



# TRAFFIC STOP REPORT

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Agency Name

Date (Month/Day/Year)

Time

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County of Stop

Officer ID Number

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City of Stop

**Part I**

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**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		

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**Vehicle Driver Information**

Driver's Age	Driver's Race	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
Driver's Sex		<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Driver's Ethnicity	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic	(Person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture)			

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**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)

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**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

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**Vehicle/Driver/Passenger(s) Search**

Was a search initiated subsequent to the traffic stop?  Yes\*  No

\*If search was initiated, complete Part II

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# 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
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		