

Safety Restraint Overtime Enforcement Stat Sheet

Please retain this form for four (4) fiscal years.
The UHSO may review these records for auditing purposes.

Officer Name Badge # Employee #
 Agency Time start Time end
 Event Activity Date Miles traveled (estimate)

Total Hours Claimed Hourly Wage Straight Time

Safety Restraint Statistics

Vehicles Stopped # Contacts per Hour
 # Seat Belt Citations # Seat Belt Warnings
 # Child Restraint Citations # Child Restraint Warnings
 Age for child restraint citations: #
 0-2
 # 2-4
 # 5-8

Other Related Stats

Car Seat Inspections (if CPS certified)

#Warrants Amount \$
 Officer Assists
 Public Assists
 Impounds

Violation	Citation	Warning	Violation	Citation	Warning
DUI	<input type="text"/>	<input type="text"/>	Speeding	<input type="text"/>	<input type="text"/>
Open Container	<input type="text"/>	<input type="text"/>	Texting	<input type="text"/>	<input type="text"/>
Youth Alcohol	<input type="text"/>	<input type="text"/>	Reckless	<input type="text"/>	<input type="text"/>
Drug-Misdemeanor	<input type="text"/>	<input type="text"/>	Careless	<input type="text"/>	<input type="text"/>
Drug-Felony	<input type="text"/>	<input type="text"/>	Failure to Yield	<input type="text"/>	<input type="text"/>
Ignition Interlock Violation	<input type="text"/>	<input type="text"/>	Following Too Close	<input type="text"/>	<input type="text"/>
Alcohol Restricted Driver	<input type="text"/>	<input type="text"/>	Improper Turn	<input type="text"/>	<input type="text"/>
Seat Belt	<input type="text"/>	<input type="text"/>	Stop Sign or Light	<input type="text"/>	<input type="text"/>
Child Restraint	<input type="text"/>	<input type="text"/>	Improper Lane Travel	<input type="text"/>	<input type="text"/>
Driving on Suspension	<input type="text"/>	<input type="text"/>	Other Moving	<input type="text"/>	<input type="text"/>
Registration Violation	<input type="text"/>	<input type="text"/>	Other Misdemeanor	<input type="text"/>	<input type="text"/>
Other DL Violation	<input type="text"/>	<input type="text"/>	Other Felony	<input type="text"/>	<input type="text"/>
No Insurance	<input type="text"/>	<input type="text"/>			
Other Non-Moving	<input type="text"/>	<input type="text"/>			

I certify the above information is correct.

Officer Signature

Date

Approved by:

Supervisor or Team Leader Signature

Date