



University of California Santa Barbara Police Department

AB 953 Racial and Identity Profiling Act of 2015 Form

EMPLOYEE INFORMATION

1. Primary Officer Identification number:	3. Experience (as Sworn Peace Officer):
	_____ Years (Whole Number)
4. Type of Assignment of Officer: <input type="checkbox"/> Off-Duty Event	
<input type="checkbox"/> Patrol, Traffic Enforcement, Field Operation <input type="checkbox"/> Gang Enforcement <input type="checkbox"/> Compliance Check <input type="checkbox"/> Special Event <input type="checkbox"/> Checkpoint (DUI or Other) <input type="checkbox"/> Narcotics/VICE <input type="checkbox"/> Investigative/Detective <input type="checkbox"/> Task Force <input type="checkbox"/> Other:	

BASELINE STOP INFORMATION

5. Date of Stop:	6. Time of Stop:	7. Duration of Detention with Person:	
		_____ (approx. length of time in minutes)	
8. Location of Stop (report City and one of the following options, in order of preference):			
City: _____			
<input type="checkbox"/> Block number and street name: _____			
<input type="checkbox"/> Closest intersection: _____			
<input type="checkbox"/> Highway and closest exit: _____			
<input type="checkbox"/> None of the above (road marker, landmark, or other description. May not provide street address if the location is a residence. _____)			

SUBJECT INFORMATION OF PERSON STOPPED, DETAINED, SEARCHED or ARRESTED

9. Perceived Race/Ethnicity:	10. Perceived Gender:	13. Perceived or Known Disability:
<input type="checkbox"/> White <input type="checkbox"/> Middle Eastern or South Asian <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Male <input type="checkbox"/> Transgender man/boy <input type="checkbox"/> Female <input type="checkbox"/> Transgender woman/girl <input type="checkbox"/> Gender nonconforming <input type="checkbox"/> Lesbian, gay, bisexual or transgender (LGBT)	<input type="checkbox"/> Deafness or difficulty hearing <input type="checkbox"/> Speech impairment/limited use language <input type="checkbox"/> Blind or limited vision <input type="checkbox"/> Mental health condition <input type="checkbox"/> Intellectual or developmental disability <input type="checkbox"/> Other disability <input type="checkbox"/> None (no other data may be selected)
11. Limited English Fluency:	12. Perceived Age:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ (Whole Number.)	

REASON FOR STOP

14. Primary Reason for Stop, Detention, or Search:	
Traffic Violation: (select one) <input type="checkbox"/> Traffic/Moving <input type="checkbox"/> Traffic/Equipment <input type="checkbox"/> Traffic/Non-moving (including registration violations) Section: _____ Section: _____ Section: _____ Reasonable suspicion or knowledge the person was engaged in criminal activity: (select all that apply) <input type="checkbox"/> Officer witnessed commission <input type="checkbox"/> Actions indicative of engaging in a violent crime <input type="checkbox"/> Other reasonable suspicion <input type="checkbox"/> Matched suspect description <input type="checkbox"/> Known to be on parole/probation/PRCS/mandatory supervision <input type="checkbox"/> Witness or Victim identification of suspect at the scene <input type="checkbox"/> Knowledge of outstanding arrest warrant/wanted person <input type="checkbox"/> Investigation to determine whether the person was truant <input type="checkbox"/> Carrying suspicious object <input type="checkbox"/> Consensual encounter resulting in search <input type="checkbox"/> Actions indicative of casing a victim or location <input type="checkbox"/> Response to a call for service <input type="checkbox"/> Suspected of acting as a lookout <input type="checkbox"/> Actions indicative of a drug transaction Primary Section _____	

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15. Include a brief narrative (250-character maximum) regarding the reason for the stop. Include additional details beyond the general data values selected above.

