



New Hampshire Office of Highway Safety

Patrol Activity Report



Agency:

Project:

Rank/Name:

Trooper/Officer Signature:

Date:

Start time:

End time:

Total # Hours:

VIOLATIONS	Alcohol Drugs		ARRESTS		SUMMONS		WARNINGS	
			Youth	Adult	Youth	Adult	Youth	Adults
DRIVING UNDER INFLUENCE								
DRE EVALUATION ONLY								
MOVE OVER VIOLATIONS								
SPEEDING								
RECKLESS DRIVING								
WARRANT/OTHER ARRESTS								
PEDESTRIAN/BICYCLE								
SCHOOL BUS RELATED VIOLATIONS								
RED LIGHT/STOP SIGN								
OCCUPANT RESTRAINT								
DISTRACTED DRIVING								
MOBILE ELECTRONIC DEVICES								
OTHER MOTOR VEHICLE VIOLATIONS								

DUI ACTIVITY

AGE M / F BAC/ALS REFUSAL/BLOOD DRAW AGE M / F 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

Signature and Date: X

Certified by, Print Rank/Title/Name:
(Certification must be made by higher-ranking authority)