City of Blue Lake Traffic Incident Report

1. Please state your first and last name. (D*oing so is a certification that all the information provided in this survey is truthful*).

2. Where (Please specify the nearest intersection, with the approximate distance and direction from it) and when (*Please estimate the date and time of day)* did this incident occur?

3. If possible, please provide the estimated longitude and latitude coordinates of the incident? (*This can be found when clicking on a point in google maps. The point description which appears will include these coordinates)*

4. Please select all parties involved in the incident:

☐ Motor vehicle   ☐ Other motor vehicle

☐ Bicycle   ☐ Motor vehicle on other roadway

☐ Pedestrian   ☐ Parked motor vehicle

☐ Truck   ☐ Animal

☐ Motorcycle   ☐ Fixed object (pole, hydrant, mailbox, etc.)

☐ Other (please specify)

5. Select the type/types of collision(s)

☐ Head-on   ☐ Collision with object

☐ Sideswipe   ☐ Overturned

☐ Rear end   ☐ Vehicle/pedestrian

☐ Broadside   ☐ Vehicle/bicycle

☐ Other (please specify)

6. How severe was the collision?

○ Fatal

○ Injury-Severe (ambulance or immediate ER trip necessary)

○ Injury-Evident (injury clearly visible, but not severe)

○ Injury-Possible (complaint of pain, but nothing visible or verifiable)

○ Property Damage Only (PDO)

7. What were causal factors in this incident?

- [ ] Unknown
- [ ] Driver, cyclist, or pedestrian under the influence of drugs or alcohol
- [ ] Impeding traffic
- [ ] Unsafe speed
- [ ] Following too closely
- [ ] Wrong side of the road
- [ ] Improper passing
- [ ] Unsafe lane change
- [ ] Improper turning
- [ ] Automobile right of way
- [ ] Other (please specify)

- [ ] Pedestrian right of way
- [ ] Pedestrian violation
- [ ] Traffic signals and signs
- [ ] Hazardous parking
- [ ] Mechanical failure (lights, brakes, etc.)
- [ ] Unsafe starting or backing
- [ ] Fell asleep
- [ ] Animal caused
- [ ] Other than driver or pedestrian (tree in road, powerline down, etc.)

8. What was the weather during the time of the incident?

- ( ) Do not recall
- ( ) Clear
- ( ) Cloudy
- ( ) Raining
- ( ) Other (please specify)

- ( ) Snowing
- ( ) Fog
- ( ) Wind

9. What category of countermeasure would best prevent this incident happening in the future?

○ Engineering (*Infrastructure change, alter road, signage, etc.)*

○ Education (*Outreach to drivers, pedestrians, etc.)*

○ Enforcement (*Increase law enforcement presence or frequency, DUI checkpoints, etc.*)

○ Emergency response (*Improvement in response time, basic local medical training, etc.*)

○ Other (please specify)

10. Please add any additional comments: