ALCOHOL ENFORCEMENT TEAM SHOULDER TAP FORM

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

REPORTING AGENCY: __________________________________________

COUNTY OF OPERATION: _______________________________________

JUDICIAL CIRCUIT: ______ DATE: ______/_____/_____

START TIME: ______:____ AM  PM  END TIME: ______:____ AM  PM

Location(s) of Operations: ______________________________________

_________________________________________________________________

_________________________________________________________________

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

_________________________________________________________________

# of People Approached: ______

# of Alcohol Transfers: ______

# of Other Alcohol-Related Offenses: ______

# of All Other Offenses: ______

Please fill in the demographics of those ticketed. Offenders should be counted as Hispanic or Non-Hispanic in addition to being counted as Black/White/Other/etc.

Male ______ Female ______ Hispanic ______ Non-Hispanic ______

Black ______ White ______ Asian ______ American Indian ______ Multi-Racial ______

Hawaiian/Pacific Islander ______ Other ______

21-24 ______ 25-44 ______ 45-64 ______ 65+ ______

Name of person submitting this form: _______________________________

Phone (_____) ______ - ________ E-mail: ___________________________

Form last edited July 2010