



NH Office of Highway Safety Quarterly Summary Report HS-100



Police Department: _____

Project: _____

FY20 Quarter#: _____

Percentage of Goal Completed: _____

Date Completed: _____

Total # Hours: _____

Total Amount Requested: \$ _____

NOTES:

VIOLATIONS	ARRESTS		SUMMONS		WARNINGS	
	Alcohol	Drugs	Youth	Adult	Youth	Adult
DRIVING UNDER INFLUENCE						
DRE EVALUATION						
OPEN CONTAINER						
SPEEDING						
RECKLESS DRIVING						
WARRANT/OTHER ARRESTS						
PEDESTRIAN/BICYCLE						
SCHOOL BUS RELATED VIOLATIONS						
RED LIGHT/STOP SIGN						
OCCUPANT RESTRAINT						
DISTRACTED DRIVING						
OTHER MOTOR VEHICLE VIOLATIONS						

DUI ACTIVITY

Age	M	F	BAC/ALS Refusal/Blood Draw	Age	M	F	BAC/ALS Refusal/Blood Draw
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

- _____ 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

Certified by, Print Rank/Title/Name: _____

Signature and Date: _____

Reviewed by OHS: _____

Entered into Database by OHS: _____