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Appendix 1
Summary of Survey Data of Pedestrian Accident Study
University of Moratuwa



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Distribution of Victims by:-

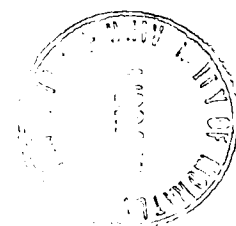
Age	Over 40 years	40 %
	Under 40 years	60%
Sex	Male	59%
	Female	41%
Residential district	Colombo	80%
	Gampaha	14%
	Kalutara	3 %
	Others	3%
Occupation	Full time work	38%
	Part time work	9%
	Not Working	36%
	Education	15%
	Others	2%
Type of living accommodation	House	82%
	Shanty	12%
	Apartment	5%
	Others	1%



Marital status	Married	50%
	Unmarried	40%
	Widowed	9%
Month of accident	October	1%
	November	8%
	December	13%
	January	12%
	February	10%
	March	12%
	April	14%
	May	15%
	June	8%
	July	4%
	August	2%
	September	1%
Day of the week	Monday	16%
	Tuesday	15%
	Wednesday	12%
	Thursday	13%
	Friday	15%
	Saturday	13%
	Sunday	16%



Involved Vehicle	Motor Cycle	29%
	Car	18%
	Bus	14%
	Van	14%
	Three Wheeler	11%
	Lorry	8%
	Pedal Cycle	4%
	Others	2%
Carriageway Type	Single (No Divider)	77%
	Dual (With Divider)	23%
Type of Junction	Not in a junction	65%
	3 Arm Junction	25%
	4 Arm Junction	8%
	5 Arm Junction	2%
Traffic Flow	Two Way	79%
	One Way	21%
Speed	30 km / hr	40%
	40 km / hr	22%
	50 km / hr	38%
Day or Night	Day	78%
	Night	22%



Condition of Street Light	Day Light	78%
	Street Light Good	9%
	Street Light Moderate	8%
	Street Light Poor	1%
	No Street	4%
Position of Pedestrian at the time of accident	On the Carriageway	40%
	Edge of Carriageway	44%
	On Foot Way	12%
	On the Verge	1%
	Other	3%
Continued		
Activity of the pedestrian at the time of the accident	Walking	81%
	Standing	15%
	Other	4%
Direction of movement	Facing Traffic	12%
	Not Facing Traffic	34%
	Crossing	51%
	Other	3%
Sobriety	Drunk	4%
	Not Drunk	96%
Origin	From Home	45%
	Not From Home	55%



Destination	To Home	40%
	To Work	16%
	To Shop	13%
	To School	3%
	Other	28%
Purpose of travel	Work	28%
	Shopping	22%
	School	6%
	Leisure	1%
	Other	43%
Mode of travel	Walking	56%
	Public Transport	36%
	Motor Cycle	4%
	Car	2%
	Other	6%
Whether Accompanied or Not	Accompanied	33%
	Not Accompanied	67%
Type of Companion	Adult Female	39%
	Adult Male	32%
	Child	29%

Time of accident	12.00 AM to 6.00 AM	2%
	6.00 AM to 9.00 AM	26%
	9.00 AM to 12.00 Noon	17%
	12.00 Noon to 4.00 PM	16%
	4.00 PM to 8.00 PM	16%
	8.00 PM to 12.00 Mid Nt	20%
	Not Known	3%
Type of pedestrian crossing	Signal Light Control	4%
	Uncontrolled	54%
	No Crossing Facility	42%
How accident occurred	Driver Error	72%
	Pedestrian Error	14%
	Other	14%
Driver's reaction at the time of accident	Stopped	95%
	Not Stopped	05%
Cause of accident	Involved Vehicle	90%
	Pedestrian	05%
	Other Vehicle	02%
	Other	03%
Injured part of body	Head	32%
	Face	16%
	Arms	42%
	Legs	57%
	Back	12%
	Other	< 5%

Type of Injury	Bruising	60%
	Fracture	51%
	Cuts	27%
	Strain	12%
	Dislocation	4%
Medical treatment taken or not	Taken	99%
	Not Taken	1%
Where treatment received	Hospital	89%
	At Other Places	8%
	No Treatment	2%
	Not Known	1%
Victim's prior disability	Without Disability	99%
	With Disability	1%
Type of disability after accident	Temporary	15%
	Permanent	Nil
	No Disability	85%

Vehicle ownership of victim's household	Car	6%
	Truck	1.5%
	Motor Cycle	10%
	Bicycle	20%
	No Vehicle	62.5%
Usual travel mode of victim	Public Transport	91%
	Car	2.7%
	Motor Cycle	1%
	Walking	2%
Previous involvement in accidents	Not Involved	95%
	Involved	5%
Occupation of victim	Professional / Executive	5%
	Clerical	4%
	Labour	22%
	Student	15%
	Unemployed	28%
	Other	26%
Income of victim per week	No Income	44%
	Less than Rs.1000	41%
	Rs.1000 toRs.3000	14%
	More than Rs.3000	1%
Household income of victim per week	No Income	7%
	Less thanRs.1000	52%
	Rs.1000 to Rs.3000	36%
	More than Rs.3000	5%

Reporting to Police	Reported	99.8%
Legal action taken or not	Taken	18%
	Not Taken	82%
Compensation received or not	Some compensation	22%
	No compensation	78%
Victim's intention to take legal action	Intend	95%
	No Intention	5%



Appendix 11

**Questionnaires used for the pedestrian accident Survey by
the University of Moratuwa
for
TRL / ATKINS study**



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PEDESTRIAN ACCIDENTS: QUESTIONNAIRE 1

Interviewer

Date

Day	Month	Year

FOR OFFICE
USE ONLY

Reference

S	1		
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Country

SRI LANKA

Introduction

Hello, we are carrying out a survey for the UK Government's Overseas Development Administration. The study is looking at pedestrian accidents in Sri Lanka. We need to interview people who have recently been involved in an accident. All answers are confidential.

