

LEO TRAFFIC ENFORCEMENT ACTIVITY REPORT

LEOs NAME: DPSST NO.

SHIFT DATE: NO. of DRE/SFST PERFORMERD:

START TIME: END TIME: TOTAL HR:

NO. STOPS: Match Overtime Straight time

Distracted Driving
 DUII
 Seat Belt
 Ped Safety
 Speed

GENERAL ENFORCEMENT

	CITES	WARN	ARREST
Speeding	<input type="text"/>	<input type="text"/>	
DWS	<input type="text"/>		<input type="text"/>
DUII Alcohol			<input type="text"/>
DUII Drug.			<input type="text"/>
Interlock Device.	<input type="text"/>		
MIP	<input type="text"/>		
Bicycle/Pedestrian.	<input type="text"/>	<input type="text"/>	
Seat Belt	<input type="text"/>	<input type="text"/>	
Child Restraint	<input type="text"/>	<input type="text"/>	
Distracted/Phone.	<input type="text"/>	<input type="text"/>	
Equipment.	<input type="text"/>	<input type="text"/>	
Other (not listed)	<input type="text"/>	<input type="text"/>	<input type="text"/>

CAR SEAT CLINIC (SEAT BELT GRANT)

Location:

Checks: Hours:

COMMENTS

List all "other citations/warnings" and any additional comments.

Signature: _____