
STREET STORY

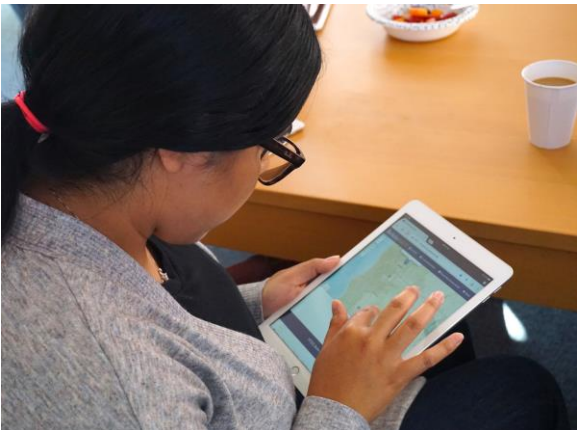
Transportation Safety Community Engagement Tool

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What is Street Story?

- Street Story helps community groups and agencies collect and understand information that is important for transportation safety but is difficult to gather and analyze



Street Story Data

<https://streetstory.berkeley.edu>

[📍 Make Report](#) [☰ See Data](#) [🔍 Resources](#) [👤 Community Stories](#) [📄 About](#)

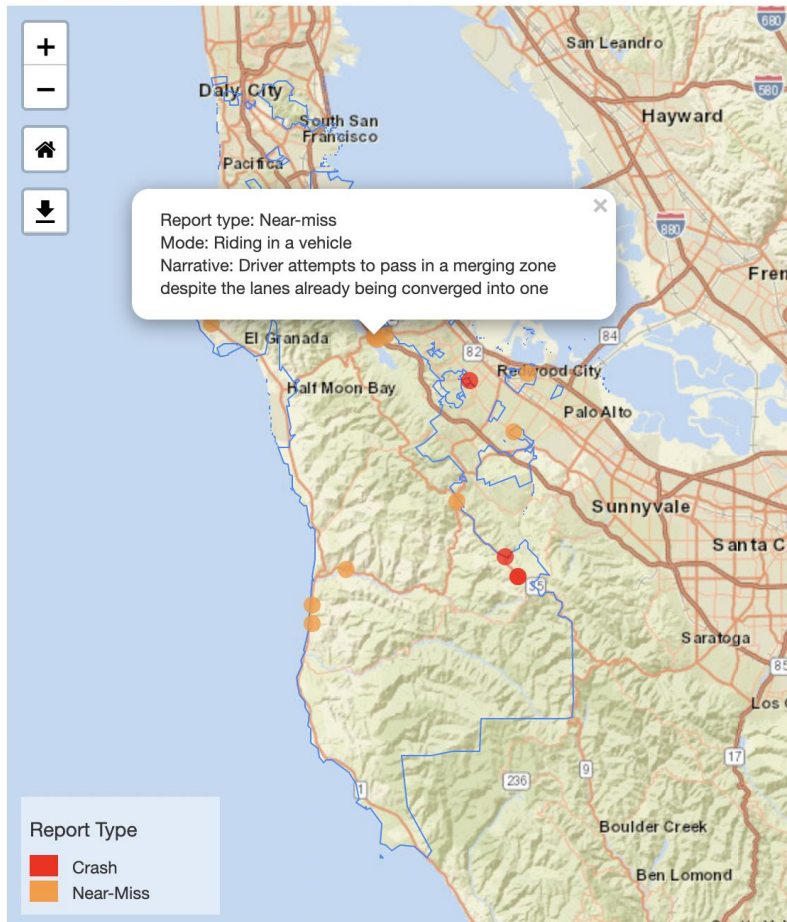
(OPTIONAL) Include reports outside of your area

