



**\*\*You have the Right to Not Discuss Any Alleged Offence\*\***

# Traffic Stop Notes.

Date & Time of Stop \_\_\_\_\_  
 Location Stopped: (Street, highway, town, city Municipality )  
 \_\_\_\_\_  
 \_\_\_\_\_

How were you Stopped?

- Pulled over by vehicle \_\_\_\_\_
- Waved over by Officer \_\_\_\_\_

If pulled over, what type of Police Vehicle?

- Unmarked (No overhead lights) \_\_\_\_\_
- Marked (overhead lights) \_\_\_\_\_
- Motorcycle/Other \_\_\_\_\_

How many officers? 1\_\_ 2\_\_ more then 2? \_\_

What did Officer say when he/she approached?  
 \_\_\_\_\_  
 \_\_\_\_\_

Your Response? \_\_\_\_\_  
 \_\_\_\_\_

Did you see Police set up before you were stopped?

No \_\_ Yes \_\_ If yes, location \_\_\_\_\_

Were you shown the speed reading? No \_\_ Yes \_\_

Did the Same Officer that pulled you over, also issue you the ticket? No\_\_ Yes \_\_

Officer's Demeanor/Attitude? \_\_\_\_\_

N

**Type of Road**

**Two Way Two Lane** \_\_\_\_\_

**Two Way Multiple Lanes** \_\_\_\_\_

**One Way Multiple Lanes** \_\_\_\_\_

**One Way Single Lane** \_\_\_\_\_

**Intersection** \_\_\_\_\_

- Draw Arrow in Direction of North  
 - Use diagram to illustrate where Alleged Offence occurred and where Traffic Stop was done.  
 - Customize as required.

<b>Icy Road</b>	<b>Dry Road</b>	<b>Wet Road</b>	<b>Pavement</b>
Gravel	Sunny	Cloudy	Overcast
<b>Snowing</b>	<b>Raining</b>	<b>Freezing Rain</b>	<b>Construction</b>
<b>Accident</b>	<b>Light Traffic</b>	<b>Med. Traffic</b>	<b>Heavy Traffic</b>
<b>Stret lighting</b>	<b>Dark, No Street Lights</b>	<b>Residential Area</b>	<b>Commercial Area</b>

Circle any that Apply to Your Traffic Stop

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Did Officer/s leave the Traffic Stop before You? No \_\_ Yes \_\_  
 Did Officer/s Explain the Ticket to You? No \_\_ Yes \_\_  
 Were you told the details of the alleged offence? No \_\_ Yes \_\_  
 Did you observe the officer test the speed device? No \_\_ Yes \_\_  
 Time & Date Traffic Stop Ended \_\_\_\_\_

Signature of Driver/note taker \_\_\_\_\_ Print Name \_\_\_\_\_

Signature of Witness. / Signature of Person Witnessing Notes \_\_\_\_\_

**Make Any Additional Notes On Back Of Sheet**