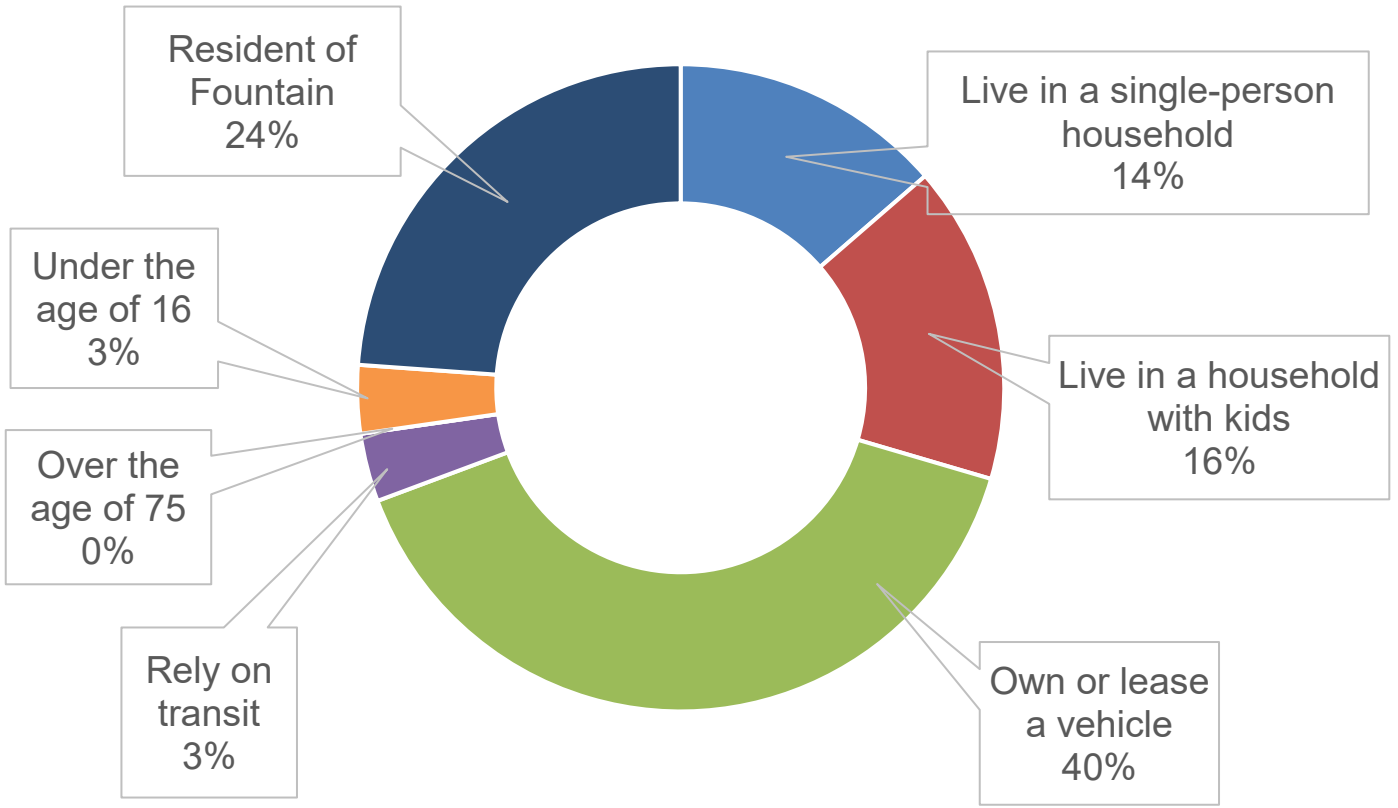
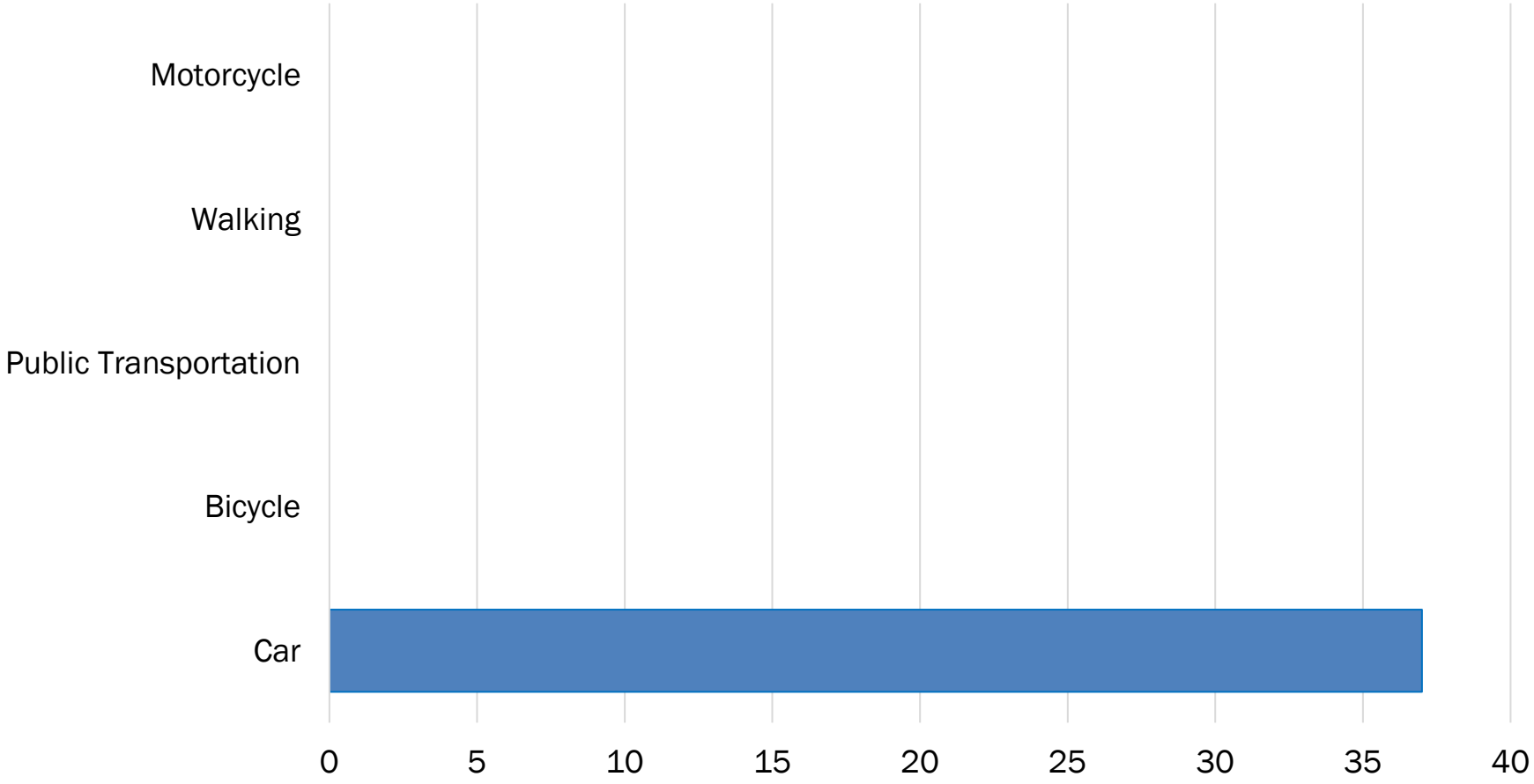
Fountain Safety Action Plan – Community Survey #1 Results