Report Map

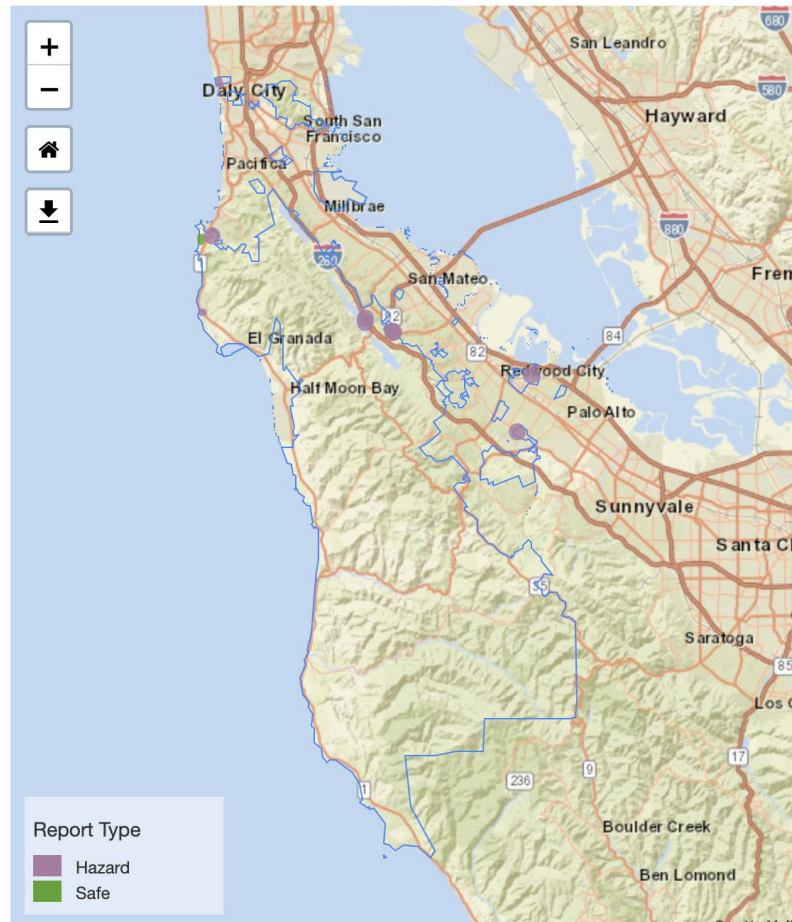
Print Report

Download Data

Crashes / Near-misses



Hazards / Safe places



Street Story Paper Version

Crash	
Point/Line Number or Address: <input type="text"/>	
1. I was _____ when this crash happened. <input type="checkbox"/> Walking <input type="checkbox"/> Biking <input type="checkbox"/> Scootering <input type="checkbox"/> Taking a bus or train <input type="checkbox"/> Using a mobility device <input type="checkbox"/> Riding in a vehicle <input type="checkbox"/> Other	7. What do you think caused this crash? <input type="checkbox"/> Poor/missing sidewalk <input type="checkbox"/> Poor/missing bike lanes or paths <input type="checkbox"/> Cracked/uneven street <input type="checkbox"/> Poor lighting <input type="checkbox"/> Signs, signals or markings were not working or missing <input type="checkbox"/> There was an obstacle in someone's way <input type="checkbox"/> The road was curving, I couldn't see what was coming <input type="checkbox"/> There was loose gravel, ice or water on the road/sidewalk <input type="checkbox"/> There was an animal in the way <input type="checkbox"/> There was overgrown vegetation <input type="checkbox"/> Someone didn't yield <input type="checkbox"/> Someone was speeding <input type="checkbox"/> Someone's car door hit another person <input type="checkbox"/> Other
1a) If you use a mobility device, what kind do you use? <input type="checkbox"/> Wheel chair <input type="checkbox"/> Walker or cane <input type="checkbox"/> White cane <input type="checkbox"/> Guide dog <input type="checkbox"/> Prosthetic <input type="checkbox"/> Other	
2. The crash happened in: Day _____ Month _____ Year _____	
3. When the crash happened, it was: <input type="checkbox"/> Day <input type="checkbox"/> Night	
4. Who else was involved? <input type="checkbox"/> Vehicle driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bike rider <input type="checkbox"/> Scooter rider <input type="checkbox"/> Someone taking a bus or train <input type="checkbox"/> Someone using a mobility device (wheelchair, walker, etc) <input type="checkbox"/> Other <input type="checkbox"/> No one else	
5. Were you or anyone else injured in the crash? <input type="checkbox"/> No <input type="checkbox"/> Someone had minor injuries <input type="checkbox"/> Someone had severe injuries <input type="checkbox"/> Someone died	
6. Was this crash reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Near-Miss	
Point/Line Number or Address: <input type="text"/>	
1. I was _____ when this near-miss happened. <input type="checkbox"/> Walking <input type="checkbox"/> Biking <input type="checkbox"/> Scootering <input type="checkbox"/> Taking a bus or train <input type="checkbox"/> Using a mobility device <input type="checkbox"/> Riding in a vehicle <input type="checkbox"/> Other	6. What do you think caused this near-miss? <input type="checkbox"/> Poor/missing sidewalk <input type="checkbox"/> Poor/missing bike lanes or paths <input type="checkbox"/> Cracked/uneven street <input type="checkbox"/> Poor lighting <input type="checkbox"/> Signs, signals or markings were not