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1B/0916

1A/0916

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EXTRA PERF PTS 1-3 ONLY

COMPLAINT & SUMMONS

Traffic Crime A <input type="checkbox"/>	Infraction B <input type="checkbox"/>	Criminal C <input type="checkbox"/>	Dist.	Beat	Census	CMV <input type="checkbox"/>	HAZ MAT <input type="checkbox"/>
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XXXXXXXX MO

In the DISTRICT COURT of the First Judicial Circuit,
City & County of Honolulu, State of Hawaii (STATE) CDL

Operator _____
Lic. No. _____

NAME _____
Last _____
First _____ Middle _____

Current/Mailing Address _____
City, State, Zip _____

Hgt.	Wt.	Sex	Date of Birth	Age	Complexion
Place of Employment School or Branch of Service					Job Title, Yr. in school or Military Rank

Parent's name if juvenile or
Registered Owner of vehicle: _____

Phone number (Days): _____ (Eves): _____

Did on/or _____ day _____ at _____
about this _____ of _____ Yr _____ about _____ Hrs.

did operate lic. plate no. _____ State _____

Vehicle Make _____ Type _____ Color _____ Yr. _____

in an area open to the public: _____

and did commit the offense of: _____

_____ Speeding _____ mph in _____ Zone

SECTION:

Accident Minor Major Report No. _____

Receipt of this citation is acknowledged (Your signature is not an admission of guilt)

X

Signature _____

The undersigned alleges that the person named above committed the offense herein set forth,
contrary to law.

Date of Issue _____ Time _____ : _____ Hrs.

Print Rank, First Initial & Last Name _____

Complainant's Signature _____

Badge/ID No. _____

A

Postmarked
BEFORE court date
Payment Amount

B

Postmarked
ON court date
Payment Amount

SUMMONS

Your court appearance date is:

DATE: _____ TIME: _____ AM COURTROOM: _____

District Court of _____

COURT

9/03



5583170MO

PERF PTS 1, 2, & 3 ONLY
REMOVE AND DISCARD ALL CARBONS
BEFORE WRITING REPORT