

NH Highway Safety Agency
PATROL ACTIVITY REPORT

HSA _____

Police Department _____ Grant # _____

Officer Rank/ Name _____ Grant Title _____

Shift Date _____ Start/End time _____

VIOLATIONS	Alcohol Drugs		WARNINGS		SUMMONS		ARRESTS	
			Youth	Adult	Youth	Adult	Youth	Adult
DRIVING UNDER INFLUENCE								
DRE EVALUATION								
ILLEGAL POSSESSION								
ILLEGAL TRANSPORTATION								
OPEN CONTAINER								
OPERATION AFTER REVOCATION								
SPEEDING								
RECKLESS DRIVING								
OTHER ARRESTS								
WARRANT ARREST								
OTHER MOTOR VEHICLE VIOLATIONS								
PEDESTRIAN/BICYCLE								
SCHOOL BUS								
RED LIGHT/STOP SIGN								
OCCUPANT RESTRAINT								
MOBILE ELECTRONIC DEVICE								

DUI Activity

Age	Male/Female	BAC/ALS Refusal/Blood Draw

Total Number of Preliminary Breath Test Devices used

Total Number of Vehicles Stopped

Number of Stops Per Hour

Total Number of Vehicles Visually checked for Child Restraint Law Violations

Total Number of Pedestrian/Bicycle Contacts

Officer Signature _____ Date _____

Certified by _____ Date _____