

Trip Generation Data Form (Part 1)

Land Use/Building Type: ¹ <u>COFFEE SHOP w/ DRIVE-THRU SERVICE</u>			ITE Land Use Code: <u>N/A</u>		
Source:			Source No. (ITE use only):		
Name of Development: <u>"COFFEE SHOP SITE #1"</u>			Day of the Week: <u>SATURDAY</u>		
City: <u>RENO</u>	State/Province: <u>NV</u>	Zip/Postal Code: <u>89511</u>	Day: <u>6TH</u>	Month: <u>JAN.</u>	Year: <u>2007</u>
Country: <u>USA</u>			Metropolitan Area: <u>RENO, NV</u>		

1. For fast-food land use, please specify if hamburger- or nonhamburger-based.

Location Within Area:				Detailed Description of Development: ³ <u>STAND-ALONE COFFEE SHOP w/ DRIVE-THRU, SITUATED IN A SHOPPING CENTER w/ MULTIPLE USES (INCLUDING: SUPERMARKET, FAST-FOOD RESTAURANTS, A BAR AND GRILL, A GAS STATION, BANKS, AND MULTIPLE RETAIL PADS). COFFEE SHOP PARKING WAS SEPARATED FROM OTHER USES VIA ON-SITE CIRCULATION ROADWAYS.</u>	
<input type="checkbox"/> (1) CBD <input type="checkbox"/> (3) Suburban (Non-CBD) <input type="checkbox"/> (5) Rural <input type="checkbox"/> (2) Urban (Non-CBD) <input checked="" type="checkbox"/> (4) Suburban CBD <input type="checkbox"/> (6) Freeway Interchange Area (Rural) <input type="checkbox"/> (7) Not Given					
Independent Variable: (include data for as many as possible) ²	Actual	Estimated		Actual	Estimated
<u>1295</u> (5) Gross Floor Area (gross sq. ft.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>69</u> (10) Parking Spaces (#)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(% of development occupied _____)			(11) Occupied Beds (#)	<input type="checkbox"/>	<input type="checkbox"/>
(6) Net Rentable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	(12) Seats (#)	<input type="checkbox"/>	<input type="checkbox"/>
(7) Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	(13) Servicing Positions/Vehicle Fueling Positions _____	<input type="checkbox"/>	<input type="checkbox"/>
(8) Occupied Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	(14) Shopping Center % Out-parcels/pads	<input type="checkbox"/>	<input type="checkbox"/>
(9) Acres	<input type="checkbox"/>	<input type="checkbox"/>	(15) A.M. Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>
			(16) P.M. Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>
			(17) Other _____	<input type="checkbox"/>	<input type="checkbox"/>
			(18) Other _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Definitions for several independent variables can be found in the Trip Generation Handbook Glossary.

3. Please provide all pertinent information that helps to describe the subject project. If necessary, attach a detailed report.

