
# MEMORANDUM

## **Missouri Department of Transportation**

|  |  |
| --- | --- |
| **TO:** |      -de |
|  |  |
| **FROM:** |       |
|  |       |
|  |  |
| **DATE:** | February 3, 2022 |
|  |  |
| **SUBJECT:** | Route      ,       County |
|  |       |
|  | Job No.       |
|  | Location Study Report |

#### REMARKS

[ ]  Major Route [ ]  Minor Route

##### <     *Insert remarks about submittal*>

#### **PURPOSE AND NEED**

PROJECT HISTORY:

CONCEPTUAL COST DATA:

 Cost ($1,000’s)

 Right of Way:

 Construction:

#### DESCRIPTION OF EXISTING TRANSPORTATION FACILITIES

##### <     *Brief Description*>

#### EXISTING FACILITIES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BeginningLog Mile | Pavement | YearBuilt | RoadbedWidth | Min. R/WWidth | AccessControl |
| Width | Type |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

#### EXISTING BRIDGES

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BridgeNo. | Location | Type | Length | Width | YearBuilt | Condition Ratings |
| Deck | Super | Sub |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |

#### EXISTING RAILROAD CROSSING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | No. Tracks | No. Movements | Speed | Present Protection |
|       |       |       |       |       |
|       |       |       |       |       |

#### PROPOSED DESIGN CRITERIA

The proposed facility has a functional classification of <*functional classification*> with a design average daily (ADT) traffic <(*ADT) traffic*>. In accordance with MoDOT’s design criteria, and discussion with the district operations engineer, the following criteria will be used when designing this facility based on the stated functional classification and traffic in <*flat, rolling or mountainous*> terrain.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Const.ADT | DesignADT | Operational (Posted)Speed | No. & WidthOf Lanes | MedianWidth | RoadbedWidth | Right of Way |
| Width | Control |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

A typical section of the proposed facility is included as <*state figure or exhibit number>* in the appendix.

#### SYSTEM LINKAGE

Facility at the       end of the project:

Facility at the       end of the project:

#### OVERVIEW OF PURPOSE AND NEED

#####      <*Brief general discussion>*

###### ACCIDENT DATA, SAFETY ENHANCEMENTS AND ACCESS MANAGEMENT

A summary of accident data is attached, including locations within or adjacent to the project limits which are on the “High Severity Location Lists” in the TMS database. <*Delete this if none attached.>*

<*Description*>

<*Are bicycle/pedestrian facilities to be provided on this project? Explain.*

Does this section of highway meet current access management criteria? If not, can safety be enhanced by upgrading some or all of the access to the highway to criteria in the MoDOT Access Management Guidelines?>

#### ROADWAY CAPACITY

|  |  |  |
| --- | --- | --- |
|  | Construction Year | Design Year |
| Segment | ADT | LOS | ADT | LOS |
|       |       |       |       |       |
|       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
| IntersectionLocation | ConstructionYear LOS | Design YearLOS |
|       |       |       |
|       |       |       |

ROADWAY DEFICIENCIES

ADDITIONAL JUSTIFICATION

#### **ALTERNATIVES ANALYSIS**

<*Insert discussion about the process used to get down to the final study alternatives.>*

FINAL STUDY ALTERNATIVES:

Red Line Alternate:

Green Line Alternate:

Blue Line Alternate(s):

#### COST ESTIMATES

###### SATISFACTION OF THE PURPOSE AND NEED

###### CONSTRUCTION IMPACTS

##### Utilities:

Handling Traffic:

Disposition of Existing Route:

###### LAND USE WITHIN THE STUDY AREA

ENVIRONMENTAL SUMMARY

COMMENTS AND RECOMMENDATIONS

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Preparer

Recommendations or Comments:

##### Attachments:

 Approved by:

      , P.E.

 District Engineer

 Date