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EVENT ACTIONS

16. Action Taken by Officer During Stop or Detention: (Select all that apply)

<p>Stop made in response to a call for service <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Person removed from vehicle by order</td> <td><input type="checkbox"/> Asked for consent to search person</td> </tr> <tr> <td><input type="checkbox"/> Person removed from vehicle by physical contact</td> <td><input type="checkbox"/> Consent given <input type="checkbox"/> Consent not-given</td> </tr> <tr> <td><input type="checkbox"/> Field sobriety test conducted</td> <td><input type="checkbox"/> Search of person was conducted</td> </tr> <tr> <td><input type="checkbox"/> Curbside detention</td> <td><input type="checkbox"/> Asked for consent to search property</td> </tr> <tr> <td><input type="checkbox"/> Handcuffed or flex cuffed</td> <td><input type="checkbox"/> Consent given <input type="checkbox"/> Consent not-given</td> </tr> <tr> <td><input type="checkbox"/> Patrol car detention</td> <td><input type="checkbox"/> Search of property was conducted</td> </tr> <tr> <td><input type="checkbox"/> Canine removed from vehicle or used in search</td> <td><input type="checkbox"/> Property was Seized</td> </tr> <tr> <td><input type="checkbox"/> Person photographed</td> <td><input type="checkbox"/> Vehicle Impounded</td> </tr> <tr> <td><input type="checkbox"/> Firearm pointed a person</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Firearm discharged or used</td> <td></td> </tr> </table>	<input type="checkbox"/> Person removed from vehicle by order	<input type="checkbox"/> Asked for consent to search person	<input type="checkbox"/> Person removed from vehicle by physical contact	<input type="checkbox"/> Consent given <input type="checkbox"/> Consent not-given	<input type="checkbox"/> Field sobriety test conducted	<input type="checkbox"/> Search of person was conducted	<input type="checkbox"/> Curbside detention	<input type="checkbox"/> Asked for consent to search property	<input type="checkbox"/> Handcuffed or flex cuffed	<input type="checkbox"/> Consent given <input type="checkbox"/> Consent not-given	<input type="checkbox"/> Patrol car detention	<input type="checkbox"/> Search of property was conducted	<input type="checkbox"/> Canine removed from vehicle or used in search	<input type="checkbox"/> Property was Seized	<input type="checkbox"/> Person photographed	<input type="checkbox"/> Vehicle Impounded	<input type="checkbox"/> Firearm pointed a person	<input type="checkbox"/> None	<input type="checkbox"/> Firearm discharged or used		<input type="checkbox"/> Electronic control device used <input type="checkbox"/> Impacted projectile discharge/used <input type="checkbox"/> Canine bites or held person <input type="checkbox"/> Baton or other impact weapon used <input type="checkbox"/> Chemical spray used <input type="checkbox"/> Other physical or vehicle contact:
<input type="checkbox"/> Person removed from vehicle by order	<input type="checkbox"/> Asked for consent to search person																				
<input type="checkbox"/> Person removed from vehicle by physical contact	<input type="checkbox"/> Consent given <input type="checkbox"/> Consent not-given																				
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<input type="checkbox"/> Firearm discharged or used																					

17. Basis of Search: (Select all that apply)

<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Consent given</td> <td><input type="checkbox"/> Search Warrant</td> <td><input type="checkbox"/> Suspected weapons</td> <td><input type="checkbox"/> Evidence of crime</td> </tr> <tr> <td><input type="checkbox"/> Officer safety/Safety of others</td> <td><input type="checkbox"/> Visible contraband</td> <td><input type="checkbox"/> Canine detection</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Exigent Circumstances/Emergency</td> <td><input type="checkbox"/> Odor of contraband</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Condition of Parole / Probation / PRCS / Mandatory Supervision</td> <td><input type="checkbox"/> Incident to arrest</td> <td><input type="checkbox"/> Vehicle Inventory</td> <td></td> </tr> </table>	<input type="checkbox"/> Consent given	<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Suspected weapons	<input type="checkbox"/> Evidence of crime	<input type="checkbox"/> Officer safety/Safety of others	<input type="checkbox"/> Visible contraband	<input type="checkbox"/> Canine detection		<input type="checkbox"/> Exigent Circumstances/Emergency	<input type="checkbox"/> Odor of contraband			<input type="checkbox"/> Condition of Parole / Probation / PRCS / Mandatory Supervision	<input type="checkbox"/> Incident to arrest	<input type="checkbox"/> Vehicle Inventory		
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18. Include a brief narrative (250-character maximum) regarding the basis for the search. Include additional details beyond the general data values selected above. (This section is not needed if Parole/Probation/PRCS/Mand. Supv. is selected in Box 17)

