ROAD SAFETY AUDIT APPLICATION

Specific location of proposed RSA project (intersection, spot location, road segment or project, or new facility):

City/Town/County: ________________________________________________________________________
RPC/MPO: _____________________________________________________________________________
Route(s): ___________________________________Intersecting Road: ____________________________
AADT: ____________ Speed Limit: ___________ AADT: ____________ Speed Limit: ___________
Name, Position/Title, Address of Contact Person: ________________________________________________
Phone Number: ____________________Fax________________ Email: ____________________________

RSA Criteria check list:

☐ Crash reports for the fatal or serious injury crashes (in the past 10 years)
  - Number of Fatalities ___________ and Number Incapacitating Injuries ____________

  State source for the above numbers
  - Attach list of Total crashes
  - Include Crash Diagram for fatal crashes & injury crashes

☐ No project completed in last 5 years to address safety concerns
☐ No previous studies indicating desired countermeasures too expensive for this location
☐ The Average Daily Traffic (ADT) volume for road(s) and turning movements for intersections are attached.
☐ Signature of NHDOT District Engineer
☐ Signature of Municipal Official
☐ Signature of RPC/MPO Official

1. Reasons for requesting RSA: ________________________________________________________________
   ______________________________________________________________________________________

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

3. 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 ________________________________________________
   ______________________________________________________________________________________

List Municipal Official with Authority to Respond To/Implement the RSA Findings (include job title):

_______________________________________________________________________________________

Signatures:
NHDOT District Engineer: ________________________________________________________________

Municipal: _____________________________________________________________________________

RPC/MPO: _____________________________________________________________________________

Submit Application to: Michael Dugas  Phone: 603-271-2604
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Deadline Dec. 1st