



**July 2 - 4, 2021**

**ON THE ROAD OR THE WATER,  
YOU'RE HEADED NOWHERE FAST**

**WHILE IMPAIRED.**

## Operation Dry Water 2021 Heightened Awareness & Enforcement Weekend Law Enforcement Report Form

Operation Dry Water Heightened Awareness & Enforcement Weekend | July 2 - 4, 2021

\* 1. Agency (USCG please specify your unit or station)

2. USCG District (if applicable):

3. USCG Sector (if applicable):

4. Types of Activities Performed:

- Saturation Patrol Response
- Checkpoints Response
- Heightened Awareness During Normal Patrol
- Other (please specify)

\* 5. State:

State:

-- select state --



\* 6. Number of Officers that worked ODW weekend?

*Any sworn law enforcement officer who was involved in the execution of the ODW mission and patrol during at least one day of the three-day weekend on land or on water.*

\* 7. Number of Vessels Contacted:

*The number of vessels law enforcement came into contact with during the three-day ODW weekend. Contacts can be of a friendly nature, vessel/safety checks, investigative and enforcement, or other. This also includes USCG Boardings.*

\* 8. Number of Boaters Contacted:

*Include operators and passengers.*

\* 9. Number of Boating Citations Issued:

\* 10. Number of BUI - **Alcohol** Arrests/Citations:

11. Number of BUI - **Drug** Arrests/Citations:

12. Highest BAC Level (if known):

\* 13. Number of Boating Safety Warnings:

14. Other agencies/stations whose Operation Dry Water results are **included** in this report (*if any*):

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

15. Other Significant or Interesting Notes:

16. If you would like to leave any comments about your campaign results, related to the COVID-19 pandemic or otherwise, please leave those below:

Not for Official Use

17. Other agencies/stations who participated with you:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.


18. Locations of Operation Dry Water Activities:

--

19. Links to media coverage of your campaign and activities:

--

\* 20. Report Submitted by: (First Name)

--

\* 21. Report Submitted by: (Last Name)

--

\* 22. ODW Reporting Contact phone number:

--

\* 23. ODW Contact Email:

\* 24. Agency mailing address:

Attn:	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Agency Phone Number	<input type="text"/>

If you have any questions about reporting please contact Taylor Matsko ([taylor.matsko@nasbla.org](mailto:taylor.matsko@nasbla.org) / 859.225.9487).

EXAMPLE  
Not for Official Use