

Officer Activity Sheet

**Enforcement Program
Activity**

Officer Last Name/First Name

Officer's I.D.

Day of Week

Date

SELECT WHAT APPLIES

<<< Drop Down or Fill-In

<<< Drop Down or Fill-In

e-Citation:

☐

Paper Ticket:

☐


Department

Start Time

End Time

Hours

**24 HR
Format**

CITATIONS & WARNINGS

UTT

WARNING

TOTAL

Seat Belt Violation

Child Passenger Safety/Restraint

Project Love Vouchers

Driving Under Influence

Speeding

Hands Free Law Violation

School Bus Stop Arm Violation

Driving While Suspended

All Other Traffic Violations

Warrants/Other Criminal Arrests

CONTACT TOTAL:

ACTIVITY

Total # Vehicles Stopped:

Total # Arrests:

Mileage Total:

IMPAIRED DRIVING

of PBTs administered

of SFSTs conducted

of DREs conducted

of ARIDE administered

of SOTOXAs administered

TOTAL HOURS

ARREST HOURS

TOTAL PATROL HRS

List significant event(s) occurring during enforcement here:

Police Officer Signature:

**Electronic
Signature(s) must
be valid and not a
typed name**

I AFFIRM OR ATTEST THAT ALL HOURS SUBMITTED ARE FOR OVERTIME HOURS WORKED

Supervisors Printed Name & I.D.:

Supervisors Signature:

Turn in all documentation to your Coordinator at the end of your OT patrol.