



ARKANSAS GAME & FISH COMMISSION

CITATION NUMBER **8- 87296**

COUNTY NUMBER _____

W

Date Issued _____ Time _____
Issued to: _____

(Last Name) (First Name) (M.I.)

Race _____ Sex _____ DOB _____

(Eyes) (Height) (SSN) (DL#) (ID#)

(Zip) (Street, route or P.O. Box)

City _____ State _____

(Phone) (Employer)

Code (Violation for which you are cited.) _____ # _____

WMA # _____ Sub Code _____

GPS: X _____ Y _____

Appear In Municipal Court located in: _____

On _____
Date: _____ Time: _____

Issued by: _____ Radio # _____

Bond posted? _____ Amount _____ R# _____

Violation Points: _____ Assisting: _____

Signature: . x _____

ARKANSAS HIGHWAY POLICE
ARKANSAS STATE HIGHWAY &
TRANSPORTATION DEPT.

No. 0647570

COUNTY OF _____
CITY OF _____

IN THE

OVERLOAD CITATION - AFFIDAVIT
COURT OF _____

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OATH DEPOSES AND SAYS:

ON _____ THE _____ DAY OF _____, 20____ AT _____ AM
PM

DRIVER _____
(LAST) (PLEASE PRINT) (FIRST) (INITIAL)

STREET _____

CITY, STATE, ZIP _____

AGE _____ BIRTH DATE _____ RACE _____ SEX _____ EYES _____ Ht. _____ Wt. _____

DRIVERS LICENSE NUMBER _____
KIND NUMBER STATE

OWNER _____ ORIGIN _____

ADDRESS _____ DESTINATION _____

_____ DID UNLAWFULLY OPERATE

VEHICLE LIC. NO. _____ STATE _____ Yr. _____ MAKE _____

UPON A PUBLIC HIGHWAY, NAMELY AT (LOCATION) _____

LOCATED IN THE CITY, VILLAGE, TOWNSHIP, COUNTY AND STATE AFORESAID AND DID THEN AND THERE COMMIT
THE FOLLOWING OVERLOAD OFFENSE IN VIOLATION OF ARKANSAS.

STATE STATUTE _____ BRIDGE FORMULA

TOTAL GROSS _____ OTHER VIOLATIONS (DESCRIBE)

LEGAL _____

TOTAL WEIGHT VIOLATION _____ COMMODITY _____

THE UNDERSIGNED FURTHER STATES THAT HE HAS JUST AND REASONABLE GROUNDS TO BELIEVE, AND DOES
BELIEVE, THAT THE PERSON (AND/OR OWNER) NAMED ABOVE COMMITTED THE OFFENSE HEREIN SET FORTH
CONTRARY TO LAW.

OFFICERS _____ & _____
ARKANSAS HIGHWAY POLICE ARKANSAS HIGHWAY POLICE

UNIT/STATION _____ YOU ARE REQUIRED BY LAW TO APPEAR TO ANSWER THIS

CITATION IN THE _____ COURT, IN THE CITY OF _____

AT _____ AMPM, ON THE _____ DAY OF _____, 20____

TO ANSWER THE VIOLATION, I HEREBY AGREE TO APPEAR IN COURT IN ACCORDANCE WITH THIS NOTICE
SERVED UPON ME AND UNDERSTAND THAT FAILING TO DO IS A SEPARATE OFFENSE WHICH MAY RESULT IN (1)
FORFEITURE OF BOND, IF POSTED OR (2) A WARRANT MAY BE ISSUED FOR MY ARREST.

DISPOSITION _____ Signature of Violator _____

BOND RECEIVED BY _____ AMOUNT \$ _____

PENALTY \$ _____ FINE \$ _____ COST \$ _____

BILL PENALTY TO _____
(OFFICIAL TITLE)

ADDRESS _____
(P.O. BOX AND ZIP CODE)

FILE IN COURT

ARKANSAS HIGHWAY POLICE
ARK. STATE HIGHWAY & TRANS. DEPT.COMPLAINT
AFFIDAVIT

Z 878538

COUNTY OF _____

CITY OF _____

You may present this citation for payment to the court indicated below anytime before the date and time shown.

COURT APPEARANCE _____ DAY OF _____, 20____, AT _____ M.

ADDRESS OF COURT _____

COURT PHONE NO. _____ SEATBELT IN USE YES NO

I PROMISE TO APPEAR IN SAID COURT AT SAID TIME AND PLACE

I UNDERSTAND THE ABOVE AND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILT

SIGNATURE _____

The undersigned states he/she has just and reasonable grounds to believe, and does believe, that the person named below committed the offense set forth below, contrary to law.

