

City of Blue Lake Traffic (near miss) Incident Report

1. Please state your first and last name. (*Doing 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 near miss occur?

3. If possible, please provide the estimated longitude and latitude coordinates of the near miss? (*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 near miss:

- | | |
|---|---|
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Motor vehicle | <input type="checkbox"/> Animal |
| <input type="checkbox"/> Motor vehicle on other roadway | <input type="checkbox"/> Fixed Object (pole, hydrant, mailbox, etc) |
| <input type="checkbox"/> Parked motor vehicle | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Truck | |
| <input type="checkbox"/> Other (please specify) | |

5. What were causal factor(s) in this near miss:

- | | |
|---|---|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Pedestrian right of way |
| <input type="checkbox"/> Driver, cyclist, or pedestrian under the influence of drugs or alcohol | <input type="checkbox"/> Pedestrian violation |
| <input type="checkbox"/> Impeding traffic | <input type="checkbox"/> Traffic signals and signs |
| <input type="checkbox"/> Unsafe speed | <input type="checkbox"/> Hazardous parking |
| <input type="checkbox"/> Following too closely | <input type="checkbox"/> Mechanical failure (lights, brakes, etc.) |
| <input type="checkbox"/> Wrong side of the road | <input type="checkbox"/> Other than driver or pedestrian (tree down, powerline down, etc.) |
| <input type="checkbox"/> Improper passing | <input type="checkbox"/> Animal caused |
| <input type="checkbox"/> Unsafe lane change | <input type="checkbox"/> Unsafe starting or backing |
| <input type="checkbox"/> Improper turning | <input type="checkbox"/> Fell asleep |
| <input type="checkbox"/> Automobile right of way | |
| <input type="checkbox"/> Other (please specify) | |

6. What was the weather at the time of the near miss?

- | | |
|--|-------------------------------|
| <input type="radio"/> Do not recall | <input type="radio"/> Snowing |
| <input type="radio"/> Clear | <input type="radio"/> Fog |
| <input type="radio"/> Cloudy | <input type="radio"/> Wind |
| <input type="radio"/> Raining | |
| <input type="radio"/> Other (please specify) | |

7. What category of countermeasure would best prevent this near miss from 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)

8. Please add any additional comments: