

Multiple Officer Crash Reduction Overtime Patrol (CROP) Report

Grant Program: _____

Department: _____

CROP Start Date: _____ CROP End Date (if different): _____

Road/Route/Town: _____

Officer Name(s)(last name, first name)	Start Time	End Time	Total Hours
1.			
2.			
3.			
4.			
5.			
6.			

	ARREST/ SUMMONS	WRITTEN OR VERBAL WARNINGS*	CITATION NUMBERS / NOTES
			<small>*Log any SFSTs not resulting in arrest as OUI warnings</small>
OUI			
OUI Drugs			
OUI .00 (Juvenile)			
CDL .04			
Distracted Driving (texting/failure to maintain)			
Speed			
Defects			
Drug Possession			
Warrant			
OAS			
Safety Belt			
Child Restraint			
Uninsured Motorist			
Pedestrian Violation			
Other Violation			
Totals			
Total Vehicles Stopped			

Comments:

Project Director: _____

Printed

Signature