENAME W169032.JM0 DISK/TAPE ID _____

BEGINNING DATE 8/23/90 BEGINNING TIME 13:20

ENDING DATE 8/27/90 ENDING TIME 14:20

COUNT DURATION 4 [] HOURS [☒] DAYS [] MONTHS

WEIGHT SCALE TYPE: PORT. WIM ☒ PERM. WIM _____ OTHER _____

EQUIPMENT MAKE/MODEL# Golden River

SENSOR TYPE Cop MAT

NAME OF SHA CLASSIFICATION SCHEME: _____

METHOD OF CALIBRATION AND FREQUENCY: _____

COMMENTS _____

MICAB-7CD 202,789

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER _____	PHONE # _____
DATE PREPARED <u>11/30/92</u>	

SHEET 13 LTPP TRAFFIC DATA VEHICLE WEIGHT DATA TRANSMITTAL FORM	*STATE ASSIGNED ID [_ _ _ _]
	*STATE CODE <u>161</u>
	*SHRP SECTION ID <u>12032</u>

HIGHWAY RT. NO. (THIS SESSION) 1595

MILEPOST NO. OR LOCATION (THIS SESSION) 424.1

FILENAME W169032.ICD DISK/TAPE ID _____

BEGINNING DATE 7/13/90 BEGINNING TIME 11:20

ENDING DATE 7/16/90 ENDING TIME 8:20

COUNT DURATION 3 [] HOURS [☒] DAYS [] MONTHS INJ.

WEIGHT SCALE TYPE: PORT. WIM ☒ PERM. WIM _____ OTHER 2/8/93

EQUIPMENT MAKE/MODEL# GL

SENSOR TYPE CAP. MAT

NAME OF SHA CLASSIFICATION SCHEME: _____

METHOD OF CALIBRATION AND FREQUENCY: _____

COMMENTS _____

MICAP. ICD 378,843

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER _____	PHONE # _____
DATE PREPARED <u>11/30/92</u>	