

Safe Omaha Streets RSA Survey Form – Template – Modify to Meet Your Needs  
Include your Project Name & Area here

**Motorist & Motorcyclist Form for Road Safety Audit**

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Starting Location: \_\_\_\_\_

Audit Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Are you a motorist, passenger, or motorcyclist? \_\_\_\_\_

What was your average speed? \_\_\_\_\_

What is the speed limit? \_\_\_\_\_

Did other motorists appear to be obeying the speed limit? Yes \_\_\_\_ No \_\_\_\_

Did you ever drive 5 miles over the posted speed limit Yes \_\_\_\_ No \_\_\_\_

If you conducted the audit after dark, was the road surface well-lit? Yes \_\_\_\_ No \_\_\_\_

Did you see any cyclists using the road? Yes \_\_\_\_ No \_\_\_\_

Did you obey the law and give the cyclist 3 feet of clearance when passing? Yes \_\_\_\_ No \_\_\_\_

Is the road surface generally free of potholes or other safety issues? If no, what problems did you observe and where? Yes \_\_\_\_ No \_\_\_\_

If this is a multi-lane road, what lane did you drive in for most of your drive? Yes \_\_\_\_ No \_\_\_\_

If this is a multi-lane road, were you passed a lot, some, or not at all? Yes \_\_\_\_ No \_\_\_\_

If this is a multi-lane road, was there unequal lane usage, ie more people in left, center or right lanes? If so, did this affect your driving experience? Yes \_\_\_\_ No \_\_\_\_

Were other motorists weaving in and out of traffic? Yes \_\_\_\_ No \_\_\_\_

Were you the victim of any road rage? Yes \_\_\_\_ No \_\_\_\_

Did you drive aggressively at any point, if Yes, why? Yes \_\_\_\_ No \_\_\_\_

Did other motorists give you ample room? (ie not tailgating) Yes \_\_\_\_ No \_\_\_\_

Did you observe other motorists on their phones? Yes \_\_\_\_ No \_\_\_\_

Did you use your phone at all while driving? Yes \_\_\_\_ No \_\_\_\_

Did you see any presence of enforcement or traffic enforcement, i.e., Omaha Police Department, private security, campus security, etc? Yes \_\_\_\_ No \_\_\_\_

Would more enforcement in this area make you feel safer? Yes \_\_\_\_ No \_\_\_\_

How do you think the design of this road affects how you or others drive (i.e., does it encourage higher speeds, lower speeds, weaving and passing, etc?) \_\_\_\_\_  
\_\_\_\_\_

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What improvements could be made to this road to make it safer and more efficient for motorists and motorcyclists?

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Would these changes make this street safer for ALL users, including pedestrians and cyclists?

Yes \_\_\_\_ No \_\_\_\_

**INTERSECTION QUESTIONS:**

*Answer for intersections you were stopped at:*

How long were you stopped at this stoplight or stop sign? \_\_\_\_\_

Did you feel the amount of time you were stopped was too long? Yes \_\_\_\_ No \_\_\_\_

Did anyone run the red light/stop sign? Yes \_\_\_\_ No \_\_\_\_

Did you run the red light/stop sign? Yes \_\_\_\_ No \_\_\_\_

Did you feel safe at this intersection? Yes \_\_\_\_ No \_\_\_\_

Does this intersection have a marked/painted crosswalk? Yes \_\_\_\_ No \_\_\_\_

Did you see any pedestrians trying to cross this intersection? Yes \_\_\_\_ No \_\_\_\_

Did other drivers impede the pedestrian's path? Yes \_\_\_\_ No \_\_\_\_

Did you impede a pedestrian's path? Yes \_\_\_\_ No \_\_\_\_

What would make pedestrians crossing the road more visible to you? Yes \_\_\_\_ No \_\_\_\_

What improvements could be made to this intersection to make it safer and more efficient for motorists and/or motorcyclists? Yes \_\_\_\_ No \_\_\_\_

Would these changes make this street safer for ALL users, including pedestrians and cyclists?

Yes \_\_\_\_ No \_\_\_\_

Was there any construction on any stretch of this road? Yes \_\_\_\_ No \_\_\_\_

Were there detour signs? Yes \_\_\_\_ No \_\_\_\_

Were there signs instructing you to merge? Yes \_\_\_\_ No \_\_\_\_

Was traffic backed up due to improper merging or other issues? Yes \_\_\_\_ No \_\_\_\_

What suggestions do you have to make driving through construction in this area easier?

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**Pedestrian & Vulnerable User Form for Road Safety Audit**

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Starting Location: \_\_\_\_\_

Audit Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

**SIDEWALKS**

Generally, does the sidewalk seem wide enough for pedestrians to walk side by side?

