

NIGHTTIME ENFORCEMENT COVER FORM

Agency Statistics for NIGHTTIME SEAT BELT ENFORCEMENT
May 22-23 & 29-30, 2009 - 9:00 p.m. to 2:00 a.m.

Only one form per agency is required. Calculate all shift totals and record them on this form.

Agency: _____ Contact: _____ /Phone: _____

Address: _____ /City: _____ /Zip: _____

County: _____ /E-mail: _____

AGENCY TOTALS

TOTAL # OF NIGHTTIME HOURS WORKED: _____ TOTAL \$ AMOUNT DUE*: _____

SEAT BELT CITATIONS: _____ # SEAT BELT WARNINGS: _____

CHILD RESTRAINT CITATIONS: _____ # CHILD RESTRAINT WARNINGS: _____

NHTSA required reporting statistics:

Warrants: _____ # Felony Arrests: _____ # Fugitives Apprehended: _____ #DUI's: _____ Felonies: _____

Drug Arrests: _____ #Speed: _____ #Uninsured: _____ # Suspended License: _____

Reckless Driving: _____ # Recovered Stolen Vehicles: _____ OTHER CITATIONS TOTAL: _____

Please provide information on how nighttime seat belt patrols were conducted:

Were Mobile Patrols used? YES/NO Were Stationary Patrols used? YES/NO

How effective was your method of patrol?

Did you use a spotter and chase vehicles?

Would you do anything differently? Additional comments are welcome on the back of this page.

*If financial part is not available, provide financial information later.

Fax the cover form by June 1st to Keri at (801) 957-8588 prior to mailing. All overtime reimbursement forms and this cover form must be received by the Utah Highway Safety Office by **June 15th**. Mail original cover form along with the overtime reimbursement forms to:

Utah Highway Safety Office
Attention: Keri Gibson
3888 West 5400 South
Salt Lake City, UT 84118
(801) 243-7571

