

SCHOOL CROSSING EVALUATION
 BUREAU OF PATROL/CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original to Bureau of Patrol ; duplicate to be retained in unit. SURVEYS WILL NOT BE CONDUCTED DURING NOON PERIOD.

DISTRICT

DATE (DAY-MO.-YR)

LOCATION	TYPE <input type="checkbox"/> BUSINESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER
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SCHOOL'S NAME & ADDRESS	
1.	2.
3.	4.

DATE & TIMES OF SURVEY

CONDITIONS AT LOCATION			
WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW	WIDTH OF STREET	EAST & WEST	NORTH & SOUTH
STREET CONDITION <input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> ICY <input type="checkbox"/> OTHER	CROSSWALK MARKED <input type="checkbox"/> YES <input type="checkbox"/> NO		
PRIMA FACIE SPEED	SCHOOL ZONE POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CONTROLS	
PRESENT COVERAGE	HOURS COVERED	MORNING	AFTERNOON
TURNING MOVEMENTS PERMITTED <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	VISION OBSTRUCTIONS		
EXPLAIN			

PARKING CONTROLS			
NO PARKING - ANYTIME <input type="checkbox"/> YES <input type="checkbox"/> NO	NO PARKING - BUS STOP <input type="checkbox"/> YES <input type="checkbox"/> NO	NO PARKING - 7 - 9 AM <input type="checkbox"/> YES <input type="checkbox"/> NO	NO PARKING - 4 - 6 PM <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER - DESCRIBE			

TRAFFIC OBSERVATIONS (NUMBER OF CHILDREN & VEHICLES IN AFFECTED CROSSWALKS)		
PRIMARY STREET	CHILDREN	VEHICLES PER HR.
SECONDARY STREET	CHILDREN	VEHICLES PER HR.
TURNS RIGHT THROUGH PRIMARY CROSSING PER HR.	TURNS LEFT THROUGH PRIMARY CROSSING PER HR.	NO. BUSES THROUGH PRIMARY CROSSING PER HR.

REMARKS	

COVERAGE RECOMMENDED		
<input type="checkbox"/> YES <input type="checkbox"/> NO	BY: <input type="checkbox"/> POLICE OFFICER <input type="checkbox"/> CROSSING GUARD <input type="checkbox"/> SAFETY PATROL	REPORTING OFFICER'S SIGNATURE STAR NO.
<input type="checkbox"/> YES <input type="checkbox"/> NO	BY: <input type="checkbox"/> POLICE OFFICER <input type="checkbox"/> CROSSING GUARD <input type="checkbox"/> SAFETY PATROL	DISTRICT COMMANDER'S SIGNATURE