

SHEET 11
LTPP TRAFFIC DATA
VOLUME DATA
TRANSMITTAL FORM

STATE ASSIGNED ID [A 04 1]
STATE CODE [5 0]
SHRP SECTION ID [1 0 0 2]

HIGHWAY RT. NO. (THIS COUNT) 057 MILEPOST NO. (THIS COUNT) _____

LOCATION (THIS COUNT) 0.4 miles South of VT 17 East

FILENAME V501002.C13 DISKTAPE ID _____

BEGINNING DATE Jan 1, 1993 BEGINNING TIME 0000

ENDING DATE Sept 30, 1993 ENDING TIME 2400

TYPE OF COUNT: TWO-WAY ☒ ONE-WAY _____ GPS LANE _____

COUNT DURATION 9 [] HOURS [] DAYS ☒ MONTHS

TYPE OF SENSOR _____ ROAD TUBES ☒ PIEZO CABLE

_____ PIEZO FILM _____ LOOPS _____ OTHER _____

EQUIPMENT MANUFACTURER / MODEL # IRD

AXLE CORRECTION FACTOR _____ STANDARD DEV. OF FACTOR _____

MONTHLY/SEASONAL FACTOR _____ STANDARD DEV. OF FACTOR _____

DAY-OF-WEEK FACTOR _____ STANDARD DEV. OF FACTOR _____

OTHER FACTOR _____ STANDARD DEV. OF FACTOR _____
SPECIFY _____

DISTRIBUTION FACTOR FOR GPS LANE _____
(WHEN NOT AVAILABLE FROM ACTUAL COUNT DATA.)

SOURCE OF GPS LANE DISTRIBUTION FACTOR ESTIMATE _____

COMMENTS: _____

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER David J. Scott PHONE # (802) 828-2391
DATE PREPARED 10/25/93

SHEET 11
LTPP TRAFFIC DATA
VOLUME DATA
TRANSMITTAL FORM

STATE ASSIGNED ID [A41]
STATE CODE [50]
SHRP SECTION ID [1002]

HIGHWAY RT. NO. (THIS COUNT) U.S. 7 MILEPOST NO. (THIS COUNT) _____

LOCATION (THIS COUNT) New Haven

FILENAME V501002. DISK/TAPE ID _____

BEGINNING DATE 01Oct93 BEGINNING TIME 00:00

ENDING DATE 31Mar94 ENDING TIME 24:00

TYPE OF COUNT: TWO-WAY _____ ONE-WAY _____ GPS LANE _____

COUNT DURATION 6 [] HOURS [] DAYS [☒] MONTHS

TYPE OF SENSOR _____ ROAD TUBES ☒ PIEZO CABLE

_____ PIEZO FILM _____ LOOPS _____ OTHER _____

EQUIPMENT MANUFACTURER / MODEL # IRD WIM

AXLE CORRECTION FACTOR _____ STANDARD DEV. OF FACTOR _____

MONTHLY/SEASONAL FACTOR _____ STANDARD DEV. OF FACTOR _____

DAY-OF-WEEK FACTOR _____ STANDARD DEV. OF FACTOR _____

OTHER FACTOR _____ STANDARD DEV. OF FACTOR _____
SPECIFY _____

DISTRIBUTION FACTOR FOR GPS LANE _____
(WHEN NOT AVAILABLE FROM ACTUAL COUNT DATA.)

SOURCE OF GPS LANE DISTRIBUTION FACTOR ESTIMATE _____

COMMENTS: _____

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER David Scott PHONE # (802) 828-2391
DATE PREPARED 04/11/94

SHEET 12
LTPP TRAFFIC DATA
CLASSIFICATION DATA
TRANSMITTAL FORM

STATE ASSIGNED ID [A041]
STATE CODE [50]
SHRP SECTION ID [1002]

HIGHWAY RT. NO. (THIS SESSION) US 7 MILEPOST NO. (THIS SESSION) _____

LOCATION (THIS COUNT) 0.4 Miles South of VT 17 East

FILENAME C501002.C13 DISK/TAPE ID _____

BEGINNING DATE Jan 1, 1993 BEGINNING TIME 0000

ENDING DATE Sept 30, 1993 ENDING TIME 2400

COUNT DURATION 9 [] HOURS [] DAYS [☒] MONTHS

VEHICLE CLASSIFICATION METHOD: FHWA ☒ OTHER* _____ #BINS _____

* NOTE: IF NOT PREVIOUSLY PROVIDED TO SHRP, PLEASE ATTACH SHEET 6 DESCRIBING THE
VEHICLE CLASSIFICATION CATEGORIES AND ALSO ATTACH SHEET 7 DESCRIBING HOW
THE SHA WOULD CONVERT ITS CLASSIFICATION SCHEME TO THE FHWA 13 CLASS SYSTEM.

