

Name: _____

Date: _____

Shift Start Time: _____

Shift End Time: _____

Shift Intent:



General OT



Impaired OT



Seatbelt OT



Agency

IMPAIRED DRIVING	
OWI Arrests – Alcohol	
OWI Tested, but No Arrest made	
OWI Arrests – Drugs	
DRE Call Outs	
OWI Drug Tested, but No Arrest made	
.02 Violations	
Underage Possession (traffic only)	
Open Container violations	
OCCUPANT PROTECTION	
Seat Belt Citations Day (6A-6P)	
Seat Belt Citations Night (6P-6A)	
Child Restraint Citations	
Seat Belt Warnings Day (6A-6P)	
Seat Belt Warnings Night (6P-6A)	
Child Restraint Warnings	
SPEED	
Speed Citations	
Speed Warnings	
OTHER VIOLATIONS	
Stop Sign/Light Citations	
Electronic Device Citations	
Other Traffic Violation Citations	
Stop Sign/Light Warnings	
Electronic Device Warnings	
Other Traffic Violation Warnings	