SECTION 1: RESPONDENT DETAILS

1. What is your name?

2. What is your age?
(one answer only)

0-5 years

6-15 years

16-25 years

26-40 years

41-60 years

61+ years

☐
☐
☐
☐
☐
☐

3. Sex:

Male

☐

Female

☐

4. Address:

5. Are you working?
(one answer only)

Full-time

Part-time

Casual/Informal

Not Working

Education

☐
☐
☐
☐
☐

☐☐☐

SECTION 2: HOUSEHOLD DETAILS

FOI C
USE C

A HOUSEHOLD IS A LIVING UNIT SHARING COOKING FACILITIES AND ACCOMMODATION. ALL ROOMS IN THE ACCOMMODATION SHOULD BE ACCESSED FROM INSIDE.

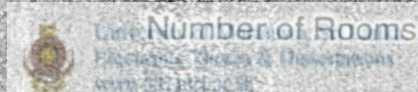
6. Accommodation Type
(one answer only)

Shanty (temporary)
Shanty (permanent)
Apartment
House
Other

From observation, or by asking the respondent;

6a. How many rooms are there in this accommodation available to the household?

Do not count toilets, bathrooms or small storage rooms.



--

7. How many people are there in this household?

Number of
Household Members

--

7a. Of these how many are children?

0-5 years
6-15 years

8. Are you married?
(one answer only)

Yes
No
Widowed
Divorced
Other

SECTION 3: ACCIDENT DETAILS

FOR OFFICE
USE ONLY

THIS SECTION REFERS TO THE ACCIDENT RECORDED ON MAAP
AND THE JOURNEY YOU WERE MAKING AT THAT TIME

9. What was the date of the accident?

Day	Month	Year

10. What day of the week was this?

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

11. What was the name of the street(s)
where the accident occurred?



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12. What vehicles were involved?
(tick all vehicles involved in the accident)

Car

Truck/Pick-up

Bus

Lorry/HGV

Bicycle

Motorcycle/Moped

Other

13. On what type of road did the accident occur?
(only one answer)

Paved Single Carriageway

Unpaved Single Carriageway

Dual Carriageway

Other

14. Was the traffic on this road

One way Flow
or, Two Way Flow☐
☐☐

15. What is the speed limit of this road?

 Km/Hour☐

16. Did the accident happen in daylight?

Yes

☐

Go to Q17

No

☐

Go to Q16a

☐

16a. If no; was there street lighting?

Yes

☐

Go to Q16b

No

☐

Go to Q17

☐16b. If there was lighting; what was the
condition of the lighting?

Good

☐

Moderate

☐

Poor

☐☐17. Immediately prior to the
accident, where were you
on the road?
(only one answer)

On the footway

☐

On the verge

☐

At edge of carriageway

☐

in the carriageway

☐

Other

☐☐18. What were you doing immediately
prior to the accident?
(only one answer)

Walking

☐

Go to Q18a

Standing

☐

Go to Q19

Playing

☐

Go to Q19

Running

☐

Go to Q18b

Working

☐

Go to Q19

Other

☐

Go to Q19

☐18a. If you were walking or running along the road/
footway, were you facing the oncoming traffic?

Yes

☐

No

☐☐19. At the time of the accident were you under the
influence of drugs or alcohol?

Yes

☐

No

☐☐

24. Please give a full account of the accident

(Ensure the following is covered:
description; cause; record of all others involved etc).

Record verbatim, prompt as necessary.

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25. Who or what do you think caused the accident?
(only one answer)

- Yourself
- Another Pedestrian
- Involved Vehicle
- Uninvolved Vehicle
- Road Layout
- Temporary Fault to Lights/Signals
- Other Cause
- No Apparent Cause

☐

26. What injuries did you sustain as a result of the accident?

Record verbatim, prompt as necessary.

27. Did you receive medical treatment after the accident?

Yes
No

Go to Q27a

Go to Q28

27a. If yes; where did you receive treatment?
(only one answer)

Hospital
Clinic
Doctor
Other

Go to Q27b

Go to Q28

27b. If you went to hospital, how many nights did you stay?

or:

If still in hospital, how many nights have you been here already?

Nights

Nights

27c. Are you still receiving treatment/on medication?

Yes
No

		Before Accident
Hearing	Impaired	
	Total Loss	
Sight	Impaired	
	Total Loss	
Walking/Legs	Impaired	
	Total Loss	
Arms/Hands	Impaired	
	Total Loss	
Mental		
Other (Specify)		

☐ ☐ ☐ ☐ ☐ ☐

(Record on grid below by ticking those that apply)

(Record on grid below by ticking those that apply)

		After Accident	
		Temporary	Permanent
Hearing	Impaired		
	Total Loss		
Sight	Impaired		
	Total Loss		
Walking/Legs	Impaired		
	Total Loss		
Arms/Hands	Impaired		
	Total Loss		
Mental			
Other (Specify)			

SECTION 4: TRANSPORT

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30. What vehicle(s) are owned by you or someone else in the household?

(please tick all that apply)

Car

Truck/Pick-up

Motorcycle/Moped

Bicycle

Other

31. How do you usually travel?

(only one answer)

Walk

Car

Taxi

Truck/Pick-up

Motorcycle/Moped

Bicycle

Public Tpt

Other

--

32. Have you ever been in an accident before?

Yes

No

Go to Q32a

Go to Q33

--

32a. If yes; were you a
(tick all that apply)

Driver (any vehicle)

Cyclist

Pedestrian

Passenger (private transport)

Passenger (public transport)

32b. If involved in more than one accident previously, ask about the most recent accident prior to that recorded on MAAP.

When did this accident occur?

--	--	--

Day Month Year

--

32c. At the time of the accident; were you a

Driver (any vehicle)

Cyclist

Pedestrian

Passenger (private transport)

Passenger (public transport)

32d. Were you injured in this accident?

Yes

No

--

32e. Was this accident reported to the police by you or anyone else?

Yes

No

--



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SECTION 5: OCCUPATION AND INCOME

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Refer to Section 1

If respondent is in employment:

33. What is your occupation?
(If in education, write 'Student')

☐

34. How much did you earn in the week *before* the accident?

☐

35. What was your household income in the week *before* the accident?

☐

36. Is any money received from non-household members?



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Yes
No

☐
☐☐

37. What is your ethnic origin?

☐

38. What is your religion?

☐

SUPPLEMENTARY QUESTIONS FOR QUESTIONNAIRE 1

Reference

S1

A. At what time did the accident happen?

: AcctimA

Please use 24 hour clock.

Eg. If accident happened at 9.30 in the morning, time = 9:30

If accident happened at 9.30 in the evening, time = 21:30

B. How long would it take to walk directly from your home to the place where the accident happened?

minutes WlktimB

C. Were you crossing the road at the time of the accident?

Yes 1 ☐

No 2 ☐

CrossC

D. Was there a pedestrian crossing facility near to where the accident happened which you used/ could have used to cross the road?

Yes 1 ☐

No 2 ☐

Go to E

Go to F

AvailD

E. What type of crossing was it?

Light controlled crossing 1 ☐

Other controlled crossing 2 ☐

Uncontrolled crossing 3 ☐

TypeE

F. How did the accident happen?

Driver failed to stop at controlled crossing 1 ☐

Driver made a bad manoeuvre e.g. reversing; u-turn etc. 2 ☐

Pedestrian stepped in front of on-coming vehicle 3 ☐

Driver lost control of the vehicle 4 ☐

Driver was drunk 5 ☐

Driver was speeding 6 ☐

Other 7 ☐

Don't remember 8 ☐

HowF

G. Did the driver of the involved vehicle stop immediately after the accident?

Yes 1 ☐

No 2 ☐

ReactG.

PEDESTRIAN ACCIDENTS: QUESTIONNAIRE 2 (FATAL)

Interviewer

Date

Day	Month	Year

FOR OFFICE
USE ONLY

Reference

S	2		
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Country

SRI LANKA

Introduction

Hello, we are carrying out a survey for the UK Government's Overseas Development Administration. The study is looking at pedestrian accidents in Sri Lanka. For this study we need to find out about some of those people who have been killed in road accidents - please could you help. All answers are confidential.

SECTION 1A: DETAILS OF DECEASED ACCIDENT VICTIM

To be completed prior to the interview.

Name of deceased
road accident victim:

*

Date of accident:

Day	Month	Year

Age of deceased:

Years

Sex: Male

☐

Female

☐☐☐

SECTION 1B: RESPONDENT DETAILS

1. What was your
relationship to * ?

☐

2. What is your address?

3. Did * live here?

Yes

☐

Go to Q4

No

☐

Go to Q3a

☐

3a. Where did * live?

SECTION 2: HOUSEHOLD DETAILS

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A HOUSEHOLD IS A LIVING UNIT SHARING COOKING FACILITIES AND ACCOMMODATION. ALL ROOMS IN THE ACCOMMODATION SHOULD BE ACCESSED FROM INSIDE.

If * lived elsewhere please ask respondent about the deceased's accommodation only.

4. Accommodation Type
(one answer only)

Shanty (temporary)
Shanty (permanent)
Apartment
House
Other

From observation, or by asking the respondent;

4a. How many rooms are there in this accommodation available to the household?

Do not count toilets, bathrooms or small storage rooms.

Number of Rooms

--

5. How many people are there in this household?

Number of



the Household Members
SARVODAYA TRUST'S SURVEILLANCE
AND FACILITIES

--

5a. Of these how many are children?

0-5 years

6-15 years

6. Was * married?
(one answer only)

Yes

No

Widowed

Divorced

Other

7. Did * have any children?

Yes

No

Go to Q7a

Go to Q8

7a. How many of these children are.....

0-5 years

6-10 years

11-15 years

over 15 years

--

--

--

--

--

SECTION 3: ACCIDENT DETAILS

FOR OFFICE
USE ONLY

THIS SECTION REFERS TO THE ACCIDENT WHICH RESULTED IN THE
DEATH OF * .

8. Was * accompanied at
the time of the accident?

Yes

☐

Go to Q8a

No

Go to Q26

8a. If yes; who was with * ?
(tick all that apply)

Adult-male

☐

Go to Q8b

Adult-female

☐

Go to Q8b

Child 0-5 years

☐

Go to Q26

Child 6-10 years

☐

Go to Q8b

Child 11-15 years

☐

Go to Q8b

8b. Would this person/one of these people be available to answer some
questions about the accident?

If the respondent was with * at the time of the accident, ask:

Could you answer some questions about the accident please?

Yes - available now

☐

Go to Q9

Yes - at some other time

☐

Go to Q8c

No - not at all

☐

Go to Q26

8c. When would be a good time to call back?

Date

Day

Time

Go to Q26

9. What was the date of the accident?

Day Month Year

10. What day of the week was this?

Monday

☐

Friday

☐

Tuesday

Saturday

Wednesday

Sunday

Thursday

11. What was the name of the street(s) where the accident occurred?

12. What vehicles were involved?
(tick all vehicles involved in the accident)

Car
Truck/Pick-up
Bus
Lorry/HGV
Bicycle
Motorcycle/Moped
Other

13. On what type of road
did the accident occur?
(only one answer)

Paved Single Carriageway
Unpaved Single Carriageway
Dual Carriageway
Other

14. Was the traffic on this road

One way Flow
or Two Way Flow

15. What is the speed limit of this road?

Km/Hour

16. Did the accident happen in daylight?

Yes

--

Go to Q17

No

--

Go to Q16a

16a. If no; was there street lighting?

Yes

--

Go to Q16b

No

--

Go to Q17

16b. If there was lighting; what was the
condition of the lighting?

Good

Moderate

Poor



17. Immediately prior to the accident, where was * on the road?
(only one answer)

On the footway
On the verge
At edge of carriageway
In the carriageway
Other

☐
☐
☐
☐
☐
☐

18. What was * the deceased doing immediately prior to the accident?
(only one answer)

Walking
Standing
Playing
Running
Working
Other

☐
☐
☐
☐
☐
☐

Go to Q18a
Go to Q19
Go to Q19
Go to Q18b
Go to Q19
Go to Q19

☐

18a. If * was walking or running along the road/footway, was he/she facing the oncoming traffic?

