

SHEET 1 LTPP TRAFFIC DATA SUMMARY TRANSMITTAL FORM	*STATE ASSIGNED ID [_ _ _ _] *STATE CODE [<u>40</u>] *SHRP SECTION ID [<u>0100</u>]
---	---

0101 13
 0102 14
 0103 15
 0104 16
 0105 17
 0106 18
 0107 19
 0108 20
 0109 21
 0110 22
 0111 23
 0112 24
 0113 25

STATE OR PROVINCE Oklahoma COUNTY Comanche
 HIGHWAY ROUTE NO. US-62 MILEPOST# 0.5 miles West of SH 115
 NEAREST CITY/TOWN Cache NEAREST INTERSECTION SH 115
 FUNCTIONAL CLASS 2 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4
 DIRECTION OF TRAVEL GPS LANE EB -1 DATE OPENED TO TRAF. 07-01-97
 FIPS COUNTY CODE 31 FHWA STATION IDENTIFICATION NO. _____
 HPMS SAMPLE NO. _____ HPMS SUBDIVISION NO. _____
 TYPE OF PAVEMENT: AC ☒ PCC _____ 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 JUL 18 2000 D 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 <u>Timothy Martin</u> DATE PREPARED <u>5/26/00</u>	PHONE # <u>346-0870</u>
--	-------------------------

SHEET 1

LTPP TRAFFIC DATA
SUMMARY TRANSMITTAL FORM

*STATE ASSIGNED ID [_ _ _ _]

*STATE CODE [40]

*SHRP SECTION ID [0100]

STATE OR PROVINCE OKLAHOMA COUNTY COMANCHEHIGHWAY ROUTE NO. US62 MILEPOST# _____NEAREST CITY/TOWN LAWTON NEAREST INTERSECTION _____FUNCTIONAL CLASS 02 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4DIRECTION OF TRAVEL GPS LANE EB DATE OPENED TO TRAF. 07-01-97FIPS COUNTY CODE 031 FHWA STATION IDENTIFICATION NO. _____

HPMS SAMPLE NO. _____ HPMS SUBDIVISION NO. _____

TYPE OF PAVEMENT: AC 0 PCC _____ 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