

## **Survey Instrument: Part II : West Side Park Survey & Community Safety**

Corinthian believes that with sufficient community input and involvement, West Side Park can function as an important focal point for neighborhood redevelopment. By determining frequency of park usage, reasons for not using the park, and possible improvements, Corinthian will be better suited to work with the City of Newark, Essex County, and other organizations to enhance the park and surrounding areas.

Corinthian would also like to get community feedback on criminal activity and safety. Your input on places of criminal activity and types of crime will be helpful in designing strategies to enhance community safety. All information is strictly confidential and we would be grateful for your participation.

II-1. How often do you use West Side Park?

- More than once per week     Once per week  
 Several times per month     Never

II-2. What are your reasons (if any) for not using the park?

- Crime\*     Distance from home/work     Lack of activities/programs  
 Lack of equipment/amenities     Other \_\_\_\_\_

\* If you have specific crime concerns, please explain: (ex: types of crimes, crime locations, etc.)

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II-3. How do you access the park?

- Walk     Bicycle     Drive     Bus

II-4. Is there a particular street or block you prefer to avoid when traveling to the park?  
(Please provide specific location)

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II-5. What physical improvements would you like to see made to the park?

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II-6. What types of recreation programs and family-oriented activities would you like to see in the park? (ex: concerts, festivals, etc.)

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II-7. Would you be willing to contribute your time/energy to park restoration?

- Yes     No

II-8. Would you be willing to contribute your time/energy to recreation programs?

- Yes     No

## **Community Safety**

II-9. What type of violent crime are you most concerned about?

- Rape       Murder       Robbery       Domestic Violence  
 Drugs       Assault       Car Jacking       Gang-Related

II-10. What type of quality of life crime are you most concerned about?

- Prostitution       Loitering       Public Drunkenness       Noise       Vandalism  
 Burglary       Car Theft

II-11. At what time of the day or evening are you most concerned about violent crime?

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II-12. Where do you feel the most crime ridden and dangerous area is in this neighborhood? (Be specific)

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II-13. Have you ever been the victim of a crime in this neighborhood?

- Yes       No

a. If you answered yes to question 5, what type of crime were you the victim of?  
(Check all that apply)

- Rape       Robbery       Burglary       Gang-Related       Car Theft  
 Assault       Domestic Violence

b. Where did this crime occur?

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II-14. Are you involved in a neighborhood watch program?

- Yes       No

If not, would you like to be in such a program?

- Yes       No

II-15. Would such a program would make you feel safer?

- Yes       No