Yes \_\_\_\_ No \_\_\_\_

Does the sidewalk seem wide enough for wheelchair accessibility? Yes \_\_\_\_ No \_\_\_\_

If you conducted the audit after dark, was the sidewalk adequately lit? Yes \_\_\_\_ No \_\_\_\_

Are the sidewalks generally in good condition, i.e., no crumbling, breaks, cracks? Yes \_\_\_\_ No \_\_\_\_

Was the sidewalk closed anywhere along this route? Yes \_\_\_\_ No \_\_\_\_

If yes, was there adequate signage communicating the closure? Yes \_\_\_\_ No \_\_\_\_

Was anything blocking the sidewalks? Yes \_\_\_\_ No \_\_\_\_

Did you feel safe while walking on the sidewalks? Yes \_\_\_\_ No \_\_\_\_

What is your feedback about this sidewalk? (prompts: is the sidewalk wide enough, is the buffer wide enough, is it well maintained?)

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What improvements could be made to the sidewalk to make it safer for all users?

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**TRANSIT STOPS**

In general, were the transit stops well-maintained (clean/good shape)? Yes \_\_\_\_ No \_\_\_\_

Were the transit stops easy to see/identify? Yes \_\_\_\_ No \_\_\_\_

In general, would you feel safe at these transit stops at any time of day? Yes \_\_\_\_ No \_\_\_\_

Would you feel protected from the elements at the transit stops? Yes \_\_\_\_ No \_\_\_\_

What is your overall feedback about the transit stops? (location, amenities, amount) \_\_\_\_\_

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What would improve the transit stops for public transit users? \_\_\_\_\_

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**INTERSECTIONS:**

*Answer for each intersection you stopped at:*

How long did you have to wait at the intersection? \_\_\_\_\_

Did you “feel” that was too long to wait

Did you see any motorists run red lights? Yes \_\_\_\_ No \_\_\_\_

Did any motorists impede your path while crossing? Yes \_\_\_\_ No \_\_\_\_

Did you have enough time to cross comfortably? Yes \_\_\_\_ No \_\_\_\_

Did you feel safe while crossing this intersection? Yes \_\_\_\_ No \_\_\_\_

What improvements could be made to this intersection to make it safer for ALL users??

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**ENFORCEMENT:**

Did you see any presence of enforcement or traffic enforcement, i.e., Omaha Police Department, private security, campus security, etc? Yes \_\_\_\_ No \_\_\_\_

Would traffic enforcement make you feel safer? Yes \_\_\_\_ No \_\_\_\_

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**Bicyclist Form for Road Safety Audit**

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Starting Location: \_\_\_\_\_

Audit Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

**ROADWAY:**

Did it “seem” like drivers were obeying the speed limit? Yes \_\_\_\_ No \_\_\_\_

In general, is the condition of the road conducive to safe cycling? Yes \_\_\_\_ No \_\_\_\_

Did you feel safe riding on this road? Yes \_\_\_\_ No \_\_\_\_

If you conducted this audit after dark, was the road surface well-lit? Yes \_\_\_\_ No \_\_\_\_

Were motorists obeying the 3-foot law? Yes \_\_\_\_ No \_\_\_\_

Did you ride on the sidewalk at all? Yes \_\_\_\_ No \_\_\_\_

If you rode on the sidewalk, was the condition of the sidewalk conducive to safe cycling?

Yes \_\_\_\_ No \_\_\_\_

Did any motorists treat you aggressively? Yes \_\_\_\_ No \_\_\_\_

**INTERSECTIONS:**

*Answer for each intersection you used.*

Do you typically come to a complete stop (foot on the ground) at stoplights/signs? Yes \_\_\_\_ No \_\_\_\_

Did you see any motorists run red lights? Yes \_\_\_\_ No \_\_\_\_

Did any motorists cut you off or pass you at the intersection? Yes \_\_\_\_ No \_\_\_\_

Did you impede a pedestrian’s path within the intersection or crosswalk? Yes \_\_\_\_ No \_\_\_\_

Did you feel safe as a cyclist at the intersection? Yes \_\_\_\_ No \_\_\_\_

**CONSTRUCTION & ENFORCEMENT:**

Did you see any presence of enforcement or traffic enforcement, i.e., Omaha Police Department, private security, campus security, etc? Yes \_\_\_\_ No \_\_\_\_

Would enforcement make you feel safer? Yes \_\_\_\_ No \_\_\_\_

Was there construction in the audit area? Yes \_\_\_\_ No \_\_\_\_

How did this construction affect you and your ride? \_\_\_\_\_

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IMPROVEMENTS:

Based on your experience in this audit, what do motorists need to be educated about regarding sharing the road with cyclists? \_\_\_\_\_

\_\_\_\_\_

What improvements could be made to the roadway and intersections to make this area safer and more efficient for cyclists? \_\_\_\_\_

\_\_\_\_\_

Would these changes make this street safer for ALL users, including motorists, pedestrians, and motorcyclists? Yes \_\_\_\_ No \_\_\_\_