



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:
Deadline Dec. 1st

Michael Dugas
Highway Design
7 Hazen Drive, PO Box 483
Concord, NH 03302-0483

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