WALK SAFE LONG ISLAND

School Name: _____

School Address: _____

Roadway being Observed: _____

Number of Times Observed: _____

Dates: _____   **Times of Day:** _____

Directions:

Please check off all of the features that best describe this location/intersection. Indicate number of vehicle lanes and any allocated parking. Also note whether or not there is a median strip. *It is suggested that you do at least 2 observations at two different times of day (perhaps morning and afternoon).*

Roadway/Sidewalk Description

1. _____ Number of vehicle lanes N/S.

2. _____ Number of vehicle lanes E/W

3. _____ Median strip

4. _____ Vehicle parking lane

5. _____ Parking permitted at all times of day (*Please indicate if parking is allowed but restricted to certain hours*) _____

6. _____ Sidewalks available on all sides of the roadway

7. _____ Marked Bicycle Lane

8. _____ Entrance/Exit into school parking lot

Signals/Signs and Roadway Markings

11. _____ Traffic Signal at location (if there is no signal skip to #12)

12. _____ Leading Pedestrian Signal

13. _____ Countdown Signal

14. _____ Walk Signal will not Activate unless Walk Button is Pushed

15. _____ Walk Button does not have to be Pushed to Activate Walk Signal

16. _____ Pedestrian Crossing Signs

17. _____ Enhanced Pedestrian Crossing Signs (lights/sounds, etc.)

18. _____ Speed Limit Signs

19. _____ Crosswalk clearly marked

20. _____ Crosswalk striping worn off

Other, please list anything in the physical environment that you think could impact on a pedestrian/bicyclist/scooter's ability to safely cross the street or that would otherwise render this location as "high risk" for any roadway users.

NOTES: _____

_____

_____

Behavior Observation

The purpose of this observational study is to identify behaviors on the part of all roadway users, especially pedestrians and bicyclists, that might lead to an injury or fatality caused by a motor vehicle. Once you have completed your physical observation of the location you should provide recommendations to reduce identified risk factors and improve roadway safety for pedestrians and bicyclists.

If this list does not have a behavior you observed, and believe to be risky, please record it in the space provided at the end of check-off list.

PEDESTRIAN BEHAVIORS

Total Number of Ped.

1.   Using cellphones when crossing   _____

2.   Wearing headphones   _____

3.   Crossing in crosswalk   _____

4.   Not crossing in crosswalk   _____

5.   Failure to push button to activate Walk signal   _____

6.   Cross with traffic signal   _____

7.   Cross against traffic signal   _____

8.   Cross mid-block or away from crosswalk   _____

9.   Fail to check for on-coming traffic in both directions   _____

10.   Fail to check for left or right turning vehicles.   _____

BICYCLES, SCOOTERS, MOPEDS

1.   Total number of bicycle riders   _____

2.   Total number of standup scooter riders   _____

3.   Total number of moped riders   _____

Bicycle Riders

4. Number wearing helmets   _____

5. Using cellphones   _____

6. Riding in bike lane or street   _____

7. Riding with traffic   _____

8. Riding against traffic   _____

9. Riding on the sidewalk   _____

10. Disobeying traffic signal   _____

If any of the following were not observed skip this section.

Standup Scooter Riders

11. Number wearing helmets   _____

12. Using cellphones   _____

13. Riding in bike lane or on street _____

14. Riding with traffic   _____

15. Riding against traffic   _____

16. Riding on sidewalk   _____

17. Disobeying traffic signal   _____

Moped/Seated Scooter Riders

18. Number wearing helmets   _____

19. Using cellphones   _____

20. Riding in bike lane or on street _____

21. Riding with traffic   _____

22. Riding against traffic   _____

23. Riding on sidewalk   _____

24. Disobeying traffic signal   _____

25. Going wrong way on one way street _____

26, Failure to Yield to a Pedestrian _____