<p>Other Data:</p> <p>Vehicle Occupancy (#)</p> <p>A.M. _____ P.M. _____ 24-hour % _____</p> <p>Percent by Transit:</p> <p>A.M. % _____ P.M. % _____ 24-hour % _____</p> <p>Percent by Carpool/Vanpool</p> <p>A.M. % _____ P.M. % _____ 24-hour % _____</p> <p>Employees by Shift</p> <table style="width:100%;"> <tr> <td>First Shift</td> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> <tr> <td>Second Shift</td> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> <tr> <td>Third Shift</td> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> </table> <p>Parking Cost on Site Hourly <input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/></p>	First Shift	Start Time _____	End Time _____	Employees (#) _____	Second Shift	Start Time _____	End Time _____	Employees (#) _____	Third Shift	Start Time _____	End Time _____	Employees (#) _____	<p>Transportation Demand Management (TDM) Information:</p> <p>At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) underway?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (If yes, please check appropriate box/boxes, describe the nature of the TDM program(s) and provide a source for any studies that may help quantify this impact. Attach additional sheets if necessary)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> (1) Transit Service</td> <td><input type="checkbox"/> (5) Employer Support Measures</td> <td><input type="checkbox"/> (9) Tolls and Congestion Pricing</td> </tr> <tr> <td><input type="checkbox"/> (2) Carpool Programs</td> <td><input type="checkbox"/> (6) Preferential HOV Treatments</td> <td><input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks</td> </tr> <tr> <td><input type="checkbox"/> (3) Vanpool Programs</td> <td><input type="checkbox"/> (7) Transit and Ridesharing Incentives</td> <td><input type="checkbox"/> (11) Telecommuting</td> </tr> <tr> <td><input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements</td> <td><input type="checkbox"/> (8) Parking Supply and Pricing Management</td> <td><input type="checkbox"/> (12) Other _____</td> </tr> </table>	<input type="checkbox"/> (1) Transit Service	<input type="checkbox"/> (5) Employer Support Measures	<input type="checkbox"/> (9) Tolls and Congestion Pricing	<input type="checkbox"/> (2) Carpool Programs	<input type="checkbox"/> (6) Preferential HOV Treatments	<input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks	<input type="checkbox"/> (3) Vanpool Programs	<input type="checkbox"/> (7) Transit and Ridesharing Incentives	<input type="checkbox"/> (11) Telecommuting	<input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements	<input type="checkbox"/> (8) Parking Supply and Pricing Management	<input type="checkbox"/> (12) Other _____
First Shift	Start Time _____	End Time _____	Employees (#) _____																						
Second Shift	Start Time _____	End Time _____	Employees (#) _____																						
Third Shift	Start Time _____	End Time _____	Employees (#) _____																						
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<input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements	<input type="checkbox"/> (8) Parking Supply and Pricing Management	<input type="checkbox"/> (12) Other _____																							

ITE Institute of Transportation Engineers

Trip Generation Data Form (Part 2)

Summary of Driveway Volumes

(All = All Vehicles Counted, Including Trucks; Trucks = Heavy Duty Trucks and Buses)

	Average Weekday (M-F)						Saturday						Sunday					
	Enter		Exit		Total		Enter		Exit		Total		Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks
24-Hour Volume																		
A.M. Peak Hour of Adjacent ¹ Street Traffic (7 – 9) Time (ex.: 7:15 – 8:15):																		
P.M. Peak Hour of Adjacent ¹ Street Traffic (4 – 6) Time:																		
A.M. Peak Hour Generator ² Time:																		
P.M. Peak Hour Generator ² Time:																		
Peak Hour Generator ³ Time (Weekend): 11:00 AM – 12:00 PM							78		77		155							

1. Highest hourly volume between 7 AM and 9 AM (4 PM and 6 PM).

2. Highest hourly volume during the AM or PM period.

3. Highest hourly volume during the entire day.

Please refer to the *Trip Generation User's Guide* for full definition of the terms.

Hourly Driveway Volumes- Average Weekday (M-F) SATURDAY

A.M. Period	Enter		Exit		Total		Mid-Day Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
6:00-7:00							11:00-12:00	78		77		155		3:00-4:00						
6:15-7:15							11:15-12:15	74		78		152		3:15-4:15						
6:30-7:30							11:30-12:30	71		74		145		3:30-4:30						
6:45-7:45							11:45-12:45	70		71		141		3:45-4:45						
7:00-8:00	64		58		122		12:00-1:00	63		67		130		4:00-5:00	49		49		98	
7:15-8:15	68		69		137		12:15-1:15	63		65		128		4:15-5:15	41		42		83	
7:30-8:30	69		76		145		12:30-1:30	61		68		129		4:30-5:30	41		42		83	
7:45-8:45	71		77		148		12:45-1:45	58		63		121		4:45-5:45	36		38		74	
8:00-9:00	72		79		151		1:00-2:00	56		56		112		5:00-6:00	25		33		58	

☒ Check if Part 3 and/or additional information is attached.

Survey conducted by: Name: LYNWOOD JOHNSON, ET. AL.

