

**INFRACTION**  **TRAFFIC**  **NON-TRAFFIC**

**I 3676901**

IN THE  DISTRICT  MUNICIPAL COURT OF  
 STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT  
 COUNTY OF  
 CITY/TOWN OF

L.E.A. ORI #: **WAWSP 00** COURT ORI #:

**THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON**

DRIVER'S LICENSE NO.		STATE	EXPIRES	PHOTO I.D. ON PERSON <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME: LAST		FIRST	MIDDLE		
ADDRESS				<input type="checkbox"/> IF NEW ADDRESS <input type="checkbox"/> PASSENGER	
CITY		STATE	ZIP CODE	EMPLOYER	LOCATION
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	EYES HAIR
RESIDENTIAL PHONE NO. ( ) ( )		CELL/PAGER NO. ( ) ( )		WORK PHONE NO. ( ) ( )	
VIOLATION DATE		MONTH	DAY	YEAR	TIME
ON OR ABOUT		24 HOUR			<input type="checkbox"/> INTERPRETER NEEDED
AT LOCATION		M.P.		CITY/COUNTY OF	

**DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND**

VEHICLE LICENSE NO.	STATE	EXPIRES	VEH. YR.	MAKE	MODEL	STYLE	COLOR
TRAILER #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.	STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER							
ADDRESS		CITY		STATE		ZIP CODE	
ACCIDENT	COMMERCIAL	<input type="checkbox"/> YES	HAZARD	<input type="checkbox"/> YES	EXEMPT	<input type="checkbox"/> FARM	<input type="checkbox"/> FIRE
NO NR R I F	VEHICLE	<input type="checkbox"/> NO	PLACARD	<input type="checkbox"/> NO	VEHICLE	<input type="checkbox"/> R.V.	<input type="checkbox"/> OTHER

**DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES**

1. VIOLATION/STATUTE CODE	VEHICLE SPEED	IN A	ZONE	<input type="checkbox"/> SMD <input type="checkbox"/> PACE <input type="checkbox"/> AIRCRAFT
2. VIOLATION/STATUTE CODE				
3. VIOLATION/STATUTE CODE				
			PENALTY	U.S. \$
			RELATED #	DATE ISSUED
WITHOUT ADMITTING TO HAVING COMMITTED EACH OF THE ABOVE OFFENSES, BY SIGNING THIS DOCUMENT I ACKNOWLEDGE RECEIPT OF THIS NOTICE OF INFRACTION AND PROMISE TO RESPOND AS DIRECTED ON THIS NOTICE.		I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND MY REPORT WRITTEN ON THE BACK OF THIS DOCUMENT OR ATTACHED TO THIS INFRACTION IS TRUE AND CORRECT.		
X _____		OFFICER #		
DEFENDANT'S SIGNATURE		OFFICER #		

INFRACTION						
INF	RESPONSE	DISPOSITION	PENALTY	SUSPENDED	SUB-TOTAL	FNDG/JDGT DATE
1	C NC	C NC D P DF	\$	\$	\$	ABSTRACT MLD TO OLYMPIA
2	C NC	C NC D P DF	\$	\$	\$	
3	C NC	C NC D P DF	\$	\$	\$	
					TOTAL COSTS \$	

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