Yes
No

☐
☐
☐

19. At the time of the accident was * under the influence of drugs or alcohol?

Yes
No

☐
☐
☐


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20. Where were you travelling from and to at the time of the accident?

	From	To
Home		
Shops		
Work		
School		
Leisure		
Other		

☐ ☐

21. What was the purpose of that journey?
(only one answer)

Shopping
Work
School
Leisure
Other

☐
☐
☐
☐
☐
☐

22. What was your main mode of transport for this journey?
(only one answer)

Walk
Car
Taxi
Truck/Pick-up
Lorry/HGV
Bicycle
Motorcycle/Moped
Public Transport
Other

☐

23. Please give a full account of the accident

(Ensure the following is covered:
description; cause; record of all others involved etc).

Record verbatim, prompt as necessary.



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24. Who or what do you think caused the accident?
(only one answer)

- The Deceased (*)
- Yourself
- Another Pedestrian
- Involved Vehicle
- Uninvolved Vehicle
- Road Layout
- Temporary Fault to Lights/Signals
- Other Cause
- No Apparent Cause

☐

25. Did * die immediately/at the scene?

- Yes
- No

Go to Q26
Go to Q25a

25a. Did * receive medical treatment
after the accident?

- Yes
- No

Go to Q25b
Go to Q26

25b. If yes; where did they receive
treatment?
(tick all that apply)

- Hospital
- Clinic
- Doctor
- Other

☐
☐
☐
☐
☐

26. Prior to the accident did * suffer from any disabilities?
(Record on grid below by ticking those that apply)

Hearing	Impaired	
	Total Loss	
Sight	Impaired	
	Total Loss	
Walking/Legs	Impaired	
	Total Loss	
Arms/Hands	Impaired	
	Total Loss	
Mental		
Other (Specify)		

☐
☐
☐
☐
☐
☐

SECTION 4: TRANSPORT

FOR OFF USE ON

27. What vehicle(s) were owned by * or someone else in the same household?
(please tick all that apply)

Car
Truck/Pick-up
Motorcycle/Moped
Bicycle
Other

28. How did * usually travel?
(only one answer)

Walk
Car
Taxi
Truck/Pick-up
Motorcycle/Moped
Bicycle

--



Public Transport
Other

29. Had * ever been in an accident before?
(as far as you know)

Yes
No

--

SECTION 5: OCCUPATION AND INCOME

FOR OFFICE
USE ONLY

30. What was the occupation of the deceased?

(If in education, write 'Student')

☐

31. How much did * usually earn in a week?

☐

32. What was the household income in the week before the accident?

☐

33. Is any money received from non-household members?

Yes

☐

No

☐☐

34. What was *'s ethnic origin?

☐

35. What was *'s religion?

☐

SUPPLEMENTARY QUESTIONS FOR QUESTIONNAIRE 2

Reference

S2

A. At what time did the accident happen?

: Acc tim A

Please use 24 hour clock.

Eg. if accident happened at 9.30 in the morning, time = 9:30

If accident happened at 9.30 in the evening, time = 21:30

B. How long would it take to walk directly from the deceased's home to the place where the accident happened?

minutes Wlktim B

C. Was the deceased crossing the road at the time of the accident?

Yes 1 ☐

No 2 ☐

Cross C

D. Was there a pedestrian crossing facility near to where the accident happened which the deceased used/ could have used to cross the road?

Yes 1 ☐

No 2 ☐

Go to E

Go to F

Avail D

E. What type of crossing was it?

Light controlled crossing 1 ☐

Other controlled crossing 2 ☐

Uncontrolled crossing 3 ☐

Type E

F. How did the accident happen?

Driver failed to stop at controlled crossing

1 ☐

Driver made a bad manoeuvre e.g. reversing; u-turn etc.

2 ☐

Pedestrian stepped in front of on-coming vehicle

3 ☐

Driver lost control of vehicle

4 ☐

Driver was drunk

5 ☐

Driver was speeding

6 ☐

Other

7 ☐

Don't remember

8 ☐

How F

G. Did the driver of the involved vehicle stop immediately after the accident?

Yes 1 ☐

No 2 ☐

React G

PEDESTRIAN ACCIDENTS: QUESTIONNAIRE 3 (CONTROL)

Interviewer

Date

Day	Month	Year

FOR OFFICE
USE ONLY

Reference

S	3		
---	---	----------------------	----------------------

Country

SRI LANKA

Introduction

Hello, we are carrying out a survey for the UK Government's Overseas Development Administration. The study is looking at pedestrian accidents in Sri Lanka. As part of the study we are interviewing pedestrians in Colombo - please could you spare a few minutes. All answers are confidential.

SECTION 1: RESPONDENT DETAILS

1. Interview location

Road:

2. What is your age? (one answer only)

0 - 5 years

6 - 15 years

16 - 25 years

26 - 40 years

41 - 60 years

61+ years

3. Sex:

Male

☐

Female

☐

4. Where do you live?

5. Are you working? (one answer only)

Full-time

Part-time

Casual/Informal

Not Working

Education

☐
☐
☐
☐
☐

SECTION 2: HOUSEHOLD DETAILS

FOR OFFICE
USE ONLY

A HOUSEHOLD IS A LIVING UNIT SHARING COOKING FACILITIES AND ACCOMMODATION. ALL ROOMS IN THE ACCOMMODATION SHOULD BE ACCESSED FROM INSIDE.

6. What type of accommodation do you live in?
(one answer only)

Shanty (temporary)

Shanty (permanent)

Apartment

House

Other

6a. How many rooms are there in that accommodation available to the household?

Do not count toilets, bathrooms or small storage rooms.

Number of Rooms

--

7. How many people are there in this household?

Number of

Household Members

--

7a. Of these how many are children?

