

Form 37.A Uniform Citation -
Abstract of Court Record

UNIFORM CITATION		9945678292	
STATE OF MISSOURI IN THE CIRCUIT COURT OF		DIVISION	
COURT ADDRESS (Street, City, Zip)		COUNTY	
COURT DATE	COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	COURT PHONE NO. ()	
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:			
ON/ABOUT (Date)	AT TIME HRS	HWY CLASS	UPON/AT OR NEAR (LOCATION)
WITHIN CITY/COUNTY AND STATE AFORESAID,			
NAME (LAST, FIRST, MIDDLE)			
STREET ADDRESS			
CITY		STATE	ZIP CODE
DATE OF BIRTH	AGE	RACE	SEX
DRIVER'S LIC. NO.		CDL: <input type="checkbox"/> YES <input type="checkbox"/> NO	HEIGHT WEIGHT
LEAVE THIS LINE BLANK			
EMPLOYER			
ADDRESS (Street, City, State, Zip)			
DID UNLAWFULLY <input type="checkbox"/> OPERATE/DRIVE <input type="checkbox"/> PARK		<input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ. MAT	
VEHICLE	YEAR	MAKE	MODEL
	REGISTERED WEIGHT	LIC	NUMBER
STYLE	COLOR	STATE	YEAR
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:			
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)			
DRIVING MPH	POSTED SPEED LIMIT MPH	DETECTION METHOD <input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER	
IN VIOLATION OF: <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.		CHARGE CODE:	<input type="checkbox"/> IN FATAL ACCIDENT
SEAT BELT VIOLATION: <input type="checkbox"/> ORD. <input type="checkbox"/> _____ RSMo		CHARGE CODE:	<input type="checkbox"/> IN ACCIDENT <input type="checkbox"/> DWI/BAC
OFFICER		BADGE	TRP/ZONE
			DATE
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY: <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.			
PROSECUTOR'S SIGNATURE			DATE
I promise to dispose of the charges of which I am accused through court appearance or prepayment of fine and court costs. SIGNATURE X _____			DR. LIC. POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO

Reverse Side, Abstract of Court Record

FOR ISSUANCE OF A WARRANT COMPLETE AT LEAST ONE OF THE FOLLOWING: <input type="checkbox"/> Defendant will not appear because _____ _____ _____				
<input type="checkbox"/> Defendant poses a danger to the victim or the community/other person because _____ _____ _____				
DOR USE ONLY	VIOL CODE	DESCRIPTION CODE	SENT CODE	LIC SURRENDERED
	ADD POINTS			
DOR MICROFILM NUMBER				
COURT ORI MO		COURT NAME (SPECIFY COUNTY, DIVISION)		
COURT CASE NUMBER	DATE FILED	DATE OF SENTENCE (CONVICTION, SIS)		
CHARGE AS DISPOSED <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> INFRACTION _____ <input type="checkbox"/> RSMo _____ <input type="checkbox"/> ORD		MO CHARGE CODE _____ DESCRIPTION OF OFFENSE _____		
FINE ORDERED \$	DAYS OF CONFINMENT ORDERED		SEAT BELT CONVICTION \$ FINE	
<input type="checkbox"/> SUSPENDED IMPOSITION OF SENTENCE (SIS) PROBATION TERM: _____		<input type="checkbox"/> SENTENCE SUSPENDED (SES) DAYS SUSPENDED _____ FINE SUSPENDED _____		
MANDATORY INSURANCE: <input type="checkbox"/> ORDER OF SUPERVISION DO NOT ASSESS POINTS <input type="checkbox"/> ORDER OF SUSPENSION ASSESS POINTS <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> DRIVER IMPROVEMENT PROGRAM (IN LIEU OF POINT ASSESSMENT)				
LICENSE SURRENDERED AT CONVICTION <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> PROPERTY DAMAGE/PERSONAL INJURY RESULTED FROM VIOLATION, ASSESS TWO ADDITIONAL POINTS		
BOND FORFEITURE PREVIOUSLY SENT TO DOR <input type="checkbox"/> YES <input type="checkbox"/> NO	DEFENDANT REPRESENTED BY COUNSEL <input type="checkbox"/> YES <input type="checkbox"/> NO	DEFENDANT WAIVED RIGHT TO COUNSEL IN WRITING <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF JUDGE			LAWYER JUDGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS:				
I CERTIFY THIS TO BE A TRUE ABSTRACT OF RECORD IN THIS CASE NAME & TITLE				

