

LEO TRAFFIC ENFORCEMENT ACTIVITY REPORT

LEOs NAME:	<input type="text"/>	DPSST NO.	<input type="text"/>	<input type="checkbox"/> Distracted Driving
SHIFT DATE:	<input type="text"/>	NO. of DRE/SFST PERFORMED:	<input type="text"/>	<input type="checkbox"/> DUII
START TIME:	<input type="text"/>	END TIME:	<input type="text"/>	<input type="checkbox"/> Seat Belt
		TOTAL HR:	<input type="text"/>	<input type="checkbox"/> Ped Safety
NO. STOPS:	<input type="text"/>			<input type="checkbox"/> Speed
		Match	Straight Time	Overtime

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: _____