



**STOP, QUESTION AND FRISK  
REPORT WORKSHEET**  
PD 344-151A (Rev. 05-11)

**(COMPLETE ALL CAPTIONS)**

Pct. Serial No.	
Date	Pct. Of Occ.
Time Of Stop	Period Of Observation Prior To Stop
Radio Run/Sprint No.	
Address/Intersection Or Cross Streets Of Stop	

<input type="checkbox"/> Inside	<input type="checkbox"/> Transit	Type Of Location (Describe:)
<input type="checkbox"/> Outside	<input type="checkbox"/> Housing	
Specify Which Felony/P.L. Misdemeanor Suspected		Duration Of Stop

**What Were Circumstances Which Led To Stop?  
(MUST CHECK AT LEAST ONE BOX)**

- |  |  |
|--|--|
| <input type="checkbox"/> Carrying Objects In Plain View Used In Commission Of Crime e.g., Slim Jim/Pry Bar, etc. | <input type="checkbox"/> Actions Indicative Of Engaging In Drug Transaction.             |
| <input type="checkbox"/> Fits Description.   | <input type="checkbox"/> Furtive Movements.  |
| <input type="checkbox"/> Actions Indicative Of "Casing" Victim Or Location.                                      | <input type="checkbox"/> Actions Indicative Of Engaging In Violent Crimes.               |
| <input type="checkbox"/> Actions Indicative of Acting As A Lookout.  | <input type="checkbox"/> Wearing Clothes/Disguises Commonly Used In Commission Of Crime. |
| <input type="checkbox"/> Suspicious Bulge/Object (Describe)  |  |
| <input type="checkbox"/> Other Reasonable Suspicion Of Criminal Activity (Specify)                               |  |

Name Of Person Stopped	Nickname/Street Name	Date Of Birth
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Address	Apt. No.	Tel. No.
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Identification:  Verbal     Photo I.D.     Refused  
 Other (Specify) \_\_\_\_\_

Sex:  Male     Female    Race:  White     Black     White Hispanic     Black Hispanic  
 Asian/Pacific Islander     American Indian/Alaskan Native

Age	Height	Weight	Hair	Eyes	Build
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Other (Scars, Tattoos, Etc.) \_\_\_\_\_

Did Officer Explain Reason For Stop <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Explain: _____
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Were Other Persons Stopped/ Questioned/Frisked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Pct. Serial Nos. _____
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If Physical Force Was Used, Indicate Type:

<input type="checkbox"/> Handcuffing Suspect	<input type="checkbox"/> Hands On Suspect	<input type="checkbox"/> Baton
<input type="checkbox"/> Suspect Against Wall/Car	<input type="checkbox"/> Suspect On Ground	<input type="checkbox"/> Pepper Spray
<input type="checkbox"/> Drawing Firearm	<input type="checkbox"/> Pointing Firearm At Suspect	<input type="checkbox"/> Other _____

Reason For Force Used: (Check One Box Only)  Suspect Reaching For Suspected Weapon

<input type="checkbox"/> Defense Of Self	<input type="checkbox"/> Overcome Resistance	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Defense Of Other	<input type="checkbox"/> Suspect Flight	

Was Suspect Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Offense _____	Arrest No. _____
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Was Summons Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	Offense _____	Summons No. _____
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Officer In Uniform? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, How Identified? <input type="checkbox"/> Shield <input type="checkbox"/> I.D. Card <input type="checkbox"/> Verbal
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**Was Person Frisked?**  Yes  No **IF YES, MUST CHECK AT LEAST ONE BOX**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Inappropriate Attire - Possibly Concealing Weapon                                | <input type="checkbox"/> Furtive Movements                                | <input type="checkbox"/> Refusal To Comply With Officer's Direction(s) Leading To Reasonable Fear For Safety |
| <input type="checkbox"/> Verbal Threats Of Violence By Suspect  | <input type="checkbox"/> Actions Indicative Of Engaging In Violent Crimes | <input type="checkbox"/> Violent Crime Suspected   |
| <input type="checkbox"/> Knowledge Of Suspects Prior Criminal Violent Behavior/Use Of Force/Use Of Weapon |   | <input type="checkbox"/> Suspicious Bulge/Object (Describe)  |
| <input type="checkbox"/> Other Reasonable Suspicion of Weapons (Specify)                                  |   |  |

**Was Person Searched?**  Yes  No **IF YES, MUST CHECK AT LEAST ONE BOX**  Hard Object  Admission Of Weapons Possession

Outline Of Weapon  Other Reasonable Suspicion of Weapons (Specify)

**Was Weapon Found?**  Yes  No If Yes, Describe:  Pistol/Revolver  Rifle/Shotgun  Assault Weapon  Knife/Cutting Instrument

Machine Gun  Other (Describe)

**Was Other Contraband Found?**  Yes  No If Yes, Describe Contraband And Location \_\_\_\_\_

Demeanor Of Person After Being Stopped \_\_\_\_\_

Remarks Made By Person Stopped \_\_\_\_\_

**Additional Circumstances/Factors: (Check All That Apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Report From Victim/Witness   | <input type="checkbox"/> Evasive, False Or Inconsistent Response To Officer's Questions            |
| <input type="checkbox"/> Area Has High Incidence Of Reported Offense Of Type Under Investigation        | <input type="checkbox"/> Changing Direction At Sight Of Officer/Flight                             |
| <input type="checkbox"/> Time Of Day, Day Of Week, Season Corresponding To Reports Of Criminal Activity | <input type="checkbox"/> Ongoing Investigations, e.g., Robbery Pattern                             |
| <input type="checkbox"/> Suspect Is Associating With Persons Known For Their Criminal Activity          | <input type="checkbox"/> Sights And Sounds Of Criminal Activity, e.g., Bloodstains, Ringing Alarms |
| <input type="checkbox"/> Proximity To Crime Location  |  |
| <input type="checkbox"/> Other (Describe)   |  |

Pct. Serial No. \_\_\_\_\_ Additional Reports Prepared: Complaint Rpt. No. \_\_\_\_\_ Juvenile Rpt. No. \_\_\_\_\_ Aided Rpt. No. \_\_\_\_\_ Other Rpt. (Specify) \_\_\_\_\_

REPORTED BY: Rank, Name (Last, First, M.I.)

Print \_\_\_\_\_ Tax# \_\_\_\_\_

Signature \_\_\_\_\_ Command \_\_\_\_\_

REVIEWED BY: Rank, Name (Last, First, M.I.)

Print \_\_\_\_\_ Tax# \_\_\_\_\_

Signature \_\_\_\_\_ Command \_\_\_\_\_