

Crash Reduction Overtime Patrol (CROP) Report

Grant Program: _____

Department: _____

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

Road/Route: _____ Town: _____

Reimbursable

Match

FSR* or Match Report Line #: _____

Officer 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			
Other Violation			
Totals			
Total Vehicles Stopped			

Comments/Additional grant related eCitation numbers:

Officer/Deputy: _____

Printed

Signature