

# Government of the District of Columbia

## Department of Transportation



### Traffic Safety Assessment Questionnaire

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Signature: /s/ Amber Gove			

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, please attach a letter of support from your ANC Commissioner, Councilmember's Office, or representative from the Mayor's Office of Community Relations.

Once completed, please submit this form to DDOT via the address provided below, or you can email the form to [traffic.safety@dc.gov](mailto:traffic.safety@dc.gov).

District Department of Transportation  
Customer Service Clearinghouse  
55 M Street SE – 7<sup>th</sup> Floor  
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><b>Location of requested investigation:</b> Define geographic boundaries as clearly as possible (400 block of A Street NE, intersection of 1st Street &amp; 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><b>15th Street at Constitution Ave NE</b></p>
<p><b>Safety concerns:</b> 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"> <li>▪ 1 or 2-way STOP control</li> <li>▪ All-way STOP control</li> <li>▪ Traffic signal</li> </ul>	<p><b>Intersection is not all-way stop controlled. Vehicles speed on 15th Street and drivers and pedestrians seeking to cross 15th have difficulty crossing. This is a school route for students getting to Eliot-Hine and Eastern.</b></p>
<p><b>Days and time when safety concerns are the worst:</b> Such as weekday AM peak, weekday PM peak, overnight, weekends, etc.</p>	<p><b>All day</b></p>
<p><b>Are there existing traffic calming features on the block?</b> This includes speed humps, rumble strips, etc.</p>	<p><b>No</b></p>
<p><b>Describe neighborhood uses:</b> Such as residential area, retail area, school zone, recreation center, community center, etc.</p>	<p><b>Residential</b></p>

<p>Describe multi-modal facilities: Are there sidewalks? Bike facilities or trails? Nearby Metrorail station or Metrobus stop(s)?</p>	<p><b>B2 bus route, painted bike lane</b></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><b>Buses and private vehicles</b></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><b>Yes, our prior request for all-way stop control was denied.</b></p>		
<p>Any other information you would like to share? Since DDOT has indicated it will not install an all-way stop at the intersection, please add a raised crosswalk.</p> <p><a href="https://anc6a.org/wp-content/uploads/Request-for-All-Way-Stops-at-all-ANC6A-Area-Local-Local-Intersections-resolution-response.pdf">https://anc6a.org/wp-content/uploads/Request-for-All-Way-Stops-at-all-ANC6A-Area-Local-Local-Intersections-resolution-response.pdf</a></p>			
<p><b>For DDOT Use Only</b></p>			
<p>Date Received:</p>		<p><b>Service Request Number:</b></p>	
<p>Letter of Support Attached?</p>		<p>YES / NO</p>	
<p>Name:</p>			<p><b>SMD/Ward:</b></p>
<p>Contact Info:</p>			