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, 2011).

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