working or missing <input type="checkbox"/> There was an obstacle in someone's way <input type="checkbox"/> The road was curving, I couldn't see what was coming <input type="checkbox"/> There was loose gravel, ice or water on the road/sidewalk <input type="checkbox"/> There was an animal in the way <input type="checkbox"/> There was overgrown vegetation <input type="checkbox"/> Someone didn't yield <input type="checkbox"/> Someone was speeding <input type="checkbox"/> Someone's car door hit another person <input type="checkbox"/> Other
1a) If you use a mobility device, what kind do you use? <input type="checkbox"/> Wheel chair <input type="checkbox"/> Walker or cane <input type="checkbox"/> White cane <input type="checkbox"/> Guide dog <input type="checkbox"/> Prosthetic <input type="checkbox"/> Other	
2. The near-miss happened in: Day _____ Month _____ Year _____	
3. When the near-miss happened, it was: <input type="checkbox"/> Day <input type="checkbox"/> Night	
4. Who else was involved? <input type="checkbox"/> Vehicle driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bike rider <input type="checkbox"/> Scooter rider <input type="checkbox"/> Someone taking a bus or train <input type="checkbox"/> Someone using a mobility device (wheelchair, walker, etc) <input type="checkbox"/> Other <input type="checkbox"/> No one else	
5. Were you or anyone else injured in the near-miss? <input type="checkbox"/> No <input type="checkbox"/> Someone had minor injuries <input type="checkbox"/> Someone had severe injuries <input type="checkbox"/> Someone died	

Hazard	
Point/Line Number or Address: <input type="text"/>	
1. I feel unsafe here when I'm: <input type="checkbox"/> Walking <input type="checkbox"/> Biking <input type="checkbox"/> Scootering <input type="checkbox"/> Taking a bus or train <input type="checkbox"/> Using a mobility device <input type="checkbox"/> Riding in a vehicle <input type="checkbox"/> Other	1a) If you use a mobility device, what kind do you use? <input type="checkbox"/> Wheel chair <input type="checkbox"/> Walker or cane <input type="checkbox"/> White cane <input type="checkbox"/> Guide dog <input type="checkbox"/> Prosthetic <input type="checkbox"/> Other
2. I feel unsafe here at: <input type="checkbox"/> Day <input type="checkbox"/> Night	
3. I feel unsafe here because: <input type="checkbox"/> Poor/missing sidewalk <input type="checkbox"/> Poor/missing bike lanes or paths <input type="checkbox"/> Cracked/uneven street <input type="checkbox"/> Poor lighting <input type="checkbox"/> Signs, signals or markings are not working or missing <input type="checkbox"/> There are obstacles in the way <input type="checkbox"/> There is loose gravel, ice or water on the road/sidewalk <input type="checkbox"/> The road is curving, I can't see what is coming <input type="checkbox"/> There are loose dogs or other animals <input type="checkbox"/> There is overgrown vegetation <input type="checkbox"/> People don't yield <input type="checkbox"/> Unsafe speeds <input type="checkbox"/> Other	
4. Tell us more. Do not identify any individuals by name or include license plate numbers, etc.	