0-5 years

6-15 years

8. Are you married?
(one answer only)

Yes

No

Widowed

Divorced

Other

SECTION 3: TRANSPORT

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9. Do you suffer from any disabilities?

(Record on grid below by ticking those that apply)

Hearing	Impaired	
	Total Loss	
Sight	Impaired	
	Total Loss	
Walking/Legs	Impaired	
	Total Loss	
Arms/Hands	Impaired	
	Total Loss	
Mental		
Other (Specify)		

10. What vehicle(s) are owned by you or someone else in the household?

(please tick all that apply)

Car
Truck/Pick-up
Motorcycle/Moped
Bicycle
Other

11. How do you usually travel?

(only one answer)

Walk
Car
Taxi
Truck/Pick-up
Motorcycle/Moped
Bicycle
Public Tpt
Other

--

12. Have you ever been in an accident?

Yes

☐

Go to Q12a

No

☐

Go to Q13

☐

12a. If yes; were you a
(tick all that apply)

Driver (any vehicle)

☐

Cyclist

☐

Pedestrian

☐

Passenger (private transport)

☐

Passenger (public transport)

☐
☐
☐
☐
☐
☐
☐

If involved in more than one accident previously, ask about the most recent accident.

12b. When did this accident occur?

Day

Month

Year

☐

12c. At the time of the accident; were you a

Driver (any vehicle)

☐

Cyclist

☐

Pedestrian

☐

Passenger (private transport)

☐

Passenger (public transport)

☐
☐
☐
☐
☐
☐
☐

12d. Were you injured in this accident?

Yes

☐

No

☐
☐

12e. Did you report the accident to the police?

Yes

☐

No

☐
☐

**FOR OFFICE
USE ONLY**

If respondent is in employment:

--

7

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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7

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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☐

University of Melbourne, 30 La Trobe
 Boulevard, Parkville, Victoria 3010
 Australia
 Email: www.bjcs2001@uic.edu

Yes
No

--	--

☐[illegible]

7

[illegible]

7

Appendix 111

Response of drivers and pedestrians at Pedestrian Crossings



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Driver response at Pedestrian Crossings

DATE	TIME	DAY	LOCATION	TYPE OF CROSSING	POLICE PRESENCE	Vehicles choosing to stop						Vehicles choosing NOT to stop					
						CAR/VAN	BUS	TRUC	3 W	M/C	P/C	CAR/VAN	BUS	TRUC	3 W	M/C	P/C
19/09/97	7.00-9.00	Fri	Nawala	Paint / old	No	24	4	2	1	3	0	52	5	1	2	11	0
19/09/97	7.00-9.00	Fri	Nawala	Paint / old	No	5	1	0	2	0	0	20	1	0	0	0	0
						29	5	2	3	3	0	72	6	1	2	11	0
19/09/97	10.30-11.30	Fri	Nawala	Paint / old	No	15	1	4	4	1	0	71	4	9	7	18	2
19/09/97	10.30-11.30	Fri	Nawala	Paint / old	No	4	5	0	2	0	0	14	5	0	2	2	0
						19	6	4	6	1	0	85	9	9	9	20	2
19/09/97	13.00-14.00	Fri	Nawala	Paint / old	No	3	0	0	0	0	0	59	13	0	4	9	3
19/09/97	13.00-14.00	Fri	Nawala	Paint / old	No	5	2	1	0	0	0	38	5	10	10	10	0
19/09/97	13.00-14.00	Fri	Nawala	Paint / old	No	4	1	0	0	0	0	55	23	0	12	7	2
19/09/97	13.00-14.00	Fri	Nawala	Paint / old	No	2	0	0	0	0	0	11	2	2	6	5	0
						14	3	1	0	0	0	163	43	12	32	31	5
19/09/97	16.00-18.00	Fri	Nawala	Paint / old	No	2	0	0	1	0	0	60	4	6	7	17	7
19/09/97	16.00-18.00	Fri	Nawala	Paint / old	No	4	0	0	0	0	0	65	3	4	12	11	3
19/09/97	16.00-18.00	Fri	Nawala	Paint / old	No	10	1	2	0	0	0	55	2	3	9	14	2
19/09/97	16.00-18.00	Fri	Nawala	Paint / old	No	36	0	9	1	2	0	140	8	14	18	36	5
19/09/97	16.00-18.00	Fri	Nawala	Paint / old	No	7	0	2	0	1	0	32	0	3	8	12	5
						59	1	13	2	3	0	352	17	30	54	90	22
19/09/97	7.00-9.00	Fri	Kalubowila	Paint / new	No	13	1	1	1	1	0	8	10	2	10	18	7
19/09/97	7.00-9.00	Fri	Kalubowila	Paint / new	No	20	6	0	1	0	0	81	10	5	24	31	7
						33	7	1	2	1	0	89	20	7	34	49	14
19/09/97	10.30-11.30	Fri	Kalubowila	Paint / new	No	6	1	0	0	1	0	39	1	5	15	8	5
19/09/97	10.30-11.30	Fri	Kalubowila	Paint / new	No	5	0	1	2	0	0	19	5	5	7	13	3
						11	1	1	2	1	0	58	6	10	22	21	8

Percentage of vehicles choosing to stop

Date	Time	Day	Location	Type of Signal	Police presence	CAR/VAN JEEP/CAB	BUS	TRUCK	3W	M/C	P/C	ALL VEH
29/01/98	7.00-9.00	Thu	Mt. Lavinia	P/O	No	69%	59%	48%	60%	59%	57%	62%
13/02/98	7.00-9.00	Fri	Kelaniya	P/O	No	77%	70%	81%	76%	74%	60%	75%
13/02/98	10.30-11.30	Fri	Kelaniya	P/O	No	58%	53%	66%	34%	31%	0%	48%
16/02/98	7.00-9.00	Mon	Kelaniya	P/O	No	87%	69%	90%	83%	61%	20%	77%
16/02/98	10.00-11.00	Mon	Kelaniya	P/O	No	74%	60%	72%	80%	61%	50%	69%
16/02/98	13.00-14.00	Mon	Kelaniya	P/O	No	70%	50%	79%	79%	42%	17%	66%
17/02/98	16.00-18.00	Tue	Kelaniya	P/O	No	65%	52%	55%	44%	41%	27%	55%
Average response for			4557	vehicles		71%	59%	66%	60%	58%	39%	64%



