PEDESTRIAN CROSSING MEMORANDUM

**[Project Title]**

[State Route], MP [Begin] to MP [End]

[Enter multiple SR and MP as necessary]

[Work Order Number] [PIN Number] [WIN Number]

[Month Day, Year]

**WASHINGTON STATE DEPARTMENT OF TRANSPORTATION**

Choose an item.

[City], Washington

|  |  |  |
| --- | --- | --- |
| **SIGNATURES** | | Template  Version 1.1 |
| PROJECT ENGINEER | REGION APPROVAL | |
|  | Region can determine if the Region PDE approves. The Project Delivery Memo does not require it. | |
| REGION TRAFFIC ENGINEER APPROVAL | OFFICE OF EQUAL OPPORTUNITY CONCURRENCE | |
|  | OEO concurrence is required both for crossings that will be Open but Not Accessible (ONA) and for closed crossings. | |

Pedestrian Crossing Memorandum

This memorandum is to record locations that have been determined to be left open but not accessible (ONA) as per Project Delivery Memo #21-01 or closed per Design Manual 1510.10(2)(c).

# Project Description

*NOTE TO WRITER: ALL RED TEXT IS INSTRUCTIONAL AND SHOULD BE DELETED AND/OR MODIFIED BY YOU. THIS MEMO SHOULD BE STORED IN SECTION 6 (OTHER APPROVALS) OF THE DDP.*

*In this section, give a short project description.*

# Crossing Summary

The project proposes ## open but not accessible (ONA) crossings and ## closed crossings. The locations of each are as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location ## | SR | MP | Intersecting Street Name | ONA/ Closed | Legs\* |
|  |  |  |  | ONA/Closed | L/R/B/A |
|  |  |  |  | ONA/Closed | L/R/B/A |

\* Looking in the increasing milepost direction, use L=Left, R=Right, B=Before intersection, and A=After intersection

# Location ## ,##, & ##: *Intersecting Street Name*

If one intersection has multiple locations, you can address them all in this section, just carry the location ## through the discussion below and make sure all of the location ##s are in the title.

## Aerial Photo

*Insert an aerial photo of the intersection. Highlight the crossings that will be ADA accessible blue. Highlight the ONA crossings red. Note crossings that may be entirely closed as a red “X”. Highlight the accessible path that a disabled person will need to take to get around the ONA in green. Note the length of the accessible path in feet. Zoom out on the aerial photo so that the entire accessible path can be shown.*

## Intersection Context

Describe the context of the intersection. State what’s in the area like businesses or residential. Indicate the distance to schools and medical facilities. Basically, put context in here so the reader can get an understanding of the demand for pedestrian usage.

## Choose an item.

Select the title to this section (ONA Crossing Justification or Closed Crossing Justification) depending on which type of crossing you are addressing. If you have both an ONA and a Closed crossing at the same intersection, create one justification section for the ONA and another for the Closed crossing. Discuss the crossings that are going to be ONA/Closed at this location. For each crossing, go into detail about the route the individual must take to cross the street giving the distance of the route. If this location is Closed, indication why you need to close the crossing. If this location is ONA, indicate why you cannot build the location to be an ADA crossing.

# Location ## ,##, & ##: *Intersecting Street Name*

If one intersection has multiple locations, you can address them all in this section, just carry the location ## through the discussion below and make sure all of the location ##s are in the title.

## Aerial Photo

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