

**MICHIGAN OFFICE OF HIGHWAY SAFETY PLANNING (OHSP)  
COMMUNITY CAR SEAT DISTRIBUTION PROGRAM**

**CAR SEAT REPORTING FORM**

Mail to: Alyson Kechkaylo  
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CPS TECHNICIAN NAME \_\_\_\_\_

AGENCY/ORGANIZATION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TOTAL NUMBER OF SEATS INSPECTED \_\_\_\_\_

**TOTAL NUMBER OF OHSP SEATS DISTRIBUTED (Please report only OHSP-provided seats. A checklist form must be submitted for each OHSP seat distributed.)**

\_\_\_\_\_ Titan Convertible Seat                      \_\_\_\_\_ Maestro Combination Seat

\_\_\_\_\_ Big Kid High Back Booster                      \_\_\_\_\_ Big Kid Backless Booster

Are there any OHSP-provided seats remaining?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, how many seats are remaining and what are your plans for distribution of these seats (i.e. when and where)?

Were any donations received from families who were provided with seats?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      If yes, what was the total amount of the donation? \_\_\_\_\_

Please list all CPS technicians and instructors who inspected and distributed car seats, including technician number and expiration date. Non-submission of this information or car seat check forms may result in denial of future car seat requests from this technician and/or agency.

Technician/Instructor Name	Technician/Instructor Number	Expiration Date

Comments \_\_\_\_\_

Please keep in mind that OHSP staff may contact you to provide any remaining seats to other local car seat events or fitting stations in your area, if necessary.