



Supervisor/Interviewer Box Only:

Bus Route: \_\_\_\_\_ Direction: N/E/S/W Block: \_\_\_\_\_

Time of Day: before 9am 9am-3pm 3-7pm 7-10pm After 10

Day of the Week: M T W TH F Date of trip: mm/dd/yy \_\_\_\_\_

## Transit Safety Survey

EARN A CHANCE TO WIN \$100!

OC Bus is seeking to better understand how safe riders feel when using OC Bus. We want to hear about your experiences while riding or waiting at bus stops or transit centers as well as your feedback about possible enhancements.

The following questions address sensitive topics but will help OC Bus enhance safety for all. Your response is important even if you choose to skip some questions. The survey is for individuals 16 years of age or older.

1. How often do you typically use **OC Bus**?

- 1 ☐ Daily      2 ☐ Weekly      3 ☐ Monthly      4 ☐ Less than once a month      5 ☐ I don't use OC Bus

*The following questions ask about your experiences using OC Bus during the past year. Think about all parts of your transit trip, both on board and while waiting at stations or stops.*

2. How often do you feel safe using **OC Bus**?

- 1 ☐ Always      2 ☐ Frequently      3 ☐ Sometimes      4 ☐ Rarely      5 ☐ Never
- 

3. During the past year, have you experienced any of the following yourself or seen anything happen to others while using **OC Bus**?

|                                                                                                                                               | Happened to me             | Saw it happen to others    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| 3a) Unwanted comments, sounds, or gestures                                                                                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3b) Inappropriate comments, sounds, looks, or gestures (asking you to have sex, calling you "babe," whistling, kissing noises, leering, etc.) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3c) Following or stalking                                                                                                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3d) Unwanted groping, kissing, or other inappropriate touching                                                                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3e) Pushing, spitting, coughing on you, or other physical assault                                                                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3f) Personal property damaged or stolen                                                                                                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3g) Showing pornographic or offensive pictures or materials                                                                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3h) Exposing private body parts                                                                                                               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3i) Sexual assault or rape                                                                                                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3j) Other (specify): _____                                                                                                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3k) None                                                                                                                                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

*Skip to Question 11 If you have not experienced or seen any of the behaviors listed above.*

4. How often did you experience or see any of these behaviors while using **OC Bus** in the past year?

- 1 ☐ Frequently      2 ☐ Sometimes      3 ☐ Rarely      4 ☐ Never
- 

5. Where did these incidents happen? *[Check all that apply]*

- 1 ☐ At stops/stations      2 ☐ On board OC Bus

6. Where did these incidents take place? *[Please note the route(s) or cities.]*

\_\_\_\_\_

7. When did these incidents happen? *[Check all that apply]*

- 1 ☐ Daytime      2 ☐ Nighttime

8. When these incidents happened, were you alone or with traveling companions? *[Check all that apply]*

- 1 ☐ Alone      2 ☐ With traveling companions

9. When these incidents happened, did you report any of them? *[Check all that apply]*

- 1 ☐ Did not report  
2 ☐ Reported to OC Bus driver directly  
3 ☐ To OCTA/OC Bus (in person, online, by phone, via social media, etc.)  
4 ☐ To police/law enforcement  
5 ☐ Other (specify): \_\_\_\_\_



9a. Did you receive an appropriate response(s)?

1 ☐ Yes

2 ☐ Sometimes

3 ☐ No

10. When these incidents happened, do you think you or the person was targeted because of...? [Check all that apply]

- 01☐ Race or ethnicity

02☐ Religion

03☐ Language spoken

04☐ Income

05☐ Being unhoused/homeless

06☐ Gender/gender expression

07☐ Sexual orientation

08☐ Age

09☐ Disability

10☐ Obesity

11☐ None – it was random

12☐ Don’t know

13☐ Other (specify):  
\_\_\_\_\_

11. Do you currently take any safety precautions when using OC Bus? [Check all that apply]

- 1☐ Nothing, I feel safe when I ride OC Bus

2☐ I don’t ride at night

3☐ I avoid certain routes, stops, or stations

4☐ I don’t ride alone

5☐ Other (specify):  
\_\_\_\_\_

The OC Streetcar is a future streetcar service in Santa Ana and Garden Grove that will soon connect to OC Bus, Metrolink and other local services.

12. For the future OC Streetcar, are there enhancements that would make you feel safer when using the service? [Select all that apply]

- 1☐ Police/law enforcement

2☐ Private security staff

3☐ Transit ambassadors and onboard staff

4☐ Video surveillance

5☐ More lighting at stops/ stations

6☐ Phone hotline/emergency call boxes

7☐ Rider Safety Mobile App

8☐ Additional signage at stops/ stations

9☐ Other (specify):  
\_\_\_\_\_

13. Are there any other comments or suggested safety enhancements for OC Bus that you would like to share?

TELL US ABOUT YOU

14. Age

- 1☐ Under 18

2☐ 18 to 24

3☐ 25 to 34

4☐ 35 to 44

5☐ 45 to 54

6☐ 55 to 64

7☐ 65 to 74

8☐ 75 and older

15. Home ZIP code: \_\_\_\_\_

16. What is your primary language?

- 1☐ English

2☐ Spanish

3☐ Vietnamese

4☐ Other (specify): \_\_\_\_\_

17. Race or ethnic identification [Check all that apply]

- 1☐ American Indian or Alaska Native

2☐ Asian

3☐ Black or African American

4☐ Hispanic/Latino

5☐ Middle Eastern or North African

6☐ Native Hawaiian or Pacific Islander

7☐ White

8☐ Other (specify): \_\_\_\_\_

18. Gender [Check all that apply]

- 1☐ Female

2☐ Male

3☐ Nonbinary

4☐ Transgender

5☐ Other (specify): \_\_\_\_\_

19. Do you identify as LGBTQIA+?

- 1☐ Yes

2☐ No

20. Annual household income

- 1☐ Less than \$10,000

2☐ \$10,000 to \$19,999

3☐ \$20,000 to \$29,999

4☐ \$30,000 to \$49,999

5☐ \$50,000 to \$64,999

6☐ \$65,000 to \$84,999

7☐ \$85,000 to \$99,999

8☐ \$100,000 or more

9☐ Prefer not to state

21. What would you say is your religion?

- 1☐ \_\_\_\_\_

2☐ None

22. Do you have any physical or cognitive challenges that affect your use of public transit?

- 1☐ Yes

2☐ No

Fully Complete the Survey and Provide Contact Details Below for a Chance to WIN a \$100 Visa Cash Card!

Would you like to be entered into a drawing to win one of TEN \$100 Visa Cash Cards? ☐ Yes (Please provide your contact information below) ☐ No  
Would you be interested in participating in a focus group regarding rider safety? ☐ Yes (Please provide your contact information below) ☐ No

First Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

OCTA will not sell or distribute your information. For further details on Raffle Information visit: [OCBus.com/2024SafetySurveyRules](https://OCBus.com/2024SafetySurveyRules)

Thank you for completing the survey!