

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

**Citation Number**

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

L.E.A. ORI #: \_\_\_\_\_ COURT ORI #: \_\_\_\_\_

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

DRIVER'S LICENSE NO.		STATE	EXPIRES	PHOTO I.D. MATCHED
NAME: LAST		FIRST	MIDDLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		CITY		
STATE		ZIP CODE	EMPLOYER	LOCATION
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT
				EYES
				HAIR
RESIDENTIAL PHONE NO.	CELL/PAGER NO.	WORK PHONE NO.		
VIOLETION 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	CMV	16+	HAZMAT	EXEMPT	FARM	FIRE	
NO	NR	R	I	F	NO	PASS	NO
						VEHICLE	R.V.
							OTHER

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

#1 VIOLATION/STATUTE CODE	VEHICLE SPEED	IN A	ZONE	<input type="checkbox"/> SVD <input type="checkbox"/> PADL <input type="checkbox"/> AIRCRAFT
#2 VIOLATION/STATUTE CODE				
#3 VIOLATION/STATUTE CODE				
				PENALTY U.S. \$
	RELATED #			DATE ISSUED

Served on Violator  
 Sent to Court for Mailing  
 Referred to Prosecutor

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).

OFFICER # \_\_\_\_\_  
 OFFICER # \_\_\_\_\_

YOU MUST RESPOND TO THE COURT BELOW ACCORDING TO THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS NOTICE

INFRACTION  TRAFFIC  NON-TRAFFIC L.E.A. ORI #: WA0080100 COURT ORI #: WA008013J **XY0158405** **Citation Number**  
 IN THE  DISTRICT  MUNICIPAL COURT OF COWLITZ COUNTY DISTRICT COURT  
 STATE OF WASHINGTON  COUNTY OF  CITY/TOWN OF KELSO

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON  
 DRIVER'S LICENSE NO. (SCANNED) STATE: WA EXPIRES [REDACTED] PHOTO ID MATCHED  YES  NO NAME: LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED] SFX [REDACTED] COL  YES  NO  
 ADDRESS [REDACTED] IF NEW ADDRESS  PASSENGER CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]  
 EMPLOYER [REDACTED] EMP LOCATION [REDACTED]  
 DATE OF BIRTH [REDACTED] RACE [REDACTED] SEX [REDACTED] HEIGHT [REDACTED] WEIGHT [REDACTED] EYES [REDACTED] HAIR [REDACTED] RESIDENTIAL PHONE NO. [REDACTED] CELL/PAGER PHONE NO. [REDACTED] WORK PHONE NO. [REDACTED]  
 VIOLATION DATE ON OR ABOUT [REDACTED] INTERPRETER NEEDED  LANG: [REDACTED] AT LOCATION REF. TRAFFICWAY [REDACTED] M.P. BLOCK # 1000 CITY/COUNTY OF KELSO/COWLITZ

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND  
 VEH LIC NO [REDACTED] STATE [REDACTED] EXPIRES [REDACTED] VEH YR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] STYLE [REDACTED] COLOR [REDACTED]  
 TR #1 LIC NO [REDACTED] STATE [REDACTED] EXPIRES [REDACTED] TR YR [REDACTED] TR #2 LIC NO [REDACTED] STATE [REDACTED] EXPIRES [REDACTED] TR YR [REDACTED]  
 OWNER/COMPANY IF OTHER THAN DRIVER [REDACTED] ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]  
 ACCIDENT NO [REDACTED] COMMERCIAL VEHICLE  YES  NO HAZMAT  YES  NO EXEMPT VEHICLE  FARM R.V.  FIRE OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES  
 VEH SPEED IN A ZONE SMD PACE AIRCRAFT  
 1. VIOLATION/STATUTE CODE 46.16.010.3.L FL RENEW EXPIRED REG <= 2 MTHS BAIL \$ 124.00  
 2. VIOLATION/STATUTE CODE BAIL \$  
 3. VIOLATION/STATUTE CODE BAIL \$  
 4. VIOLATION/STATUTE CODE BAIL \$  
 5. VIOLATION/STATUTE CODE BAIL \$  
 TOTAL BAIL \$ 124.00

RELATED # [REDACTED] DATE ISSUED [REDACTED]  
 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 I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.  
 OFFICER [REDACTED] # [REDACTED]  
 OFFICER [REDACTED] # [REDACTED]

TICKET SERVED ON VIOLATOR  TICKET REFERRED TO PROSECUTOR  
 TICKET SENT TO COURT FOR MAILING

**NOTICE OF INFRACTION**  
 This is a non-criminal offense for which you cannot go to jail.  
**YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.**  
 Your response must be postmarked by midnight of the day it is due at the court.  
 If you do not respond or appear for court hearings:  
**TRAFFIC** It is a crime and will be treated accordingly. The court will find that you committed the infraction. You will lose your driver's license privilege. Your penalty will be increased. Failure to pay may result in a referral of your case to a collection agency.  
**NON-TRAFFIC** The court will find that you committed the infraction. It is a crime and will be treated accordingly. Your penalty may be increased. Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:  
 Court contact information: COWLITZ COUNTY DISTRICT COURT 312 SW FIRST AVENUE KELSO WA 98626-1724  
 Phone: (360)577-3073 Website: www.co.cowlitz.wa.us/districtcourt  
 My mailing address is: (PLEASE PRINT) Name: Street or PO Box City: State: Zip Code: Apt:  
 Telephone: Home: Work:  
 Is interpreter needed? Language:  
 X: (SIGNATURE)

XY0158405 KPO 11

