

**Supplement to an
offence report**
(additional page)

MODEL 3

- This page may be used for:
- The continuation of E.
 - An additional statement of facts (section F) by officers or persons different from those who presented a report on the preceding page.
 - The continuation of F.

ORIGIN	
Department, municipality, public body or other authority	Record No.
Name and address of person responsible	Event code

RELEVANT FACTS AND ACTIONS

Check off the appropriate box

Continuation of E

New section F

Continuation of F

Weighing report

Vehicle class Check off in thaw or rain period

Check off if dump, garbage or maintenance truck Check off if modified or without GAWR Check off if special travel permit (overload)

Axle class	A		kg	*					
	B				<input type="checkbox"/>	<input type="checkbox"/>			
B- _____	C			Load authorized		Load recorded			
				kg		kg			
Axle class	A		kg	*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B- _____	C			Load authorized		Load recorded			
				kg		kg			
Axle class	A		kg	*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B- _____	C			Load authorized		Load recorded			
				kg		kg			
Axle class	A		kg	**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B- _____	C			Load authorized		Load recorded			
				kg		kg			
TLM	Authorized					Recorded			
			kg			kg			
TLM according to special permit				kg	Special permit No.				
Configurations									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
←	*	*	*	*	*	*	*	*	*
Scales	Make	Model	<input type="checkbox"/> Series	<input type="checkbox"/> MTQ	Location				
Check off if scales are used in compliance with Minister's Order in force <input type="checkbox"/>									
Operator					Surname				
					Given name				
Type of load									

* Legend

Axles under vehicle

TLM Total loaded mass

* Mark an "X" for each axle seen

** Draw each axle seen

A Tire load limit specified by the manufacturer.

B Load authorized for its class.

C Axle load limit specified by vehicle manufacturer.

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. Date Y M D	Officer's No. Date Y M D
Signature	Signature