



**Bring Home A
Community Effort
&
Reduce
Young Driver
Accidents**

On Your Mark:

Parents voluntarily register with the Oswego County Sheriff's Office any motor vehicle that will be operated by a person under 21

Get Set:

An identification decal is issued and affixed to the windshield of each registered vehicle

STOPPED:

If for any reason the registered vehicle, when operated by a driver under the age of 21, is stopped by Sheriff's Deputies, the officer will complete a notification card providing the following information:

- Time of stop
- Driver's name and number of passengers
- Reason for stop
- Whether any traffic tickets were issued

Notifications will be mailed directly to parents to make them aware of potential problems



Oswego County Sheriff's Office **S.T.O.P.P.E.D.**

Sheriff's Telling Our Parents And Promoting Educated Drivers

Sheriff Reuel Todd is pleased to announce the Oswego County Sheriff's Office participation in the STOPPED program. A parental notification system developed by the Onondaga County Sheriff's Office to help reduce the number of young drivers involved in motor vehicle accidents.

Annually over 3,000 drivers between sixteen and twenty-one years of age die in the United States because of car crashes.

In Oswego County there are approximately 6,000 registered drivers between the ages of sixteen and twenty-one, representing 19% of all drivers involved in fatal and personal injury automobile accidents.

The Oswego County Sheriff's Office offers parents this voluntary notification system to extend a watchful eye and raise the awareness of drivers under the age of 21.

APPLY NOW!

**Complete the attached
registration form and return
to the address indicated, or
call 349-3321 to register**





Place
Stamp
Here

**Oswego County Sheriff's Office
S.T.O.P.P.E.D. Program
39 Churchill Road
Oswego, New York 13126**

Name: _____
Address: _____
City: _____
State: _____ **Zip:** _____

E Mail address: _____
Number of vehicles to enroll: _____

Send notifications to: (if different than above)

Name: _____
Address: _____
City: _____
State: _____ **Zip:** _____

E Mail address: _____

I wish to participate in the Oswego County Sheriff's STOPPED program and fully understand that I may receive notification when an enrolled vehicle, while operated by a driver under the age of 21, is stopped by police.

Signature: _____

the address above

Fold and tape registration form or enclose in an envelope and mail to