

Distracted Driving 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

Distracted Driving Statistics

Vehicles Stopped # Contacts per Hour
 # Distracted Citations # Distracted Warnings

Other Related Stats

#Warrants
 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