**Instructions on how to complete the DT1594 *Forecast Review Request* form.**

* Traffic forecasting requirements [(<http://wisconsindot.gov/Documents/projects/data-plan/plan-res/tpm/9.pdf#page=8>), Table 1.4.1 and (<http://wisconsindot.gov/Documents/projects/data-plan/plan-res/tpm/9.pdf#page=9>), Figure 1.4.1 of the Transportation Planning Manual] determine the jurisdictional oversight, the location and the type of forecast report required for a transportation project. The DT1594 should be completed any time a forecast is generated outside of the WisDOT traffic forecasting section. Please complete the Project-level Traffic Forecast Request Form ([DT1601](http://wisconsindot.gov/Documents/formdocs/dt1601.docx)) to request project-level forecasts.
* The first section of the DT1594 should be completed to provide the contact information for the parties submitting the request for the forecast review (Region Contact, Project Manager, Project Supervisor, and Consultant). In this section the Due Date - Requested Completion of Review is required (**a due date of ASAP is not accepted**). Failure to provide a due date, or a due date of ASAP will be automatically assigned a completion date of 4 to 6 weeks after the request was received.
* The “Project Description” section of the DT1594 should be filled out with specific information about the project itself. Please provide as much detail about the project description and location as possible to help expedite the review process. It is critical that the geographic limits of the forecast study area be defined clearly to provide for a more efficient review process.
* The “Forecast Methodology/Description” section of the DT1594 should be filled out to identify the existing/base year of the forecast along with the data sources utilized to generate the existing conditions (i.e. WisDOT Traffic Counts, O-D Surveys, other). Please indicate whether or not a microscopic simulation model has been or will be developed from this forecast. Indicate whether previous forecast efforts or traffic studies have been completed for the project and the consistency with any previous forecasting efforts. A detailed summary of the methodology utilized to generate the traffic forecast should be attached to enable the forecasting analyst/section a thorough review.
* The “Forecast Data/Elements Needing Review” section of the DT1594 explains to the forecast reviewer the information to be reviewed/approved. Please identify review/approval of peak hour turning movement volumes. If the forecasts to be reviewed were generated for specific times, please be sure to indicate what times the forecasts represent (a.m., p.m., mid-day).
* Under the “Attachment” section of the DT1594 please attach as much information about the project and forecast as possible. Information that should be attached, if available include:
  + Map identifying project limits and specific segments and intersections included in the forecast (Required)
  + A copy of the forecast to be reviewed (Required)
  + Summary of forecast methodology/Tech Memo summarizing traffic volume development, model calibration, etc.
  + O-D Tables (Required if microscopic simulation model has been or will be developed)
  + Other relevant information (i.e. previous forecasts, origin-destination survey data, TIA information, etc.)
* Finally, provide an explanation of any specific details that would aide in the review of the forecast.

Please allow 4 to 6 weeks for the completion of the review/approval process for the traffic forecast.

|  |  |
| --- | --- |
| **SUBMIT** | |
| For questions, answers and expedited service please submit an electronic copy of the completed DT1594 form to: [DOTTrafficForecasting@dot.wi.gov](mailto:DOTTrafficForecasting@dot.wi.gov). | |
| **QUESTIONS** | For other forecasting-related questions please contact: |
| Kory Dercks  Traffic Forecasting Chief, BPED, DTIM  Telephone: (608) 266-1379  Email: kory.dercks@dot.wi.gov |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Submitted By – Name (First, MI, Last) | | | | | | Region | | | | | | Request Date (m/d/yyyy) | |
| Region Contact – Name (First, MI, Last) | | | | | | Region Contact – Email ID | | | | | | Due Date (Requested Completion of Review) | |
| **Consultant** | Name (First, MI, Last) | | | | **Project  Manager** | Name (First, MI, Last) | | | | | **Project Supervisor** | Name (First, MI, Last) | |
| (Area Code) Telephone Number | | | | (Area Code) Telephone Number | | | | | (Area Code) Telephone Number | |
| Email ID | | | | Email ID | | | | | Email ID | |
| **For TF Office Use Only** | | | | | | | | | | | | | |
| Control Number | | | Date Received (m/d/yyyy)       . | | | Assigned To | | Estimated Date of Completion (m/d/yyyy) | | | | | Date Sent Out (m/d/yyyy) |
| **PROJECT DESCRIPTION** | | | | | | | | | | | | | |
| Project ID(s) | | | | | | | | | Charge Code | | | | |
| County(ies) | | | | | | | | | Project Type | | | | |
| Route(s) to be Reviewed: | | | | | | | | | | | | | |
| Forecast Study Limits (North, South, East, West Termini): | | | | | | | | | | | | | |
| **FORECAST METHODOLOGY/DESCRIPTION** | | | | | | | | | | | | | |
| Existing/Base Year(s): | | | Existing Data Sources | | | | | | | | | | |
|  | | | WisDOT Counts  O–D Surveys  Other: | | | | | | | | | | |
| Forecast Year(s): | | | | | | | | | Forecast Methodology Utilized (TDM, TAFIS, Simulation models): | | | | |
|  | |  |  |  |  | |  | |  | | | | |
|  | |  | | | | | | | Yes  No | A VISSIM or other microscopic simulation model has been or will be developed?  If Yes, a Peer Review of the model will need to be arranged. | | | |
| Yes  No | | Have previous forecasts efforts and/or traffic studies been conducted? If yes, please attach a copy/description of the previous forecasting efforts and identify the degree to which consistency between the previous and current forecast. | | | | | | | | | | | |
| **FORECAST DATA/ELEMENTS NEEDING REVIEW** *(Check the box for each data type/element of the forecast that requires review/approval)* | | | | | | | | | | | | | |
| Traffic Volumes | | | | | | | | | | | | | |
| Mainline AADT Volumes  Side Street AADT Volumes  Turning Movement Volumes (identify time periods to be reviewed) | | | | | | | | | | | | | |
| **ATTACHMENTS** *(Check the box next to each item attached)*  County or Municipality map showing project location (Must accompany all requests)  A copy of the forecast to be reviewed, preferably in electronic format (Must accompany all requests)  Summary of forecast methodology utilized/Tech Memo summarizing traffic volume development, model calibration tests, etc.  O–D Tables (Required if VISSIM or other microscopic simulation model has been or will be developed)  Other relevant data associated with the forecast (previous forecasts, O–D survey data, TIA information, etc.) | | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION ABOUT THE PROJECT** *(Specify below other pertinent information/remarks*). | | | | | | | | | | | | | |