## **Multiple Officer Crash Reduction Overtime Patrol (CROP) Report**

Grant Program:							
Department:							
CROP Start Date:							
Road/Route:							
				Fi	nancial Summar	y Report or M	
Officer Name(s)(last name, first name)		Start Time	End Time	Total Hours	Reimbrusement	Match	Line#
	ARREST/ SUMMONS	WRITTEN					
		OR VERBAL	(e)	CITATION NUMBERS / NOTES			
		WARNINGS*	*Log an	*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							
Other Violation							
Totals							
<b>Total Vehicles Stopped</b>							
Comments/Additional Grant Related	eCitation Num	bers:					
Project Director:							
Printed				Signature			