

5 COMMUNITY SURVEY

START HERE! (PAGE 1/2)



1

Which of the following do you use at least occasionally when traveling in New Rochelle? (Required)

(Select all that apply)

- | | |
|--|--|
| ☐ Walking/Rolling | ☐ Commuter rail (Metro-North) |
| ☐ Driving/Carpooling/Taxi | ☐ Biking or using a scooter |
| ☐ Bus or shared transit (Bee-Line, Circuit, etc.) | ☐ Other (please specify): _____ |

2

When you think about getting around New Rochelle, what feels most unsafe to you? (Required)

(Select all that apply)

- ☐ Vehicles driving too fast
- ☐ Difficulty crossing the street safely
- ☐ Hard to see or be seen at intersections or crossings (blocked views, sharp turns, parked cars, etc.)
- ☐ Gaps in continuous sidewalks or safe walking routes
- ☐ Gaps in connected safe routes to bike or use a scooter
- ☐ Conflicts between cars, bikes, scooters, or people walking
- ☐ Unsafe conditions near schools, parks, places of worship or senior centers
- ☐ Streets that feel too dark at night
- ☐ Other (please specify): _____

3

Which types of people do you feel most concerned about when traveling around New Rochelle? (Required)

(Select all that apply)

- | | |
|---|---|
| ☐ Children (K-12) walking or biking to school | ☐ Transit riders |
| ☐ Seniors (65+) crossing streets | ☐ Drivers |
| ☐ People walking | ☐ I do not have specific safety concerns |
| ☐ People biking or using scooters | ☐ Other (please specify): _____ |
| ☐ People with disabilities or mobility devices | |

4

Thinking broadly, what do you feel contributes most to unsafe conditions on New Rochelle streets? (Required)

(Please rank the following based on how much you feel each contributes to unsafe conditions.

1 = Contributes the most, last = contributes the least)

- | | |
|--|---|
| ☐ Street design that encourages unsafe driving behavior | ☐ Distracted or inattentive driving |
| ☐ Speeding (driving above the posted speed limit) | ☐ Traffic rules not being followed consistently |
| ☐ Crossings that are hard to use or feel unsafe | ☐ Streets that feel too dark or hard to see at night |
| ☐ Gaps in sidewalks, bike lanes, or transit access routes | |

5

Based on your concerns, which types of safety improvements should the city prioritize? (Required)

(Please rank the following from most important to least important. 1 = Highest priority)

- | | |
|---|--|
| ☐ Slowing vehicle speeds on city streets | ☐ Safer routes near schools, places of worship, and senior destinations |
| ☐ Safer and clearly marked street crossings | ☐ Safer access to transit (bus stops, train stations, and connections) |
| ☐ Continuous sidewalks and safer walking routes | ☐ Increased Traffic enforcement |
| ☐ Dedicated and connected bike and scooter paths | |
| ☐ Improved lighting and visibility at night | |

5 COMMUNITY SURVEY

(PAGE 2/2)



6

Which of the following best describe your connection to New Rochelle? (Required)

(Select all that apply)

- | | |
|--|--|
| ☐ I live in New Rochelle | ☐ I regularly travel through New Rochelle (for work, errands, or transit) |
| ☐ I work in New Rochelle | ☐ I visit New Rochelle for shopping, dining, or services |
| ☐ I own or operate a business in New Rochelle | ☐ Other (please specify): _____ |
| ☐ I attend school or college in New Rochelle | |

7

What area best represents where you travel most often in New Rochelle?

(Please enter a ZIP code, if known)

8

Which age range best describes you?

(Select one)

- | | | |
|-----------------------------------|--------------------------------|--|
| ☐ Under 18 | ☐ 35–44 | ☐ 65 or older |
| ☐ 18–24 | ☐ 45–54 | ☐ Prefer not to say |
| ☐ 25–34 | ☐ 55–64 | |

9

The City would like to host in-person and/or online meetings to share information and hear concerns about traffic safety in New Rochelle. If a meeting were held, would you consider attending?

(Select all that apply)

- | | | |
|---|--------------------------------|-----------------------------------|
| ☐ Yes, in person | ☐ Maybe | ☐ Not sure |
| ☐ Yes, online | ☐ No | |

10

Is there anything else you would like the city to know about traffic safety in New Rochelle?

(Open-ended)



Want to fill this out on your phone?

Use the QR code to open the online survey.



SCAN ME



Have a specific location to share?

Use our Interactive Map to drop a pin and tell us what's happening there.



SCAN ME