ACCIDENT INVOLVED

 YES NO

RANK AND SIGNATURE OF OFFICER _____

BADGE NO. _____

DAY OF WEEK	MONTH	DAY	YEAR	TIME
				A.M. P.M.

LAST NAME _____

FIRST NAME _____ MI _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

AGE _____ DOB _____ RACE _____ SEX _____

CDL DL NUMBER _____ DL STATE _____ DL

EMPLOYED BY _____ WORK PHONE _____

COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZ-MAT <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE LICENSE NUMBER	STATE
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VEHICLE DESCRIPTION				
YEAR	MAKE	MODEL	BODY TYPE	COLOR

LOCATION	VEHICLE SEARCH <input type="checkbox"/> INC TO ARR <input type="checkbox"/> PC <input type="checkbox"/> CONSENT
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INSPECTION #AR _____ UNDER THE INFLUENCE OF ALCOHOL 392.5A VIOLATION OF AR CODE 23-13-257 POSSESSION OF ALCOHOL 392.5A3

WARNING DEVICE 392.22 <input type="checkbox"/>	POSSESSION RADAR DETECTOR 392.71 <input type="checkbox"/>	NO LOG/DUTY STATUS 395.8A <input type="checkbox"/>	NON-CURRENT LOG/DUTY STATUS 395.8F1 <input type="checkbox"/>	FALSE LOG/DUTY STATUS 395.8E <input type="checkbox"/>
INSECURE LOAD 393.100 <input type="checkbox"/>	OPERATION UNSAFE CMV 396.7A <input type="checkbox"/>	LOG/DUTY 11 HR RULE 395.3A1 <input type="checkbox"/>	LOG/DUTY 14 HR RULE 395.3A2 <input type="checkbox"/>	LOG/DUTY 70 HR RULE 395.3B2 <input type="checkbox"/>

OTHER CODE VIOLATION DEFINED (INCLUDE REGULATION NUMBER)

CONDITIONS: <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> ICE <input type="checkbox"/> SNOW <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK
OTHER TRAFFIC PRESENT: <input type="checkbox"/> CROSS <input type="checkbox"/> ON-COMING <input type="checkbox"/> SAME DIRECTION <input type="checkbox"/> PEDESTRIAN
AREA: <input type="checkbox"/> BUSINESS <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL
HIGHWAY TYPE: <input type="checkbox"/> 2LANE <input type="checkbox"/> 3LANE <input type="checkbox"/> 4LANE <input type="checkbox"/> 4LANE DIVIDED <input type="checkbox"/> OTHER
TYPE OF ACCIDENT: <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> FATAL

FILE IN COURT

Z 878538

ARKANSAS HIGHWAY POLICE
ARK. STATE HIGHWAY & TRANS. DEPT.

COMPLAINT
AFFIDAVIT

B 314965

COUNTY OF _____

CITY OF _____

You may present this citation for payment to the court indicated below anytime before the date and time shown.

COURT APPEARANCE _____ DAY OF _____, 20____, AT _____ M.

ADDRESS OF COURT _____

COURT PHONE NO. _____ SEATBELT IN USE YES NO

I PROMISE TO APPEAR IN SAID COURT AT SAID TIME AND PLACE

I UNDERSTAND THE ABOVE AND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILT

SIGNATURE _____
The undersigned states he/she has just and reasonable grounds to believe, and does believe, that the person named below committed the offense set forth below, contrary to law.

ACCIDENT INVOLVED
 YES NO

RANK AND SIGNATURE OF OFFICER _____ BADGE NO. _____

DAY OF WEEK	MONTH	DAY	YEAR	TIME
				A.M. P.M.

LAST NAME _____

FIRST NAME _____ MI _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

AGE _____ DOB _____ RACE _____ SEX _____

CDL

DL NUMBER _____ DL STATE _____ DL

EMPLOYED BY _____ WORK PHONE _____

COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZ-MAT <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE LICENSE NUMBER	STATE
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VEHICLE DESCRIPTION

YEAR	MAKE	MODEL	BODY TYPE	COLOR
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LOCATION	VEHICLE SEARCH
	<input type="checkbox"/> INC TO ARR <input type="checkbox"/> PC <input type="checkbox"/> CONSENT

