

How To Read The Front Of Your Citation.

Citation Number.

Please reference your citation number in any correspondence with the Court.

Type of Court you are cited into.

(Klamath Falls is a Municipal Court)

Date, time and location of offense.

Reference to the State Statute or City Ordinance you were issued the citation for.

Base fine. Amount is set by Legislature.

Where to appear or mail correspondence.

Scheduled Court Date/Time.

OREGON UNIFORM CITATION AND COMPLAINT
 Use for All Violations or Crimes Where Separate Complaint Will Not Be Filed/ORS 153.045 or 133.069

CRIME(S) (See A on Back) VIOLATION(S) (See B on Back) Traffic Other Wildlife Boating Commercial Fishing

STATE OF OREGON
 CITY/OTHER PUBLIC BODY **KLAMATH FALLS**
 COUNTY OF **KLAMATH**

Docket No. **8627**
 Court: Municipal Justice Circuit Tribal Community Tribal

THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:

Non-CDL CDL ID-Type ID No. First Last License Class Employed to drive Del. Passenger

Name: Last First Middle
 Address State Zip Code
 City State Height Weight Hair Eyes
 Sex Race DOB Year Time AM PM Highway Premises open to public

AT THE FOLLOWING TIME AND PLACE IN THE ABOVE-MENTIONED STATE AND COUNTY:
 Offense Date on or about Month Day Year
 At or near Location: State

INVOLVING THE FOLLOWING: Accident Injury Property Damage Endanger others Driver not Reg. Owner Haz. Material Com. Vehicle Com. Passenger

Vehicle year, make, model, style, color, OR Other, describe: State
 Other Designated Spd Radar Posted Limit Pace Laser VBR Pstd Sch Zn Hwy Wk Zn

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):

1. Violated (cite ORS/ORD/rule)	Describe	<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state	1. Base Fine:
1. Violated (cite ORS/ORD/rule)	Describe	<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state	1. Base Fine:
1. Violated (cite ORS/ORD/rule)	Describe	<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state	1. Base Fine:

I certify under ORS 153.045 and 153.980 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint.

1st Officer Signature _____ 1st Officer ID No. _____
 Date issued _____ Print Name _____
 2nd Officer of Arresting Person Signature _____ 2nd Officer ID No. _____
 (If Not Officer)

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE

Date _____ AM PM