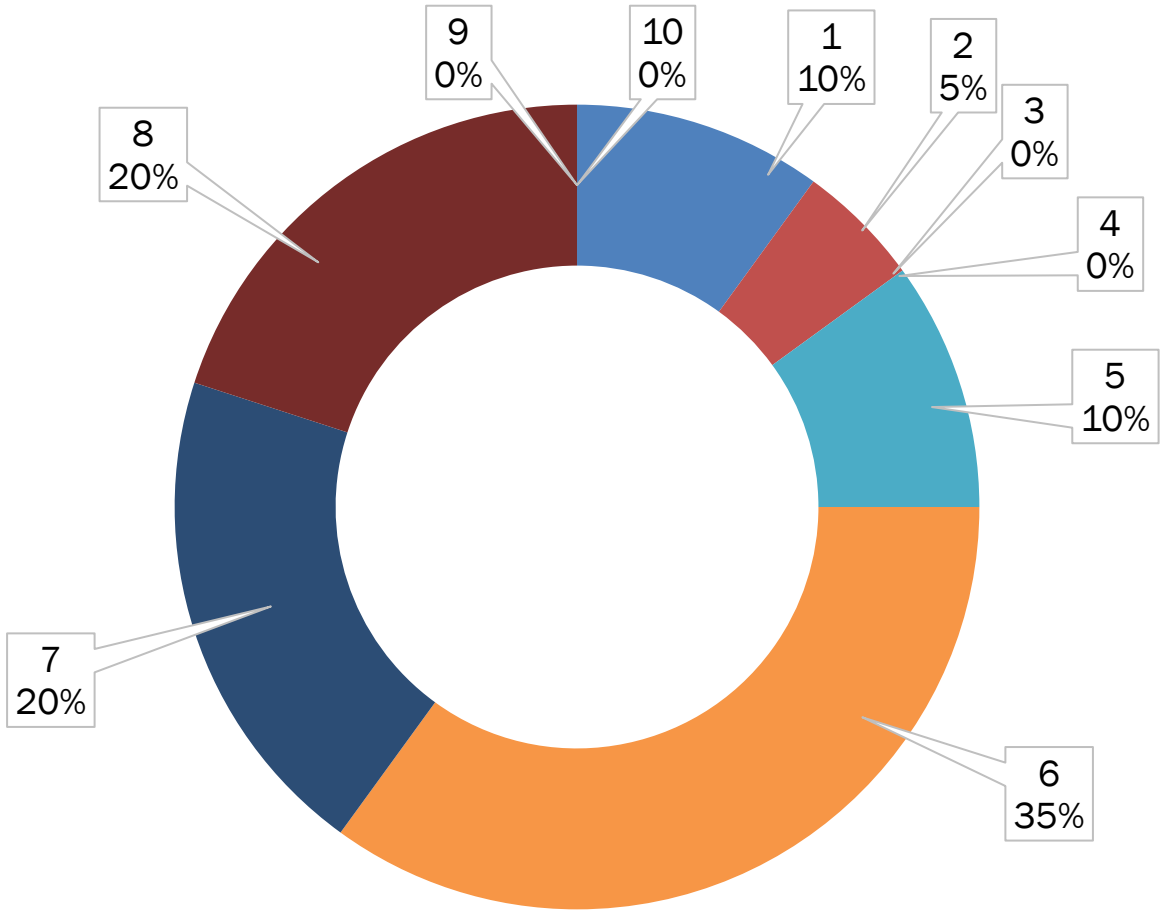
1. What are your household characteristics?



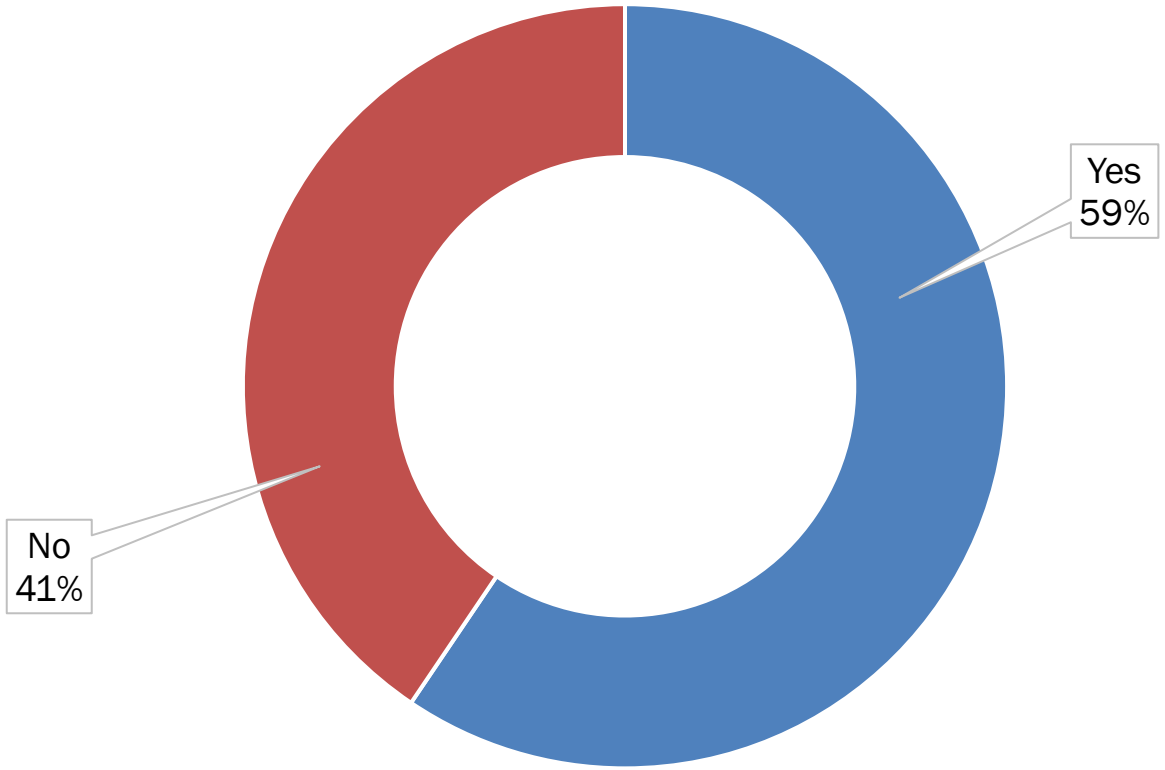
2. What is your primary mode of transportation?



