2011/2012 Louisiana Local Road Safety Program
Intersection Improvement Nomination Form
For Low Cost Safety Improvements

*To minimize ineligible projects please submit to the LTAP offices for review by the LRSP Team by January 18th. One form for each intersection.*

Name of Sponsor: _________________________ Title ______________________
Agency: _________________________________
Phone/email: _____________                     cell:_________________
______________________________________________________________________

1. Location of intersection:
   - City: ___________________________ Parish: ___________________________

2. Names of intersecting streets

3. Estimated traffic volumes of each leg of intersection (ADT or peak hour estimate).
   - If you don’t have Average Daily Traffic (ADT) or peak hour estimate please choose one below:
     
     _____ > 400 ADT   ____ < 400 ADT

4. Number and type of crashes at this intersection in the past 1 – 3 years or other reasons you think this intersection needs improvement:

5. Have any of these crashes resulted in serious injuries?

6. Why do you think these crashes are occurring? What do you think is a possible solution?

Fax back to LRSP at 225-767-9156 or email submission to Jason.Taylor@la.gov   For more information, call Jason at 225-767-9717. 

LRSP Rev. 2/14/11