Organization: UNR ITE CHAPTER

Address: DEPT. OF CIVIL AND ENVIRONMENTAL ENGINEERING / MAIL STOP 258

City/State/Zip: RENO, NV 89557

Telephone #: 775-784-6195 Fax #: 775-784-1390 E-mail: lrjohnso@unr.nevada.edu

Please return to:

Institute of Transportation Engineers
Technical Projects Division
1099 14th Street, NW, Suite 300 West
Washington, DC 20005-3438 USA
Telephone: +1 202-289-0222
FAX: +1 202-289-7722
ITE on the Web: www.ite.org

Trip Generation Data Form (Part 3)

Name/Organization: UNR ITE CHAPTER City/State: RENO, NV

Telephone Number: 775-784-6195

Detailed Driveway Volumes: Attach this sheet to Parts 1 and 2 if you are providing additional information.

Day of the week: SATURDAY 11/6/07

(All = All Vehicles Counted, Except Trucks; Trucks = Heavy Duty Trucks and Buses)

A.M. Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
12:00-12:15							12:00-12:15	17		18		35	
12:15-12:30							12:15-12:30	16		13		39	
12:30-12:45							12:30-12:45	17		18		35	
12:45-1:00							12:45-1:00	13		18		31	
1:00-1:15							1:00-1:15	17		16		33	
1:15-1:30							1:15-1:30	14		16		30	
1:30-1:45							1:30-1:45	14		13		27	
1:45-2:00							1:45-2:00	11		11		22	
2:00-2:15							2:00-2:15						
2:15-2:30							2:15-2:30						
2:30-2:45							2:30-2:45						
2:45-3:00							2:45-3:00						
3:00-3:15							3:00-3:15						
3:15-3:30							3:15-3:30						
3:30-3:45							3:30-3:45						
3:45-4:00							3:45-4:00						
4:00-4:15							4:00-4:15	12		15		27	
4:15-4:30							4:15-4:30	15		11		26	
4:30-4:45							4:30-4:45	9		13		22	
4:45-5:00							4:45-5:00	13		10		23	
5:00-5:15							5:00-5:15	4		8		12	
5:15-5:30							5:15-5:30	15		11		26	
5:30-5:45							5:30-5:45	4		9		13	
5:45-6:00							5:45-6:00	2		5		7	
6:00-6:15							6:00-6:15						
6:15-6:30							6:15-6:30						
6:30-6:45							6:30-6:45						
6:45-7:00							6:45-7:00						
7:00-7:15	11		10		21		7:00-7:15						
7:15-7:30	17		11		28		7:15-7:30						
7:30-7:45	16		20		36		7:30-7:45						
7:45-8:00	20		17		37		7:45-8:00						
8:00-8:15	15		21		36		8:00-8:15						
8:15-8:30	18		18		36		8:15-8:30						
8:30-8:45	18		21		39		8:30-8:45						
8:45-9:00	21		19		40		8:45-9:00						
9:00-9:15							9:00-9:15						
9:15-9:30							9:15-9:30						
9:30-9:45							9:30-9:45						
9:45-10:00							9:45-10:00						
10:00-10:15							10:00-10:15						
10:15-10:30							10:15-10:30						
10:30-10:45							10:30-10:45						
10:45-11:00							10:45-11:00						
11:00-11:15	21		17		38		11:00-11:15						
11:15-11:30	19		17		36		11:15-11:30						
11:30-11:45	18		21		39		11:30-11:45						
11:45-12:00	20		22		42		11:45-12:00						

Trip Generation Data Form (Part 1)

Land Use/Building Type: ¹ COFFEE SHOP w/ DRIVE-THRU SERVICE			ITE Land Use Code: NIA		
Source:			Source No. (ITE use only):		
Name of Development: "COFFEE SHOP SITE #2"			Day of the Week: THURSDAY		
City: RENO	State/Province: NV	Zip/Postal Code: 89512	Day: 11TH	Month: JAN.	Year: 2007
Country: USA			Metropolitan Area: RENO, NV		

