



Kentucky Transportation Cabinet
 Division of Highway Safety Programs
**FINAL REPORTING – LAW ENFORCEMENT
 PROJECTS**

TC 35-21
 02/2011

**Activities Completed: October 1, - September 30,
 Return by November**

Agency Name:

Project Director:

E-mail address:

Grant Number:

Phone Number:

Fax Number:

Section I: List each objective within your grant proposal and provide information about the status of each below (through the contract end date, September 30,).

*Example: Objective 1. To reduce injury crashes in X City from 833 to 792 or less by September 30, 2011
 Status: From October 1, 2009 through September 30, 2011, injury crashes in X City went from 833 to 788, a 5% decrease.*

If you did not meet an objective, provide explanation along with the status.

Section II: Indicate information below for activity during federal overtime during FY (October 1, -September 30,)

Total hours of overtime worked (checkpoints and patrol enforcement):

Total number of DUI arrests (checkpoints and patrol enforcement):

Total number of speeding citations issued:

Total number of child restraint citations issued:

Total number of seat belts citations issued:

Total number of traffic safety checkpoints held:

Pre-grant seat belt usage rate:

Post-grant seat belt usage rate:

Number of officers certified as Child Passenger Safety Technicians:

Please return to:

Transportation Cabinet
 Kentucky Office of Highway Safety
 Grants Management
 200 Mero Street 4th floor
 Frankfort, KY 40622
 highwaysafety.ky.gov