* IF OTHER IS SELECTED PROVIDE NAME OF SHA CLASSIFICATION SCHEME _____

TYPE OF AVC EQUIPMENT: PORTABLE _____ PERMANENT ☒

EQUIPMENT MAKE/MODEL # IRD

SENSOR TYPE Piezo Cable

ADJUSTMENT FACTORS FOR ESTIMATING AVERAGE ANNUAL VOLUMES
BY CLASSIFICATION.

GENERAL FACTORS _____

CLASS SPECIFIC FACTORS (PROVIDE BY CLASS OR CLASS GROUPS) _____

COMMENTS TO TEXT _____

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER David J. Scott PHONE # (802) 828-2391
DATE PREPARED 10/25/93

SHEET 12
LTPP TRAFFIC DATA

CLASSIFICATION DATA
TRANSMITTAL FORM

STATE ASSIGNED ID [A41]

STATE CODE [50]

SHRP SECTION ID [1002]

HIGHWAY RT. NO. (THIS SESSION) U.S. 7 MILEPOST NO. (THIS SESSION) _____

LOCATION (THIS COUNT) New Haven

FILENAME C501002. DISK/TAPE ID _____

BEGINNING DATE 01 Oct 93 BEGINNING TIME 00:00

ENDING DATE 31 Mar 94 ENDING TIME 24:00

COUNT DURATION 6 [] HOURS [] DAYS [☒] MONTHS

VEHICLE CLASSIFICATION METHOD: FHWA ☒ OTHER* _____ #BINS _____

* NOTE: IF NOT PREVIOUSLY PROVIDED TO SHRP, PLEASE ATTACH SHEET 6 DESCRIBING THE
VEHICLE CLASSIFICATION CATEGORIES AND ALSO ATTACH SHEET 7 DESCRIBING HOW
THE SHA WOULD CONVERT ITS CLASSIFICATION SCHEME TO THE FHWA 13 CLASS SYSTEM.

* IF OTHER IS SELECTED PROVIDE NAME OF SHA CLASSIFICATION SCHEME _____

TYPE OF AVC EQUIPMENT: PORTABLE _____ PERMANENT ☒

EQUIPMENT MAKE/MODEL # IRD WIM

SENSOR TYPE Piezo Electric

ADJUSTMENT FACTORS FOR ESTIMATING AVERAGE ANNUAL VOLUMES
BY CLASSIFICATION.

GENERAL FACTORS None

CLASS SPECIFIC FACTORS (PROVIDE BY CLASS OR CLASS GROUPS) None

COMMENTS TO TEXT None

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER David Scott PHONE # (802) 828-2391

DATE PREPARED 04/11/94

SHEET 13 LTPP TRAFFIC DATA VEHICLE WEIGHT DATA TRANSMITTAL FORM	STATE ASSIGNED ID [A041] STATE CODE [50] SHRP SECTION ID [1002]
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HIGHWAY RT. NO. (THIS SESSION) 057

MILEPOST NO. OR LOCATION (THIS SESSION) 0.4 Miles South of VT 17 East

FILENAME W501002.C13 DISK/TAPE ID _____

BEGINNING DATE Jan 1, 1993 BEGINNING TIME 0000

ENDING DATE Sept 30, 1993 ENDING TIME 2400

COUNT DURATION 9 [] HOURS [] DAYS [☒] MONTHS

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

EQUIPMENT MAKE/MODEL# IRD

SENSOR TYPE Piezo Cable

NAME OF SHA CLASSIFICATION SCHEME: FHWA

METHOD OF CALIBRATION AND FREQUENCY: Hand Scales 1 time / yr

COMMENTS _____

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER <u>David J Scott</u>	PHONE # <u>(802) 828-2391</u>
DATE PREPARED <u>10/25/93</u>	

SHEET 13 LTPP TRAFFIC DATA VEHICLE WEIGHT DATA TRANSMITTAL FORM	STATE ASSIGNED ID [<u>A41</u>]
	STATE CODE [<u>50</u>]
	SHRP SECTION ID [<u>1002</u>]

HIGHWAY RT. NO. (THIS SESSION) U.S. 7

MILEPOST NO. OR LOCATION (THIS SESSION) _____

FILENAME C501002. DISK/TAPE ID _____

BEGINNING DATE 01Oct93 BEGINNING TIME 00:00

ENDING DATE 31Mar94 ENDING TIME 24:00

COUNT DURATION 6 [] HOURS [] DAYS [☒] MONTHS

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

EQUIPMENT MAKE/MODEL# IRD WIM

SENSOR TYPE Piezo Electric

NAME OF SHA CLASSIFICATION SCHEME: FHWA

METHOD OF CALIBRATION AND FREQUENCY: Autocalibrate weekly

COMMENTS _____

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER <u>David Scott</u>	PHONE # <u>(802) 828-2391</u>
DATE PREPARED <u>04/11/94</u>	