



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 _____ Pound _____ Dosages _____ Grams _____ Kilos
☐ Alcohol _____ Pints _____ Gallon
☐ 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		