1. For fast-food land use, please specify if hamburger- or nonhamburger-based.

Location Within Area:				Detailed Description of Development: ³			
<input checked="" type="checkbox"/> (1) CBD <input type="checkbox"/> (2) Urban (Non-CBD) <input type="checkbox"/> (3) Suburban (Non-CBD) <input type="checkbox"/> (4) Suburban CBD <input type="checkbox"/> (5) Rural <input type="checkbox"/> (6) Freeway Interchange Area (Rural) <input type="checkbox"/> (7) Not Given				COFFEE SHOP w/ DRIVE-THRU IN A RETAIL PAD BLDG. (w/ A RETAIL AND A FAST-FOOD RESTAURANT). THE PAD BLDG. IS ACROSS A LARGE PARKING LOT FROM A HOME IMPROVEMENT STORE, AND HAS A SEPARATE PARKING AREA. (PARKING DEMAND WAS COUNTED MANUALLY. ONLY COFFEE CUSTOMERS' CARS WERE COUNTED.)			
Independent Variable: (include data for as many as possible) ²		Actual	Estimated	Actual		Estimated	
(1) Employees (#)		<input type="checkbox"/>	<input type="checkbox"/>	37		<input checked="" type="checkbox"/>	
(2) Persons (#)		<input type="checkbox"/>	<input type="checkbox"/>	(10) Parking Spaces (#)		<input type="checkbox"/>	
(3) Units (#)		<input type="checkbox"/>	<input type="checkbox"/>	(11) Occupied Beds (#)		<input type="checkbox"/>	
(4) Occupied Units (#)		<input type="checkbox"/>	<input type="checkbox"/>	(12) Seats (#)		<input type="checkbox"/>	
1350 (5) Gross Floor Area (gross sq. ft.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(13) Servicing Positions/Vehicle Fueling Positions		<input type="checkbox"/>	
(% of development occupied _____)				(14) Shopping Center % Out-parcels/pads		<input type="checkbox"/>	
(6) Net Rentable Area (sq. ft.)		<input type="checkbox"/>	<input type="checkbox"/>	(15) A.M. Peak Hour Volume of Adjacent Street Traffic		<input type="checkbox"/>	
(7) Gross Leasable Area (sq. ft.)		<input type="checkbox"/>	<input type="checkbox"/>	(16) P.M. Peak Hour Volume of Adjacent Street Traffic		<input type="checkbox"/>	
(8) Occupied Gross Leasable Area (sq. ft.)		<input type="checkbox"/>	<input type="checkbox"/>	(17) Other		<input type="checkbox"/>	
(9) Acres		<input type="checkbox"/>	<input type="checkbox"/>	(18) Other		<input type="checkbox"/>	

2. Definitions for several independent variables can be found in the Trip Generation Handbook Glossary.

3. Please provide all pertinent information that helps to describe the subject project. If necessary, attach a detailed report.

Other Data:			Transportation Demand Management (TDM) Information:		
Vehicle Occupancy (#) A.M. _____ P.M. _____ 24-hour % _____ Percent by Transit: A.M. % _____ P.M. % _____ 24-hour % _____ Percent by Carpool/Vanpool: A.M. % _____ P.M. % _____ 24-hour % _____			At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) underway? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please check appropriate box/boxes, describe the nature of the TDM program(s) and provide a source for any studies that may help quantify this impact. Attach additional sheets if necessary)		
Employees by Shift: First Shift: Start Time _____ End Time _____ Employees (#) _____ Second Shift: Start Time _____ End Time _____ Employees (#) _____ Third Shift: Start Time _____ End Time _____ Employees (#) _____			<input type="checkbox"/> (1) Transit Service <input type="checkbox"/> (2) Carpool Programs <input type="checkbox"/> (3) Vanpool Programs <input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements <input type="checkbox"/> (5) Employer Support Measures <input type="checkbox"/> (6) Preferential HOV Treatments <input type="checkbox"/> (7) Transit and Ridesharing Incentives <input type="checkbox"/> (8) Parking Supply and Pricing Management <input type="checkbox"/> (9) Tolls and Congestion Pricing <input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks <input type="checkbox"/> (11) Telecommuting <input type="checkbox"/> (12) Other _____		
Parking Cost on Site: _____ Hourly <input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/>					

Please Complete Form on Other Side

ite Institute of Transportation Engineers

Trip Generation Data Form (Part 2)

Summary of Driveway Volumes

(All = All Vehicles Counted, Including Trucks; Trucks = Heavy Duty Trucks and Buses)

