

DUI 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
 Vehicles Stopped #of Warrants Dollar Amount of Warrants

DUI Enforcement
 DUI Arrests Alcohol Drug Metabolite # of State Tax Impound Violator's Vehicle for DUI
 # of Field Sobriety Tests Given

Test Results

	Blood Test		Urine Test		Refusal	BRAC Results
	Yes	No	Yes	No	Yes	
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	point <input type="text"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	point <input type="text"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	point <input type="text"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	point <input type="text"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	point <input type="text"/>

Comments

Designated Driver
 Recovered Stolen Vehicle
 Fugitives Apprehended

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

I certify the above information is correct.

 Officer Signature Date

Approved by: _____
 Supervisor or Team Leader Signature Date