SPEEDING (OVER LIMIT) 27-51-201	0-10 MPH	11-14 MPH	15-20 MPH	OVER 20 MPH
_____ MPH IN _____ MPH ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NO DRIVER'S LICENSE 27-18-602a <input type="checkbox"/>	DUI 5-65-303 <input type="checkbox"/>	DRIVER'S LICENSE SUSPENDED 27-16-303 <input type="checkbox"/>	FOLLOWING TOO CLOSE 27-51-305 <input type="checkbox"/>	CARELESS/PROHB. DRIVING 27-61-124 <input type="checkbox"/>	DROVE LEFT OF CENTER 27-61-301 <input type="checkbox"/>	IMPROPER PASSING 27-51-307 <input type="checkbox"/>
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DRINKING IN PUBLIC 5-71-212 <input type="checkbox"/>	D.L. SUSPENDED FOR DWI 5-65-104 <input type="checkbox"/>	DWI 5-65-103 <input type="checkbox"/>	NO SEAT BELT 27-37-782 <input type="checkbox"/>	NO VEHICLE LICENSE 27-14-304 <input type="checkbox"/>	NO CHILD SAFETY RESTRAINT 27-34-104 <input type="checkbox"/>	NO PROOF OF INSURANCE 27-22-104 <input type="checkbox"/>
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DWI-CDL 27-23-114(a) <input type="checkbox"/>	OTHER DEFINED - INCLUDE STATUTE NUMBER
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CONDITIONS: RAIN FOG ICE SNOW DAYLIGHT DUSK DARK

OTHER TRAFFIC PRESENT: CROSS ON-COMING SAME DIRECTION PEDESTRIAN

AREA: BUSINESS INDUSTRIAL SCHOOL RESIDENTIAL RURAL

HIGHWAY TYPE: 2LANE 3LANE 4LANE 4LANE DIVIDED OTHER

TYPE OF ACCIDENT: PROPERTY DAMAGE PERSONAL INJURY FATAL

FILE IN COURT

B 314965

ARKANSAS UNIFORM LAW ENFORCEMENT CITATION

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

ARKANSAS STATE POLICE

COUNTY OF _____



CITY OF _____

J647851

You must present this citation for payment to the court indicated below anytime before the date and time shown.

COURT APPEARANCE _____ DAY OF _____ 20____ AT _____ M.

ADDRESS OF COURT _____

COURT PHONE NO. _____ SEATBELT IN USE YES NO

I PROMISE TO APPEAR IN SAID COURT AT SAID TIME AND PLACE

I UNDERSTAND THE ABOVE AND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILT

SIGNATURE _____

The undersigned states he/she has just and reasonable grounds to believe, and does believe, that the person named below committed the offense set forth below, contrary to law.

ACCIDENT INVOLVED

YES NO

RANK AND SIGNATURE OF OFFICER _____ **BADGE NO.** _____

DAY OF WEEK	MONTH	DAY	YEAR	TIME
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

LAST NAME _____

FIRST NAME _____ MI _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

AGE _____ DOB _____ RACE _____ SEX _____

DL NUMBER _____ DL STATE _____ CDL DL

EMPLOYED BY _____ WORK PHONE# _____

COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZ-MAT <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE LICENSE NUMBER _____	STATE _____
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VEHICLE DESCRIPTION				
YEAR	MAKE	MODEL	BODY TYPE	COLOR

LOCATION _____	VEHICLE SEARCH <input type="checkbox"/> INC TO ARR <input type="checkbox"/> PC <input type="checkbox"/> CONSENT
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SPEEDING (OVER LEGIT) 27-51-301		0-10 MPH	11-14 MPH	15-20 MPH	OVER 20 MPH
MPH IN _____	MPH ZONE _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NO DRIVER'S LICENSE 27-16-602A <input type="checkbox"/>	DUI 5-65-385 <input type="checkbox"/>	DRIVER'S LICENSE SUSPENDED 27-16-303 <input type="checkbox"/>	FOLLOWING TOO CLOSE 27-51-305 <input type="checkbox"/>	CARELESS / PROGG. DRIVING 27-51-104 <input type="checkbox"/>	DROVE LEFT OF CENTER 27-51-301 <input type="checkbox"/>	IMPROPER PASSING 27-51-307 <input type="checkbox"/>
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DRINKING IN PUBLIC 5-71-212 <input type="checkbox"/>	D. L. SUSPENDED FOR DWI 5-65-104 <input type="checkbox"/>	DWI 5-65-103 <input type="checkbox"/>	NO SEAT BELT 27-37-702 <input type="checkbox"/>	NO VEHICLE LICENSE 27-34-304 <input type="checkbox"/>	NO CHILD SAFETY RESTRAINT 27-34-104 <input type="checkbox"/>	NO PROOF OF INSURANCE 27-23-104 <input type="checkbox"/>
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OTHER (DEFINED) - INCLUDE STATUTE NUMBER _____

