

APPENDIX B

Blank UF-250 Form



**STOP, QUESTION AND FRISK
REPORT WORKSHEET**
PD344-151A (Rev. 11-02)

(COMPLETE ALL CAPTIONS)

| | |
|---|---|
| Pct. Serial No. | |
| Date | Pct. Of Occ. |
| Time Of Stop | Period Of Observation Prior To Stop |
| Radio Run/Sprint # | |
| Address/Intersection Or Cross Streets Of Stop | |
| <input type="checkbox"/> Inside | <input type="checkbox"/> Transit |
| <input type="checkbox"/> Outside | <input type="checkbox"/> Housing |
| Type Of Location Describe: | |
| 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 | |
| Address | Apt. No. Tel. No. |
| Identification: <input type="checkbox"/> Verbal <input type="checkbox"/> Photo I.D. <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> White Hispanic <input type="checkbox"/> Black Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native |
| Age | Height Weight Hair Eyes Build |
| Other (Scars, Tattoos, Etc.) | |
| Did Officer Explain Reason For Stop | If No, Explain: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Were Other Persons Stopped/ Questioned/Frisked? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List Pct. Serial Nos. |
| If Physical Force Was Used, Indicate Type: | |
| <input type="checkbox"/> Hands On Suspect | <input type="checkbox"/> Drawing Firearm |
| <input type="checkbox"/> Suspect On Ground | <input type="checkbox"/> Baton |
| <input type="checkbox"/> Pointing Firearm At Suspect | <input type="checkbox"/> Pepper Spray |
| <input type="checkbox"/> Handcuffing Suspect | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Suspect Against Wall/Car | |
| Was Suspect Arrested? | Offense Arrest No. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Summons Issued? | Offense Summons No. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Officer In Uniform? | If No, How Identified? <input type="checkbox"/> Shield <input type="checkbox"/> I.D. Card <input type="checkbox"/> Verbal |

Was Person Frisked? Yes No **IF YES, MUST CHECK AT LEAST ONE BOX**

Inappropriate Attire - Possibly Concealing Weapon Furtive Movements Refusal To Comply With Officer's Direction(s) Leading To Reasonable Fear For Safety

Verbal Threats Of Violence By Suspect Actions Indicative Of Engaging In Violent Crimes Violent Crime Suspected

Knowledge Of Suspects Prior Criminal Violent Behavior/Use Of Force/Use Of Weapon Suspicious Bulge/Object (Describe)

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)

Report From Victim/Witness Evasive, False Or Inconsistent Response To Officer's Questions

Area Has High Incidence Of Reported Offense Of Type Under Investigation Changing Direction At Sight Of Officer/Fight

Time Of Day, Day Of Week, Season Corresponding To Reports Of Criminal Activity Ongoing Investigations, e.g., Robbery Pattern

Suspect Is Associating With Persons Known For Their Criminal Activity Sights And Sounds Of Criminal Activity, e.g., Bloodstains, Ringing Alarms

Proximity To Crime Location 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 _____ Signature _____ Tax# _____ Command _____

REVIEWED BY: Rank, Name (Last, First, M.I.) _____ Print _____ Signature _____ Tax# _____ Command _____