



Looking Beyond The Safety Belt



An Illinois Law Enforcement Recognition Program

ENTRY FORM

Date of Traffic Stop: _____ (Must have occurred in previous year)

Officer's Name: _____ Star/Badge # _____

Law Enforcement Agency _____

Address: _____

City: _____ Zip Code: _____

Contact Phone # For Person Completing Nomination _____

Name of Person Completing This Form: _____

For entry to be considered, each area below must be completed with attachments, and submitted with a cover letter from the head of the agency or his/her designee.

Briefly describe the events leading up to the traffic stop (time of day, location, was officer by him/herself, other violations noted other than occupant restraint prior to the stop?):

Briefly describe the events leading up to the discovery of crimes, fugitives, evidence recovered, etc.:

What was the result of the stop (arrests made, charges filed, crimes cleared, etc.)?

Please attach any arrest and/or case reports, news, social media, or other supporting materials. Use additional paper if needed, to expand on the above information.

Please return applications **BY May 1st to: Illinois Association of Chiefs of Police, ATTN: Traffic Committee, 426 S. 5th Street, Springfield, IL 62701-1824**

For information: Program Directors Scott Kristiansen, 847 456-2293 scottkilacp@gmail.com or Deputy Chief Paul Rizzo (ret.), 224 286-0102 / prizzolel@gmail.com