Seat Belt Overtime Enforcement Stat Form

Please retain this form for four (4) Fiscal Years. The UHSO may review these records for auditing purposes.
You may upload these forms as an attachment in GEARS Activity Reports.

Officer Name | Badge # | Employee #

Agency | Event

Activity Date | Time Start | Time End | Miles Traveled

Total Hours Claimed | Hourly Wage (Straight Time)

Seat Belt Statistics

Vehicles Stopped | # Contacts per hour

Comments *(please include any applicable seat belt/child restraint details and any other details (shift went longer/shorter than anticipated, lack of violations, etc)*

Other Related Stats

*Please indicate **any** violations addressed during shift, not just the assigned traffic behavior*

# of Warrants | Amount $

Violation	Citation	Warning
DUI		
Open Container		
Youth Alcohol		
Drug-Misdemeanor		
Drug-Felony		
Ignition Interlock Violation		
Alcohol Restricted Driver		
Seat Belt		
Child Restraint		
Equipment Violation		
Driving on Suspension		
Registration Violation		
Other DL Violation		
No Insurance		
Other Non-Moving		

Violation	Citation	Warning
Speeding		
Texting		
Reckless		
Careless		
Failure to Yield		
Following Too Close		
Improper Turn		
Stop Sign or Light		
Improper Lane Travel		
Other Moving		
Other Misdemeanor		
Other Felony		

I certify the above information is correct.

Officer Signature | Date

Approved By:

Signature or Team Leader Signature | Date