



**ARIZONA
ROAD SAFETY ASSESSMENT APPLICATION**

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

Phone Number: _____

Fax: _____

Email: _____

2. Type of assessment 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. Please list month and/or days of week when safety issues are most prevalent, if applicable: _____

10. Describe any future development planned for this area:

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

12. Signature (and printed name) of Person with Authority to Respond To/Implement the RSA Findings:
_____ Date: _____

Submit Application to:

Mike Blankenship, P.E.
Road Safety Assessment Program Manager
1615 West Jackson St., Mail Drop 065R
Phoenix, AZ 85007-3217

Phone: 602-712-7601
Fax: 602-712-3243
Email: mblankenship@azdot.gov