



Work with Transportation and Engineering Staff to fill out questions 5-8.

5. Within the past five years, have there been any fatal or severe injury collisions within ¼ mile of the site? yes no

If yes, explain \_\_\_\_\_

6. Within the past five years, have there been any collisions within ¼ mile of the site involving pedestrians or bicyclists? yes no

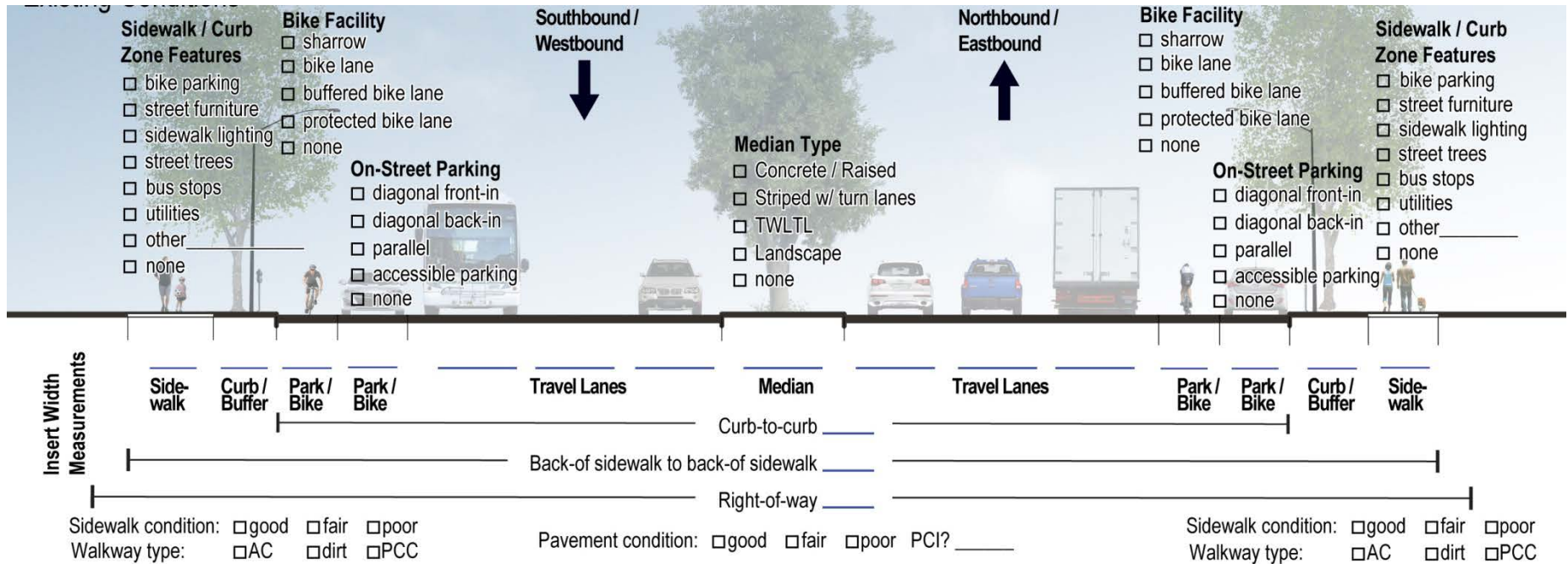
If yes, explain \_\_\_\_\_

7. Have you observed other opportunities to improve safety performance? (based on field observation) yes no If yes, note:

Existing Physical Conditions

8. What are the existing right-of-way elements adjacent to the project site? Use cross section graphic for each street adjacent to the site.

Adjacent Street 1: Street name \_\_\_\_\_



Adjacent Street 2: Street name \_\_\_\_\_

**Southbound / Westbound** ↓

**Northbound / Eastbound** ↑

**Sidewalk / Curb Zone Features**

- bike parking
- street furniture
- sidewalk lighting
- street trees
- bus stops
- utilities
- other \_\_\_\_\_
- none

**Bike Facility**

- sharrow
- bike lane
- buffered bike lane
- protected bike lane
- none

**On-Street Parking**

- diagonal front-in
- diagonal back-in
- parallel
- accessible parking
- none

**Median Type**

- Concrete / Raised
- Striped w/ turn lanes
- TWLTL
- Landscape
- none

**Bike Facility**

- sharrow
- bike lane
- buffered bike lane
- protected bike lane
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- accessible parking
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**Sidewalk / Curb Zone Features**

