

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

Presence on road			Type of vehicle				
27 <input type="checkbox"/> None	31 <input type="checkbox"/> Pedestrian(s)	41 <input type="checkbox"/> Automobile	45 <input type="checkbox"/> Vehicle transporting hazardous materials	48 <input type="checkbox"/> Bus	52 <input type="checkbox"/> Emergency veh.	56 <input type="checkbox"/> Snowmobile	
28 <input type="checkbox"/> Veh. same direction	32 <input type="checkbox"/> Worker(s)	42 <input type="checkbox"/> Light truck	46 <input type="checkbox"/> Specialized mobile equipment	49 <input type="checkbox"/> School bus	53 <input type="checkbox"/> Motorcycle	57 <input type="checkbox"/> Bicycle	
29 <input type="checkbox"/> Veh. opp. direction	33 <input type="checkbox"/> Cyclist(s)	43 <input type="checkbox"/> Truck	47 <input type="checkbox"/> Truck tractor	50 <input type="checkbox"/> Minibus	54 <input type="checkbox"/> Moped	58 <input type="checkbox"/> Other	
30 <input type="checkbox"/> Veh. inters. road				51 <input type="checkbox"/> Taxi	55 <input type="checkbox"/> Recreational veh.		

**D Radar**

Speed recorded	km/h	Speed zone	km/h	Radar device	<input type="checkbox"/> moving	<input type="checkbox"/> stationary
Make	Model		Series			
1 <sup>st</sup> radar check			2 <sup>nd</sup> 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	time
	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			