Safe Place Questions	
Point/Line Number or Address: <input type="text"/>	
1. I feel safe here when I'm: <input type="checkbox"/> Walking <input type="checkbox"/> Biking <input type="checkbox"/> Scootering <input type="checkbox"/> Taking a bus or train <input type="checkbox"/> Using a mobility device <input type="checkbox"/> Riding in a vehicle <input type="checkbox"/> Other	1a) If you use a mobility device, what kind do you use? <input type="checkbox"/> Wheel chair <input type="checkbox"/> Walker or cane <input type="checkbox"/> White cane <input type="checkbox"/> Guide dog <input type="checkbox"/> Prosthetic <input type="checkbox"/> Other
2. I feel safe here because: <input type="checkbox"/> Safe speeds <input type="checkbox"/> Low car traffic <input type="checkbox"/> Safe sidewalks <input type="checkbox"/> Safe bike lanes or paths <input type="checkbox"/> Good lighting <input type="checkbox"/> Signs, signals or street markings work well <input type="checkbox"/> Well maintained vegetation <input type="checkbox"/> Other	
3. Tell us more. Do not identify any individuals by name or include license plate numbers, etc.	

Other Resources

Useful links:

[See Data](#)

[Resources](#)

[Community Stories](#)

[About](#)

Street Story Starter Guide

Street Story Flyer Templates

Transportation Safety Resources

Next

Use Statewide Map

Starter Kit for Communities and Agencies

This guide includes an explanation about what Street Story is, how information is collected, how organizations can use the tool in community engagement efforts, and how people can use the information collected to improve street safety.

To learn more about Street Story, visit Street Story's [Community Stories](#) page. To get updates about Street Story, sign up for our [newsletter](#).

Street Story was created by a team at UC Berkeley's Safe Transportation Research and Education Center ([SafeTREC](#)), with city planning, public health, engineering, social welfare and computer scientist backgrounds. Street Story was created with significant input from members of the public, agency and organization representatives and industry experts.

1. What is Street Story?

[Street Story](#) is a community engagement tool that allows residents, organizations and agencies collect local information about transportation collisions, near-misses, general hazards and safe locations to travel. The platform and the information collected are free to use and publicly accessible.

Street Story includes a survey about roadway experiences and a dataset of community input with maps and tables that can be downloaded. Once the surveys have been completed, organizations and agencies can use the information as part of community needs assessments, transportation safety planning or evaluations.

Street Story can be used to complement other forms of transportation safety information, including built environment characteristics or collisions reported to police. Street Story data is not a substitute for police-reported collisions. To access police-reported collision data, visit SafeTREC's Transportation Injury Mapping System ([TIMS platform](#)). Section 4 in this guide explains how Street Story data can be used with a number of other types of safety information.

Street Story data

STREET STORY: A Tool for Self-Reporting Transportation Safety Issues

Help improve safety in your community!
Share stories on Street Story of where you've been in a crash or near miss, or where you feel safe or unsafe traveling:

<https://streetstory.berkeley.edu/>



OTS
CALIFORNIA OFFICE OF
TRAFFIC SAFETY

Berkeley SafeTREC

Funding for this program was provided by a grant from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration.

Additional Resources

Tutorial video:

<https://www.youtube.com/watch?v=6ekhkOACub8&feature=youtu.be>

How communities are using the tool:

<https://www.youtube.com/watch?v=XqIIIzdDPYU>

From Practice to Progress:

<https://www.youtube.com/watch?v=8cQ3mW4BRdA&t=12s>

New features:

<https://safetrec.berkeley.edu/news/new-features-added-street>

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