**To:** \_\_\_ Region Planning Chief: <Chief Name>

 Bureau of Traffic Operations – Traffic Engineering & Safety Section

**From:** <Analyst Name>

 \_\_\_ Region

**Date:** <MM/DD/YYYY>

**RE:** Design ID:

 Construction ID:

 Highway:

 Project Title:

 Project Subtitle:

       County

 Scheduled Construction Year:

 Improvement Concept Code:

Having considered the safety performance of the existing corridor and any proposed improvements, we believe this document reflects the intent of the policy and guidelines described in section 11-38 of the Wisconsin Facilities Development Manual.

If applicable, having considered the operational performance of the existing corridor and any proposed improvements, we believe this document reflects the intent of the policy and guidelines described in section 11-52 of the Wisconsin Facilities Development Manual.

**Preparer:**

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

Region Analyst Date

**Approval:**

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

Bureau of Traffic Operations Date

Traffic Engineering and Safety Section

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

Region Supervisor Date

# 1. Certification Processes Completed

1.1. According to FDM 11-1-10 Attachment 10.1, does the improvement concept code and scope of work require the Safety Certification Process to be completed? Yes [ ]  No [ ]

If yes is selected and alternatives are evaluated as indicated in Section 5, send to BTO at DOTBTOSafetyEngineering@dot.wi.gov

1.2. Was the Operations Certification Process (FDM 11-52-15) completed for proposed improvements within this project? Yes [ ]  No [ ]

 If yes, send to BTO at DOTTrafficAnalysisModeling@dot.wi.gov

# 2. Network Screening

## 2.1. Safety Sites of Promise

**2.1.1. Did the project have Safety Sites of Promise from the network screening?** Yes [ ]  No [ ]
List Safety Sites of Promise:

## 2.2 Operational Sites of Promise (If Applicable)

2.2.1 Did the project identify Operational Sites of Promise from the network screening? Yes [ ]  No [ ]  N/A [ ]

2.2.2 Did the project identify Operational Sites of Promise based on local knowledge? Yes [ ]  No [ ]  N/A [ ]

List Operational Sites of Promise:

## 2.3 Additional Sites

2.3.1 Were additional sites evaluated? Yes [ ]  No [ ]

List sites:

# 3. Diagnosis

## 3.1. Diagnosis of Crashes

3.1.1. Did relevant crashes remain after crash vetting? Yes [ ]  No [ ]

3.1.2. If yes, list each site and discuss the crashes and contributing factors (including geometric conditions) for the remaining crash(es) or note that no crashes remained after the vetting process.

## 3.2 Diagnosis of Operational Issues (If Applicable)

3.2.1. Provide a narrative of existing operational concerns and geometric deficiencies contributing to the delay or queuing.

# 4. Countermeasure/Alternative Identification

4.1 Were alternatives analyzed in this project? Yes [ ]  No [ ]

For intersections only, a Phase I: Scoping Intersection Control Evaluation (ICE) is required if traffic control changes are considered. See FDM 11-25-3 for more information.

4.2. Provide a brief description of the alternative(s) and the contributing factors that are being targeted:

|  |
| --- |
| **Location:**  |
| **Reason for improvement (check all that apply):** Safety [ ]  Operations [ ]  |
| **Alternative(s)** | **General Description** | **How improvements address safety/operational issues** |
| Alternative Name:  |  |  |
| Alternative Name:  |  |  |

# 5. Analysis Results and Economic Appraisal

|  |  |
| --- | --- |
| Analysis Location: |  |
| Safety Analysis Method: |  |
| External CMF Value: |  |
| External CMF Source: |  |
| Unique Safety Analysis Notes: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Base | Alt. 1 | Alt. 2 | Alt. 3 |
| Alternative Name |  |  |  |  |
| Safety Certification Process (See FDM 11-38) | Fatal & Injury Crashes |  |  |  |  |
| Property Damage Only Crashes |  |  |  |  |
| Total Crashes |  |  |  |  |
| Crash Cost Value |  |  |  |  |
| Project Cost |  |  |  |  |
| Net Safety Benefit |  |  |  |  |
| Net Cost |  |  |  |  |
| Safety B/C |  |  |  |  |
| Operations Certification Process (See FDM 11-52-15) | Delay Cost Over Project Life |  |  |  |  |
| Net Operational Benefit |  |  |  |  |
| Operations B/C |  |  |  |  |
| Safety & Operations B/C |  |  |  |  |
| STN-Only Operational Benefit (intersections only) |  |  |  |  |
| STN-Only B/C (intersections only) |  |  |  |  |

# 6. Other Information

6.1. Describe other information relevant to the project such as community considerations, unique features, potential funding sources, etc.

# ATTACHMENTS

Include all attachments in the final Safety & Operations Certification Document and submit as a single PDF.

1. Project Information
	1. Project Location/Overview Map
2. Network Screening Documentation
	1. Meta-Manager spreadsheet
	2. Intersection Network Screening spreadsheet
	3. Overview Map of Safety Sites of Promise Locations (optional)
3. Diagnosis Documentation
	1. WisTransPortal crash data spreadsheet with vetting comments
	2. Crash Diagram(s)
4. Countermeasure/Alternative Identification
	1. Safety Certification Worksheet
	2. Layout/Schematic for each alternative
5. Analysis Results and Economic Appraisal
	1. Cost estimate for each alternative
	2. IHSDM Crash Prediction Evaluation Report for each alternative
	3. IHSDM Economic Analysis Report
	4. Highway Safety Benefit-Cost Analysis Tool results (if applicable)
6. Operations Certification Summary (if applicable)
	1. Turning movement counts
	2. Diagram of traffic volumes for each analysis period
	3. AWSC warrants
	4. Signal warrants
	5. Software reports for operation analysis
	6. DT 1887
	7. Exhibit highlighting queues vs. available storage for each analysis period
	8. OCP Benefit-Cost Tool printouts