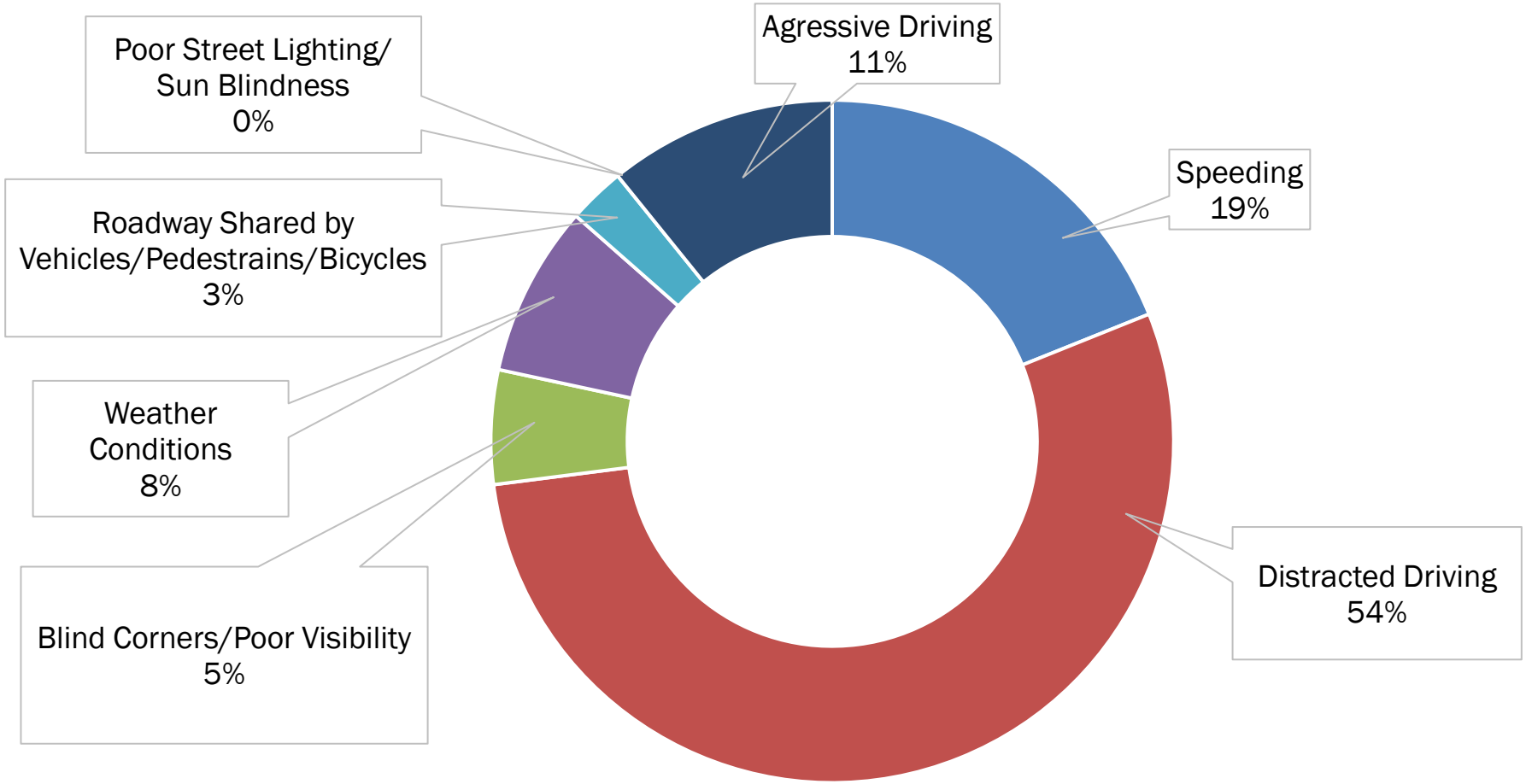
3. How would you rate safety conditions in Fountain? (1-10)



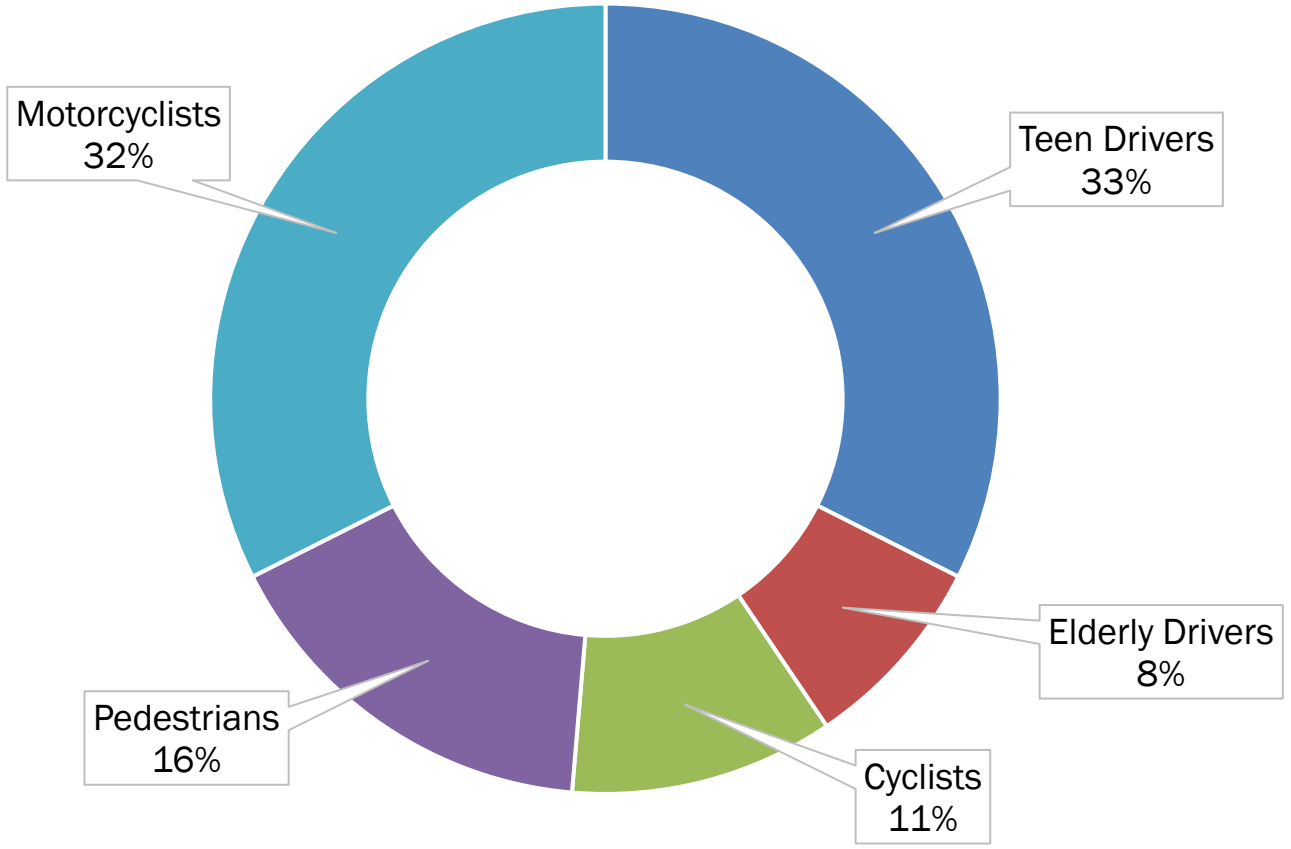
4. Have you been involved in a road traffic accident?