19/09/97 13.00-14.00	Fri	Kalubowila	Paint / new	No	11	6	0	3	1	0	37	7	1	11	16	6
19/09/97 13.00-14.00	Fri	Kalubowila	Paint / new	No	10	1	1	0	1	0	18	1	0	3	3	1
					21	7	1	3	2	0	55	8	1	14	19	7
19/09/97 16.00-18.00	Fri	Kalubowila	Paint / new	No	15	2	5	3	2	1	70	15	0	15	18	9
19/09/97 16.00-18.00	Fri	Kalubowila	Paint / new	No	7	3	0	2	0	0	57	12	2	15	12	7
					22	5	5	5	2	1	127	27	2	30	30	16
18/09/97 16.00-18.00	Thu	Wellawatta	Paint / old	No	145	43	0	30	16	3	165	45	1	65	18	12
18/09/97 16.00-18.00	Thu	Wellawatta	Paint / old	No	68	18	0	32	13	3	55	30	2	18	21	11
18/09/97 16.00-18.00	Thu	Wellawatta	Paint / old	No	195	160	35	120	80	22	205	125	21	185	80	41
18/09/97 16.00-18.00	Thu	Wellawatta	Paint / old	No	187	0	0	0	0	0	220	0	0	0	0	0
18/09/97 16.00-18.00	Thu	Wellawatta	Paint / old	No	0	0	0	0	0	0	75	0	0	0	0	0
18/09/97 16.00-18.00	Thu	Wellawatta	Paint / old	No	595	221	35	182	109	28	720	200	24	268	119	64
18/09/97 13.00-14.00	Thu	Wellawatta	Paint / old	No	230	56	1	74	16	5	321	111	0	122	45	20
18/09/97 10.30-11.30	Thu	Wellawatta	Paint / old	No	126	26	1	21	4	2	385	99	9	182	60	11
18/09/97 7.00-9.00	Thu	Wellawatta	Paint / old	No	245	29	3	15	9	4	571	131	12	102	39	32
17/09/97 16.00-18.00	Wed	Bambalapitiya	Paint / old	No	163	57	2	44	16	0	388	122	0	145	77	17
17/09/97 10.30-11.30	Wed	Bambalapitiya	Paint / old	No	24	4	0	5	3	0	146	38	0	61	26	15
17/09/97 7.00-9.00	Wed	Bambalapitiya	Paint / old	7.45-8.30	156	24	0	11	8	1	248	70	0	61	24	6
17/09/97 13.00-14.00	Wed	Bambalapitiya	Paint / old	No	56	8	0	6	7	0	136	65	0	61	35	10
17/09/97 13.00-14.00	Wed	Bambalapitiya	Paint / old	No	132	17	4	28	16	2	535	134	13	186	99	20



17/09/97 7.00-9.00	Wed	Bambalapiti	Paint / New	7.15-8.30	123	26	0	3	6	1	303	60	0	47	0	0
17/09/97 10.30-11.30	Wed	Bambalapiti	Paint / New	No	22	5	0	4	7	1	155	19	2	52	26	4
17/09/97 16.00-18.00	Wed	Bambalapiti	Paint / New	No	150	9	9	35	11	2	1208	170	33	323	135	27
18/09/97 7.00-9.00	Thu	Bambalapiti	Paint / New	No	122	14	1	32	8	0	125	22	0	32	14	12
18/09/97 10.30-11.30	Thu	Bambalapiti	Paint / New	No	22	2	0	4	1	0	31	6	0	7	6	3
22/09/97 7.00-9.00	Mon	Dehiwala	Paint / New	7.30-8.00	139	31	11	13	11	1	274	60	9	56	60	17
22/09/97 10.30-11.30	Mon	Dehiwala	Paint / New	No	46	10	5	7	4	0	62	22	8	19	12	4
22/09/97 13.00-14.00	Mon	Dehiwala	Paint / New	No	22	1	2	0	3	0	155	40	20	34	13	9
22/09/97 16.00-18.00	Mon	Dehiwala	Paint / New	No	110	16	8	11	2	4	409	84	32	112	74	22
11/09/97 7.00-9.00	Thu	Moratuwa	Paint / New	7.30-8.00	106	31	15	14	54	44	390	100	63	54	142	148
11/09/97 10.30-11.30	Thu	Moratuwa	Paint / New	No	1	0	1	0	0	0	47	16	17	16	21	18
11/09/97 13.00-14.00	Thu	Moratuwa	Paint / New	No	24	13	4	2	6	6	91	29	10	7	26	10
11/09/97 16.00-18.00	Thu	Moratuwa	Paint / New	No	0	0	0	0	0	0	178	58	29	29	71	66
12/09/97 7.00-9.00	Fri	Hena Rd	Paint / old	No	283	57	21	27	42	8	886	232	64	110	169	112
12/09/97 10.30-11.30	Fri	Hena Rd	Paint / old	No	69	11	9	6	4	0	329	86	69	90	74	26
12/09/97 13.00-14.00	Fri	Hena Rd	Paint / old	No	30	4	1	4	0	0	199	52	24	41	33	20
12/09/97 16.00-18.00	Fri	Hena rd	paint / old	No	57	17	2	6	7	0	363	99	55	75	62	38
11/09/97 7.00-9.00	Thu	Mt.Lavinia	Paint / new	No	243	64	14	14	29	3	292	72	17	53	85	35



