



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

Traffic Stop Report

Part II

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? Yes No
Was the Driver Searched? Yes No
Was a Passenger(s) Searched? Yes No
Were the Personal Effects of the Driver and/or Passenger(s) Searched? Yes No

Identify the sex, race, and ethnicity of each passenger searched

	Age	Sex		Race					Ethnicity	
		Male	Female	White	Black	Native American	Asian	Other	Hispanic	Non-Hispanic
Passenger 1										
Passenger 2										
Passenger 3										
Passenger 4										

Contraband Found

Contraband found as a result of the search: None **OR** complete the following:

Drugs _____ Ounces _____ Pounds _____ Dosages _____ Grams _____ Kilos
 Alcohol _____ Pints _____ Gallons
 Money _____ Dollar Amount
 Weapons _____ Number of Weapons
 Other _____ Dollar Amount

Property Seized

Property seized as a result of the search: None **OR** complete the following:

Motor Vehicle Personal Property Other Property

Office Use Only	Date	Initials
Reviewed		
Entered		