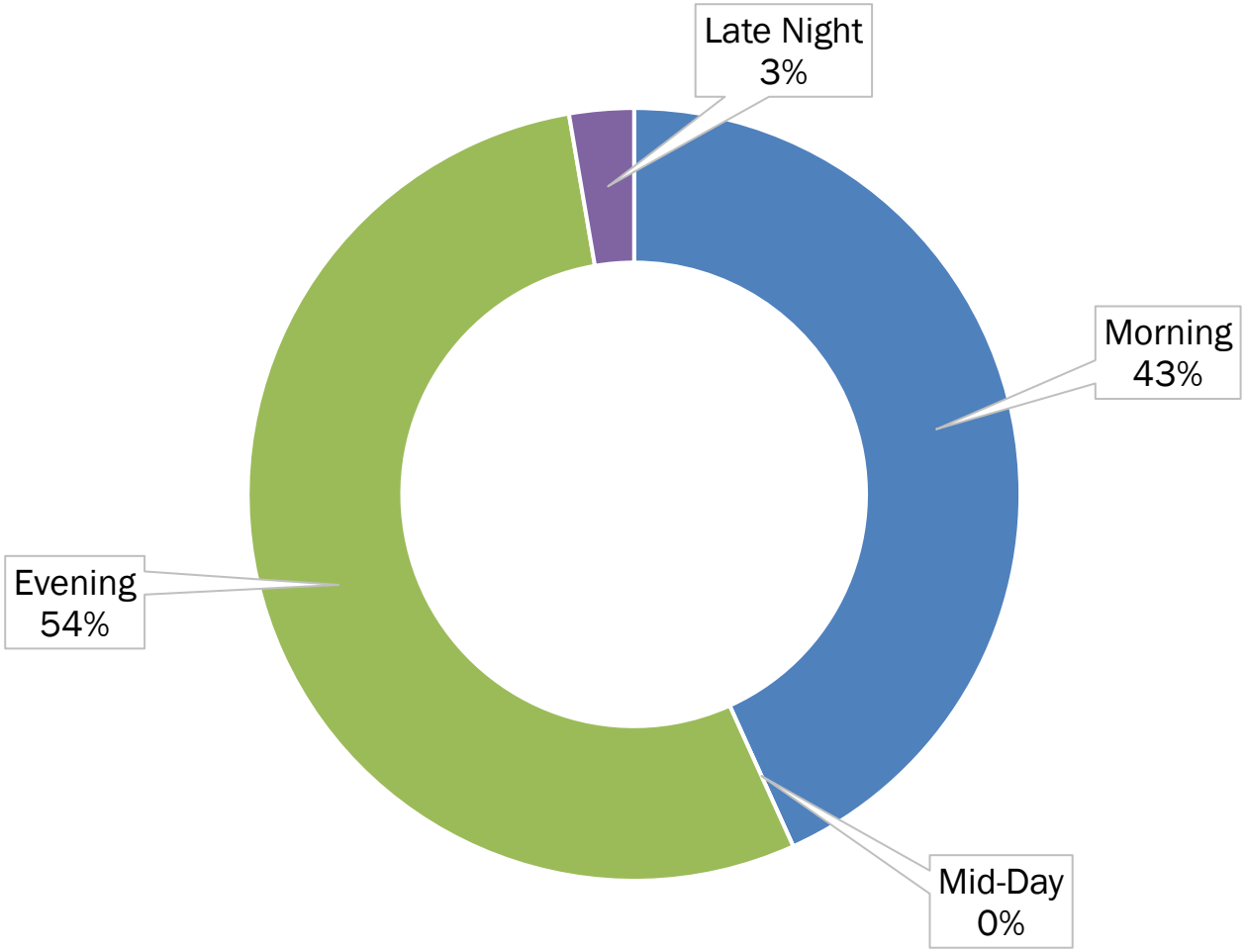
5. What do you think is the leading cause of road accidents?



