

SHEET 1 LTPP TRAFFIC DATA SUMMARY TRANSMITTAL FORM	*STATE ASSIGNED ID [_ _ _ _] *STATE CODE [<u>40</u>] *SHRP SECTION ID [<u>0500</u>]
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STATE OR PROVINCE Oklahoma COUNTY Comanche
 HIGHWAY ROUTE NO. US-62 MILEPOST# 0.5 miles West of SH115
 NEAREST CITY/TOWN Cache NEAREST INTERSECTION SH115
 FUNCTIONAL CLASS 2 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4
 DIRECTION OF TRAVEL GPS LANE W B-2 DATE OPENED TO TRAF. 07-01-97
 FIPS COUNTY CODE 31 FHWA STATION IDENTIFICATION NO. 73
 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 _____

ENLIED 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>	PHONE # <u>346-0870</u>
DATE PREPARED <u>5/26/00</u>	

SHEET 1

LTPP TRAFFIC DATA
SUMMARY TRANSMITTAL FORM

*STATE ASSIGNED ID [_ _ _ _]

*STATE CODE [40]

*SHRP SECTION ID [0500]

STATE OR PROVINCE OKLAHOMA COUNTY COMANCHE
HIGHWAY ROUTE NO. US 62 MILEPOST# 76.7
NEAREST CITY/TOWN LAWTON NEAREST INTERSECTION _____
FUNCTIONAL CLASS 2 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4
DIRECTION OF TRAVEL GPS LANE WB DATE OPENED TO TRAF. 01-01-90
FIPS COUNTY CODE 31 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 _____

ENTERED NOV 07 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 _____ PHONE # _____
DATE PREPARED _____