



ARIZONA ROAD SAFETY AUDIT APPLICATION

1. Name, Position/Title, Address of Contact Person:

Phone Number: _____

Fax: _____

Email: _____

2. Type of audit requested (planning, design, construction, existing): _____

3. Specific Location of Proposed RSA Project (intersection, spot location, road segment or project, or new facility):

Route(s): _____ Segment: _____ Project: _____

From/To (if segment/project): _____ Segment Length: _____

City/County/Tribe: _____

4. Describe any improvement plans, including stage (scoping, design, construction, etc.), for this location:

5. Reasons for requesting RSA:

6. What is the crash experience for the most recent 3-year period (total crashes, fatal crashes, injury crashes, crash rate, etc.)? (not applicable for new facility) _____

7. Does your agency have a method to identify and prioritize road safety issues? _____ If yes, where does this location rank within your agency's problem locations? _____

8. Average Daily Traffic (ADT) volume for road(s): _____

9. Describe any future development planned for this area:

10. Please include any additional road owners, photos and/or other information that highlight the location:

11. Signature of Person with Authority to Respond To/Implement the RSA Findings:

Date: _____

Submit Application to:

Mike Blankenship, P.E.

Road Safety Audit Program Manager

206 S. 17th Avenue, Mail Drop 065R

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Email: mblankenship@azdot.gov