

ITS Radar – Call Report Form

Please use this form to provide feedback to the ITS Radar Team. This might be the result of attending an event, reading an article or coming across a relevant project. You can also alert the team to future events that might be of interest. Date Form Completed: _____

1) Your Details (Please complete in BLOCK CAPITALS or attach your business card)

Name: _____ Position: _____

Organisation: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

2) Topics (Please score the relevance of your feedback to each topic below)

1 – Some Relevance

2 – Very Relevant

- | | | |
|--|---|---|
| <input type="checkbox"/> Traffic Control Centres | <input type="checkbox"/> Modelling | <input type="checkbox"/> Enforcement |
| <input type="checkbox"/> Traffic Management Technology | <input type="checkbox"/> Traffic & Travel Information | <input type="checkbox"/> Standards & Policy |
| <input type="checkbox"/> Pilots | <input type="checkbox"/> Freight & Fleet Management | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Driver Behaviour | <input type="checkbox"/> Technology Solutions | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Tolling | <input type="checkbox"/> GPS / Satellites | |

If your information is not covered by the above list of topics but think it may, nevertheless, be of interest to the ITS Radar team please tick the following box .

3) Feedback (Please select feedback category and fill in all applicable details)

- Event Attended Article Read Project Identified Future Event

Event/Article/Project Name: _____

Location of Event: _____

Details of Publication (Title/Issue/Date): _____

Brief Summary of Event/Article/Project: _____

Additional comments: _____

If providing feedback on a project, please provide the following contact details (where known):

Relevant Contact: _____ Contact Telephone: _____

Contact Email: _____