

# VERMONT CIVIL VIOLATION COMPLAINT

<input type="checkbox"/> CDL	 <b>2867421</b>	Form 420 Rev. 10/08
Lic. State		

Driver License No. \_\_\_\_\_ Fish & Wildlife License No. \_\_\_\_\_

Defendant Last or Organization Name \_\_\_\_\_ First \_\_\_\_\_ Mid. Init. \_\_\_\_\_

Defendant Current Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_  M  F  Corp/Org \_\_\_\_\_ POB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Vehicle or Boat Reg. \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ Style \_\_\_\_\_

Violation Date \_\_\_\_\_ Time \_\_\_\_\_ Municipality \_\_\_\_\_

Highway \_\_\_\_\_ Place or Landmark \_\_\_\_\_

**Defendant did then and there commit the following acts in violation of Vermont law:**

\_\_\_\_\_

\_\_\_\_\_

Alcohol Lev. 0. \_\_\_\_\_ % Actual Speed \_\_\_\_\_ MPH Posted Limit \_\_\_\_\_ MPH  Accident  Fatality  Seat Belt Viol.

Commercial Veh.  Hazardous Mat. \_\_\_\_\_ Municipal Ordinance \_\_\_\_\_

V.S.A. § \_\_\_\_\_ C.F.R. § \_\_\_\_\_ Violation Code \_\_\_\_\_

<b>PENALTIES</b>	If you plead <b>DENIED</b> and the State proves the violation, the penalty must be within the penalty range. Commonly, the waiver amount plus \$52.50 in court costs are assessed.	<b>POINTS</b>	If you plead <b>ADMITTED</b> or <b>NO CONTEST</b> , you may pay the waiver amount instead of appearing in court.
		<b>PENALTY RANGE</b>	
		<b>MINIMUM \$</b>	<b>WAIVER AMOUNT</b> ➔ \$
		<b>MAXIMUM \$</b>	

I have just and reasonable grounds to believe the person named above committed this violation.

Delivered To (Def., Reg. Agent, or Corp. Officer) \_\_\_\_\_ Date Served \_\_\_\_\_  In Hand  U.S. Mail

Officer No. \_\_\_\_\_ Officer Name (printed) \_\_\_\_\_ Officer Signature \_\_\_\_\_

Dept. No. \_\_\_\_\_ Department Name \_\_\_\_\_  Rel. crim. charge

Parent or Guardian Last Name \_\_\_\_\_ Street Address \_\_\_\_\_

First Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Service members' Civil Relief Act Affidavit:** Under oath, I state Defendant is NOT on active duty in the U.S. armed forces because:  
 Defendant said he/she is not on active duty in the U.S. armed forces.  Defendant is under 17 years of age.  
 Other: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Subscribed and sworn before me: \_\_\_\_\_ Date: \_\_\_\_\_  
 State of Vermont, Notary: \_\_\_\_\_ ORIGINAL

**OFFICER'S NOTES**

Note facts and circumstances in addition to those checked on face of complaint such as: (1) any specific action of defendant which increased the hazard of the violation; (2) where you observed the violation and where you made contact with defendant; (3) statements made by defendant; (4) posted signs; and (5) witnesses' names, addresses, phone numbers.

Defendant's Current Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  M  F  Other  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_  
 Vehicle or Boat Reg. State: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_ Style: \_\_\_\_\_  
 Violation Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Highway: \_\_\_\_\_  
 Defendant did then and there commit the following acts in violation of Vermont law:

**RACE DATA COLLECTION**

Race	Reason for Contact	Type of Search	Evidence Located	Outcome (Most Serious)
<input type="checkbox"/> A=Asian/ (Pac.Island) <input type="checkbox"/> B=Black <input type="checkbox"/> H=Hispanic <input type="checkbox"/> I=Ind. Amer. (Alask. Nat) <input type="checkbox"/> W=White	<input type="checkbox"/> M=Moving Violation <input type="checkbox"/> E=Externally Generated <input type="checkbox"/> I=Investigatory Stop <input type="checkbox"/> D=Suspicion of DUI <input type="checkbox"/> V=Vehicle Equipment	<input type="checkbox"/> NS= No Search <input type="checkbox"/> SW=Search w/Warrant <input type="checkbox"/> SPC=Consent Search w/PC (No Warrant) <input type="checkbox"/> SRS=Consent Search w/Reasonable Susp.	<input type="checkbox"/> X=N/A (No search) <input type="checkbox"/> C=Contraband or Evidence of a crime <input type="checkbox"/> NC=No Contraband	<input type="checkbox"/> W = Warning <input type="checkbox"/> T = Ticket <input type="checkbox"/> A = Arrest for violation <input type="checkbox"/> AAW = Arrest warrant

**SPEED MEASUREMENT DEVICE TESTS**

RADAR ID NO. _____		LASER ID NO. _____	
Time Tested (Before Stop)	Time Tested (After Stop)	Time Tested (Before Stop)	Time Tested (After Stop)
TEST	Pass Fail	TEST	Pass Fail
Tuning Forks	<input type="checkbox"/> <input type="checkbox"/>	Tuning Forks	<input type="checkbox"/> <input type="checkbox"/>
Internal Calibration	<input type="checkbox"/> <input type="checkbox"/>	Internal Calibration	<input type="checkbox"/> <input type="checkbox"/>
Speedometer Verif.	<input type="checkbox"/> <input type="checkbox"/>	Speedometer Verif.	<input type="checkbox"/> <input type="checkbox"/>
Display Lights	<input type="checkbox"/> <input type="checkbox"/>	Display Lights	<input type="checkbox"/> <input type="checkbox"/>
TEST	Pass Fail	TEST	Pass Fail
Self	<input type="checkbox"/> <input type="checkbox"/>	Self	<input type="checkbox"/> <input type="checkbox"/>
Scope Alignment	<input type="checkbox"/> <input type="checkbox"/>	Scope Alignment	<input type="checkbox"/> <input type="checkbox"/>
Known Distance	<input type="checkbox"/> <input type="checkbox"/>	Known Distance	<input type="checkbox"/> <input type="checkbox"/>
Display Lights	<input type="checkbox"/> <input type="checkbox"/>	Display Lights	<input type="checkbox"/> <input type="checkbox"/>

**CONDITIONS**

WEATHER	HIGHWAY	TRAFFIC	LIGHT
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Sleet	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Snowy <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material	<input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Gravel <input type="checkbox"/> Unimproved <input type="checkbox"/> Divided Lanes <input type="checkbox"/> Cross-Traffic	<input type="checkbox"/> Daylight <input type="checkbox"/> Darkness <input type="checkbox"/> Dawn/Dusk <input type="checkbox"/> Other: _____