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19. Contraband or Evidence Discovered (Select all that apply)

<input type="checkbox"/> Firearm(s) <input type="checkbox"/> Drug paraphernalia <input type="checkbox"/> Cell phones or electronic device(s) <input type="checkbox"/> Ammunition <input type="checkbox"/> Alcohol <input type="checkbox"/> Other contraband or evidence <input type="checkbox"/> Weapon (Non-firearm) <input type="checkbox"/> Money <input type="checkbox"/> Drugs/Narcotics <input type="checkbox"/> Suspected stolen property <input type="checkbox"/> None of the above

20. Basis for Property Seizure: (Select all that apply)

<input type="checkbox"/> Safekeeping	<input type="checkbox"/> Evidence	<input type="checkbox"/> Abandoned property
<input type="checkbox"/> Contraband	<input type="checkbox"/> Vehicle Impound	

21. Type of Property Seized (Select all that apply)

<input type="checkbox"/> Firearm(s)	<input type="checkbox"/> Drug paraphernalia	<input type="checkbox"/> Cell phones/electronic device(s)
<input type="checkbox"/> Ammunition	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Weapon (Non-firearm)	<input type="checkbox"/> Money	<input type="checkbox"/> Other contraband or evidence
<input type="checkbox"/> Drug/Narcotics	<input type="checkbox"/> Suspected stolen property	

22. Results of Stop or Detention: (Select all that apply)

<table style="width: 100%;"> <tr> <td><input type="checkbox"/> No action</td> <td><input type="checkbox"/> Field Interview Card completed</td> </tr> <tr> <td><input type="checkbox"/> Warning: <input type="checkbox"/> Verbal <input type="checkbox"/> Written</td> <td><input type="checkbox"/> Non-Criminal/Caretaking transport</td> </tr> <tr> <td><input type="checkbox"/> Citation - Infraction</td> <td><input type="checkbox"/> Contacted parent/legal guardian or other person responsible for minor</td> </tr> <tr> <td><input type="checkbox"/> Cite and Release in-field (Misd.)</td> <td><input type="checkbox"/> Psychiatric hold/5150</td> </tr> <tr> <td><input type="checkbox"/> Custodial arrest-without warrant</td> <td><input type="checkbox"/> Contacted/Referred to USDHS</td> </tr> <tr> <td><input type="checkbox"/> Custodial arrest-outstanding warrant</td> <td></td> </tr> </table> <p>Note all code/section/ordinances: _____</p>	<input type="checkbox"/> No action	<input type="checkbox"/> Field Interview Card completed	<input type="checkbox"/> Warning: <input type="checkbox"/> Verbal <input type="checkbox"/> Written	<input type="checkbox"/> Non-Criminal/Caretaking transport	<input type="checkbox"/> Citation - Infraction	<input type="checkbox"/> Contacted parent/legal guardian or other person responsible for minor	<input type="checkbox"/> Cite and Release in-field (Misd.)	<input type="checkbox"/> Psychiatric hold/5150	<input type="checkbox"/> Custodial arrest-without warrant	<input type="checkbox"/> Contacted/Referred to USDHS	<input type="checkbox"/> Custodial arrest-outstanding warrant		
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