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Idaho Transportation Department

This page must be filled out monthly by the Consultant and forwarded to the Agreement Administrator with the monthly invoice. If necessary, attach additional sheets for continuation.

Key Number	Project Number			Project Name	Date						
	ITD RP 225			ITD Prediction Models for I	D Hwys	4/11/2013					
Agreement Adminis	strator		Progress Re	port Number	Agreement Number						
Ned Parrish				UI-13-01							
Consultant		Report/Billing Period (From and To)									
				3/01/2013-3/31/20	13						
Certification of Payment Submitted Certification Date				Number	Invoice Number						
🗌 Yes 🛛	No				2						
Description of Wor	k Accomplished D	uring the Month									
Work continued in the first two tasks of the project: task 1 (document the HSM crash estimation procedure and provides a quick overview of Idaho's crash reporting requirements) and task 2 (identify the project approach for site selection for the rural two lar two way highways and rural multilane highways). The project team reviewed Idaho's crash requirements and compared them to those used in the HSM. From a reporting requirement perspective, Idaho Vehicle Crash Report (VCR) is filled out for every crash that involves a motor vehicle, occurs on public property and results in more than \$1500 (\$750 before January 1, 2006) property damage for any one person involved in the crash, or results in and injury to any person involved. For California and Washington, the two states from which HSM "defau crash distribution and injury proportion values were developed, the crash reporting threshold are \$750 and \$700, respectively. Of the other hand, the intersection crash definition in Idaho seems to be consistent with that used in the HSM. Summary of Work Completed to Date (Milestones Completed and Dates) The project team conducted preliminary crash analysis to determine the availability of sample sizes for each facility. For rural tw lane two-way roadway segments, these seem to be enough of a sample size to conduct the analysis for roadway segment (R2). 3-leg stopped control intersections, and for 4-leg stopped control intersections (R3ST). The sample size for signalized intersections may not be enough to allow for a calibration analysis. For rural multi-lane roadway segments, these seem to be enough of a sample size to conduct the analysis devided roadway segment (MRD), 3-leg, minor stop-controlled intersections (MR3ST) and 4-leg, minor stop-controlled intersections (MR4SG) may not be enough to allow for a calibration analysis. As part of task 2, the project team also defined a calibration process that will be used in the project. See Gantt Chart Information Required from ITD to Avoid Delays											
List Changes in Sc	ope or Complexity	Requiring a Supplemental	Agreement or	r Time Adjustments							
Consultant's Signa	ture			Printed Name and Title							
e-grid					d Abdel-Rahim, Principal Investigator						
		icipal investigator									

Professional Agreement Invoice and Progress Report

Idaho Transportation Department

This page must be filled out by the Agreement Administrator.

Key Number	Program (Work Authority)	Progress Report Number	Agreement I	Number				
		3	UI-13-01					
Report Reviewed By	· ·			Review Date				
The Following was Init	tiated							

Status Report

A completed status report must accompany all Agreement invoices recommended for payment. The requested percentage measurements of progress to this report are required.

Agreement Time		Time Passed		Percent	of Agreement Time	Elapsed P	Percent of Work Completed				
16 months		3 months				18.75%		10%			
Original Agreement Amount Suppleme		ental(s)	ntal(s) Current Agreement A		mount	Payments (Includin	g this Payment) Percent c	of Agreement Dollars Paid		
\$65,200.00 \$0.00			\$65,200.00			\$2,878.86			04.42%		
Certification of Payment Sub	mitted C	ertification Date			-	nvoice	To Date		Negotiated		
🗌 Yes 🗌 No		Fixed		Fixed Fee	\$		\$		\$		
If There is a Significant Varia	nce Betwe	een the Percentages	, Plea	ise Explain							
Consultant Invoice Number			This	This Payment Amount							
2				\$1,	\$1,290.40						

Progress Payment: I certify that the Agreement provisions have been reviewed, the invoice amount checked, progress is substantiated, significant material expenses have support documentation (receipts), and the costs billed are project related and represent the work accomplished. I hereby approve the progress estimate for payment.

Final Payment: I certify that all work under the terms of the Agreement has been satisfactorily completed, any capital assets acquired have been delivered or value received, an affidavit of indebtedness received, and the project reviewed or audited and costs verified for work performed. I hereby approve final payment under the Agreement.

Agreement Administrator's Signature	Date	Second (Independent) Reviewer's Signature					

ITD RP225 UI-13-01 KLK565

Task	Task Description	2013											2014			
	Task Description		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Document the HSM crash estimation procedure	30%	30%	25%												
2	Project approach for site selection		20%	20%												
3	Document the study methodology															
4	Collect crash and roadway characteristic data															
5	Data analysis															
6	Project final report															