



# Transportation Safety Community Survey

City: \_\_\_\_\_

School Name (if applicable) \_\_\_\_\_

Circle **ALL** that apply:

**1. What mode of transportation do you primarily use?**

- a) Personal vehicle  
1. Car      2. Motorcycle      3. E-Bike      4. E-Scooter
- b) Bicycle
- c) Walking
- d) Public transportation (bus, train, etc.)
- e) Ride-sharing services (Uber, Lyft, E-Bike Services, E-Scooter Services, etc.)

**2. How safe do you feel when using this form of transportation in your community?**

- a) Very safe
- b) Somewhat safe
- c) Neutral
- d) Somewhat unsafe
- e) Very unsafe

**3. What are the biggest transportation safety issues that you see in your community?**

- a) Aggressive driving/Speeding
- b) Distracted driving
- c) Seatbelt use
- d) Impaired driving
- e) Infrastructure issues (unsafe areas to cross the street, lack of sidewalks, poor lighting, unsafe areas to bike)
- f) Other \_\_\_\_\_

**4. What is the best way to address that issue?**

- a) Education programs
- b) Police/More enforcement
- c) Changes to traffic laws
- d) Redesign unsafe areas in town or intersections
- e) Lower speed limits
- f) Other \_\_\_\_\_

