

NDOT - Highway Safety Office
Grant Funded Enforcement
Activity Summary

This activity summary must be completed and returned with your reimbursement request.

Agency: _____

Contact Person: _____

E-Mail: _____

Phone: _____ FAX: _____

Type of Enforcement Operation (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Checkpoint - # of checkpoints conducted _____ | <input type="checkbox"/> Saturation Patrol |
| <input type="checkbox"/> Enforcement Zone (specific roadway) | <input type="checkbox"/> Regular Enforcement |

Enforcement dates _____

- _____ # of officers participating
- _____ # of hours worked by participating officers

- _____ # of speeding citations
- _____ # of reckless driving citations
- _____ # of arrests for DWI – Alcohol Only
- _____ # of arrests for DUID – Drugs Only
- _____ # of evaluations conducted by a Drug Recognition Expert
- _____ # of felony arrests
- _____ # of fugitives apprehended
- _____ # of minor in possession (MIP) citations
- _____ # of open container citations
- _____ # of seat belt citations
- _____ # of child passenger safety restraint citations
- _____ # of use of handheld wireless communication device citations

- _____ # of **total** citations issued
- _____ # of **total** contacts

Do Not Include Warning Citations

Other notable activity

Report Submitted By:

Signature

Type or Print Name

Date