NUMBER OF OFFENSES: TRAFFIC _____ CRIMINAL _____

CONDITIONS: <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> ICE <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK							
OTHER TRAFFIC PRESENT: <input type="checkbox"/> CROSS <input type="checkbox"/> ON-COMING <input type="checkbox"/> SAME DIRECTION <input type="checkbox"/> PEDESTRIAN							
AREA: <input type="checkbox"/> BUSINESS <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL							
HIGHWAY TYPE: <input type="checkbox"/> 2 LANE <input type="checkbox"/> 3 LANE <input type="checkbox"/> 4 LANE <input type="checkbox"/> 4 LANE DIVIDED <input type="checkbox"/> OTHER							
TYPE OF ACCIDENT: <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> FATAL							

COURT COPY/DISPOSITION

ARKANSAS UNIFORM LAW ENFORCEMENT CITATION

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

STATE OF ARKANSAS

COUNTY OF _____

CITY OF _____

No 005927

You may present this citation for payment to the court indicated below anytime before the date and time shown.

COURT APPEARANCE _____ DAY OF _____, AT _____ M.

ADDRESS OF COURT _____

COURT PHONE NO. _____ SEATBELT IN USE YES NO

**I PROMISE TO APPEAR IN SAID COURT AT SAID TIME AND PLACE
I UNDERSTAND THE ABOVE AND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILT.**

SIGNATURE _____

The undersigned states having had just and reasonable grounds to believe, and does believe, that the person named above committed the offense set forth below, contrary to law.

ACCIDENT INVOLVED

YES NO

RANK AND SIGNATURE OF OFFICER _____ BADGE NO. _____

DAY OF WEEK	MONTH	DAY	YEAR	TIME
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

LAST NAME _____

FIRST NAME _____ MI _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

AGE _____ DOB _____ RACE _____ SEX _____

DL NUMBER _____ DL STATE _____ CDL
DL

EMPLOYED BY _____ WORK PHONE # _____

COMMERCIAL VEHICLE YES NO HAZ. MAT YES NO VEHICLE LICENSE NUMBER _____ STATE _____

VEHICLE DESCRIPTION				
YEAR	MAKE	MODEL	BODY TYPE	COLOR

LOCATION _____ VEHICLE SEARCH INC TO ARR PC CONSENT

SPEEDING (OVER LIMIT) <small>27-61-201</small>		9-10 MPH	11-14 MPH	15-20 MPH	OVER 20 MPH
MPH IN _____	MPH ZONE _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NO DRIVER'S LICENSE 27-16-602A <input type="checkbox"/>	DUI 5-45-303 <input type="checkbox"/>	DRIVER'S LICENSE SUSPENDED 27-16-303 <input type="checkbox"/>	FOLLOWING TOO CLOSE 27-51-305 <input type="checkbox"/>	CARELESS / PROHIB. DRIVING 27-51-104 <input type="checkbox"/>	DROVE LEFT OF CENTER 27-51-301 <input type="checkbox"/>	IMPROPER PASSING 27-51-307 <input type="checkbox"/>
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DRINKING IN PUBLIC 5-71-212 <input type="checkbox"/>	D.L. SUSPENDED FOR DWI 5-45-105 <input type="checkbox"/>	DWI 5-45-103 <input type="checkbox"/>	NO SEAT BELT 27-37-702 <input type="checkbox"/>	NO VEHICLE LICENSE 27-14-304 <input type="checkbox"/>	NO CHILD SAFETY RESTRAINT 27-36-104 <input type="checkbox"/>	NO PROOF OF INSURANCE 27-22-104 <input type="checkbox"/>
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OTHER (DEFINED) - INCLUDE STATUTE NUMBER _____

NUMBER OF OFFENSES: TRAFFIC _____ CRIMINAL _____

CONDITIONS: <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> ICE <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK							
OTHER TRAFFIC PRESENT: <input type="checkbox"/> CROSS <input type="checkbox"/> ON-COMING <input type="checkbox"/> SAME DIRECTION <input type="checkbox"/> PEDESTRIAN							
AREA: <input type="checkbox"/> BUSINESS <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL							
HIGHWAY TYPE: <input type="checkbox"/> 2 LANE <input type="checkbox"/> 3 LANE <input type="checkbox"/> 4 LANE <input type="checkbox"/> 4 LANE DIVIDED <input type="checkbox"/> OTHER							
TYPE OF ACCIDENT: <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> FATAL							

COURT COPY/DISPOSITION