**Field Report on Parking Practices**

**State of Ohio**

**Department of Transportation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Reviewed: |  | Time Reviewed: |  | Weather: |  |

***Location***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| County: |  |  | If Ramp, enter Interchange ID Number and Ramp Identifier: | | | |  |
| Route: |  |  | Side of Road | | | | |
| Begin Log: |  |  |  | North |  | East | |
| End Log: |  |  |  | South |  | West | |

***Highway Features at Point of Study***

|  |  |  |  |
| --- | --- | --- | --- |
| Pavement Type: |  | Berm Type: |  |
| Pavement Width: |  | Berm Width: |  |
| Total Number of Lanes: |  |  |  |
| Other Features: | | | |
|  | | | |

***Roadside Culture***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The major portion of the area included in this study should be described as: | | | | | |
|  | Residential Rural |  | Industrial |  | Business |
| Properties which abut the highway are used for the following purposes: | | | | | |
|  | | | | | |

***Traffic Control***

|  |  |  |  |
| --- | --- | --- | --- |
| At the present time, the following traffic control measures are in use: | | | |
| Signals: |  | | |
| Signs: |  | | |
| Pavement Markings: |  | | |
| Other: |  | | |
| The legal Speed Limit is now | |  | MPH |

***Parking Practices***

|  |
| --- |
| There is evidence of the following parking practices: |
|  |

***Conclusion: (Place “X” beside opinion and fill in the pertinent information)***

|  |  |
| --- | --- |
|  | It is the opinion of this observer that these parking practices constitute a traffic hazard for the following reasons: |
|  | |
|  | It is the opinion of this observer that these parking practices do **NOT** constitute a traffic hazard for the following reasons: |
|  | |

***Recommendations:*** *I have reviewed the attached data and make the following recommendations:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I recommend the establishment of a No-Parking restriction at the following location: | | | | | |
| County: | |  | Type of Restriction (e.g., Any Time, Specific Times, Specific Distance from road, Vehicle Height, etc…) | | | |
| Route: | |  |  | | | |
| Begin Log: | |  | Side of Road | | | |
| End Log: | |  |  | North |  | East |
| Total Length (FT): | |  |  | South |  | West |

|  |  |
| --- | --- |
|  | I do **NOT** recommend the establishment of any No-Parking restrictions. |
| I recommend the following corrective measures: | |
|  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attached is a diagram and/or photographs showing the physical conditions outlined above. | | | | | | |
| Other attachments include: | |  | | | | |
| Printed Name: |  | | District: |  | Title: |  |
| Signature: |  | | | | Date: |  |