

2. Do you have access to a car, van, or truck for personal use?
- Yes
- No
3. Do you or someone in your household have a disability or mobility challenge that makes it difficult to get around? Please check all that apply.
- No
- Hearing Loss or Impairment
- Vision Loss or Impairment
- Cognitive Impairment
- Physical Disability, Using a Mobility Device
- Physical Disability, Not Using a Mobility Device
- Prefer Not to Say
- Other, please specify

General Safety Conditions

4. How safe do you feel traveling in East Buffalo by each of the following modes? If you do not use one of the following modes, please select "Not Applicable."

	Very Safe	Somewhat Safe	Somewhat Unsafe	Very Unsafe	Not Applicable
Biking or E-Biking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking/ Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a Wheelchair or Other Mobility Device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carpooling or Using a Ride Share Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Riding a Motorcycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Riding a Bus or Other Transit, including a School Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What are the most important traffic safety concerns in East Buffalo? Please select up to three.

- Distracted motorists
- Signs or road paint are missing
- Lack of sidewalks
- Lack of pedestrian road crossings
- Lack of bike infrastructure
- Driving under the influence
- People run red lights/stop signs
- People speed or drive aggressively
- Bad infrastructure/infrastructure in poor condition
- Lack of visibility at intersections
- Other, please specify

6. What are the secondary traffic concerns in East Buffalo? Please select up to two.

- People ignoring the "rules of the road"
- Road conditions in bad weather (e.g. snow, flooding, etc.)
- Freight traffic or delivery trucks on neighborhood roads
- Double parking in travel lanes (including bike lanes)
- Cut through traffic on local roads
- Lack of good lighting at night
- Other, please specify

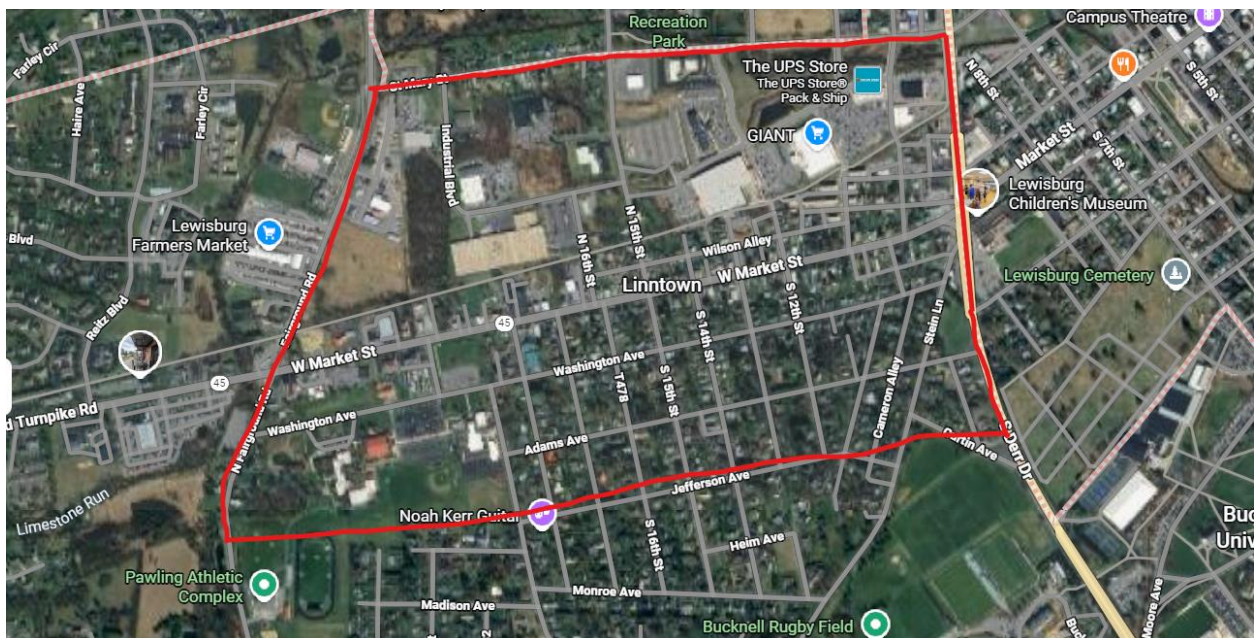
7. Have you, or anyone you know, been involved in a crash related to one of the issues you selected in the last two questions? If so, please describe the experience, including location details if possible.