11/09/97	10.30-11.30	Thu	Mt.lavinia	Paint / New	No	76	7	15	14	20	0	154	45	34	52	35	9
11/09/97	13.00-14.00	Thu	Mt.Lavinia	Paint / New	No	125	25	23	20	20	17	324	78	53	99	87	33
11/09/97	16.00-18.00	Thu	Mt.Lavinia	Paint / New	No	151	34	28	20	7	1	813	179	101	139	178	37
12/09/97	7.00-9.00	Fri	Maliban Jt.	Paint / old	No	695	205	57	29	99	22	786	154	46	96	220	83
12/09/97	10.30-11.30	Fri	Maliban Jt.	Paint / old	No	74	12	11	10	5	0	236	40	37	25	41	28
12/09/97	13.00-14.00	Fri	Maliban Jt.	Paint / old	No	61	23	5	8	11	3	137	58	13	51	51	32
12/09/97	16.00-18.00	Fri	Maliban Jt.	paint / old	No	268	100	25	48	54	19	470	206	34	130	141	89
TOTAL						4954	1194	341	740	612	175	12868	3093	900	3134	2571	1151

7am-9am response = 3309/10410=32%

At other times response=4707/21318=22%



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Percentage of vehicles choosing to stop

LOCATION	TIME	DAY	CAR/VAN JEEP/CAB	BUS	TRUCK	3W	M/C	P/C	ALL VEH
Nawala	(7.00-9.00)	Friday	29%	45%	67%	60%	21%	N/A	31%
Nawala	(10.30-11.30)	Friday	18%	40%	31%	40%	5%	0	21%
Nawala	(13.00-14.00)	Friday	8%	7%	8%	0%	0%	0%	6%
Nawala	(16.00-18.00)	Friday	14%	6%	30%	4%	3%	0%	12%
Kalubowila	(7.00-9.00)	Friday	27%	26%	13%	6%	2%	0%	17%
Kalubowila	(10.30-11.30)	Friday	16%	14%	9%	8%	5%	0%	11%



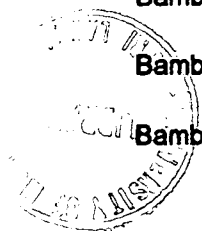
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Bambalapitiya (7.00-9.00) Wed	29%	30%	#DIV/0!	6%	100%	100%	28%
Bambalapitiya (10.30-11.30) Wed	12%	21%	0%	7%	21%	20%	13%
Bambalapitiya (16.00-18.00) Wed	11%	5%	21%	10%	8%	7%	10%
Bambalapitiya(7.00-9.00)Thursday	49%	39%	100%	50%	36%	0%	46%
Bambalapitiya(10.30-11.30)Thursda	42%	25%	#DIV/0!	36%	14%	0%	35%
Dehiwala (7.00-9.00) Monday	34%	34%	55%	19%	15%	6%	30%
Dehiwala (10.30-11.30) Monday	43%	31%	38%	27%	25%	0%	36%
Dehiwala (13.00-14.00) (Monday	12%	2%	9%	0%	19%	0%	9%
Dehiwala (16.00-18.00) Monday	21%	16%	20%	9%	3%	15%	17%
Moratuwa (7.00-9.00) Thursday	21%	24%	19%	21%	28%	23%	23%
Moratuwa (10.30-11.30) Thursday	2%	0%	6%	0%	0%	0%	1%
Moratuwa(13.00-14.00)Thursday	21%	31%	29%	22%	19%	38%	24%
Moratuwa (16.00-18.00) Thursday	0%	0%	0%	0%	0%	0%	0%
Hena Rd (7.00-9.00) Friday	24%	20%	25%	20%	20%	7%	22%
Hena Rd (10.30-11.30) Friday	17%	11%	12%	6%	5%	0%	13%
Hena Rd (13.00-14.00) Friday	13%	7%	4%	9%	0%	0%	10%
Hena rd (16.00-18.88) Friday	14%	15%	4%	7%	10%	0%	11%
Mt.Lavinia (7.00-9.00) Thursday	45%	47%	45%	21%	25%	8%	40%

Kalubowila (13.00-14.00) Friday	28%	47%	50%	18%	10%	0%	25%
Kalubowila (16.00-18.00) Friday	15%	16%	71%	14%	6%	6%	15%
Wellawatta (16.00-18.00) Thursday	45%	52%	59%	40%	48%	30%	46%
Wellawatta (13.00-14.00) Thursday	42%	34%	100%	38%	26%	20%	38%
Wellawatta (10.30-11.30) Thursday	25%	21%	10%	10%	10%	15%	19%
Wellawatta (7.00-9.00) Thursday	30%	18%	20%	13%	19%	11%	26%
Bambalapitiya (16.00-18.00) Wed	30%	32%	100%	23%	17%	0%	27%
Bambalapitiya (10.30-11.30) Wed	14%	10%	#DIV/0!	8%	10%	0%	11%
Bambalapitiya (7.00-9.00) Wed	39%	26%	#DIV/0!	15%	25%	14%	33%
Bambalapitiya (13.00-14.00) Wed	29%	11%	#DIV/0!	9%	17%	0%	20%
Bambalapitiya (13.00-14.00) Wed	20%	11%	24%	13%	14%	9%	17%



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Mt.Lavinia (10.30-11.30) Thursday	33%	13%	31%	21%	36%	0%	29%
Mt.Lavinia (13.00-14.00) Thursday	28%	24%	30%	17%	19%	34%	25%
Mt.Lavinia (16.00-18.00) Thursday	16%	16%	22%	13%	4%	3%	14%
Maliban Jt (7.00-9.00) Friday	47%	57%	55%	23%	31%	21%	44%
Maliban Jt (10.30-11.30) Friday	24%	23%	23%	29%	11%	0%	22%
Maliban Jt (13.00-14.00) Friday	31%	28%	28%	14%	18%	9%	25%
Maliban Jt (16.00-18.00) Friday	36%	33%	42%	27%	28%	18%	32%
Average Response for 31733 Veh	38%	39%	38%	24%	24%	15%	25%



