



39604

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

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"/>

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: _____