

Government of the District of Columbia

Department of Transportation



Traffic Safety Assessment Questionnaire

Contact Information	
Name:	Date:
Address:	Phone:
	Email:
Signature:	

The purpose of this Questionnaire is for DDOT to gather information about a safety concern in order to perform a Traffic Safety Assessment (TSA). The intent of the TSA process is to ask residents to identify traffic safety concerns, whether along a roadway segment or at an intersection, and focus on the definition of the safety concern(s) rather than on a proposed solution or mitigation measure. Based on the nature of the request, DDOT will determine the type of assessment necessary to investigate the extent of the traffic safety concern.

To begin a Traffic Safety Assessment, please fill out the information below and answer any questions to the best of your ability. If necessary, please attach additional pages. In addition, a letter of support from your ANC Commissioner is **required**. Find your ANC here: <https://anc.dc.gov/>

Once completed, please submit this form and ANC support letter to DDOT via the address provided below, or you can email the form to traffic.safety@dc.gov.

District Department of Transportation
Customer Service Clearinghouse
250 M Street SE
Washington, DC 20003

If you have any questions, please contact DDOT at 202-673-6813. Thank you.

Version 1.01, updated May 2019

Questions

<p>Location of requested investigation: Define geographic boundaries as clearly as possible (400 block of A Street NE, intersection of 1st Street & B Street NW, etc.)</p> <p>Is this location near an existing construction project? If yes, please provide the name and location of the project and any construction-related concerns.</p>	
<p>Safety concerns: Provide a detailed description of the problems observed in the area of investigation (vehicle crashes, speeding, pedestrian safety, bicycle safety, unable to cross the street, hard to see cross-traffic, etc.)</p> <p>For intersection-related concerns, please include the type of intersection:</p> <ul style="list-style-type: none">▪ 1 or 2-way STOP control▪ All-way STOP control▪ Traffic signal	
<p>Days and time when safety concerns are the worst: Such as weekday AM peak, weekday PM peak, overnight, weekends, etc.</p>	
<p>Are there existing traffic calming features on the block? This includes speed humps, rumble strips, etc.</p>	
<p>Describe neighborhood uses: Such as residential area, retail area, school zone, recreation center, community center, etc.</p>	

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<p>Describe multi-modal facilities: Are there sidewalks? Bike facilities or trails? Nearby Metrorail station or Metrobus stop(s)?</p>	
<p>Vehicle types: Is the concern about commuter traffic in cars? Is there a high volume of trucks, perhaps due to nearby construction? What about buses?</p>	
<p>Have you previously contacted DDOT about your concerns? Please include name(s) and department(s) if possible.</p> <p>If you have already contacted 311, please provide the service request number.</p>	
<p>Any other information you would like to share?</p>	
For DDOT Use Only	
Date Received:	Service Request Number:
Letter of Support Attached?	YES / NO
Name:	SMD/Ward:
Contact Info:	