To: DOT ICE Review

From: ICE Submitter

Date: Click here to enter a date.

RE: Project ID #

 Choose an item.

Intersection Street Names

 City/Town/Village, County

 Region

**Project Description:**

Include the project need, objectives, and existing conditions.

**Description of Alternatives:**

Provide a description of the alternatives under consideration. Reference the Phase I: ICE Brainstorming Guide as appropriate.

**Safety Considerations:**

Observed Crash History Years:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Crash Type** | **Fatal** | **Injury A** | **Injury B** | **Injury C** | **KABC** | **PDO** | **Total** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

(add more rows as needed)

Crash Trends: Describe the crash trends at the intersection.

Contributing Factors: Describe the contributing factors of the crashes.

**Operational Considerations:**

Summarize operational concerns, evaluate warrants and conduct capacity analysis as applicable.

**Other Considerations:**

Include any other factors or information that affected the decisions resulting from the scoping analysis.

**Reasonableness of Alternatives:**

Discuss the feasibility of each of the alternatives under consideration. Reference the Phase I: ICE Brainstorming Guide as appropriate.

**Conclusion:**

Identify if there is a need to complete a Phase II: ICE and, if applicable, summarize which alternatives are moving forward.

**Attachments:**

Provide attachments outlined in FDM 11-25-3 Attachment 3.7 as appropriate