D.5 Please indicate the type of left-turn phases at Intersection D

	Type of left-turn phase on the major road				Type of left-turn phase on the minor road			
	Protected	**Permitted**	**Permitted-protected**	**Prohibited**	**Protected**	**Permitted**	**Permitted-protected**	**Prohibited**
Before	___	___	___	___	___	___	___	___
After	___	___	___	___	___	___	___	___

If any of the information provided in Question D.1–Question D.5 is available online, please provide the url(s).

Crash (Intersection D)

The questions in this section ask about intersection volume, geometry, and control. Please feel free to either answer the questions or submit the information by uploading files.

Do you have crash data available for intersection D?*
( ) Yes
( ) No

D.6 What is the time period (months) for the crash data? (up to 3 years)

	Time period (months)
Before	___
After	___

D.7 Crash severity

	Total number of crashes	**# Fatal**	**# Injury A**	**# Injury B**	**# Injury C**	**# Property damage only**
Before	___	___	___	___	___	___
After	___	___	___	___	___	___

D.8 Crash type
Please indicate the number of crashes in each of the following crash type categories

	# Rear end	**# Angle**	**# Other crashes attributed to ASCT system (please explain)**
Before	___	___	___
After	___	___	___

If any of the information provided in Question D.6–Question D.8 is available online, please provide the url(s).

Submit

You are almost finished!

Please provide your contact information
First Name: _____
Last Name: _____
Title: _____
Agency: _____
Street Address: _____
Apt/Suite/Office: _____
City: _____
State: _____
Zip: _____
Email Address: _____
Phone Number: _____

Are there any publications related to your agency's ASCT implementation?*
( ) Yes
( ) No

Please provide information about the publications (author, title, journal name, url, etc.).

Check the box if you would like a copy of the final report of this study (after sponsor approval).
( ) Yes
( ) No

We appreciate your time and the information you provided. Please click "Submit" to finish the survey.

Thank You!

Thank you for submitting the survey. You may close your browser to exit. The information you provided will help advance the state of knowledge regarding safety of Adaptive Signal Control Technology (ASCT).

Please send your comments/questions to:

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