

TRAFFIC STOP REPORT

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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)									
☐ Checkpoint☐ Driving While Impaired☐ Investigation	□ Other Motor Vehicle Violation □ □ Safe Movement Violation □ □ Seat Belt Violation □ □ Speed Limit Violation	Stop Light / Sign Violation Vehicle Equipment Violation Vehicle Regulatory Violation							
Vehicle Driver Information									
Driver's Age Driver's Race									
Enforcement Action Taken as a Result of the Traffic Stop (check only one)									
☐ Citation Issued ☐ No Action Taken	☐ On-View Arrest☐ Verbal Warning☐ Written Warning	arrest made, who was arrested? Driver Passenger(s)							
	resistance from Driver and/or Passenger(s)? ce against the Driver and/or Passenger(s)? a result of the stop? sult of the stop?	Yes No Yes No Yes No Yes No Yes No No No							
Vehicle/Driver/Passenger(s) Sea Was a search initiated subsequent to t		☐ Yes* ☐ No							

Traffic Stop Report

Part II

					u						
Type of Search (check only one) Consent Search Warrant Probable Cause Search Incident to Arrest Protective Frisk											
Basis for Search Erratic/Suspicious Behavior Observation of Suspected Contraband Suspicious Movement Informant's Tip Other Official Information Witness Observation											
Person(s)/Vehicle Searched Was the Vehicle Searched? Was the Driver Searched? Was a Passenger(s) Searched? Were the Personal Effects of the Driver and/or Passenger(s) Searched? Person(s)/Vehicle Searched? Yes No No No											
Identify the sex, race, and ethnicity of each passenger searched											
	Age	S	ex			Race	T		Eth	nicity	
		Male	Female	White	Black	Native American	Asian	Other	Hispanic	Non- Hispanic	
Passenger 1		Iviale	remale	vviille	Diack	American	Asian	Other	Пібрапіс	Пізрапіс	
Passenger 2											
Passenger 3 Passenger 4											
1 assenger 4	1		<u>. </u>	<u>. </u>	<u> </u>		<u> </u>				
Contraband Found Contraband found as a result of the search: None OR complete the following:											
☐ Drugs	Ounces			Pounds Dosages			GramsKilos				
Alcohol		PintsGallons									
Money	yDollar Amount										
Weapons	WeaponsNumber of Weapons										
OtherDollar Amount											
Property Seized											
Property seized as a	result of	the searc	ch:	☐ No	ne <u>OF</u>	R complete	the follo	wing:			
☐ Motor Vehicle ☐ Personal Property ☐ Other Property											
						Office U	sa Only	Date	a	Initials	
						Office U	oc Only	Date		miliais	
						Reviewed					

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