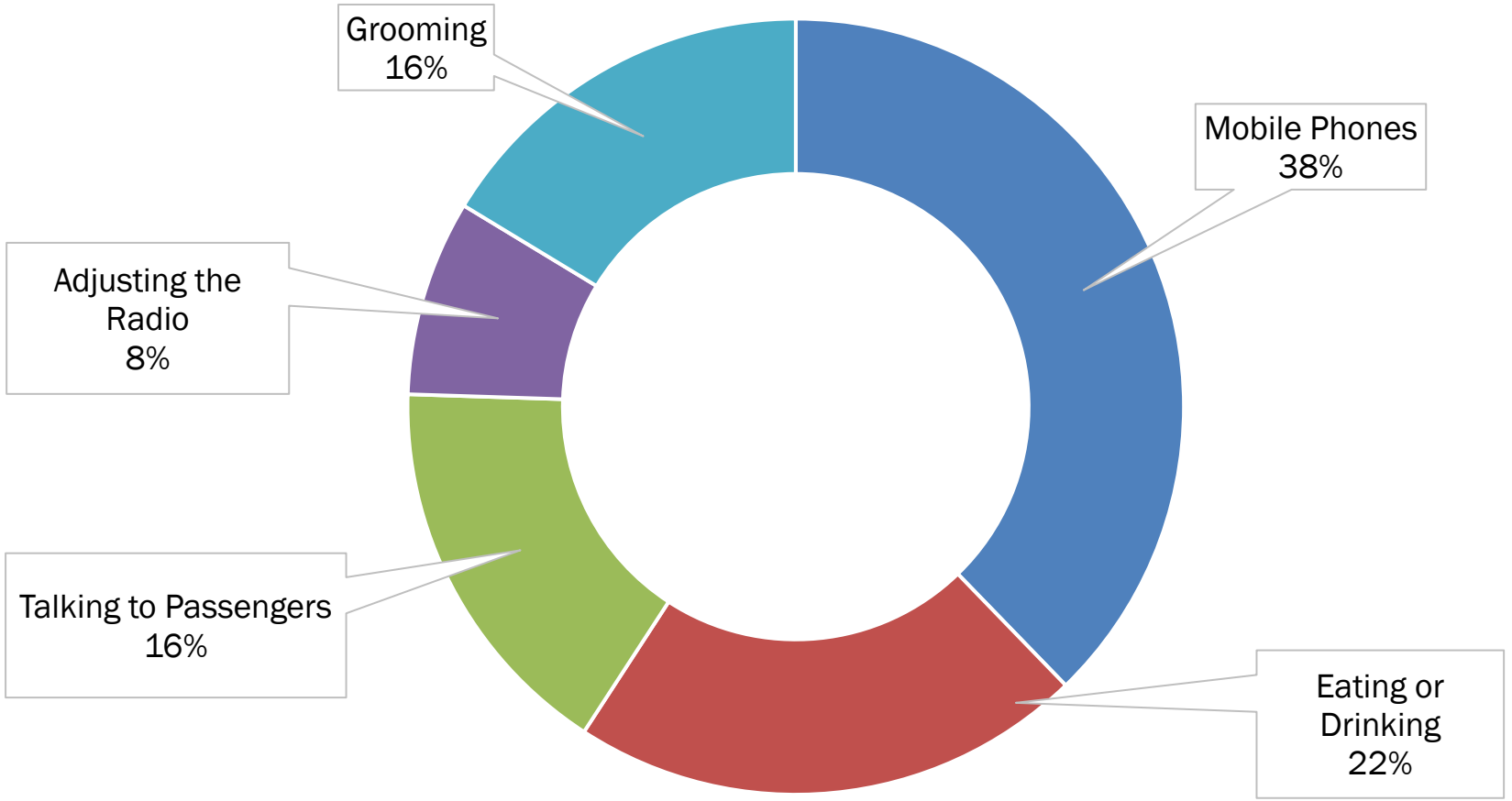
6. Which group do you believe is at most risk on the roads?



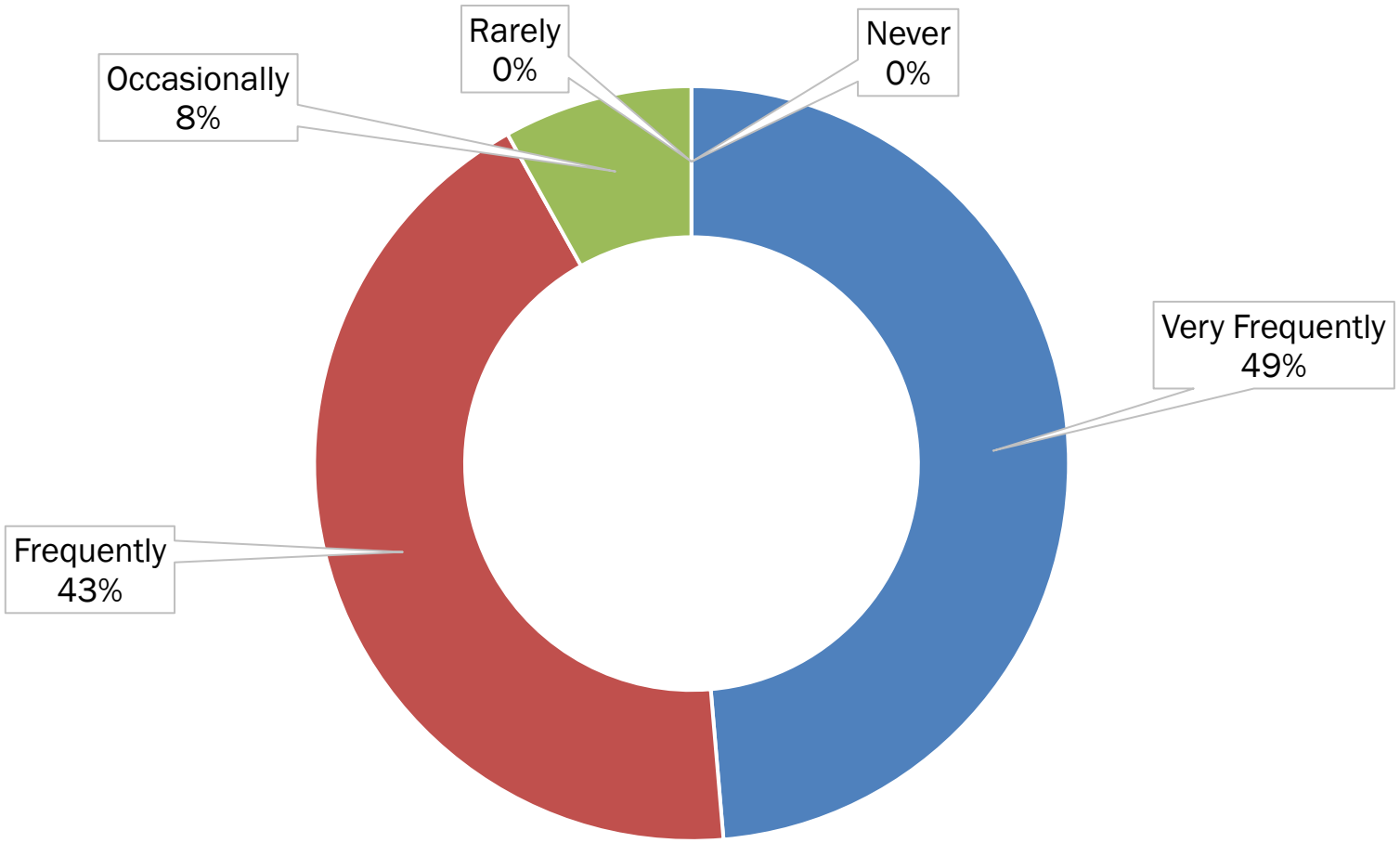
7. What time of day is the most dangerous for road travel?



