

Multiple Officer Crash Reduction Overtime Patrol (CROP) Report

Grant Program: <<<<<< Select program Area from drop-down list >>>>>>

Department: _____

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

Road/Route: _____ Town/City: _____

Financial Summary Report or Match Report...

Officer/Deputy Name(s)(last name, first name)	Start Time	End Time	Total Hours	Reimbursement	Match	...Line #
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

	ARREST/ SUMMONS	WRITTEN OR VERBAL WARNINGS*	(e)CITATION NUMBERS / NOTES *Log any SFSTs not resulting in arrest as OUI warnings
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			
Slow Down Move Over			
Other Violation			
Totals	0	0	

Total Contacts: 0

Comments/Additional Grant Related eCitation Numbers:

Project Director: _____

Printed Name

Signature