**SATURATION PATROL FORM**

REPORTING AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUDICIAL CIRCUIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCATION OF PATROL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

START/END TIMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DIRECTION OF TRAVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPATING AGENCIES (if a multi-jurisdictional effort): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # of Tickets by Offense

|  |  |  |  |
| --- | --- | --- | --- |
| Underage Alcohol Violations  (16 & Under) |  | Underage Alcohol Violations (17 to 20) |  |
| DUI (Under 21) |  | DUI (Adult) |  |
| No Driver’s License issued |  | Underage tobacco Possession |  |
| Felony Arrest |  | Uninsured Motorists |  |
| Stolen Vehicle Recovered |  | Fugitive Apprehended |  |
| Speeding |  | Drug Possession |  |
| Driving Under Suspension  |  | Reckless Driving |  |
| Open Container |  | No DL in possession  |  |
| Narcotic Violations |  | Safety Restraint Violations |  |
| Fake ID/DL |  | Other Traffic Violations |  |
| Firearm Violations |  | Other Criminal Charges |  |

TOTAL STOPS: \_\_\_\_\_\_\_ TOTAL OFFENSES: \_\_\_\_\_\_\_ WARNINGS: \_\_\_\_\_\_\_

NAME OF PERSON SUBMITTING THIS REPORT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF OFFICERS: \_\_\_\_\_\_\_ TOTAL HOURS WORKED BY OFFICERS: \_\_\_\_\_

NUMBER OF OTHER AGENCY OFFICERS: \_\_\_\_\_\_\_\_\_\_

TOTAL HOURS WORKED BY OTHER AGENCY OFFICERS: \_\_\_\_\_\_\_\_