k

**HMV**

**Speed**

**DWI**

**Youth Alcohol**

**Occupant Protection**

**Work Zone**

**Pedestrian Safety**

 **MISSOURI’S BLUEPRINT FOR SAFER ROADWAYS**

**Reporting**

 **Period:**

**Agency Name:**

**Project Number:**

|  |
| --- |
| **Type of Citation or Warning Issued** |
|  | Seat Belts/ and or Car Seats | Speeding | DWI | Distracted Driving | Other HMV | Total Stops | Total Hours Worked |
| January |  |  |  |  |  |  |  |
| February |  |  |  |  |  |  |  |
| March |  |  |  |  |  |  |  |
| April |  |  |  |  |  |  |  |
| May |  |  |  |  |  |  |  |
| June |  |  |  |  |  |  |  |
| July |  |  |  |  |  |  |  |
| August |  |  |  |  |  |  |  |
| September |  |  |  |  |  |  |  |
| October |  |  |  |  |  |  |  |
| November |  |  |  |  |  |  |  |
| December |  |  |  |  |  |  |  |

**List any campaigns, programs, community or school events, presentations or any other outreach efforts you have participated in promoting roadway safety in your area.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**