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to Nicholas, Francisca, paspence@umich.edu, P.E., P.E., PE,, Kyle, me, suegott@umich.edu, Luke

Good afternoon Michael,

DLZ has completed further review of the information provided, including the Clinical Inpatient Tower Traffic Study, which we only received this past Friday.

We also took the additional time to further evaluate the recently completed bicycle and pedestrian traffic count data.

After further evaluation, DLZ's opinion is that the shared-use pathway would best be located on the east side of the bridge.

The biggest contributing factor to our recommendation is the bicycle and pedestrian numbers that DLZ recently counted.

Based on the recent traffic counts, DLZ is of the opinion that having the shared-use pathway on the east side would be best for the following reasons:

1. There are more than 20 times as many pedestrians counted as bikes, so we believe the pedestrians should take precedence in our decision.
 - a. There are more than twice as many pedestrians utilizing the east side of the bridge than the west side, therefore, the east side warrants more shared-use path/sidewalk width than the west side.
 - b. In comparison to the pedestrian counts, the bike counts are split relatively evenly between the east and west sides of the bridge.
2. There are far fewer driveway/road crossings for a shared-use pathway on the east side of E. Medical Center Dr. (outside of the loop) improving safety for both the shared-use pathway users and drivers.
3. A majority of the destinations in the UM hospital complex are on the west side of the E. Medical Center Dr. (inside of the loop). Therefore, bikes and pedestrians coming from the east side of E. Medical Center Dr. (EMCD) at Fuller Rd. would either have to cross EMCD at Fuller Rd. or further south down EMCD. Based on the recent traffic counts, this most likely occurs at the Cancer Center entrance driveway. Both the Fuller Rd. and Cancer Center entrance crossings are signalized, but the Cancer Center entrance has less vehicular traffic and is therefore a safer crossing for bikes and pedestrians.
4. Bike users and pedestrians coming from the west side of EMCD at Fuller Rd. would have the option to use the new underpass shared-use pathway to avoid crossing EMCD at Fuller Rd. to get to a shared-use pathway on the east side of the bridge.
 - a. However, previous history on pedestrian and bicycle behavior indicates that it is unlikely the underpass shared-use pathway will be used for this purpose, as it is not the most direct route for bikes and pedestrians to access the hospital.
5. UM has indicated preliminarily that in the future it would like to build a shared-use pathway on the east side (outside of the loop) of EMCD. A shared-use pathway on the east side of the bridge would have better connectivity to that potential future pathway.

Additionally, the following reasons are why DLZ thinks a shared-use pathway on the west side of the EMCD bridge is not the best solution:

1. If the shared-use pathway were on the west side of the bridge, it would cross W. Medical Center Dr. (WMCD) which is a non-signalized intersection.
 - a. Non signal-controlled vehicular turns from EMCD onto WMCD pose a greater risk for bike users and pedestrians crossing the road than a signalized crosswalk, such as those at the Fuller Rd. and EMCD intersection, as well as the Cancer Center entrance intersection with EMCD.
2. UM has no plans to build bicycle facilities on WMCD and it conflicts with their Clinical Inpatient Tower plan. Connecting a shared-use pathway on the west side of the bridge to bike facilities on WMCD is not supported by UM and their future plans.”

Please let me know if you have any further comments or questions.

Thanks

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