Form 37.A Uniform Citation -
Information

UNIFORM CITATION				9945678292	
STATE OF MISSOURI IN THE CIRCUIT COURT OF					DIVISION
COURT ADDRESS (Street, City, Zip)					COUNTY
COURT DATE	COURT TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	COURT PHONE NO. ()		
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:					
ON/ABOUT (Date)	AT TIME	HWY CLASS	UPON/AT OR NEAR (LOCATION)		
	HRS				
WITHIN CITY/COUNTY AND STATE AFORESAID,					
NAME (LAST, FIRST, MIDDLE)					
STREET ADDRESS					
CITY				STATE	ZIP CODE
DATE OF BIRTH	AGE	RACE	SEX	HEIGHT	WEIGHT
DRIVER'S LIC. NO.			CDL: <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE	
LEAVE THIS LINE BLANK					
EMPLOYER					
ADDRESS (Street, City, State, Zip)					
DID UNLAWFULLY <input type="checkbox"/> OPERATE / DRIVE <input type="checkbox"/> PARK			<input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ. MAT		
V E H I C L E	YEAR	MAKE	MODEL	STYLE	COLOR
	REGISTERED WEIGHT	L I C	NUMBER	STATE	YEAR
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:					
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)					
DRIVING MPH	POSTED SPEED LIMIT MPH	DETECTION METHOD <input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER			
IN VIOLATION OF:		<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.	CHARGE CODE:	<input type="checkbox"/> IN FATAL ACCIDENT	
SEAT BELT VIOLATION:		<input type="checkbox"/> ORD. <input type="checkbox"/> _____ RSMo	CHARGE CODE	<input type="checkbox"/> IN ACCIDENT <input type="checkbox"/> DWI/BAC	
OFFICER			BADGE	TRP/ZONE	DATE
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:					<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.
PROSECUTOR'S SIGNATURE				DATE	
I promise to dispose of the charges of which I am accused through court appearance or prepayment of fine and court costs.					DR. LIC. POSTED
SIGNATURE X _____					<input type="checkbox"/> YES <input type="checkbox"/> NO

Reverse Side, Information

FOR COURT USE ONLY			
BOND AMOUNT \$		BOND POSTED BY	
BOND EXPIRES		BOND FORFEITURE NUMBER	REFUND \$
DATE	TIME	TFRD TO	REASON CONTINUED
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
COURT ORI MO		COURT NAME (SPECIFY COUNTY, DIVISION)	
COURT CASE NUMBER	DATE FILED	DATE OF SENTENCE (CONVICTION, SIS)	
CHARGE AS DISPOSED <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> INFRACTION _____ <input type="checkbox"/> RSMo _____ <input type="checkbox"/> ORD		MO CHARGE CODE DESCRIPTION OF OFFENSE	
FINE ORDERED \$	DAYS OF CONFINMENT ORDERED	SEAT BELT CONVICTION \$ FINE	
<input type="checkbox"/> SUSPENDED IMPOSITION OF SENTENCE (SIS)		<input type="checkbox"/> SENTENCE SUSPENDED (SES)	
PROBATION TERM:		DAYS SUSPENDED _____ FINE SUSPENDED _____	
MANDATORY INSURANCE: <input type="checkbox"/> ORDER OF SUPERVISION DO NOT ASSESS POINTS <input type="checkbox"/> ORDER OF SUSPENSION ASSESS POINTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> DRIVER IMPROVEMENT PROGRAM (IN LIEU OF POINT ASSESSMENT)			
LICENSE SURRENDERED AT CONVICTION <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PROPERTY DAMAGE/PERSONAL INJURY RESULTED FROM VIOLATION, ASSESS TWO ADDITIONAL POINTS		
BOND FORFEITURE PREVIOUSLY SENT TO DOR <input type="checkbox"/> YES <input type="checkbox"/> NO	DEFENDANT REPRESENTED BY COUNSEL <input type="checkbox"/> YES <input type="checkbox"/> NO	DEFENDANT WAIVED RIGHT TO COUNSEL IN WRITING <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF JUDGE		LAWYER JUDGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS			
PLEA <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY	FINDING <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY	COURT COSTS \$	

