

# Municipal Road Safety (MRS)

## Traffic Enforcement Activity

Officer Name:	
Date of Shift:	
<b><u>Must Include Time Of:</u></b>	
Shift Start Time	
Shift End Time	
<b>TOTAL # OF:</b>	
<b>Traffic Stops</b>	
<b>Failure to Stop 89/9 - Citations</b>	
<b>Failure to Stop 89/9 - Written Warning</b>	
<b>Speeding - Citations</b>	
<b>Speeding - W. Warnings</b>	
<b>OUI Arrests</b>	
<b>OUI Drug Arrests</b>	
<b>Hands-Free Violation 90/13 Citations</b>	
<b>Hands-Free Violation 90/13 W. Warnings</b>	
<b>Safety Belt Citations</b>	
<b>Safety Belt W. Warnings</b>	
<b>Child Safety Citations</b>	
<b>Felony/Other Arrests</b>	
<b>Criminal Summons</b>	
<b>Fugitives Apprehended</b>	
<b>Blocked Bicycle Lane Violations</b>	
<b>Other Citations</b>	
<b>Other W. Warnings</b>	
<b>Other V. Warnings</b>	