

BICYCLE CRASH TESTIMONIAL FORM



The Chicago Department of Transportation is seeking **bicyclists**, **pedestrians**, and **motorists** willing to share their personal stories about bicycle-related traffic crashes on video. Footage taken will be used to produce a traffic safety video. Please summarize your story on this form and return it to our office.

INSTRUCTIONS: Type or write your answers on this form, attach any photos of injuries or property damage you wish to include (photos will not be returned). Save a copy for your records, then e-mail, fax, or mail the completed form to:

E-mail: amanda.woodall@cityofchicago.org

Mail: **Amanda Woodall**
CDOT Bicycle Program
30 N. LaSalle St., Ste. 500
Chicago, IL 60602-2570

Fax: **312-742-2422**
Attn: Amanda Woodall

Name	Daytime Phone (include area code)	Mailing Address
Date of Crash	Email Address	
Did this crash occur inside the Chicago city limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to discuss this crash on tape and have that tape used in the production of traffic safety materials? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is litigation pending as a result of this crash? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this crash reported to police? Yes <input type="checkbox"/> No <input type="checkbox"/>	In this crash, were you a: Bicyclist <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver of a motor vehicle <input type="checkbox"/>	Was anyone injured in this crash? Yes <input type="checkbox"/> No <input type="checkbox"/>

Crash Description (200 words or less): Please include the location and cause of the crash, and the number and type of vehicles involved. Attach additional pages and any photos if necessary (photos will not be returned).

Thank you for sharing your experience. Our office will contact you if we choose to interview you. Additional forms are available for download at www.ChicagoBikes.org