

Wrangell Cooperative Association Transportation Safety Survey

Please email a scan of your completed survey and maps to: lizcabot@wca-t.com

with a "cc" to mgtecwtg@gmail.com **by Friday, May 18, 2018.**

Wrangell Cooperative Association is collecting data for our Tribal Safety Plan. The completed plan will help us identify problem areas, and develop a way to fix them. It also will help us to apply for funding for safety improvements within the Wrangell community. Please help us by doing the following:

- 1) Using a colored marker or pen, place numbers 1 - 5 on the map locations where you know crashes have occurred.
- 2) Using the numbers you put on the map, please answer the following questions about each crash by checking the boxes that apply.

Crash 1	APPROXIMATE CRASH DATE: _____ APPROXIMATE TIME OF DAY: _____ DRIVER'S AGE: ____ DRIVER'S GENDER (Circle M or F) APPROXIMATE CRASH LOCATION: _____ (Include Mile Marker, if known)
	THIS CRASH INVOLVED <input type="checkbox"/> Truck <input type="checkbox"/> Car <input type="checkbox"/> ATV <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Animal <input type="checkbox"/> Boat
	DID THE CRASH RESULT IN <input type="checkbox"/> Property Damage <input type="checkbox"/> Serious Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> Death Please describe the damage or injuries (e.g., broken bones, head injury, cuts, etc.): _____
	CAN BEST BE DESCRIBED AS: <input type="checkbox"/> Rollover <input type="checkbox"/> Pedestrian was hit <input type="checkbox"/> Bicyclist was hit <input type="checkbox"/> Stationary object was hit (e.g., power pole) Other _____
	LIKELY FACTOR(S) IN CRASH: <input type="checkbox"/> Driving Under the Influence <input type="checkbox"/> Excessive Speeds <input type="checkbox"/> Road Condition <input type="checkbox"/> Dust <input type="checkbox"/> Weather <input type="checkbox"/> Lack of Seatbelt Use <input type="checkbox"/> Lack of Driving Skills <input type="checkbox"/> Underage Driver <input type="checkbox"/> Vehicle Malfunction <input type="checkbox"/> No Helmet <input type="checkbox"/> Cellular Phone Use/Texting Other _____
Crash 2	APPROXIMATE CRASH DATE: _____ APPROXIMATE TIME OF DAY: _____ DRIVER'S AGE: ____ DRIVER'S GENDER (Circle M or F) APPROXIMATE CRASH LOCATION: _____ (Include Mile Marker, if known)
	THIS CRASH INVOLVED <input type="checkbox"/> Truck <input type="checkbox"/> Car <input type="checkbox"/> ATV <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Animal <input type="checkbox"/> Boat
	DID THE CRASH RESULT IN <input type="checkbox"/> Property Damage <input type="checkbox"/> Serious Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> Death Please describe the damage or injuries (e.g., broken bones, head injury, cuts, etc.): _____
	CAN BEST BE DESCRIBED AS: <input type="checkbox"/> Rollover <input type="checkbox"/> Pedestrian was hit <input type="checkbox"/> Bicyclist was hit <input type="checkbox"/> Stationary object was hit (e.g., power pole) Other _____
	LIKELY FACTOR(S) IN CRASH: <input type="checkbox"/> Driving Under the Influence <input type="checkbox"/> Excessive Speeds <input type="checkbox"/> Road Condition <input type="checkbox"/> Dust <input type="checkbox"/> Weather <input type="checkbox"/> Lack of Seatbelt Use <input type="checkbox"/> Lack of Driving Skills <input type="checkbox"/> Underage Driver <input type="checkbox"/> Vehicle Malfunction <input type="checkbox"/> No Helmet <input type="checkbox"/> Cellular Phone Use/Texting Other _____
Crash 3	APPROXIMATE CRASH DATE: _____ APPROXIMATE TIME OF DAY: _____ DRIVER'S AGE: ____ DRIVER'S GENDER (Circle M or F) APPROXIMATE CRASH LOCATION: _____ (Include Mile Marker, if known)
	THIS CRASH INVOLVED <input type="checkbox"/> Truck <input type="checkbox"/> Car <input type="checkbox"/> ATV <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Animal <input type="checkbox"/> Boat
	DID THE CRASH RESULT IN <input type="checkbox"/> Property Damage <input type="checkbox"/> Serious Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> Death Please describe the damage or injuries (e.g., broken bones, head injury, cuts, etc.): _____
	CAN BEST BE DESCRIBED AS: <input type="checkbox"/> Rollover <input type="checkbox"/> Pedestrian was hit <input type="checkbox"/> Bicyclist was hit <input type="checkbox"/> Stationary object was hit (e.g., power pole) Other _____
	LIKELY FACTOR(S) IN CRASH: <input type="checkbox"/> Driving Under the Influence <input type="checkbox"/> Excessive Speeds <input type="checkbox"/> Road Condition <input type="checkbox"/> Dust <input type="checkbox"/> Weather <input type="checkbox"/> Lack of Seatbelt Use <input type="checkbox"/> Lack of Driving Skills <input type="checkbox"/> Underage Driver <input type="checkbox"/> Vehicle Malfunction <input type="checkbox"/> No Helmet <input type="checkbox"/> Cellular Phone Use/Texting Other _____

