



# North Westdale Neighborhood Association

## CUT-THROUGH TRAFFIC NEIGHBORHOOD ASSESMENT SURVEY

**\*\*\* TIME-SENSITIVE \*\*\* Please complete by May 8<sup>th</sup>, 2016**

*How does cut-through traffic impact our quality of life here in North Westdale?*

Homeowners and apartment dwellers are concerned that increased cut-through traffic puts loved ones at risk for traffic accidents and fatalities. **The North Westdale Neighborhood Association (NWNNA) wants to gather some information from our neighbors about your experiences with the cut-through traffic to support our argument for more oversight and better enforcement of traffic laws in our neighborhood.** The survey is anonymous with no required identifying information. Answer only the questions you want to answer.

- 1) Do you:            **RENT**            **OWN**            your home? (circle one answer)
  
- 2) How many people live in your household? # \_\_\_\_\_ of individuals, please include children under 1 year old
  
- 3) What are the age ranges of those who live in your household? (circle all that apply)  
*We are interested in age groups because children and seniors are vulnerable groups who deserve additional consideration.*

- |          |          |          |          |            |
|----------|----------|----------|----------|------------|
| a. 0-10  | b. 11-20 | c. 21-30 | d. 31-40 | e. 41-50   |
| f. 51-60 | g. 61-70 | h. 71-80 | i. 81-90 | j. 91-100+ |

- 4) How long have you and your family lived in this neighborhood?  
 \_\_\_\_\_ days  
 \_\_\_\_\_ months  
 \_\_\_\_\_ years

- 5) These next questions ask about your experiences living in this neighborhood.
  - a. My family and I would use our front yard, ride bikes, walk, or use our outdoor space more if we felt safer. Which option below best describes how you feel about the above statement? (CIRCLE ONE)

<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>NEITHER AGREE NOR DISAGREE</b>
<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>	

- b. I would like someone (the City, LA Department of Traffic) to address this issue. Which option below best describes how you feel about the above statement? (CIRCLE ONE)

<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>NEITHER AGREE NOR DISAGREE</b>
<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>	

*( Continued on reverse side )*

c. The traffic in my neighborhood has made me change my schedule, driving behavior, or has impacted my quality of life.

Which option below best describes how you feel about the above statement? (CIRCLE ONE)

**STRONGLY AGREE**

**AGREE**

**NEITHER AGREE NOR DISAGREE**

**DISAGREE**

**STRONGLY DISAGREE**

6) Have you personally experienced or know of someone who experienced close calls (i.e. cars stopping short of you, you had to move out of the way to avoid being hit by a car, etc.) while being out in your own neighborhood?

**YES**

**NO**

7) Have you experienced any accidents from the fast cut-through traffic?

**YES**

**NO**

If yes, please describe: \_\_\_\_\_

8) Do you have interest in learning more about the work we are doing regarding cut-through traffic?

**YES**

**NO**

**If YES, please provide your name, address, phone number, and email address here:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any questions or comments you want to share with the neighborhood association?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail your completed survey **by May 8<sup>th</sup>**, 2016 to:

**NWNA**

**P.O. Box 642522**

**Los Angeles, CA 90064**

Or, scan and email the completed survey to both:

[helenchin1221@gmail.com](mailto:helenchin1221@gmail.com) & [martinrubin@earthlink.net](mailto:martinrubin@earthlink.net)

*Or, you can bring it to the next NWNA meeting.*

*For more information contact: **Helen Chin, NWNA Traffic Liaison** - [helenchin1221@gmail.com](mailto:helenchin1221@gmail.com)*

*or call **NWNA President Martin Rubin** - 310.479.2529*

**Thank you for your input. Your opinions and experiences are invaluable.**