

ACTIVITY PROGRESS REPORT

Grant Program: _____

Department: _____ Subgrant Number: _____

Period beginning: _____ Period ending: _____

Project Director: _____

	Total Arrests/Summons	Total Warnings*
OUI		
OUI Drugs		
OUI .00 (Juvenile)		
CDL .04		
Distracted Driving (texting/failure to maintain)		
Speed		
Defects		
Drug Possession		
Warrant		
OAS		
Safety Belt		
Child Restraint		
Uninsured Motorist		
Pedestrian Violation		
Other Violation		
Totals		
Total Number of Vehicles Stopped on Crash Reduction Overtime Patrols		
Total Number of Hours Worked on Crash Reduction Overtime Patrols		
Total Number of Checkpoints		
Total Number of Vehicles Stopped on Checkpoints		
Total Number of Hours Worked on Checkpoints		
Total Number of Crash Reduction Overtime Patrols (CROP)		

In the space below, describe the activities of the project, including problems encountered, achievements, etc. Details should relate to measurable goals and objectives, methods and procedures, and evaluation data as outlined in the subgrant application. Use additional pages as necessary.

I certify that all activities reported herein are supported by appropriate documentation, and that such activities have been in compliance with applicable governmental regulation and any special conditions of this subgrant award.

Project Director Signature: _____ Date: _____

*Log any SFSTs not resulting in arrest as OUI warnings

Rev. 10/2025