

DISP/D.A.

Attitude: <input checked="" type="checkbox"/> Polite/Cooperative <input type="checkbox"/> Rude/Poor <input type="checkbox"/> Uncooperative <input type="checkbox"/> Argumentative		
Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Wind <input type="checkbox"/> Mist <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hot <input type="checkbox"/> Cold Temp _____		
Road Conditions: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Slushy <input type="checkbox"/> Snow packed <input type="checkbox"/> Icy <input type="checkbox"/> Other		
Road Type: <input type="checkbox"/> Pavement <input type="checkbox"/> Dirt Light Conditions: <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night		
Speed Measurement: <input type="checkbox"/> Radar <input type="checkbox"/> Lidar <input type="checkbox"/> Pace Test Times: _____ <input type="checkbox"/> Test Ok		
Veh # _____ Device Make: _____		
Patrol Direction: _____ Antenna: _____ <input type="checkbox"/> Stationary <input type="checkbox"/> Moving <input type="checkbox"/> Same <input type="checkbox"/> Opposite		
Speed: Estimate _____ Actual _____ <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> Distance _____ ft.		
# Vehicles Present: _____ Vehicle Position: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> Other		
# Passengers: _____ Location of Stop: <input type="checkbox"/> Close to Violation <input type="checkbox"/> Other		
License: <input type="checkbox"/> CO <input type="checkbox"/> Other _____	Presented?: <input type="checkbox"/> Y <input type="checkbox"/> N	Other Identification:
Registration: <input type="checkbox"/> CO <input type="checkbox"/> Other _____	Presented?: <input type="checkbox"/> Y <input type="checkbox"/> N	# _____
Insurance: <input type="checkbox"/> CO <input type="checkbox"/> Other _____	Presented?: <input type="checkbox"/> Y <input type="checkbox"/> N	State: _____

