AET/CAST SATURATION PATROL FORM

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

REPORTING AGENCY: ____________________________

COUNTY: ______________________________________

SATURATION PATROL AREA: ________________________

JUDICIAL CIRCUIT: ________ PATROL DATE: ________/______/______
START TIME: ______:______ AM PM  END TIME: ______:______ AM 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>
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# OF OFFICERS INVOLVED: ________ Other: ____________________________

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. Please enter counts, not percentages.

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 Nov. 2011