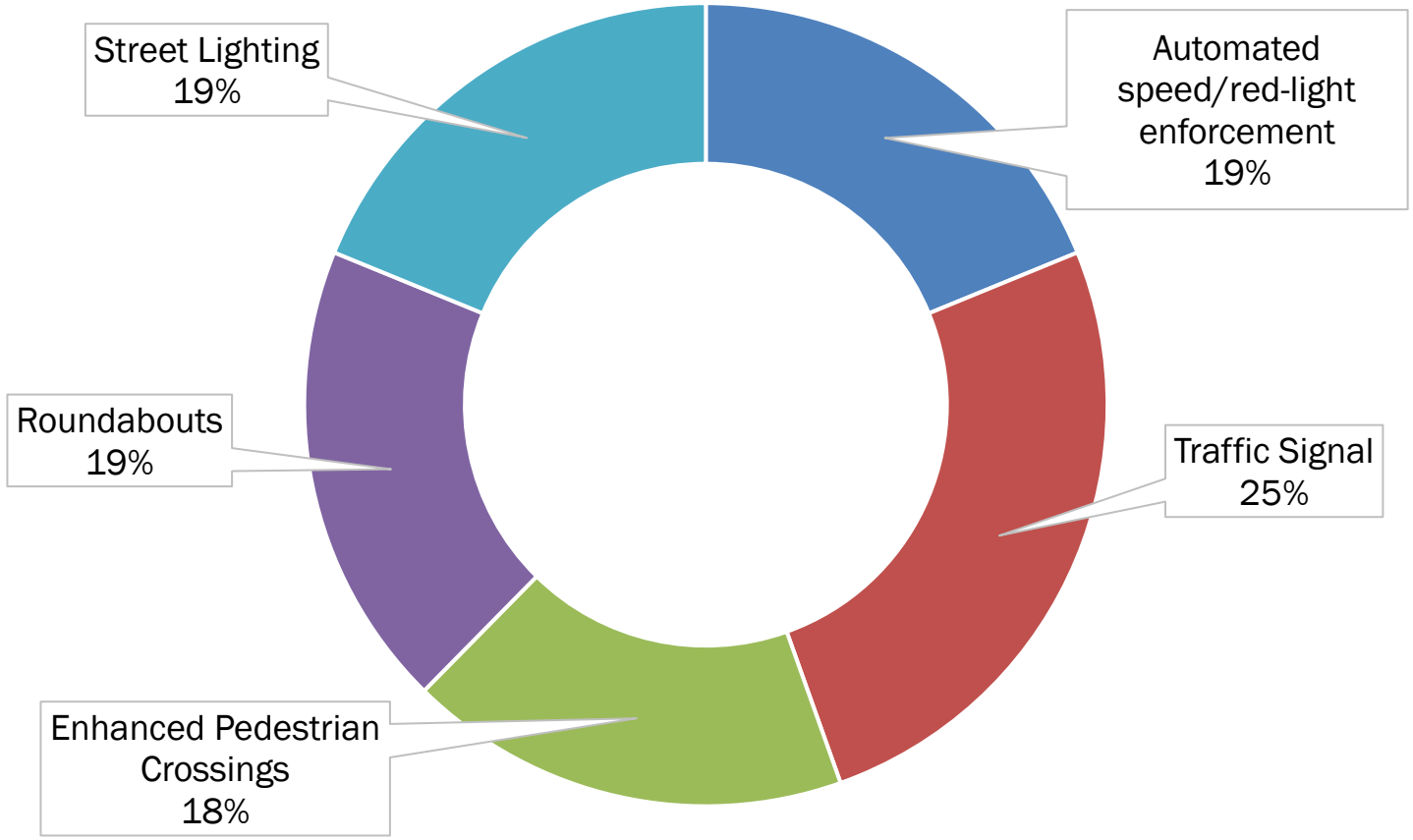
8. What are the most common distractors for drivers you have obseved? Select ALL that apply.