Form 37.A Uniform Citation -
Arrest Record

UNIFORM CITATION				9945678292	
STATE OF MISSOURI IN THE CIRCUIT COURT OF					DIVISION
COURT ADDRESS (Street, City, Zip)					COUNTY
COURT DATE	COURT TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	COURT PHONE NO. ()		
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:					
ON/ABOUT (Date)	AT TIME	HWY CLASS	UPON/AT OR NEAR (LOCATION)		
HRS					
WITHIN CITY/COUNTY AND STATE AFORESAID,					
NAME (LAST, FIRST, MIDDLE)					
STREET ADDRESS					
CITY				STATE	ZIP CODE
DATE OF BIRTH	AGE	RACE	SEX	HEIGHT	WEIGHT
DRIVER'S LIC. NO.			CDL: <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE	
LEAVE THIS LINE BLANK					
EMPLOYER					
ADDRESS (Street, City, State, Zip)					
DID UNLAWFULLY <input type="checkbox"/> OPERATE / DRIVE <input type="checkbox"/> PARK			<input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ. MAT		
V E H I C L E	YEAR	MAKE	MODEL	STYLE	COLOR
	REGISTERED WEIGHT	L I C	NUMBER	STATE	YEAR
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:					
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)					
DRIVING	POSTED SPEED LIMIT	DETECTION METHOD			
MPH	MPH	<input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER			
IN VIOLATION OF:		<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.	CHARGE CODE:	<input type="checkbox"/> IN FATAL ACCIDENT <input type="checkbox"/> IN ACCIDENT <input type="checkbox"/> DWI/BAC	
SEAT BELT VIOLATION:		<input type="checkbox"/> ORD. <input type="checkbox"/> _____ RSMo	CHARGE CODE		
OFFICER			BADGE	TRP/ZONE	DATE
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:					<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.
PROSECUTOR'S SIGNATURE				DATE	
I promise to dispose of the charges of which I am accused through court appearance or prepayment of fine and court costs. SIGNATURE X _____					DR. LIC. POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO

Reverse Side, Arrest Record

NAME OF JUDGE
DISPOSITION
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
DATE

Form 37.A Uniform Citation –
Violator's Copy

UNIFORM CITATION				9945678292	
STATE OF MISSOURI IN THE CIRCUIT COURT OF					DIVISION
COURT ADDRESS (Street, City, Zip)					COUNTY
COURT DATE	COURT TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	COURT PHONE NO. ()		
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:					
ON/ABOUT (Date)	AT TIME	HWY CLASS	UPON/AT OR NEAR (LOCATION)		
HRS					
WITHIN CITY/COUNTY AND STATE AFORESAID,					
NAME (LAST, FIRST, MIDDLE)					
STREET ADDRESS					
CITY				STATE	ZIP CODE
DATE OF BIRTH	AGE	RACE	SEX	HEIGHT	WEIGHT
DRIVER'S LIC. NO.			CDL: <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE	
LEAVE THIS LINE BLANK					
EMPLOYER					
ADDRESS (Street, City, State, Zip)					
DID UNLAWFULLY <input type="checkbox"/> OPERATE / DRIVE <input type="checkbox"/> PARK			<input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ. MAT		
V E H I C L E	YEAR	MAKE	MODEL	STYLE	COLOR
	REGISTERED WEIGHT	L I C	NUMBER	STATE	YEAR
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:					
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)					
DRIVING MPH	POSTED SPEED LIMIT MPH	DETECTION METHOD <input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER			
IN VIOLATION OF:		<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.	CHARGE CODE:	<input type="checkbox"/> IN FATAL ACCIDENT	
SEAT BELT VIOLATION:		<input type="checkbox"/> ORD. <input type="checkbox"/> _____ RSMo	CHARGE CODE	<input type="checkbox"/> IN ACCIDENT <input type="checkbox"/> DWI/BAC	
OFFICER			BADGE	TRP/ZONE	DATE
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:					<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.
PROSECUTOR'S SIGNATURE				DATE	
I promise to dispose of the charges of which I am accused through court appearance or prepayment of fine and court costs.					DR. LIC. POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE X _____					

**YOUR FAILURE TO APPEAR IN COURT AT THE TIME
SPECIFIED ON THIS CITATION OR OTHERWISE
RESPOND TO THE CITATION AS DIRECTED MAY RESULT
IN THE SUSPENSION OF YOUR DRIVER'S LICENSE AND
DRIVING PRIVILEGE AND MAY RESULT IN A WARRANT
BEING ISSUED FOR YOUR ARREST.**

APPEARANCE, PLEA OF GUILTY AND WAIVER – ONLY FOR OFFENSES
NOT REQUIRING A COURT APPEARANCE.

I, the undersigned, do hereby enter my appearance on the offense specified on the other side of this citation. I have been informed of my right to a trial, that my signature to this plea of guilty will have the same force and effect as a judgment of court, and that this record will be sent to the licensing authority of this state. I do hereby plead guilty to this offense as specified, waive my right to a hearing by the court, and agree to pay the penalty prescribed for my offense.