	Average Weekday (M-F)						Saturday						Sunday					
	Enter		Exit		Total		Enter		Exit		Total		Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks
24-Hour Volume																		
A.M. Peak Hour of Adjacent ¹ Street Traffic (7 – 9) Time (ex.: 7:15 - 8:15):																		
P.M. Peak Hour of Adjacent ¹ Street Traffic (4 – 6) Time:																		
A.M. Peak Hour Generator ² Time: 7:15-8:15am	87		71		158													
P.M. Peak Hour Generator ² Time: 4:00-5:00pm	37		36		73													
Peak Hour Generator ³ Time (Weekend):																		

1. Highest hourly volume between 7 AM and 9 AM (4 PM and 6 PM).

2. Highest hourly volume during the AM or PM period.

3. Highest hourly volume during the entire day.

Please refer to the *Trip Generation User's Guide* for full definition of the terms.

Hourly Driveway Volumes- Average Weekday (M-F)

A.M. Period	Enter		Exit		Total		Mid-Day Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
6:00-7:00							11:00-12:00	42		48		90		3:00-4:00						
6:15-7:15							11:15-12:15	45		47		92		3:15-4:15						
6:30-7:30							11:30-12:30	46		46		92		3:30-4:30						
6:45-7:45							11:45-12:45	34		44		78		3:45-4:45						
7:00-8:00	75		68		143		12:00-1:00	35		40		75		4:00-5:00	37		36		73	
7:15-8:15	87		71		158		12:15-1:15	28		36		64		4:15-5:15	30		36		66	
7:30-8:30	76		72		148		12:30-1:30	25		31		56		4:30-5:30	28		33		61	
7:45-8:45	66		63		129		12:45-1:45	32		27		59		4:45-5:45	31		34		65	
8:00-9:00	61	1	60	1	121	2	1:00-2:00	34		33		67		5:00-6:00	30		32		62	

☒ Check if Part 3 and/or additional information is attached.

Survey conducted by: Name: LYNWOOD JOHNSON, ET. AL.

Organization: UNR ITE CHAPTER

Address: DEPT. OF CIVIL AND ENVIRONMENTAL ENGINEERING / MAIL STOP 258

City/State/Zip: RENO, NV 89557

Telephone #: 775-784-6195 Fax #: 775-784-1390 E-mail: lrjohnso@unr.nevada.edu

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 Technical Projects Division
 1099 14th Street, NW, Suite 300 West
 Washington, DC 20005-3438 USA
 Telephone: +1 202-289-0222
 FAX: +1 202-289-7722
 ITE on the Web: www.ite.org

Trip Generation Data Form (Part 3)

Name/Organization: UNR ITE CHAPTER City/State: RENO, NV

Telephone Number: 775-784-6195

Detailed Driveway Volumes: Attach this sheet to Parts 1 and 2 if you are providing additional information.

Day of the week: THURSDAY 1/11/07

(All = All Vehicles Counted, Except Trucks; Trucks = Heavy Duty Trucks and Buses)

