



# 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		