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- street trees
- bus stops
- utilities
- other \_\_\_\_\_
- none

**Insert Width Measurements**

Sidewalk condition:  good  fair  poor  
 Walkway type:  AC  dirt  PCC

Pavement condition:  good  fair  poor PCI? \_\_\_\_\_

Sidewalk condition:  good  fair  poor  
 Walkway type:  AC  dirt  PCC

Adjacent Street 3: Street name \_\_\_\_\_

**Southbound / Westbound** ↓

**Northbound / Eastbound** ↑

**Sidewalk / Curb Zone Features**

- bike parking
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- sidewalk lighting
- street trees
- bus stops
- utilities
- other \_\_\_\_\_
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Plans, Policies, Guidelines, and Standards

9. What are **relevant ongoing or existing plans**?

Plan	Identified Needs (yes or no)				
	Ped	Bike	Transit	Vehicular	Other
<i>Bicycle and Pedestrian Master Plan</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>San Leandro General Plan</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Downtown San Leandro TOD Strategy</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>East 14<sup>th</sup> Street South Area Development Strategy</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Next Generation Workplace Districts</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>North Area Specific Plan and Revitalization Manual</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

List any transportation improvement needs identified in the plan documents listed above:

Transportation Evaluation

10. Indicate whether the following elements have been evaluated for existing conditions at the site and surrounding area and list the result for each mode:

**Pedestrian**

- Internal site circulation and pedestrian routes  yes  no
- Site access and street frontage  yes  no
- Signage and wayfinding  yes  no
- Intersections and street crossings  yes  no
- Access to/from surrounding area  yes  no
- Lighting  yes  no
- ADA facilities  yes  no
- Other \_\_\_\_\_  yes  no

List any pedestrian deficiencies identified:

**Bicycle**

- Parking supply and ease of use  yes  no
- Site access  yes  no
- Signage and wayfinding  yes  no
- Intersections  yes  no
- Access to/from surrounding area  yes  no
- Other \_\_\_\_\_  yes  no

List any bicycle deficiencies identified:

**Auto**

- On-street parking  yes  no
- Off-street parking  yes  no
- Disabled parking  yes  no
- Green infrastructure  yes  no
- Driveway placement and ped/bike conflict points  yes  no
- Other \_\_\_\_\_  yes  no

List any auto deficiencies identified:

**Transit**

- Bus stop placement  yes  no
- Waiting area amenities and stop design parameters  yes  no
- Other \_\_\_\_\_  yes  no

List any transit deficiencies identified:

**Trucks and Heavy Vehicles**

- Curbside loading areas  yes  no
- On-site loading areas  yes  no
- Turning radii  yes  no
- Emergency vehicle access  yes  no
- Other \_\_\_\_\_  yes  no

List any truck/heavy vehicle deficiencies identified:

11. How does the proposed **site design** impact conditions for each mode? If negative or positive, note the impact. (Note: both negative and positive impacts could be found for one mode.)

Mode	Impacts	
Auto	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<i>(e.g. intersection delay; reduced on-street parking supply)</i>
Bicycle	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<i>(e.g. increase in vehicle speeds; narrowing of bike lanes)</i>
Pedestrian	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<i>(e.g. increase in roadway width; removal of sidewalk space; increased signal cycle lengths)</i>
Transit	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<i>(e.g. intersection delay; removal of stop amenities)</i>
Trucks	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<i>(e.g. intersection delay; reduction or removal of loading zones; reduce maneuverability)</i>
Other mode?	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	

## External Agency/Stakeholder Coordination

12. List agencies requiring coordination:

Agency	Has coordination occurred? Note any issues that are outstanding.
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no

## Maintenance and Construction Phase Considerations

13. How will access for all modes be maintained during construction (check one box per mode)?

Agency	Auto	Bicycle	Pedestrian	Transit	Trucks
Detour for duration of project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time-of-day closures only (e.g. nighttime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term closures (e.g. 24 hour) with detour route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access maintained with reduced facilities*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full access maintained (work does not impact mode)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*"Access maintained with reduced facilities" could mean some travel lanes closed for vehicles; could mean bicycle lane is closed, with signage for bicycles to share travel lane; could mean that sidewalk is closed with pedestrian space provided on shoulder; could mean that some transit stops are closed; etc.)

14. Will any transportation facilities or street elements be privately maintained?  yes  no If yes, explain:

15. Will Complete Streets design be applied on privately maintained facilities?  yes  no