

# Village of Mamaroneck Traffic Commission Incident Report

Date: \_\_\_\_\_

Full name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Incident is related to (check all that apply):**

high-risk crash location \_\_\_\_\_

pedestrian or bicycle facilities \_\_\_\_\_

public transit \_\_\_\_\_

parking \_\_\_\_\_

dangerous driver behavior \_\_\_\_\_

EMS, fire or police access \_\_\_\_\_

**Describe incident details:**

**Describe desired outcome:**

**Would you be willing to volunteer for an activity related to the Village's Vision Zero safe streets initiative?**

Yes \_\_\_\_\_

No \_\_\_\_\_

Maybe; what's Vision Zero? \_\_\_\_\_

**Supporting documents/attachments (upload here)**

**\*Please return form to [EDecunzo@vomny.org](mailto:EDecunzo@vomny.org)**