



District Department of Transportation

Dear Resident,

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

This form 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. If we do not receive the required form within the designated time frame the Traffic Assessment 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 Assessment Service Request Confirmation Number.

Sincerely,

d. Customer Service Clearinghouse
Enclosures



District Department of Transportation

Traffic Calming Assessment Questionnaire

Applicant Information (Required)

Date: _____

Service Request #: _____

Name: _____

Address: _____

Telephone #: _____

Email Address: _____

Requestor Signature: _____

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



District Department of Transportation

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

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

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).

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.)

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.

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



District Department of Transportation

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.?

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

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

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

Are there any traffic calming treatments that would not be acceptable to the petitioners?

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



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?

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

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