DEFENDANT'S SIGNATURE

STREET ADDRESS

CITY, STATE, ZIP

DRIVER'S LICENSE NUMBER

Form 37.A Uniform Citation –
Officer Record

UNIFORM CITATION				9945678292	
STATE OF MISSOURI IN THE CIRCUIT COURT OF					DIVISION
COURT ADDRESS (Street, City, Zip)					COUNTY
COURT DATE	COURT TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	COURT PHONE NO. ()		
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:					
ON/ABOUT (Date)	AT TIME	HWY CLASS	UPON/AT OR NEAR (LOCATION)		
	HRS				
WITHIN CITY/COUNTY AND STATE AFORESAID,					
NAME (LAST, FIRST, MIDDLE)					
STREET ADDRESS					
CITY				STATE	ZIP CODE
DATE OF BIRTH	AGE	RACE	SEX	HEIGHT	WEIGHT
DRIVER'S LIC. NO.			CDL: <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE	
LEAVE THIS LINE BLANK					
EMPLOYER					
ADDRESS (Street, City, State, Zip)					
DID UNLAWFULLY <input type="checkbox"/> OPERATE / DRIVE <input type="checkbox"/> PARK			<input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ. MAT		
VEHICLE	YEAR	MAKE	MODEL	STYLE	COLOR
	REGISTERED WEIGHT	L I C	NUMBER	STATE	YEAR
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:					
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)					
DRIVING MPH	POSTED SPEED LIMIT MPH	DETECTION METHOD <input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER			
IN VIOLATION OF:		<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.	CHARGE CODE:	<input type="checkbox"/> IN FATAL ACCIDENT	
SEAT BELT VIOLATION:		<input type="checkbox"/> ORD. <input type="checkbox"/> _____ RSMo	CHARGE CODE	<input type="checkbox"/> IN ACCIDENT <input type="checkbox"/> DWI/BAC	
OFFICER			BADGE	TRP/ZONE	DATE
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:					<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.
PROSECUTOR'S SIGNATURE				DATE	
I promise to dispose of the charges of which I am accused through court appearance or prepayment of fine and court costs.					DR. LIC. POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE X _____					

Reverse Side, Officer Record

DISOBEYED SIGNAL (WHEN LIGHT TURNED RED)		<input type="checkbox"/> PAST MIDDLE OF INTERSECTION <input type="checkbox"/> MIDDLE OF INTERSECTION		<input type="checkbox"/> NOT REACHED INTERSECTION	
DISOBEYED STOP SIGN		<input type="checkbox"/> STOPPED WRONG PLACE		<input type="checkbox"/> WALK SPEED <input type="checkbox"/> FASTER	
IMPROPER TURN <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> "U"		<input type="checkbox"/> NO SIGNAL <input type="checkbox"/> CUT CORNER		<input type="checkbox"/> INTO WRONG LANE <input type="checkbox"/> FROM WRONG LANE <input type="checkbox"/> PROHIBITED	
<input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> IMPROPER LANE USE		<input type="checkbox"/> WRONG SIDE OF PAVEMENT <input type="checkbox"/> WRONG LANE <input type="checkbox"/> LANE STRADDLING		<input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> ON HILL <input type="checkbox"/> ON CURVE <input type="checkbox"/> ON RIGHT <input type="checkbox"/> BETWEEN TRAF <input type="checkbox"/> CUT IN	
SLIPPERY PAVEMENT <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> ICE		CAUSED PERSON TO DODGE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> JUST MISSED ACCIDENT <input type="checkbox"/> OPERATOR			
VISABILITY <input type="checkbox"/> NIGHT <input type="checkbox"/> RAIN/SNOW <input type="checkbox"/> FOG		AREA <input type="checkbox"/> SCHOOL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER			
OTHER TRAFFIC PRESENT <input type="checkbox"/> CROSS		<input type="checkbox"/> SAME DIRECTION <input type="checkbox"/> ONCOMING		<input type="checkbox"/> PEDESTRIAN	
ROAD 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"/> 6-LANE DIVIDED	
IN ACCIDENT <input type="checkbox"/> HEADS ON <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> SIDESWIPE		<input type="checkbox"/> VEHICLE <input type="checkbox"/> INTERSECTION <input type="checkbox"/> REAR-END <input type="checkbox"/> RAN OFF ROAD		<input type="checkbox"/> RIGHT ANGLE <input type="checkbox"/> HIT FIXED OBJECT	
NAMES AND ADDRESSES OF WITNESSES					
REPORT OF ACTION IN CASE					
NON CONVICTION DISPOSITION DATA ONLY					
COURT ORI		COURT CASE NUMBER			
DATE OF HEARING		DEF. REP. BY COUNSEL <input type="checkbox"/> YES <input type="checkbox"/> NO		DEF. WAIVED COUNSEL <input type="checkbox"/> YES <input type="checkbox"/> NO	
COURT FINDINGS (NOT GUILTY, SIS, NOLLE PROSSED, DISMISSED, ETC.)					