



42244

ALCOHOL ENFORCEMENT TEAM CHECKPOINT FORM

Please complete for all checkpoints conducted in conjunction with AET efforts. The lead agency involved in multi-jurisdictional efforts should fill out this form. PLEASE WRITE IN CAPS.

REPORTING AGENCY:

COUNTY OF CHECKPOINT:

CHECKPOINT LOCATION:

JUDICIAL CIRCUIT:

CHECKPOINT DATE: / /

START TIME: : AM PM END TIME: : AM PM

Participating Agencies (if a multi-jurisdictional effort): _____

Total # of Tickets by Offense

Underage Alcohol Violations: 16 & Under	<input type="text"/>	DUI (Under 21)	<input type="text"/>
Underage Alcohol Violations: 17 to 20	<input type="text"/>	DUI (Adult)	<input type="text"/>
Suspended/Revoked Licenses	<input type="text"/>	Uninsured Motorists	<input type="text"/>
Underage Tobacco Possession	<input type="text"/>	Speeding	<input type="text"/>
Stolen Vehicles Recovered	<input type="text"/>	Drug Possession	<input type="text"/>
Fugitives Apprehended	<input type="text"/>	Reckless Driving	<input type="text"/>
Open Container	<input type="text"/>	Felony Arrests	<input type="text"/>
Fake ID	<input type="text"/>	Other (Please specify below)	<input type="text"/>

ESTIMATED # OF CARS:

Other:

Please estimate the demographics of the drivers or use the census demographics of those of driving age in the area of the checkpoint.

Male ___ % Female ___ % Hispanic ___ % Non-Hispanic ___ %

Black ___ % White ___ % Asian ___ % American Indian ___ % Multi-Racial ___ %
Hawaiian/Pacific Islander ___ % Other ___ %

15-17 ___ % 18-20 ___ % 21-24 ___ % 25-44 ___ % 45-64 ___ % 65+ ___ %

Name of person submitting this form: _____

Phone () _____ - _____

E-mail: _____