## **2019 ARIZONA STRATEGIC TRAFFIC SAFETY PLAN**

## **COMMITMENT CARD – IMPLEMENTATION PHASE**



I want to be part of the Arizona Strategic Highway Safety Plan process.

Please include me on an Emphasis Area Team.

NAME	TITLE		
AGENCY/ORGANIZATION			
MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE	EMAIL		

## **INDICATE YOUR AREA(S) OF INTEREST**

(NOTE: EMPHASIS AREA TEAMS WILL MEET QUARTERLY)

RUN OFF ROAD (ROAD / LANE DEPARTURE)

INTERSECTIONS

HIGHWAY SAFETY / BEHAVIOR-RELATED

PEDESTRIAN SAFETY

CRASH DATA (DATA DRIVEN SAFETY ANALYSIS)

Email BDariush@azdot.gov with questions or comments. Travel Safely!

Our Vision: Toward Zero Deaths by Reducing Crashes for a Safer Arizona