



# New Hampshire Office of Highway Safety

## Quarterly Summary Report



Agency:

Project:

Quarter:

Date:

Total # Hours:

Total Amount Paid : \$

| VIOLATIONS                     | Alcohol Drugs |  | ARRESTS |       | SUMMONS |       | WARNINGS |        |
|--------------------------------|---------------|--|---------|-------|---------|-------|----------|--------|
|                                |               |  | Youth   | Adult | Youth   | Adult | Youth    | Adults |
| DRIVING UNDER INFLUENCE        |               |  |         |       |         |       |          |        |
| DRE EVALUATION ONLY            |               |  |         |       |         |       |          |        |
| MOVE OVER VIOLATIONS           |               |  |         |       |         |       |          |        |
| SPEEDING                       |               |  |         |       |         |       |          |        |
| RECKLESS DRIVING               |               |  |         |       |         |       |          |        |
| WARANT/OTHER ARRESTS           |               |  |         |       |         |       |          |        |
| PEDESTRIAN/BICYCLE             |               |  |         |       |         |       |          |        |
| SCHOOL BUS RELATED VIOLATIONS  |               |  |         |       |         |       |          |        |
| RED LIGHT/STOP SIGN            |               |  |         |       |         |       |          |        |
| OCCUPANT RESTRAINT             |               |  |         |       |         |       |          |        |
| DISTRACTED DRIVING             |               |  |         |       |         |       |          |        |
| MOBILE ELECTRONIC DEVICES      |               |  |         |       |         |       |          |        |
| OTHER MOTOR VEHICLE VIOLATIONS |               |  |         |       |         |       |          |        |

### DUI ACTIVITY

AGE M / F BAC/ALS REFUSAL/BLOOD DRAW AGE M / F BAC/ALS REFUSAL/BLOOD DRAW

\_\_\_\_ Total Number of Preliminary Breath Test Devices used  
\_\_\_\_ Total Number of Vehicles Stopped  
\_\_\_\_ Number of Stops Per Hour  
\_\_\_\_ Total Number of Vehicles Visually checked for **Child** Restraint Law Violations  
\_\_\_\_ Total Number of Pedestrian/Bicycle Contacts

Signature and Date: X

Certified by, Print Rank/Title/Name:  
(Certification must be made by higher-ranking authority)