

COOPERATIVE SAFETY PATROL OBSERVATION REPORT



Observer's Code Number _____

Month _____ Day _____ Year _____ Time _____

Carrier _____

City _____ State _____

Unit Number: Truck or Tractor _____

Trailer _____

Location of Observed Unit _____

Road/Weather Condition:

Clear Cloudy Rain Snow Ice Other _____

Speed Limit _____ Speed of Observed Unit _____

Upgrade Downgrade Level

Distance Observed _____

Driving Violations:

<input type="checkbox"/> None Observed	<input type="checkbox"/> Excessive Speed	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Follows Too Close
<input type="checkbox"/> Weaving	<input type="checkbox"/> Does Not Signal	<input type="checkbox"/> Blocks Traffic	<input type="checkbox"/> Pass On Hill
<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Pass On Curve	<input type="checkbox"/> Pass Intersection	<input type="checkbox"/> Signal Violation
<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Passenger		
<input type="checkbox"/> Other (Specify) _____			

Vehicle Defects:

<input type="checkbox"/> None Observed	<input type="checkbox"/> Tires/Wheels	<input type="checkbox"/> Load
<input type="checkbox"/> Smoke	<input type="checkbox"/> Placarding	<input type="checkbox"/> Lights (Specify) _____
<input type="checkbox"/> Other (Specify) _____		

Remarks:

