Safe Streets for All (SS4A)

Transportation Safety Survey

Your feedback will help identify safety concerns and priorities for the Haines Comprehensive Safety Action Plan.

Return completed surveys to the Haines Borough or CIA offices by Dec. 31, 2025. Envelopes for drop-off are also available where surveys were distributed. If you've already taken the online survey at safestreetsforhaines.com, please skip this version.

1. Where in the Haines Borough do you live? (Pick the option that best applies)

☐ Haines Townsite ☐ Mud Bay ☐ Chilkat Lake
☐ Haines Highway ☐ Lutak ☐ Excursion Inlet
☐ Mosquito Lake ☐ Klukwan ☐ Other: _____

2. What is your relationship to transportation safety in the Haines Borough? (Select all that apply)

☐ Interested Resident ☐ Interested Visitor ☐ Transportation Professional
☐ Interested Non-Resident Worker ☐ Safety Professional

3. What is your typical mode of transportation for work or school? (Pick the option that best applies)

☐ Drive ☐ Walk ☐ Other: _____
☐ Roll (wheelchair, scooter, etc.) ☐ Bike

4. What is your typical mode of transportation outside of work or school? (Pick the option that best applies)

☐ Drive ☐ Walk ☐ Other: _____
☐ Roll (wheelchair, scooter, etc.) ☐ Bike

5. How safe do you feel traveling as a Pedestrian? (Circle the option that best applies)

Very Unsafe --------- Somewhat Unsafe --------- Neutral --------- Somewhat Safe --------- Very Safe --------- N/A

6. How safe do you feel traveling as a Mobility Device User? (Circle the option that best applies)

Very Unsafe --------- Somewhat Unsafe --------- Neutral --------- Somewhat Safe --------- Very Safe --------- N/A

7. How safe do you feel traveling as a Cyclist? (Circle the option that best applies)

Very Unsafe --------- Somewhat Unsafe --------- Neutral --------- Somewhat Safe --------- Very Safe --------- N/A

8. How safe do you feel traveling as a Driver/Passenger? (Circle the option that best applies)

Very Unsafe --------- Somewhat Unsafe --------- Neutral --------- Somewhat Safe --------- Very Safe --------- N/A

9. Does your perceived safety vary depending on time of year/time of day?

☐ Yes ☐ No

10. Where do you have the most concerns regarding transportation safety? Indicate your top three.
(Write "1" for most important, "2" for second most important, and "3" for third most important)

_____ Limited or lack of separated places to walk or bike (away from vehicles)

_____ Lack of accessibility improvements for people with disabilities

_____ Long emergency response times

_____ Unsafe pedestrian/cyclist behaviors (crossing outside of marked crosswalks, walking/biking at night without reflective clothing, distracted behavior phone/headphones)

_____ Inadequate funding for safety improvements

_____ Unreasonable speed limits

_____ Lack of sight line visibility (inadequate sight distance to view oncoming traffic)

_____ Lack of crosswalks, sidewalks, or other improvements to help pedestrians safely walk

_____ Access to safe evacuation routes in the event of an emergency

_____ Unsafe driving behaviors (such as speeding, distracted driving, or driving under the influence)

_____ Inadequate lighting

_____ Lack of bicycle lanes and other improvements to help bicyclists safely travel streets

_____ Inadequate maintenance of roads, sidewalks, and multiuse pathways

11. Where do feel that investment in transportation safety should be prioritized? Indicate your top three.
(Write "1" for most important, "2" for second most important, and "3" for third most important)

_____ Install more street lighting

_____ Educating more people on transportation safety

_____ Adding and maintaining sidewalks

_____ Enhancing sight line visibility at intersections (remove or trim vegetation, signs, fences, or other obstructions at intersections and driveways)

_____ Accessibility improvements for people with disabilities

_____ Adding and maintaining bicycle lanes

_____ Addressing impaired driving

_____ Enforcing the rules of the road

_____ Better winter maintenance of roads and sidewalks

_____ Planning for and improving safe school zones

_____ Addressing speed related crashes

_____ Redesigning and reconstructing roads to increase safety for everyone

_____ Safer intersections for all users

12. Are there any specific areas in Haines where you have concerns in regard to transportation safety?

☐ Yes ☐ No

If you selected "Yes," please describe the approximate location(s) using street names, landmarks, addresses, or other identifying details, and include a brief description of each concern. You may list as many locations as you wish.

13. Have you (or someone in your household) experienced a traffic crash or a "near miss" (almost hit) in the last 10 years while traveling in Haines?

☐ Yes ☐ No

If you selected "Yes," please describe the approximate location(s) using street names, landmarks, addresses, or other identifying details, and include a brief description of each experience. You may list as many locations as you wish.

14. Are there any additional comments, concerns, or suggestions regarding transportation safety in Haines that are important to you but were not covered in this survey?

If you would like to be included in future updates on the Haines Borough Transportation Safety Action Plan project, please provide your email below.

Email: _____

*If you have any questions or would like to serve on the project Steering Committee, please contact **ss4a@proHNS.com**.*