

Who Dat Safe Community Coalition

(3/10 combined with the GNO Traffic Safety Committee)

Agency Report for Month/Year _____

This will be attached to the minutes of the next meeting.

Agency Name

Contact Name

Position

Telephone

Email

Significant traffic safety activities / projects / operations / achievements:

For Law Enforcement:

_____ Traffic Citations

_____ Traffic Crashes

_____ Traffic Injury Crashes

_____ Traffic Fatalities

_____ Alcohol/Drug Related Fatalities

_____ DWI Arrests

_____ DWI/Insurance Check Points

_____ Hit & Runs

_____ Pedestrian Fatalities/Injuries

_____ Other _____

_____ Other _____

_____ Other _____

_____ Other _____

_____ Other _____

Upcoming Events:

Rev. 11/10



Hosted by
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