

000000 0000000000

STATEMENT OF OFFENCE

Judicial district										
Court office record number										
Prosecutor										
DEFENDANT	1. Mr. 2. Ms. 3. Legal person 4. Owner to be identified <input type="checkbox"/>		Surname			Given name				
	<input type="checkbox"/>		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			
VEH	Licence plate No. <input type="checkbox"/> Temporary registration certificate		Expiry		Prov/State		Vehicle make			
	Model		Year		No. of axles declared		Net weight declared			
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									
Speed recorded Speed limit By 1. Radar Weight/dimension recorded Allowable weight/dimension										
km/h km/h <input type="checkbox"/> 2. Vehicle <input type="checkbox"/> kg <input type="checkbox"/> kg										
Date of offence (Y-M-D) Time 3. Air Demerit points Thaw period										
from to <input type="checkbox"/>										
PLACE	Location				1-Facing 2-Near 3-Opposite 4-Inters. 5-Rear		Side 1-North 2-South 3-East 4-West			
	Highway/Road		Direction		Location		Unit		<input type="checkbox"/> <input type="checkbox"/>	
OPERATOR	1-Driver 2-Operator 3-Driver = Operator <input type="checkbox"/>		Surname			Given name				
	<input type="checkbox"/>		Confirmation of identity			Prov/State		O.O.H.V. <input type="checkbox"/>		
T	PENALTY				Minimum fine		Costs		Contribution	
					\$		+ \$		+ \$ = \$	
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 (and if applicable) <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E 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 was committed.					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)				
	<input type="checkbox"/> I did not deliver a duplicate of the statement					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 or validation code					Signature or validation code					
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.										
HARD-COPY CONVERSION										
I CERTIFY THAT THIS DOCUMENT IS TRUE TO ITS DUPLICATE IN ELECTRONIC FORM.					Date (Y-M-D)		Time (H-M-S)			
Authorized person		Name		Capacity		Validation code				