Specific Safety Issues

8. What are the specific locations in or immediately surrounding East Buffalo where you have traffic safety concerns?

Walking and Biking the West Market Street Corridor

As part of the Comprehensive Safety Action Plan, specific recommendations will be developed to improve walking and biking along and surrounding the West Market Street Corridor area, bounded by St. Mary Street to the north, Rt. 15 to the east, Jefferson Avenue to the south, and Fairground Road to the west. This area is shown in the map below.



9. How often do you walk or bike in this area?

- Daily
- Multiple Times per Week
- Once a Week
- Once a Month
- Seldom
- Never

10. If you walk or bike in this area. What are your main safety concerns? Please select all that apply.

- Distracted motorists
- Signs or road paint are missing
- Lack of sidewalks
- Lack of pedestrian road crossings
- Lack of bike infrastructure
- Driving under the influence
- People run red lights/stop signs
- People speed or drive aggressively
- Bad infrastructure/infrastructure in poor condition
- Lack of visibility at intersections
- Other, please specify

11. If you do not walk or bike in this area, what are the reasons you do not? Please Select all that apply.

- Lack of dedicated sidewalks or bike infrastructure
- Bad infrastructure/infrastructure in poor condition
- High traffic makes it feel unsafe or is generally unpleasant
- High speeds make it feel unsafe or generally unpleasant
- Difficulty crossing streets
- Lack of signage or pavement markings
- Weather
- Distances are too far/Travel time is too long
- Personal safety concerns (crime, etc.)
- Lack of or insufficient lighting
- I have to transport children or heavy loads
- Lack of accommodations for people with disabilities
- I am not interested in walking or biking
- I have health problems or other mobility limitations
- Other, please specify

12. What are the specific locations along W Market Street or the surrounding block where you have pedestrian and bicycle safety concerns?

Future Vision

13. If you had the power to do so, what is the number one thing you would do to make East Buffalo's streets safer?

14. Do you have anything else you would like to share with us at this time?

Demographics

Please consider filling out the optional demographic information below to help us make sure we are reaching a wide range of people in East Buffalo. All information will be kept confidential.

15. What best describes you? Please choose all that apply.

- Resident of East Buffalo
- Work/go to primary/secondary school in East Buffalo
- Business owner in East Buffalo
- Student at Bucknell University
- I frequently travel through East Buffalo
- I frequently visit East Buffalo
- Other, please specify

16. What is your home zip code? If you're a college student, this should be your zip code at school.

17837

17844

17889

Other, please specify

17. Which category below includes your age?

Under 18

18-24

25-34

35-44

45-54

55-64

65-74

75 or older

Prefer not to answer

18. Including yourself, how many people are in your household?

1

2

3

4

5

6

7 or more

19. Including yourself, do any school age children (under 18 years old) live in your household?

Yes

No

20. Including yourself, do any older adults (65 years and older) live in your household?

- Yes
- No

21. Which gender category best describes you?

- Female
- Male
- Non-binary/Gender Non-Conforming
- Prefer not to answer

22. Which race or ethnicity best describes you? Please choose all that apply.

- American Indian or Alaskan Native
- Asian/ Pacific Islander
- Black or African American
- Hispanic or Latinx
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White/ Caucasian
- Prefer not to answer
- Other, please specify

23. Which of the following best describes your household income?

- Under \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$150,000
- Over \$150,000
- Prefer not to answer