

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**1. Please select the option the most accurately represents you.**

- Private Property Owner
- Business Owner
- Elected Official
- News/Media
- Other

**2. How did you hear about the virtual meeting?**

- PennDOT website/email
- News \_\_\_\_\_
- Social media
- Local city/County email or web posting
- Other \_\_\_\_\_

**3. Do you live in the study area? If yes, please state the nearest roadway intersection(s).**

- Yes (Please specify) \_\_\_\_\_
- No

**4. Do you work in the study area? If yes, please state the nearest roadway intersection(s).**

- Yes (Please specify) \_\_\_\_\_
- No

**5. How many times per week do you use the following transportation modes when traveling through the study area? If 'other' please write provide information.**

|                            | 0                        | 1-5                      | 5-10                     | 10 or more               |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Walk                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bicycle                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transit (CATA/Bus Service) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carpool/Vanpool            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Vehicle           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. Do you feel that bicycle/pedestrian routes to the schools within the study area are safe? If no, please explain.**

- Yes
- No

7. **What issues concern you along the roads within the study area? Select all that apply.**

- Safety Issues Related to the Roadway (Pedestrian, Bicycle, or Vehicular)
- Traffic Delays
- Bicycle/Pedestrian Facilities
- Transit Options (Bus Services)
- Truck Traffic
- Noise or Other Environmental Concerns
- Other (Please specify) \_\_\_\_\_

8. **Do you feel that traffic from non-traditional vehicles (farm equipment, horse & buggy, etc.) is an issue (safety or otherwise) within the study area? If yes, please explain.**

- Yes (Please specify) \_\_\_\_\_
- No

9. **Are there any roadways or intersections within the study area that are of particular concern to you? If yes, please state the location on the line below.**

- Yes (Location) \_\_\_\_\_
- No

10. **Based on the environmental mapping presented at today's meeting, did you notice any resource or feature of concern that is missing from our maps? If yes, please state the resource or feature on the line below.**

- Yes (Please specify) \_\_\_\_\_
- No

11. **Was the information presented comprehensive, clear, and concise?**

- Yes
- No

12. **Please provide any additional comments or thoughts about the virtual meeting that you would like to share with us.**

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**Return completed survey to:**

**PennDOT District 2-0**  
Attn: Dean Ball, PE  
70 PennDOT Drive  
Clearfield, PA 16830