A.M. Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
12:00-12:15							12:00-12:15	14		12		26	
12:15-12:30							12:15-12:30	10		13		23	
12:30-12:45							12:30-12:45	2		9		11	
12:45-1:00							12:45-1:00	9		6		15	
1:00-1:15							1:00-1:15	7		8		15	
1:15-1:30							1:15-1:30	7		8		15	
1:30-1:45							1:30-1:45	9		5		14	
1:45-2:00							1:45-2:00	11		12		23	
2:00-2:15							2:00-2:15						
2:15-2:30							2:15-2:30						
2:30-2:45							2:30-2:45						
2:45-3:00							2:45-3:00						
3:00-3:15							3:00-3:15						
3:15-3:30							3:15-3:30						
3:30-3:45							3:30-3:45						
3:45-4:00							3:45-4:00						
4:00-4:15							4:00-4:15	15		8		23	
4:15-4:30							4:15-4:30	7		11		18	
4:30-4:45							4:30-4:45	7		8		15	
4:45-5:00							4:45-5:00	8		9		17	
5:00-5:15							5:00-5:15	8		8		16	
5:15-5:30							5:15-5:30	5		8		13	
5:30-5:45							5:30-5:45	10		9		19	
5:45-6:00							5:45-6:00	7		7		14	
6:00-6:15							6:00-6:15						
6:15-6:30							6:15-6:30						
6:30-6:45							6:30-6:45						
6:45-7:00							6:45-7:00						
7:00-7:15	13		15		28		7:00-7:15						
7:15-7:30	23		19		44		7:15-7:30						
7:30-7:45	21		21		42		7:30-7:45						
7:45-8:00	16		13		29		7:45-8:00						
8:00-8:15	25	1	18		43	1	8:00-8:15						
8:15-8:30	14		20		34		8:15-8:30						
8:30-8:45	11		12		23		8:30-8:45						
8:45-9:00	11		10	1	21	1	8:45-9:00						
9:00-9:15							9:00-9:15						
9:15-9:30							9:15-9:30						
9:30-9:45							9:30-9:45						
9:45-10:00							9:45-10:00						
10:00-10:15							10:00-10:15						
10:15-10:30							10:15-10:30						
10:30-10:45							10:30-10:45						
10:45-11:00							10:45-11:00						
11:00-11:15	11		13		24		11:00-11:15						
11:15-11:30	9		14		23		11:15-11:30						
11:30-11:45	14		11		25		11:30-11:45						
11:45-12:00	8		10		18		11:45-12:00						

Trip Generation Data Form (Part 1)

Land Use/Building Type: ¹ <u>COFFEE SHOP w/ DRIVE-THRU SERVICE</u>			ITE Land Use Code: <u>N/A</u>		
Source:			Source No. (ITE use only):		
Name of Development: <u>"COFFEE SHOP SITE #2"</u>			Day of the Week: <u>SATURDAY</u>		
City: <u>RENO</u>	State/Province: <u>NV</u>	Zip/Postal Code:	Day: <u>13TH</u>	Month: <u>JAN.</u>	Year: <u>2007</u>
Country: <u>USA</u>			Metropolitan Area: <u>RENO, NV</u>		

1. For fast-food land use, please specify if hamburger- or nonhamburger-based.

Location Within Area:				Detailed Description of Development: ³	
<input checked="" type="checkbox"/> (1) CBD <input type="checkbox"/> (3) Suburban (Non-CBD) <input type="checkbox"/> (5) Rural <input type="checkbox"/> (2) Urban (Non-CBD) <input type="checkbox"/> (4) Suburban CBD <input type="checkbox"/> (6) Freeway Interchange Area (Rural) <input type="checkbox"/> (7) Not Given				<u>COFFEE SHOP w/ DRIVE-THRU IN A RETAIL PAD BLDG. (w/ A RETAIL STORE AND A FAST-FOOD RESTAURANT). THE PAD BLDG IS ACROSS A LARGE PARKING LOT FROM A HOME IMPROVEMENT STORE, AND HAS A SEPARATE PARKING AREA. (PARKING DEMAND COUNTED MANUALLY. ONLY COFFEE CUSTOMERS' CARS COUNTED.)</u>	
Independent Variable: (include data for as many as possible) ²					
	Actual	Estimated		Actual	Estimated
<u>1350</u> (1) Employees (#)	<input type="checkbox"/>	<input type="checkbox"/>	<u>37</u> (10) Parking Spaces (#)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Persons (#)	<input type="checkbox"/>	<input type="checkbox"/>	(11) Occupied Beds (#)	<input type="checkbox"/>	<input type="checkbox"/>
(3) Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	(12) Seats (#)	<input type="checkbox"/>	<input type="checkbox"/>
(4) Occupied Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	(13) Servicing Positions/Vehicle Fueling Positions	<input type="checkbox"/>	<input type="checkbox"/>
(5) Gross Floor Area (gross sq. ft.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(14) Shopping Center % Out-parcels/pads	<input type="checkbox"/>	<input type="checkbox"/>
(% of development occupied _____)			(15) A.M. Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>
(6) Net Rentable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	(16) P.M. Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>
(7) Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	(17) Other	<input type="checkbox"/>	<input type="checkbox"/>
(8) Occupied Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	(18) Other	<input type="checkbox"/>	<input type="checkbox"/>
(9) Acres	<input type="checkbox"/>	<input type="checkbox"/>			

2. Definitions for several independent variables can be found in the Trip Generation Handbook Glossary.

3. Please provide all pertinent information that helps to describe the subject project. If necessary, attach a detailed report.

Other Data:		Transportation Demand Management (TDM) Information:	
Vehicle Occupancy (#) A.M. _____ P.M. _____ 24-hour % Percent by Transit: A.M. % _____ P.M. % _____ 24-hour % Percent by Carpool/Vanpool: A.M. % _____ P.M. % _____ 24-hour % Employees by Shift: First Shift: Start Time _____ End Time _____ Employees (#) _____ Second Shift: Start Time _____ End Time _____ Employees (#) _____ Third Shift: Start Time _____ End Time _____ Employees (#) _____ Parking Cost on Site: Hourly <input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/>		At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) underway? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please check appropriate box/boxes, describe the nature of the TDM program(s) and provide a source for any studies that may help quantify this impact. Attach additional sheets if necessary) <input type="checkbox"/> (1) Transit Service <input type="checkbox"/> (5) Employer Support Measures <input type="checkbox"/> (9) Tolls and Congestion Pricing <input type="checkbox"/> (2) Carpool Programs <input type="checkbox"/> (6) Preferential HOV Treatments <input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks <input type="checkbox"/> (3) Vanpool Programs <input type="checkbox"/> (7) Transit and Ridesharing Incentives <input type="checkbox"/> (11) Telecommuting <input type="checkbox"/> (4) Bicycle/Pedestrian <input type="checkbox"/> (8) Parking Supply and Pricing <input type="checkbox"/> (12) Other _____ Facilities and Site Improvements Management	

ite Institute of Transportation Engineers

Trip Generation Data Form (Part 2)

Summary of Driveway Volumes

(All = All Vehicles Counted, Including Trucks; Trucks = Heavy Duty Trucks and Buses)

	Average Weekday (M-F)						Saturday						Sunday					
	Enter		Exit		Total		Enter		Exit		Total		Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks
24-Hour Volume																		
A.M. Peak Hour of Adjacent ¹ Street Traffic (7 - 9) Time (ex.: 7:15 - 8:15):																		
P.M. Peak Hour of Adjacent ¹ Street Traffic (4 - 6) Time:																		
A.M. Peak Hour Generator ² Time:																		
P.M. Peak Hour Generator ² Time:																		
Peak Hour Generator ³ Time (Weekend): 11:30am - 12:30pm							66		76		142							

1. Highest hourly volume between 7 AM and 9 AM (4 PM and 6 PM).

2. Highest hourly volume during the AM or PM period.

3. Highest hourly volume during the entire day.

Please refer to the *Trip Generation User's Guide* for full definition of the terms.

Hourly Driveway Volumes- Average Weekday (M-F) SATURDAY

A.M. Period	Enter		Exit		Total		Mid-Day Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
6:00-7:00							11:00-12:00	61		64		125		3:00-4:00						
6:15-7:15							11:15-12:15	65		71		136		3:15-4:15						
6:30-7:30							11:30-12:30	66		76		142		3:30-4:30						
6:45-7:45							11:45-12:45	68		71		141		3:45-4:45						
7:00-8:00	47	1	44	1	91	2	12:00-1:00	68		72		140		4:00-5:00	44		44		88	
7:15-8:15	59	2	50	1	109	3	12:15-1:15	63		68		131		4:15-5:15	46		43		89	
7:30-8:30	67	2	63	2	130	4	12:30-1:30	61		61		122		4:30-5:30	40		43		83	
7:45-8:45	67	1	66	1	133	2	12:45-1:45	50		58		108		4:45-5:45	39		44		83	
8:00-9:00	71	1	63	1	134	2	1:00-2:00	47		51		98		5:00-6:00	34		36		70	

☒ Check if Part 3 and/or additional information is attached.

