



TRAFFIC STOP REPORT

Agency Name _____

Date (Month/Day/Year) _____

Time _____

County of Stop _____

Officer ID Number _____

City of Stop _____

Part I

Initial Purpose of Traffic Stop (check only one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Checkpoint | <input type="checkbox"/> Other Motor Vehicle Violation | <input type="checkbox"/> Stop Light / Sign Violation |
| <input type="checkbox"/> Driving While Impaired | <input type="checkbox"/> Safe Movement Violation | <input type="checkbox"/> Vehicle Equipment Violation |
| <input type="checkbox"/> Investigation | <input type="checkbox"/> Seat Belt Violation | <input type="checkbox"/> Vehicle Regulatory Violation |
| | <input type="checkbox"/> Speed Limit Violation | |

Vehicle Driver Information

- Driver's Age _____ Driver's Race White Black Native American Asian Other
- Driver's Sex Male Female
- Driver's Ethnicity Non-Hispanic Hispanic (Person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture)

Enforcement Action Taken as a Result of the Traffic Stop (check only one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Citation Issued | <input type="checkbox"/> On-View Arrest | —————> If arrest made, who was arrested? |
| <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Verbal Warning | <input type="checkbox"/> Driver |
| | <input type="checkbox"/> Written Warning | <input type="checkbox"/> Passenger(s) |

Physical Resistance Encountered

- | | | |
|---|------------------------------|-----------------------------|
| Did Officer(s) encounter any physical resistance from Driver and/or Passenger(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did Officer(s) engage in the use of force against the Driver and/or Passenger(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did injuries occur to the Officer(s) as a result of the stop? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did injuries occur to the Driver as a result of the stop? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did injuries occur to the Passenger(s) as a result of the stop? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Vehicle/Driver/Passenger(s) Search

- Was a search initiated subsequent to the traffic stop? Yes* No

*If search was initiated, complete Part II

