Questionnaire
Data-Driven Countermeasures for Traffic Safety

Note: Questionnaire must be accompanied by a Letter of Support from Agency Authorized Official or Command Staff supporting the attendance at the training, the development of a traffic safety grant application as well as naming the registrant as the Project Director. Send Letter of Support and Questionnaire to: dem200@soe.rutgers.edu

Please complete the following:

1. Are you a current SAGE user? Yes _____ No _____

2. Rate your SAGE proficiency:
   Extremely confident _____ Somewhat confident _____ Beginner _____

3. Have you run DHTS grant programs in the past 5 years? Yes _____ No _____
   If so, how many? 1 to 3 _____ 3 to 5 _____ More than 5 _____

4. Do you use data to evaluate program successes or failures? Yes _____ No _____
   If yes, types of data? Crashes _____ Violations/Arrests _____ Surveys _____
   Other (explain): ________________________________________________

5. Do you currently use the DHTS Crash Analysis Tool in your analysis? Yes _____ No _____
   If not, is there another tool or system you use? _____________________ N/A _____

6. Do you have a current 12-month grant with DHTS? Yes _____ No _____

7. Select top 2 issues of concern for your jurisdiction:
   Young Drivers _____ Older Drivers _____ Pedestrian Safety _____ Impaired Driving _____
   Speed/Aggressive Driving _____ Distracted Driving _____ Other (explain): __________________

Agency Specific Information:

   Type of Agency: State agency _____ Law Enforcement _____ Non-profit _____
   Other (explain): __________________________________________________________

   Jurisdiction: State _____ County _____ Municipal _____ Region _____

   Number of staff (for LE, number of sworn officers): ______

   Registrant Name & Current Position: ____________________________ Years of Service: _____
   Department/Agency Name: _________________________________