** New Hampshire Office of Highway Safety**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PATROL ACTIVITY REPORT OHS\_\_\_\_\_\_\_\_**

Police Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer Rank/ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start/End time\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  VIOLATIONS Alcohol Drugs |  ARRESTS  Youth Adult  | SUMMONSYouth Adult |  WARNINGS Youth Adults |
| 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 |  |  |  |  |  |  |  |  |
|  OTHER DISTRACTED DRIVING |  |  |  |  |  |  |  |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print Name/Signature Date Rank/Title – Print Name/Signature Date**

 **(Certification must be made by higher ranking authority)**

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