

00000 0000000000

STATEMENT OF OFFENCE

Judicial district																
Court office record number																
Prosecutor																
A DEFENDANT	1. Mr. 2. Ms. 3. Legal person 4. Owner to be identified <input type="checkbox"/>			Surname			Given name									
	Address						Apt.									
	Locality				Prov/State				Postal code							
	Confirmation of identity						Prov/State			<input type="checkbox"/> Non resident <input type="checkbox"/> Under 18 years of age						
B VEH	Licence plate No. <input type="checkbox"/> Temporary registration certificate			Expiry			Prov/State			Vehicle make						
	Model			Year			Number of axles declared			Net weight declared						
C OFFENCE	<input type="checkbox"/> Highway Safety Code <input type="checkbox"/> Municipal traffic or parking by-law <input type="checkbox"/> Other law or regulation Title of the law or regulation:															
	Section or article			Code			Defendant code			Vehicle code						
	DESCRIPTION OF THE OFFENCE															
D PLACE	Speed recorded			Speed limit			By			Weight/dimension recorded			Allowable weight/dimension			
	km/h			km/h			<input type="checkbox"/> 1. Radar <input type="checkbox"/> 2. Vehicle <input type="checkbox"/> 3. Air			<input type="checkbox"/> kg <input type="checkbox"/> m			<input type="checkbox"/> kg <input type="checkbox"/> m			
	Date of offence (Y-M-D)				Time				Demerit points				Thaw period			
	from				to								<input type="checkbox"/>			
E OPERATOR	1-Driver 2-Operator 3-Driver=Operator <input type="checkbox"/>			Surname			Given name			1-Facing 2-Near 3-Opposite 4-Inters. 5-Rear <input type="checkbox"/>			Side 1-North 2-South 3-East 4-West <input type="checkbox"/>			
	Confirmation of identity						Prov/State			O.O.H.V. <input type="checkbox"/>						
F PENALTY																
Minimum fine Costs Contribution TOTAL AMOUNT																
\$ + \$ + \$ = \$																
G ATTESTATION / SERVICE	ATTESTATION						SERVICE									
	I, the undersigned, certify that I personally witnessed the facts set out in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E and (if applicable) certify that _____, peace officer, badge number _____, witnessed the facts set out in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E and I have reasonable grounds to believe that the offence described in C has been committed. <input type="checkbox"/> I did not deliver a duplicate of the statement of offence.						I certify that I delivered a duplicate of the statement of offence <input type="checkbox"/> at the time of the offence <input type="checkbox"/> subsequent to the commission of the offence <input type="checkbox"/> to the defendant <input type="checkbox"/> to the driver <input type="checkbox"/> by leaving it in a conspicuous place on the vehicle <input type="checkbox"/> in another manner (specify): Name (in block letters) <input type="checkbox"/> same as attestation									
	Name (in block letters)						<input type="checkbox"/> Peace officer			Badge number			Unit			
	<input type="checkbox"/> Peace officer			Badge number			Unit			<input type="checkbox"/> Person entrusted with the enforcement of the Act			Capacity			
	<input type="checkbox"/> Person entrusted with the enforcement of the Act			Capacity			Time (H-M)			Date of service (Y-M-D)						
	Signature						Signature									
H IMPORTANT PLEASE READ WARNING NO. 1 ON THE BACK. HOWEVER, IF YOU ARE UNDER 18 YEARS OF AGE OR IF THIS BOX IS CHECKED <input type="checkbox"/> PLEASE READ WARNING NO. 2 ON THE BACK.																