

| | | | | | | | | | | | |
|----------------------|----------|--------------------|-----------|------------------|-----|---------|--------------|----------|------------|-----------|-------------|
| Name: | | Count Sheet | | | | | | page #: | | | |
| Date: | | Location ID#: | | Location: | | | | | | | |
| Hour | Approach | | gender if | Age | | Wearing | Wrong Way | Sidewalk | Distracted | | |
| AM | PM | Direction | COUNT | FEMALE | <18 | 65+ | HELMET | Riding | Riding | Cyclists | Pedestrians |
| | | NB | | | | | | | | | |
| | :00 | SB | | | | | | | | | |
| | | EB | | | | | | | | | |
| | | WB | | | | | | | | | |
| | | NB | | | | | | | | | |
| | :15 | SB | | | | | | | | | |
| | | EB | | | | | | | | | |
| Hour | | WB | | | | | | | | | |
| | | NB | | | | | | | | | |
| | :30 | SB | | | | | | | | | |
| | | EB | | | | | | | | | |
| | | WB | | | | | | | | | |
| | | NB | | | | | | | | | |
| | :45 | SB | | | | | | | | | |
| | | EB | | | | | | | | | |
| | | WB | | | | | | | | | |
| Total Hrs: | | Motorized Bikes: | | Electric Assist: | | | Bike Lights: | | | ADA Peds: | |
| Observations/ Notes: | | | | | | | | | ADA | | |
| Construction etc. | | | | | | | | | Chairs: | | |