

TO: Lisa Shaw
Deputy Director, Office of Highway Safety

FROM: _____

RE: Sobriety Checkpoint Location Approval

Please see the below Sobriety Checkpoint location, date, time, and relevant statistics for your approval.

DATE: _____

TIME: _____

LOCATION: _____

	2010 or 2011 total (@ location)	2010 or 2011 total (in jurisdiction)
Alcohol-related PI crashes		
Alcohol-related fatal crashes		
Alcohol-related arrests		

For OHS only:

APPROVED _____

REJECTED _____

Signed _____

Date _____