Pedestrian Crosswalk Treatments Data Collection Form

Reviewer: _____
Date of Review: _____
Location: _____

Data Collection Type: ☐ Request to mark new crosswalk ☐ Existing marked crosswalk

Prior Inventory
(Fill out the section below before field visit)

Crash History

Number of crashes within 150 feet with the last five years of available data:

_____

_____

Relevant traffic investigation history for the prior five years of available data:

_____

_____

Pedestrian crash data for the prior five years of available data:

_____

_____

Roadway Characteristics

Number of lanes: _____ Roadway width: _____ Speed limit: _____ Traffic volumes: _____
Roadway functional classification: _____ Distance from nearest crosswalk: _____
Median: ☐ Yes ☐ No
Sidewalk & pedestrian ramps availability: ☐ Yes ☐ No
Controlled or Uncontrolled: ☐ Stop Sign ☐ Controlled ☐ Uncontrolled
School zone influence: ☐ Yes ☐ No

Transit

Nearest bus stop locations:

_____

_____

Average transit boarding volumes from nearby stops over two years:

_____

_____

Land Use

Surrounding existing and future land use with year planned:

_____

_____

Known programmed or planned improvements:

_____

_____

At Site Inventory
(Fill out the section below during the field visit)

Current signage: _____
Current crossing design: _____
Distance from intersection: _____
Pedestrian ramp position/type: _____
Presence and type of lighting: _____
Is lighting in front or behind the crosswalk: _____

Sidewalk

Sidewalk and pedestrian ramps ADA compliance:

_____

Sidewalk connectivity to bus stops:

_____

Other Considerations

Pedestrian generators:

_____

Presence of multi-used path or bike lane:

_____

Presence of on-street parking:

_____

Driver compliance at crosswalks and intersections:

_____