

# FY21 Officer Activity Form

## Enforcement Program

Officer Name (Last, First) Please Print

Day of Week

Date

**SELECT ONE \*\*\***

**e-Citation:**

**Paper Ticket:**

Department

Start Time

End Time

Hours

24 HR  
Format



CITATIONS & WARNINGS		UTT	WARNING	TOTAL
<b>OP</b>	Seat Belt		/	
	Child Restraint		/	
	Project Love Vouchers			
<b>Impaired Driving</b>	Open Container		/	
	Underage Alcohol		/	
	Misdemeanor DUI (Alcohol)		/	
	Misdemeanor DUI (Drug)		/	
	Felony DUI (Alcohol)		/	
	Felony DUI (Drug)		/	
<b>Licensing</b>	Habitual Traffic Violator		/	
	Graduated License Violation			
	Motorcycle Permit/License Violation			
	**Other License Violations		/	
	Driving While Suspended (Misd/Prior)		/	
Driving While Suspended (Infraction)		/		
<b>Moving Violations</b>	Following Too Close			
	Improper Lane Usage (Not Truck Lane)			
	Automatic Signal / Stop Sign			
	Driving Left of Center			
	Failure to Yield Right of Way			
	Improper Turning / "U" Turns			
<b>Other</b>	Obstructing Traffic			
	Equipment Violations			
	Criminal Misdemeanor (Not traffic)		/	
	Criminal Felony (Not traffic)		/	
	**Other traffic offenses			
<b>Speed</b>	Speed - 0-5 MPH Over			
	Speed - 6-10 MPH Over			
	Speed - 11-15 MPH Over			
	Speed - 16-20 MPH Over			
	Speed - Over 20 MPH Over			
<b>Misc.</b>	Texting / Hands Free Law Violation			
	School Bus Stop Arm Violation			
	Warrant Arrest		/	
<b>CONTACT TOTAL:</b>				

ACTIVITY	
<b>Total # Vehicles Stopped:</b>	
<b>Total # Arrests:</b>	
ACTIVITY TYPE ***	
Seat Belt Patrol:	<input type="checkbox"/>
Impaired Driving Patrol:	<input type="checkbox"/>
Stop Arm Violation Patrol:	<input type="checkbox"/>
Other Patrol:	<input type="checkbox"/>
MILEAGE ***	
Mileage Stop:	
Mileage Start:	
Mileage Total:	
IMPAIRED DRIVING	
# of PBT's administered	
# of SFST's conducted	
# of DRE's conducted	
# of Breath tests refused	
OFFICER TRAINING ***	
Check all that apply:	<input type="checkbox"/> TOPS <input type="checkbox"/> SFST <input type="checkbox"/> ARIDE
OVERTIME HOURS WORKED ***	
0601-1200	
1201-1800	
1801-2400	
0001-0600	
<b>TOTAL OT HRS:</b>	
<b>ARREST HRS:</b>	
<b>PATROL HRS:</b>	
COORDINATOR USE ONLY (Optional)	
MONTH OR BLITZ #:	
Contacts/Vehicles Per Hr:	
Total OT Hours:	
OT Hourly Rate:	
<b>TOTAL PAY:</b>	

List significant event(s) occurring during enforcement here:

Police Officer Signature:

**I AFFIRM OR ATTEST THAT ALL HOURS SUBMITTED ARE FOR OVERTIME HOURS WORKED**  
Turn in all documentation to your Coordinator at the end of your OT patrol.

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

Supervisor Signature:

\*\*\* *Marked Areas are Required Fields for Form Approval, Supervisor Must Verify Completion*

Printed Supervisor Name and ID:

## Comprehensive Highway Injury Reduction Program Officer Activity Sheet Reporting Instructions

*All of the following items should be present in order for an Officer Activity Sheet to be considered complete.*

- Is the right program at the top of the form?**  
*In the Enforcement Program box the enforcement program being worked should be selected from the drop down or hand written neatly if using a print out.*
- Officer's name typed or printed clearly in the name box?**  
*The officer's name should appear First Name, Last Name. It should be typed or hand written neatly if using a print out.*
- Is the day of the week and enforcement date present?**  
*The correct day of the week corresponding to the enforcement date should be selected from the dropdown or the hand written neatly if using a print out.*
- Are the start and stop times for enforcement listed?**  
*Enforcement times should be listed in 24 hour format (i.e 6:00 PM is listed as 18:00). The start and stop time should be typed in the corresponding boxes or written neatly if using a print out. Do the hours being worked correspond with the requirements for the enforcement program? (i.e. 1800-0600 for DUI Patrols)*
- Is the correct activity type checked?**  
*The appropriate activity type should be checked off corresponding to the enforcement program.*
- Is mileage recorded?**  
*Milage for the enforcement activity should be recorded. Starting milage, ending milage, and a total are required. The department or TSP coordinator should total all milage for match reporting.*
- Are any impaired driving procedures noted?**  
*Any impaired driving procedures (SFSTs, PBT's given, DRE Evaluations, and Breath Test Refusals) should be recorded. This is especially true for impaired driving patrols.*
- Officer Training Checked off**  
*Each activity sheet must indicate if the officer has received TOPS, SFST, or ARIDE Training.*
- Are the hours worked per six hour block noted?**  
*The number of hours worked per six hour block should be filled out accordingly. Do the hours being worked correspond with the requirements for the enforcement program? (i.e. 1800-0600 for DUI Patrols)*
- Are the UTT, Warning, and Total boxes being filled?**  
*Does the enforcement action taken match the overall goal of the enforcement program being worked?*
- Are the actual patrol hours and physical arrest hours noted?**  
*The amount of physical arrest hours noted should be reasonable for the type of arrest generated. For high amounts of physical arrest hours significant activity should be listed.*
- Is the number of contacts per hour calculated?**  
*Has the three contact per hour rate been met? Does the number of contacts correspond to the number of vehicles stopped? Contacts should be considered per individual not per warning or citation listed.*
- Does the total number of OT hours match the hours worked?**  
*Actual patrol hours and physical arrest hours must match the total number of hours worked.*
- OT Rate (match paystub)**  
*The correct officer overtime rate should be listed and able to be reconciled to the officer's paystub.*
- Are all required signatures present?**  
*The officer is required to sign for verification of hours worked. A department supervisor is also required to sign and print neatly for secondary verification of activity worked.*