MARYLAND CAPITOL POLICE
OFFICER DAILY ACTIVITY SHEET

OFFICER	NAME	ID	DETACHMENT

PATROL RIFLE SERIAL#		MAGAZINE COUNT	

ASSIGNMENT	SHIFT	POST ASSIGNMENTS	HOURS

VEHICLE (Attach MCP Form 91 if vehicle damage noted)		MILEAGE		ISSUES / DAMAGE	
	UNIT NO.	BEGINNING	ENDING	YES	NO

NARCAN KIT#	

PATROL	PATROL ACTIVITY					
	BUILDING / PREMISE CHX	PATROL / PARKING CHX	ESCORTS PROVIDED	VEHCILE ASSISTS	POST RELIEFS	WARRANT / WANTED CHX
TOTALS						

ENFORCEMENT	TRAFFIC					
	CITATIONS	WARNINGS	EQUIP. REPAIR ORDERS	PARKING WARNINGS	PARKING TICKETS	TRAFFIC DETAILS
TOTALS						

ENFORCEMENT	ARRESTS				
	ADULT	JUVENILE	CDS	CIVIL CITATIONS	CRIMINAL CITATIONS
TOTALS					

INCIDENTS	REPORTS	
	REPORT NO.	TYPE OF REPORT

OFFICER'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____