

General Offence Report
(Code of Penal Procedure)
(a. 367, par. 1)

ORIGIN													
Department, municipality, public body or other authority	Record No.												
Name and address of person responsible	Event code												
A DEFENDANT													
Surname, given name or legal person													
Date of birth <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Y</td><td>M</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> Minor <input type="checkbox"/> F <input type="checkbox"/> M		Y	M	D									
Y	M	D											
Height m	Weight kg												
Eyes	Hair												
Other features													
Address (No., street, apt., city, province)													
Postal code													
Telephone (residence)	Telephone (work)												
Occupation of person or activity of enterprise													
Identification paper <input type="checkbox"/> Permit <input type="checkbox"/> Certificate <input type="checkbox"/> Other <input type="checkbox"/>	Licence No. <input type="checkbox"/> Social insurance No.												
B OFFENCE													
Date and time of offence <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Y</td><td>M</td><td>D</td><td>H</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Y	M	D	H	M						Title of Statute or Regulation		
Y	M	D	H	M									
chapter or regulation	Section No.												
Description of offence													
C PLACE OF OFFENCE													
Place	Code <input type="checkbox"/> Permit <input type="checkbox"/> Licence <input type="checkbox"/> Certificate <input type="checkbox"/> Other												
Address (No., street, apt., city, province)	Municipal code												
Judicial district													
Description of the place													
D PROPERTY SEIZED, RELATED DOCUMENTS OR EVENTS													
<input type="checkbox"/> Property seized	Description												
<input type="checkbox"/> Documents	Description												
<input type="checkbox"/> Attached													
E RELEVANT FACTS AND ACTIONS													
<input type="checkbox"/> Continued on another page													
SIGNATURES													
I have personally observed the facts mentioned in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	I have personally observed the facts mentioned in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F												
<input type="checkbox"/> Peace officer or <input type="checkbox"/> Person responsible for enforcement of the law	<input type="checkbox"/> Peace officer or <input type="checkbox"/> Person responsible for enforcement of the law												
Surname and given name (in block letters)	Surname and given name (in block letters)												
Officer's No.	Officer's No.												
Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Y</td><td>M</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Y	M	D				Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>Y</td><td>M</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Y	M	D			
Y	M	D											
Y	M	D											
Signature	Signature												

* CR-89A (93-10)

(Form prescribed by regulation to be used as documentary evidence)