

Abridged offence report for statement of offence No.

(Indicate the origin of the report in this space)

Event code	Record No.
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A Identification of defendant

B Vehicle

V.R.N.	Number of occupants	Colour of vehicle
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C Lighting Weather Zone Roadway

Day	Weather		Zone		Type	Condition	Roadway Configuration	
	1 <input type="checkbox"/> Daylight 2 <input type="checkbox"/> Semi-darkness 3 <input type="checkbox"/> Lighted highway 4 <input type="checkbox"/> Unlighted highway	5 <input type="checkbox"/> Clear 6 <input type="checkbox"/> Cloudy 7 <input type="checkbox"/> Fog 8 <input type="checkbox"/> Rain 9 <input type="checkbox"/> Sleet 10 <input type="checkbox"/> Snow	11 <input type="checkbox"/> School 12 <input type="checkbox"/> Residential 13 <input type="checkbox"/> Commercial 14 <input type="checkbox"/> Industrial 15 <input type="checkbox"/> Rural 16 <input type="checkbox"/> Park	17 <input type="checkbox"/> Concrete 18 <input type="checkbox"/> Asphalt 19 <input type="checkbox"/> Gravel 20 <input type="checkbox"/> Dirt 21 <input type="checkbox"/> Dry 22 <input type="checkbox"/> Wet 23 <input type="checkbox"/> Snow 24 <input type="checkbox"/> Ice 25 <input type="checkbox"/> Mud 26 <input type="checkbox"/> Construction	70 <input type="checkbox"/> Flat/straight 71 <input type="checkbox"/> Flat/curve 72 <input type="checkbox"/> Downhill/straight 73 <input type="checkbox"/> Downhill/curve 74 <input type="checkbox"/> Uphill/straight 75 <input type="checkbox"/> Uphill/curve			

Presence on road

27 <input type="checkbox"/> None 28 <input type="checkbox"/> Veh. same direction 29 <input type="checkbox"/> Veh. opp. direction 30 <input type="checkbox"/> Veh. inters. road	31 <input type="checkbox"/> Pedestrian(s) 32 <input type="checkbox"/> Worker(s) 33 <input type="checkbox"/> Cyclist(s)	34 <input type="checkbox"/> School 35 <input type="checkbox"/> Residential 36 <input type="checkbox"/> Commercial 37 <input type="checkbox"/> Industrial 38 <input type="checkbox"/> Rural 39 <input type="checkbox"/> Park	40 <input type="checkbox"/> Automobile 41 <input type="checkbox"/> Light truck 42 <input type="checkbox"/> Truck 43 <input type="checkbox"/> Tractor 44 <input type="checkbox"/> Tractor-trailer	45 <input type="checkbox"/> Vehicle transporting hazardous materials 46 <input type="checkbox"/> Specialized mobile equipment 47 <input type="checkbox"/> Specialized vehicle	48 <input type="checkbox"/> Bus 49 <input type="checkbox"/> School bus 50 <input type="checkbox"/> Minibus 51 <input type="checkbox"/> Taxi	52 <input type="checkbox"/> Emergency veh. 53 <input type="checkbox"/> Motorcycle 54 <input type="checkbox"/> Moped 55 <input type="checkbox"/> Recreational veh.	56 <input type="checkbox"/> Snowmobile 57 <input type="checkbox"/> Bicycle 58 <input type="checkbox"/> Moped 59 <input type="checkbox"/> Other
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D Radar

Speed recorded	km/h	Speed zone	km/h	Radar device	<input type="checkbox"/> moving <input type="checkbox"/> stationary
Make	Model		Series		
1st radar check			2nd radar check		
<input type="checkbox"/> Electronic	<input type="checkbox"/> Tuning fork	<input type="checkbox"/> Electronic	<input type="checkbox"/> Tuning fork		
time	time	time	time	time	time
	km/h	km/h	km/h	km/h	km/h
<input type="checkbox"/> In proper working order	<input type="checkbox"/> Other vehicles present in radar beam	Distance at which the radar device clocked vehicle speed		<input type="checkbox"/> Certified operator	
<input type="checkbox"/> No source of interference with operation	<input type="checkbox"/> Visual estimate	metres			

E Relevant facts, details or particulars

Continued on another page

F Relevant facts, details or particulars

Continued on another page

Attestation of the facts

I have personally observed the facts mentioned in

Name	Officer's No.	Unit	Date (Y-M-D)
1- Peace officer <input type="checkbox"/>	Validation code		
2- Other Quality			

I have personally observed the facts mentioned in

Name	Officer's No.	Unit	Date (Y-M-D)
1- Peace officer <input type="checkbox"/>	Validation code		
2- Other Quality			

Attestation of hard-copy conversion

I attest that this document is true to its duplicate in electronic form.

Surname	Date (Y-M-D)	Time (H-M-S)
Authorized person	Validation code	
Given name		
Quality		

(Référence)