

Roadway Safety Concerns Problem Checklist



Source: Roadway Safety Guide

Utilize the following checklist to help prepare your description of the roadway safety problem.

Area: Curve Intersection Stretch of Road Downtown Suburb

Road Name: _____

Intersection: _____

Milepost: _____

Other Landmark: _____

Safety concern location services:

- | | | |
|--|--|--|
| <input type="checkbox"/> High-speed traffic | <input type="checkbox"/> Truck traffic | <input type="checkbox"/> Farm vehicles |
| <input type="checkbox"/> Commuters | <input type="checkbox"/> Bicyclists | <input type="checkbox"/> Pedestrians |
| <input type="checkbox"/> Local access to shopping, schools, etc. | <input type="checkbox"/> Other: | |

Driver's view obstructed? Yes No

- | | |
|---|--|
| <i>Obstructed by</i> | <i>Obstructing view of</i> |
| <input type="checkbox"/> Trees | <input type="checkbox"/> Other vehicles |
| <input type="checkbox"/> Shrubs or other vegetation | <input type="checkbox"/> Road ahead |
| <input type="checkbox"/> Signs | <input type="checkbox"/> Signals or Stop signs |
| <input type="checkbox"/> Parked vehicles | <input type="checkbox"/> Road markings or street signs |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Roadside hazards driver could hit? Yes No

- | | |
|--|--|
| <input type="checkbox"/> Trees | <input type="checkbox"/> Utility Poles |
| <input type="checkbox"/> Guardrails | <input type="checkbox"/> Street Lights |
| <input type="checkbox"/> Bridge Supports | <input type="checkbox"/> Other: |

Poor pavement conditions:

- | | |
|---|---|
| <input type="checkbox"/> Slick pavement | <input type="checkbox"/> Potholes |
| <input type="checkbox"/> Pavement drop-offs at roadway edge | <input type="checkbox"/> Slow removal of debris |

Road conditions that could make driving hazardous?

- | | |
|---|--|
| <input type="checkbox"/> Sharp curves | <input type="checkbox"/> Narrow lanes |
| <input type="checkbox"/> Narrow or no shoulders | <input type="checkbox"/> Lack of adequate lighting |
| <input type="checkbox"/> No median barriers | <input type="checkbox"/> Missing or damaged guardrails |
| <input type="checkbox"/> Missing or hard-to-see signs/pavement markings | <input type="checkbox"/> Other: |

Concerns occurring during an active work zone? Yes No

Bicycle and Pedestrian related:

- | | |
|--|--|
| <input type="checkbox"/> Lack of sidewalk | <input type="checkbox"/> Lack of crosswalk |
| <input type="checkbox"/> Lack of bike lanes or paths | <input type="checkbox"/> Jaywalking |
| <input type="checkbox"/> Conflicts with vehicles | <input type="checkbox"/> Traffic delays |
| <input type="checkbox"/> Other: | |