



**Oregon Department of Transportation
All Roads Transportation Safety (ARTS) Program
Hotspot Supplemental Application/Location Appeal Proposal**

Date:

Agency:

ODOT Region:

City:

County:

Contact Information

Name:

Title:

Address:

Email:

Phone:

Project Location

Hwy/Street Name:

Hwy No.:

Intersecting Street/MP:

Crash Information (From ODOT Database)

The proposed location must have at least one Fatal or Injury A Crash between 2009 and 2013.

Number of Crashes between 01/01/2009 and 12/31/2013:

Fatal and Injury A:

Injury B and Injury C:

Weight:

Property Damage Only:

(This value will be calculated automatically)

Provide a brief description
of crash pattern:

Proposed Countermeasure(s) (Refer to [ODOT CRF List](#))

Countermeasure No. 1:

Countermeasure No. 2:

Countermeasure No. 3:

Benefit Cost Analysis (Attach ODOT [Benefit/Cost Analysis Worksheet](#))

Total Expected Benefit for the Project:

(Total Expected Benefit= Annual Benefits x
Uniform Series Present Worth Factor)

Total Project Cost:

Benefit/Cost Ratio of the Project: