

Motorist Turning Movement Count Form

Your Name: _____ Location: _____

Date: _____ Weather: _____

Start Time: _____ End Time: _____

Please fill in your name, count location, date, time period, and weather conditions (fair, rainy, very cold).
Count all motor vehicles crossing through the intersection.

- Use one data count form for each 15-minute interval.
- Draw north arrow and indicate street names on sketch.