Driver response at signalized pedestrian Crossings

Date	Time	Day	Location	Type of Signal	Police Presence	Vehicles choosing to stop						Vehicles choosing not to stop					
						CAR/VAN JEEP/CAB	BUS	TRUCK	3W	M/C	P/C	CAR/VAN JEEP/CAB	BUS	TRUCK	3W	M/C	P/C
29/01/98	7.00-9.00	Thu	Mt.Lavinia	P/O	No	205	94	29	27	71	29	90	66	32	18	50	22
13/02/98	7.00-9.00	Fri	Kelaniya	P/O	No	356	120	92	98	238	24	105	52	22	31	82	16
13/02/98	10.30-11.30	Fri	Kelaniya	P/O	No	58	21	25	10	11	0	42	19	13	19	24	21
16/02/98	7.00-9.00	Mon	Kelaniya	P/O	No	108	38	19	10	19	2	16	17	2	2	12	8
16/02/98	10.00-11.00	Mon	Kelaniya	P/O	No	67	18	13	12	14	4	24	12	5	3	9	4
16/02/98	13.00-14.00	Mon	Kelaniya	P/O	No	170	24	42	19	10	2	72	24	11	5	14	10
17/02/98	16.00-18.00	Tue	Kelaniya	P/O	No	419	114	97	64	101	14	224	104	80	83	146	38
						1383	429	317	240	464	75	573	294	165	161	337	119

BEHAVIOUR OF PEDESTRIANS AT SIGNALIZED CROSSINGS

DATE	TIME	DAY	LOCATION	PEDESTRIANS WHO PRESS BUTTON AND AWAIT GREEN	PEDESTRIANS WHO CROSS WHEN RED IS ON	PEDESTRIANS WHO AWAIT GREEN WITHOUT PRESSING THE BUTTON	TOTAL
29/01/98	7.00-9.00	Thursday	Mt.Lavinia-A	84	153	73	226
29/01/98	10.30-11.30	Thursday	Mt.Lavinia-A	27	78	13	91
12/02/98	13.00-14.00	Thursday	Mt.Lavinia-A	24	39	34	73
12/02/98	16.00-18.00	Thursday	Mt.Lavinia-A	92	42	34	76
29/01/98	7.00-9.00	Thursday	Mt.Lavinia-B	47	35	130	165
29/01/98	10.30-11.30	Thursday	Mt.Lavinia-B	20	18	102	120
12/02/98	13.00-14.00	Thursday	Mt.Lavinia-B	31	81	178	259
12/02/98	16.00-18.00	Thursday	Mt.Lavinia-B	66	79	84	163
16/02/98	7.00-9.00	Monday	Kelaniya	37	257	106	363
13/02/98	10.30-11.30	Friday	Kelaniya	12	138	35	173
13/02/98	13.00-14.00	Friday	Kelaniya	8	77	29	106
17/02/98	16.00-18.00	Tuesday	Kelaniya	27	344	73	417
				475	1341	891	2707


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Percentage of pedestrians who press the button and await green to cross	=	18%
Percentage of pedestrians who cross when Red is on for them	=	50%
Percentage of pedestrians who await green without pressing the button	=	33%

Appendix 1V

Questionnaires for Response of Drivers and Pedestrians At Pedestrian crossings



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DRIVER RESPONSE AT PEDESTRIAN CROSSINGS

Name of the Enumerator :-

Designation:-

Date :-

Day:

Location:

Near a Junction

Time:

Start

Finish:

Direction of Traffics: From

To:

Type of crossing: (a) Traffic lights
(b) Painted new
(c) Painted erased

Pedestrian crossi (a) Both types available
(b) Only blue/yellow available
(c) Not available

Carriage-way

1. No. of lanes
2. Dual or single
3. Type of center media: Kerb/ruble strips/double line painted
4. Edge - kerbs/no kerbs

Is traffic policeman present: Yes/No

Count of vehicles immediately before the crossing stopping or not stopping when a pedestrian steps

on the crossing

A(Stopped)						B(Not stopped)					
Cars,Vans Jeeps, D/Cabs,etc	Buses	HGV (Trucks)	Three Wheelers	Motor Cycles	Push Cycles	Cars,Vans Jeeps, D/Cabs,etc	Buses	HGV (Trucks)	Three Wheelers	Motor Cycles	Push Cycles

Duration of traffic counts : (7.00 am to 9.00 am),(10.30 am to 11.30am), (1.00 pm to 2.00 pm),(4.00 pm to 6.00 pm)

Pedestrians Response

[illegible]

1. Minimum of 15 pedestrians to be interviewed per hour to obtain their views about signalization of pedestrian crossings.

BEHAVIOUR OF PEDESTRIAN AT SIGNALIZED CROSSING-

Name of Enumerator

Designation

Date :

Day:

Near a Junction: Yes/No

Time

Start

Direction of traffics: From

To:

Finish

Type of crossing: (A) Traffic Lights

Carriageway:

1. No. of Lanes

2. Dual or single

3. Type of Center media, kerb/rumble strips/double line painted

4. Edge - kerbs/no kerb

Is the traffic policemen present: Yes/No

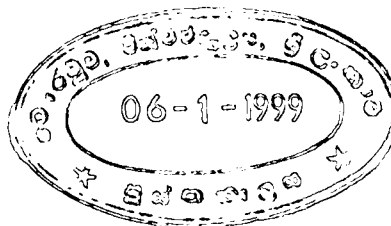
No. of Pedestrian who Press the button and await Green Light	No. of pedestrain who cross the road when Red is on for pedestrian	No. of pedestrain who await Green even without pressing the button
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Duration of traffic counts(7.00am to 9.00 am)(10.30am to 11.30 am)(1.00 pm to 2.00pm)(4.00 pm to 6.00pm)

Designation:-

Near a Junction : Yes

Start

Direction of Traffics: Fro To

(a) Traffic lights

"No Parking" Boards on both sides : Yes/No

2. Dual or single

3. Type of center media: Kerb/ruble strips/double line painted

4. Edge - kerbs/no kerbs

Is traffic policeman present: Yes/No

Count of vehicles immediately before the crossing stopping or not stopping when a pedestrian steps on the crossing

[illegible]

Duration of traffic counts : (7.00 am to 9.00 am),(10.30 am to 11.30am), (1.00 pm to 2.00 pm),(4.00 pm to 6.00 pm)