

ALL OF US PLAY A ROLE IN IMPROVING THE SAFETY OF OUR ROADWAYS.

Help us make Jacksonville a safer community.



Circle all that apply to you:

I am a...



Pedestrian



Bicyclist



Motorcyclist



Driver

How safe do you feel as a pedestrian in Jacksonville?

Very Safe Safe Somewhat Unsafe Unsafe Very Unsafe

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

How safe do you feel as a cyclist in Jacksonville?

Very Safe Safe Somewhat Unsafe Unsafe Very Unsafe

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

How safe do you feel as a motorist in Jacksonville?

Very Safe Safe Somewhat Unsafe Unsafe Very Unsafe

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

As a motorist, how knowledgeable do you feel you are about road safety rules and regulations?

Very Knowledgeable Very Unknowledgeable
☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

As a cyclist, how knowledgeable do you feel you are about road safety rules and regulations?

Very Knowledgeable Very Unknowledgeable
☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

As a pedestrian, how knowledgeable do you feel you are about road safety rules and regulations?

Very Knowledgeable Very Unknowledgeable
☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

I feel Jacksonville is safe for drivers.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

I feel Jacksonville is safe for cyclists.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

I feel Jacksonville is safe for pedestrians.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Rank in order causes you believe affect roadway safety: (1 is most important; 6 least important)

- _____ Distracted travelers
- _____ Lack of education and awareness
- _____ Lack of courtesy and respect
- _____ Risky behaviors (speeding, negligence, etc.)
- _____ Intoxication
- _____ Poor infrastructure/roadways (Example: absence of crosswalks, bike lanes)

What influences you to travel safely?

Have you been a crash victim? (*circle all that apply*)

Auto Pedestrian Bicycle Motorcycle Not a
crash victim

If yes, how many times in the last 12 months? _____

Any additional thoughts or comments?

Name: _____

Gender: _____ Age: _____ Zip Code: _____

Email: _____



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