



Report Date: / /

2012 Law Enforcement Activities Report Form

Section 1 Complete Administrative Information:

Jurisdiction Name:
Site Coordinator:
Email Address of Person Submitting This Form:
Contact Phone Number (with area code):

Section 2 Campaign Start Date End Date Route #:

If seat belt surveys were conducted, please provide the usage percentage:
Pre Survey: Post Survey:

Section 3 Complete ALL Fields: (While working on Federal Grants, "ZERO" tolerance is expected)
These numbers should reflect the totals for all officers during this event timeframe.
Enter A Number For Each Field, even if "0"

Total Number of Officers Participating Misdemeanor Arrest
Total Number of Man hours Felony Arrest
Speeding Violations Speeding Violations Child Safety Seat Violations
Reckless Driving Safety Belt Violations
All Other Traffic Violations CPS Installations Made By Officers
Commercial Motor Vehicle Violations
Driving Under Influence of Intoxicants

Section 4 Please report any unusual activities in your jurisdiction that may be of interest to the media and public.