



# NH Office of Highway Safety Patrol Activity Report HS-200



Police Department: \_\_\_\_\_

Project: \_\_\_\_\_

Officer Rank/Name: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

Shift Date: \_\_\_\_\_

Start time: \_\_\_\_\_

End time: \_\_\_\_\_

Total # Hours: \_\_\_\_\_

**NOTES:**

VIOLATIONS	Alcohol Drugs		ARRESTS		SUMMONS		WARNINGS	
			Youth	Adult	Youth	Adult	Youth	Adult
DRIVING UNDER INFLUENCE								
DRE EVALUATION								
OPEN CONTAINER								
SPEEDING								
RECKLESS DRIVING								
WARRANT/OTHER ARRESTS								
PEDESTRIAN/BICYCLE								
SCHOOL BUS RELATED VIOLATIONS								
RED LIGHT/STOP SIGN								
OCCUPANT RESTRAINT								
DISTRACTED DRIVING								
OTHER MOTOR VEHICLE VIOLATIONS								

**DUI ACTIVITY**

Age	M	F	BAC/ALS Refusal/Blood Draw	Age	M	F	BAC/ALS Refusal/Blood Draw
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

- \_\_\_\_\_ 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: \_\_\_\_\_

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