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: __:__ O AM O PM

END TIME: __:__ O AM O PM

Participating Agencies (if a multi-jurisdictional effort):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Total # of Tickets by Offense

<table>
<thead>
<tr>
<th>Offense</th>
<th>Underage Alcohol Violations: 16 &amp; Under</th>
<th>Underage Alcohol Violations: 17 to 20</th>
<th>Suspended/Revoked Licenses</th>
<th>Underage Tobacco Possession</th>
<th>Stolen Vehicles Recovered</th>
<th>Fugitives Apprehended</th>
<th>Open Container</th>
<th>Fake ID</th>
<th>DUI (Under 21)</th>
<th>DUI (Adult)</th>
<th>Uninsured Motorists</th>
<th>Speeding</th>
<th>Drug Possession</th>
<th>Reckless Driving</th>
<th>Felony Arrests</th>
<th>Other (Please specify below)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ESTIMATED # OF CARS: ____________________________

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: ____________________________

Form last edited July 2010