



District Department of Transportation

## TRAFFIC SAFETY INVESTIGATION

Dear Resident,

Thank you for contacting the District Department of Transportation (DDOT) in regards to your Traffic Safety Investigation Service Request. Before we can begin the process you must complete the enclosed questionnaire and petition forms.

The forms must be completed and submitted to DDOT within 60 days via postal mail. You may also email the documents directly to [traffic.calming@dc.gov](mailto:traffic.calming@dc.gov). If we do not receive the required forms within the designated time frame the Traffic Investigation Service Request will be closed.

District Department of Transportation  
Customer Service Clearinghouse  
55 M Street, SE – 7th Floor  
Washington, DC 20003

For further questions regarding this matter, please contact DDOT at 202-673-6813. Please reference your Traffic Investigation Service Request Confirmation Number.

Sincerely,

d. Customer Service Clearinghouse  
Enclosures



District Department of Transportation

## Traffic Safety Investigation Questionnaire

### *Applicant Information (Required)*

**Date:** \_\_\_\_\_

**Service Request #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Requestor Signature:** \_\_\_\_\_

<b>Traffic Issues</b>	<b>Very Significant</b>	<b>Significant</b>	<b>Not Significant</b>
Speeding			
Traffic Volumes			
Cut-through Traffic			
Traffic Accidents			
Traffic Noise			
Pedestrian Safety			
Bike Safety			
Parking			
Other (please specify):			



Location of requested Investigation - Please define geographic boundaries as clearly as possible (e.g. 400, 500, and 600 block of X Street, NE):

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Conditions Necessitating Investigation – Please provide a detailed description of the problems observed in the Investigation Area:

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Please identify the time of the day when the traffic problems appear to be the worst (such as AM peak, PM peak, afternoon, evening or night).

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Please describe any of the following characteristics of your neighborhood: heavy use by pedestrians, bicyclists, or other more vulnerable users; substandard streets (lack of sidewalks, narrow streets, right curves, limited sight distance, etc.) and pedestrian generating facilities (parks, elderly housing, shopping areas, etc.)

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Please describe if there are any schools, hospitals, places of worship, recreational centers, hotels, sports arenas or historical monuments in the vicinity of the location.

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Please describe if the traffic problems mainly occur during holidays (such as Christmas, Thanksgiving, New Year, Jewish Holidays etc.)

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Please describe what you think is may be causing the traffic problems. For example is it local residents or the cut through traffic? Is it cars or delivery trucks etc.?

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Do traffic concerns create safety issues for pedestrians and bicyclists in your neighborhood? If yes, please describe how.

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Are there any existing traffic calming measures within the Investigation area you have defined (e.g. speed humps, rumble strips, median, curb extensions)? If yes, then please describe if they effective.

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If implemented, how would you feel about having Traffic Safety measures (median? Islands, speed humps, corner bulb-outs, etc.) being placed in front of your home?

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Are there any Traffic Safety treatments that would not be acceptable to the petitioners?

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Have you previously contacted District Department of Transportation for help in addressing your traffic problems? If yes, please indicate which departments have been contacted.

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District Department of Transportation

Is the area of concern an active construction zone? If so, do you know the project name or can you provide a description of the project?

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Please provide us with any additional comments you feel would be helpful.

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Does the area of concern include any Metro bus stops or affect other transit access?

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District Department of Transportation

**TRAFFIC SAFETY INVESTIGATION PETITION**

**Mail or Deliver Petition(s) to:**  
District Department of Transportation, Customer Service Clearinghouse  
55 M Street, SE - 7<sup>th</sup> Floor, Washington, DC 20003  
**Phone: (202) 671-2700**

**Block Representative** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Confirmed by**  
**ANC Commissioner** \_\_\_\_\_ **ANC** \_\_\_\_\_  
(Printed name and Signature)

The undersigned residents in the \_\_\_\_\_ hundred block(s) of  
\_\_\_\_\_ Street, petition the Department of Transportation to conduct a  
Traffic Safety Investigation in this street segment / area.

This petition must contain one (1) adult signature per household and be endorsed by 75 percent or more of the households in each one hundred (100) block.



