

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: _____

☐

Reimbursable

☐

Match

FSR* or Match Report Line #: _____

Officer/Deputy Name (last name, first name)	Start Time	End Time	Total Hours

*Financial Summary Report

	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:

Officer/Deputy: _____
Printed Name

Signature