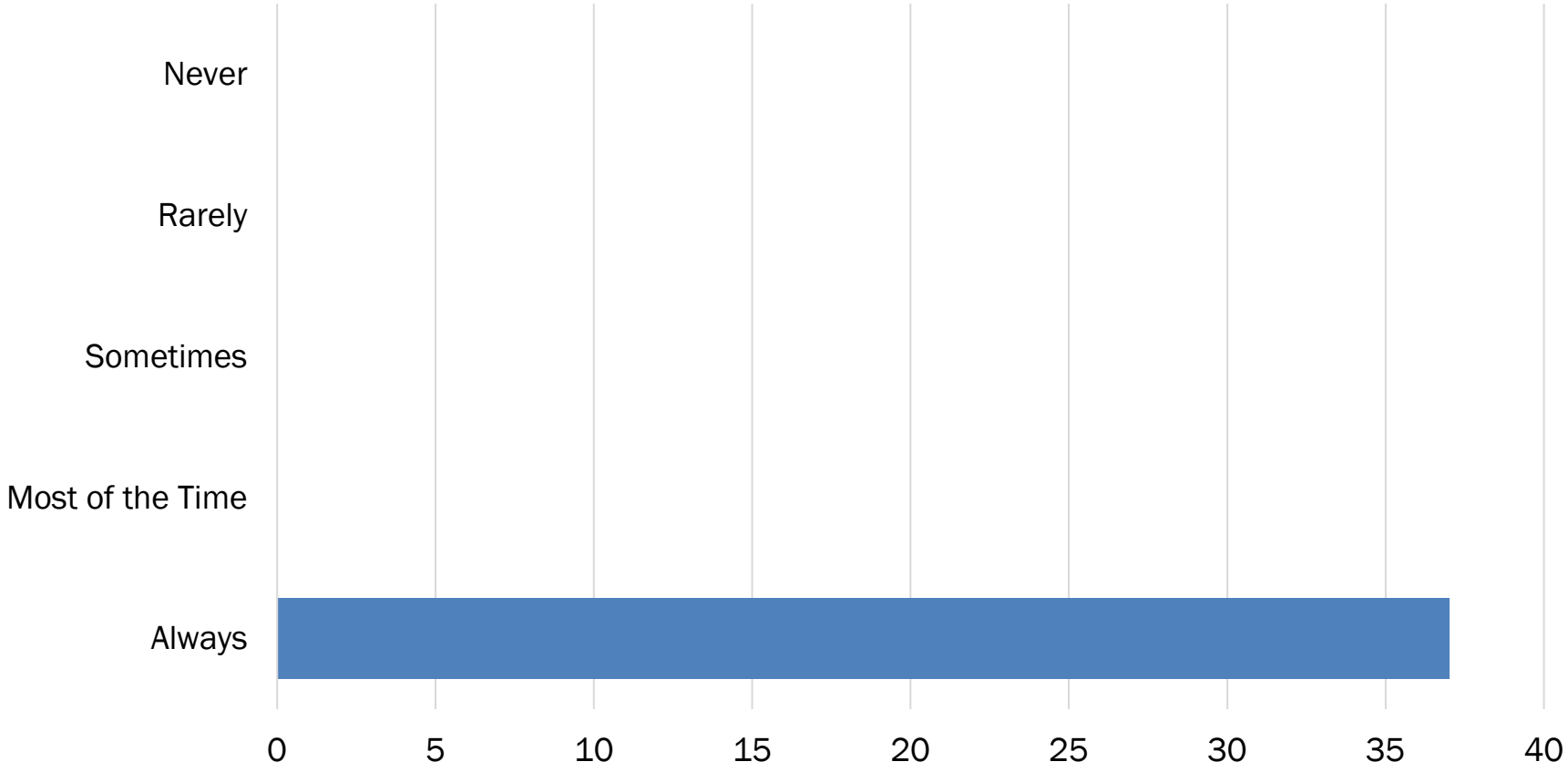
9. How frequently do you see drivers using mobile phones when driving?



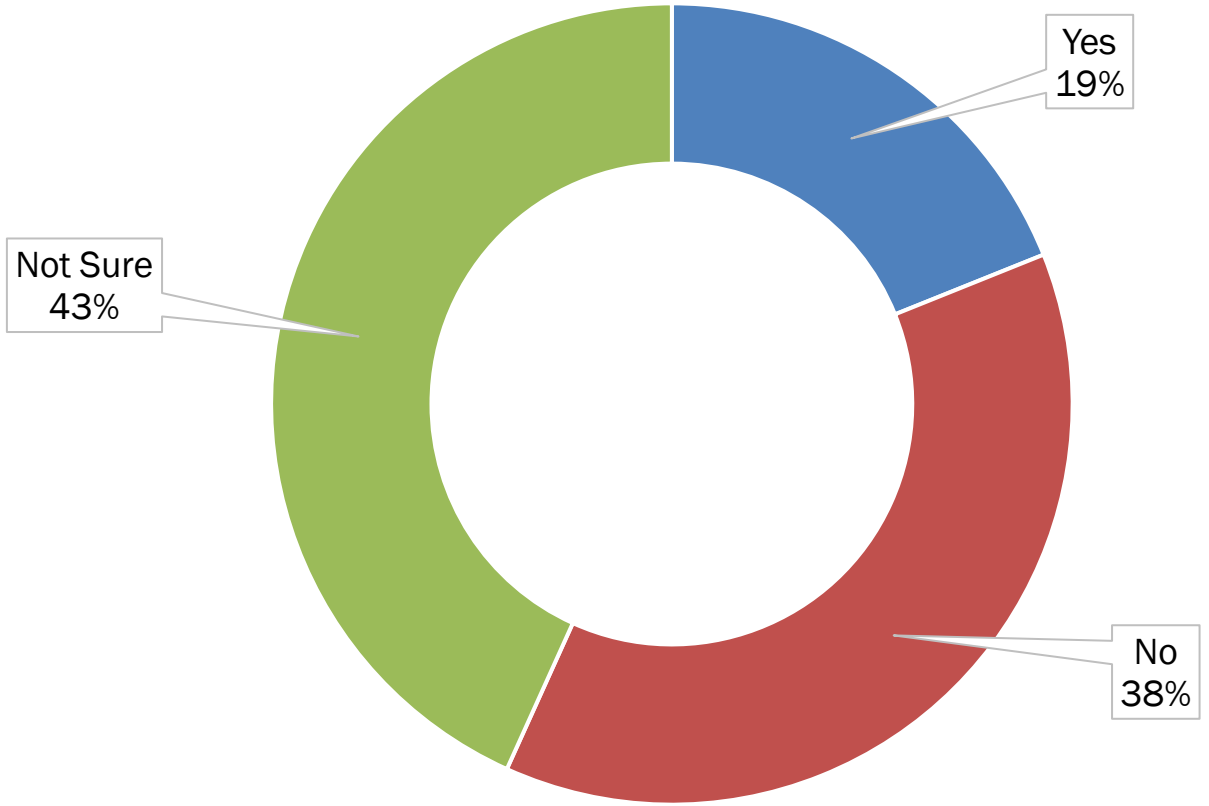
10. Which of the following road safety measures do you believe are most effective? Select ALL that apply



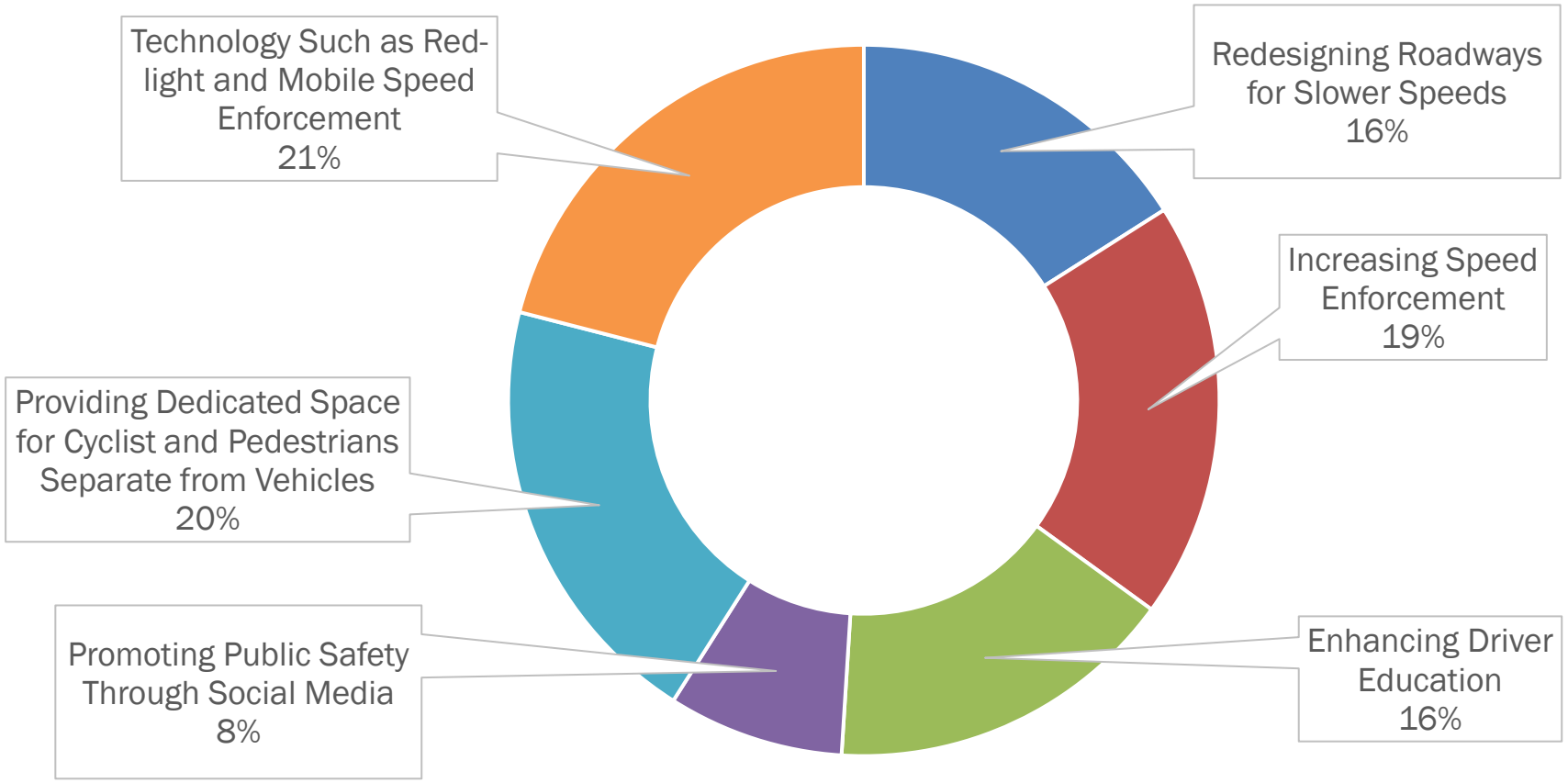
11. How often do you wear a seatbelt while driving or riding in a car?



12. Do you think current safety education programs are effective?



13. What actions should be prioritized to improve road safety in your community? Select ALL that apply



14. What are the most common safety hazards you encounter? Select ALL that apply