Survey conducted by: Name: LYNWOOD JOHNSON, ET. AL.
 Organization: UNR ITE CHAPTER
 Address: DEPT. OF CIVIL AND ENVIRONMENTAL ENGINEERING / MAIL STOP 258
 City/State/Zip: RENO, NV 89557
 Telephone #: 775-784-6195 Fax #: 775-784-1390 E-mail: lrjohnso@unr.nevada.edu

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Institute of Transportation Engineers
 Technical Projects Division
 1099 14th Street, NW, Suite 300 West
 Washington, DC 20005-3438 USA
 Telephone: +1 202-289-0222
 FAX: +1 202-289-7722
 ITE on the Web: www.ite.org

Trip Generation Data Form (Part 3)

Name/Organization: UNR ITE CHAPTER City/State: RENO, NV
 Telephone Number: 775-784-6195

Detailed Driveway Volumes: Attach this sheet to Parts 1 and 2 if you are providing additional information.

Day of the week: SATURDAY 1/13/07 (All = All Vehicles Counted, Except Trucks; Trucks = Heavy Duty Trucks and Buses)

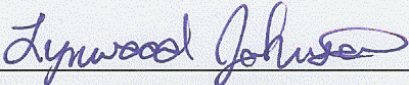
A.M. Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
12:00-12:15							12:00-12:15	18		19		37	
12:15-12:30							12:15-12:30	16		20		36	
12:30-12:45							12:30-12:45	21		15		36	
12:45-1:00							12:45-1:00	13		18		31	
1:00-1:15							1:00-1:15	13		15		28	
1:15-1:30							1:15-1:30	14		13		27	
1:30-1:45							1:30-1:45	10		12		22	
1:45-2:00							1:45-2:00	10		11		21	
2:00-2:15							2:00-2:15						
2:15-2:30							2:15-2:30						
2:30-2:45							2:30-2:45						
2:45-3:00							2:45-3:00						
3:00-3:15							3:00-3:15						
3:15-3:30							3:15-3:30						
3:30-3:45							3:30-3:45						
3:45-4:00							3:45-4:00						
4:00-4:15							4:00-4:15	9		11		20	
4:15-4:30							4:15-4:30	14		11		25	
4:30-4:45							4:30-4:45	10		11		21	
4:45-5:00							4:45-5:00	11		11		22	
5:00-5:15							5:00-5:15	11		10		21	
5:15-5:30							5:15-5:30	8		11		19	
5:30-5:45							5:30-5:45	9		12		21	
5:45-6:00							5:45-6:00	6		3		9	
6:00-6:15							6:00-6:15						
6:15-6:30							6:15-6:30						
6:30-6:45							6:30-6:45						
6:45-7:00							6:45-7:00						
7:00-7:15	5		4		9		7:00-7:15						
7:15-7:30	7		5		12		7:15-7:30						
7:30-7:45	19	1	15	1	34	2	7:30-7:45						
7:45-8:00	16		18		34		7:45-8:00						
8:00-8:15	17	1	12		29	1	8:00-8:15						
8:15-8:30	15		18	1	33	1	8:15-8:30						
8:30-8:45	19		18		37		8:30-8:45						
8:45-9:00	20		15		35		8:45-9:00						
9:00-9:15							9:00-9:15						
9:15-9:30							9:15-9:30						
9:30-9:45							9:30-9:45						
9:45-10:00							9:45-10:00						
10:00-10:15							10:00-10:15						
10:15-10:30							10:15-10:30						
10:30-10:45							10:30-10:45						
10:45-11:00							10:45-11:00						
11:00-11:15	14		12		26		11:00-11:15						
11:15-11:30	15		15		30		11:15-11:30						
11:30-11:45	19		20		29		11:30-11:45						
11:45-12:00	13		17		30		11:45-12:00						

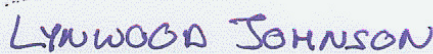



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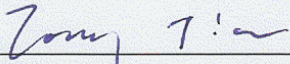
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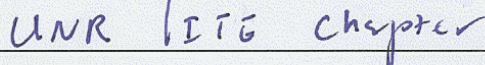
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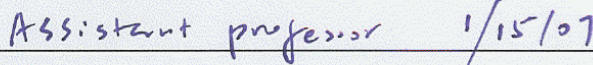
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AND QUEUING AT COFFEE SHOPS WITH DRIVE-THRU SERVICE

By (list all authors):

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MULTIPLEX THEATER

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