Police Department

STEP ENFORCEMENT DAILY REPORT

**UNIT#:**

**MILEAGE START:**

**MILEAGE ENDING:**

**MILEAGE TOTAL:**

**Total Vehicle Stops**:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:**

|  |  |  |
| --- | --- | --- |
|  | **CITATION** | **WARNING** |
| **ALCOHOL (DWI/DUI)** |  |  |
| **SAFETY BELT** |  |  |
| **CHILD SAFETY SEAT** |  |  |
| **SPEED** |  |  |
| **INTERSECTION/ITC** |  |  |
| **DISTRACTED DRIVER** |  |  |
| **CMV STOPS** |  |  |
| **HMV STOPS** |  |  |
| **OTHER CT/WARNINGS** |  |  |
| **OTHER ARRESTS** |  |  |
|  |  |  |

**STEP ZONES:**

**Zone #1:Day (6am-6pm)** KATY FT BEND NORTH TO MORTON RD. MORTON RD. WEST TO KATY HOCKLEY. KATY HOCKLEY S/B TO HWY BLVD. W/B HWY BLVD TO FM 1463. S/B FM 1463 TO IH10. IH10 E/B TO PIN OAK. PIN OAK S/B TO KINGSLAND BLVD. KINGSLAND BLVD E/B TO KATY FT BEND**.**

**Zone #2:Night (6pm-6am)** KATY FT BEND NORTH TO MORTON RD. MORTON RD. WEST TO KATY HOCKLEY. KATY HOCKLEY S/B TO HWY BLVD. W/B HWY BLVD TO FM 1463. S/B FM 1463 TO IH10. IH10 E/B TO PIN OAK. PIN OAK S/B TO KINGSLAND BLVD. KINGSLAND BLVD E/B TO KATY FT BEND.

**TIMES WORKED: AM/PM AM/PM**

**STEP ZONE WORKED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL HOURS WORKED: \_\_\_\_\_\_\_\_\_\_\_\_\_**

## OFFICER NAME/BADGE#:

## 

## ALL WARNINGS TO BE WRITTEN AND NOT VERBAL

## REQUIRED INFORMATION FOR EACH TRAFFIC STOP

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **TIME** | **LOCATION** | **ZONE #** | **INSIDE ZONE? Y/N** | **VIOLATION** | **CITATION /CASE #** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |

## I understand that this information is being submitted to support a claim against a federally-funded grant program. False statements on this form may be prosecutable under 18 USC 1001. This information on this form is true, correct, and complete to the best of my knowledge and ability.

**NOTES:**

**OFFICER SIGNATURE SUPERVISOR SIGNATURE**

***Any additional information, list on back of this worksheet***