

**Government of the District of Columbia**  
**Department of Transportation**



**TRAFFIC SAFETY INVESTIGATION REQUEST**

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

**Service Request Number:** \_\_\_\_\_

**MAIL OR FORM TO:**

District Department of Transportation  
55 M Street SE, Clearinghouse  
Washington, DC 20003  
[traffic.calming@dc.gov](mailto:traffic.calming@dc.gov)

**REQUESTER INFORMATION**

Name: \_\_\_\_\_ Home # \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please provide as much information as possible in order for DDOT to evaluate the potential traffic/pedestrian hazardous condition(s).

Describe the location and the exact nature of your concern.

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