Crash 4	APPROXIMATE CRASH DATE: _____ APPROXIMATE TIME OF DAY: _____ DRIVER'S AGE: ____ DRIVER'S GENDER (Circle M or F) APPROXIMATE CRASH LOCATION: _____ (Include Mile Marker, if known)
	THIS CRASH INVOLVED <input type="checkbox"/> Truck <input type="checkbox"/> Car <input type="checkbox"/> ATV <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Animal <input type="checkbox"/> Boat
	DID THE CRASH RESULT IN <input type="checkbox"/> Property Damage <input type="checkbox"/> Serious Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> Death Please describe the damage or injuries (e.g., broken bones, head injury, cuts, etc.): _____ _____
	CAN BEST BE DESCRIBED AS: <input type="checkbox"/> Rollover <input type="checkbox"/> Pedestrian was hit <input type="checkbox"/> Bicyclist was hit <input type="checkbox"/> Stationary object was hit (e.g., power pole) Other _____ _____
	LIKELY FACTOR(S) IN CRASH: <input type="checkbox"/> Driving Under the Influence <input type="checkbox"/> Excessive Speeds <input type="checkbox"/> Road Condition <input type="checkbox"/> Dust <input type="checkbox"/> Weather <input type="checkbox"/> Lack of Seatbelt Use <input type="checkbox"/> Lack of Driving Skills <input type="checkbox"/> Underage Driver <input type="checkbox"/> Vehicle Malfunction <input type="checkbox"/> No Helmet <input type="checkbox"/> Cellular Phone Use/Texting Other _____ _____
Crash 5	APPROXIMATE CRASH DATE: _____ APPROXIMATE TIME OF DAY: _____ DRIVER'S AGE: ____ DRIVER'S GENDER (Circle M or F) APPROXIMATE CRASH LOCATION: _____ (Include Mile Marker, if known)
	THIS CRASH INVOLVED <input type="checkbox"/> Truck <input type="checkbox"/> Car <input type="checkbox"/> ATV <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Animal <input type="checkbox"/> Boat
	DID THE CRASH RESULT IN <input type="checkbox"/> Property Damage <input type="checkbox"/> Serious Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> Death Please describe the damage or injuries (e.g., broken bones, head injury, cuts, etc.): _____ _____
	CAN BEST BE DESCRIBED AS: <input type="checkbox"/> Rollover <input type="checkbox"/> Pedestrian was hit <input type="checkbox"/> Bicyclist was hit <input type="checkbox"/> Stationary object was hit (e.g., power pole) Other _____ _____
	LIKELY FACTOR(S) IN CRASH: <input type="checkbox"/> Driving Under the Influence <input type="checkbox"/> Excessive Speeds <input type="checkbox"/> Road Condition <input type="checkbox"/> Dust <input type="checkbox"/> Weather <input type="checkbox"/> Lack of Seatbelt Use <input type="checkbox"/> Lack of Driving Skills <input type="checkbox"/> Underage Driver <input type="checkbox"/> Vehicle Malfunction <input type="checkbox"/> No Helmet <input type="checkbox"/> Cellular Phone Use/Texting Other _____ _____

3) Is there a location that you feel is risky, but that you are not aware has had crashes? Yes No
If yes, please circle location on map and describe why you think it is risky. _____

4) Are there other crash locations or accident incidents involving animals or boats not shown on the map? Yes No
If yes, please describe location and incident. _____

5) Which of the following are transportation safety concerns to you? (Please check *all that apply*.)

- | | |
|---|---|
| <input type="checkbox"/> Unsafe, unmaintained roads
<input type="checkbox"/> Lack of school crossing(s)
<input type="checkbox"/> Talking on phone or texting while driving
<input type="checkbox"/> Talking on phone or texting while walking
<input type="checkbox"/> Young drivers not knowing rules of road
<input type="checkbox"/> Lack of trail marking(s)
<input type="checkbox"/> Lack of pedestrian or bike infrastructure
<input type="checkbox"/> Pedestrian visibility and reflectivity
<input type="checkbox"/> Lack of emergency shelters
<input type="checkbox"/> Intersection safety | <input type="checkbox"/> Missing or inadequate road signage
<input type="checkbox"/> Lack of helmet use on ATV, bike or motorcycle
<input type="checkbox"/> Excessive driving speeds
<input type="checkbox"/> Driving/boating while intoxicated
<input type="checkbox"/> Roadwork or road damage
<input type="checkbox"/> Pedestrian or bicycle safety
<input type="checkbox"/> Lack of seatbelt use
<input type="checkbox"/> Road dust
<input type="checkbox"/> Driver education
<input type="checkbox"/> Failure to use life jackets |
|---|---|

6) What would make our roads safer? _____

7) Other areas of safety concern or comments: _____

Thank you for helping to make Wrangell safer!

Please contact Liz Cabot, Transportation Planner, if you have questions:
(907) 874-3077; email: lizcabot@wca-t.com





Central Wrangell
Write a description for your map.

Legend
7 1/2 miles



Google Earth



Wrangell