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:
☐ None Observed ☐ Excessive Speed ☐ Improper Passing ☐ Follows Too Close

☐ Weaving ☐ Does Not Signal ☐ Blocks Traffic ☐ Pass On Hill

☐ Improper Turn ☐ Pass On Curve ☐ Pass Intersection ☐ Signal Violation

☐ Improperly Parked ☐ Passenger ____________________________

☐ Other (Specify) ____________________________

Vehicle Defects:
☐ None Observed ☐ Tires/Wheels ☐ Load ____________________________

☐ Smoke ☐ Placarding ☐ Lights (Specify) ____________________________

☐ Other (Specify) ____________________________

Remarks:

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TEXAS TRUCKING ASSOCIATION
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