

THSO Activity Form for Overtime

Officer Name: _____

Date: _____

Time on Duty: _____

Time off Duty: _____

Total Hours Worked: _____

Total Number of Traffic Stops: _____

Violations	# of Citations	# of Warnings	# of Arrests
Speeding			
Seat Belt			
Child Restraint			
No Insurance			
Revoked/Suspended			
Light Law Violation			
D.U.I			
Open Container			
Misdemeanor Drug			
Felony Drug			
Other Citation			
Other			

Type of Activity: <small>(radar, impaired driving saturation patrol, sobriety checkpoint, bar check, etc)</small>	
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Officer's Signature: _____

Date: _____

Supervisor's Approval: _____

Date: _____