

Colorado Commission on Criminal and Juvenile Justice

Data Collection – Point of Contact

Sgt Randy McNitt, Boulder County

March 13, 2015

Model Summons & Complaint or Penalty Assessment

Case #

LWPD J 222596

Court Case #

Date of Violation (mm/dd/yyyy) / /	Time of Violation	Approximate Location of Violation	Direction of Travel N S E W
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Claimed US Citizenship	<input type="checkbox"/> Aggressive Driving	<input type="checkbox"/> Traffic Accident
<input type="checkbox"/> Sex Offense	<input type="checkbox"/> VRA Crime (Victim Witness)	<input type="checkbox"/> Gambling	<input type="checkbox"/> Injuries Involved
		<input type="checkbox"/> Construction Zone	<input type="checkbox"/> School Zone
		<input type="checkbox"/> Traffic	<input type="checkbox"/> Penal

The People of Colorado vs.

Defendant (Last Name)	(First)	(Middle)	Date of Birth (mm/dd/yyyy) / /
Defendant's Address	City	State	Zip
Defendant's Employer	Address	First Phone Number	Second Phone Number

Driver's License Number	Class	State	Race	Sex	Height	Weight	Hair	Eyes	Registered Owner (Name & Address) <small>same as above, or</small>
<input type="checkbox"/> CDL									

Vehicle License Number/Type	State	Vehicle Year	Make	Model	Color	VIN
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Statute/Ordinance	Violation	Code	Points	Fine	Surcharge
42-2-101 (1)	Drove Vehicle Without Valid Driver's License	080	3		
42-2-138(1)(a)	Drove Vehicle When License Under Restraint - Suspended Revoked Denied	078 077 078	N/A	Summons	
42-2-138 (1)(d)(i)	Drove Vehicle When License Under Restraint - Alcohol or Drug Related	085	N/A	Summons	
42-2-206 (1)(a)	Drove Vehicle When Revoked as Habitual Offender	090	N/A	Summons	
42-3-114	Displayed Expired License Plates	038	0		
42-3-121 (1)(a)	Failed to Display Valid Registration / Plates not Assigned to Vehicle	041	0		
42-3-203 (3)(a)	Displayed Expired Temporary Permit	039	0		
42-4-237 (2)	Drove Vehicle When Safety Belt Not in Use (Driver) (Front Seat Passenger)	575 980	0		
42-4-604 (1)(c)(I)	Failure to Stop for Steady Red Signal	304	4		
42-4-604 (1)(c)(III)	Entered Intersection on Steady Red Arrow Signal to Make Turn	304	4		
42-4-702	Failed to Yield Left Turn	278	3		
42-4-1101 () ()	Spooling _____ mph in a _____ mph zone				
42-4-1211 (1)(a)	Unsafe Backing	163	2		
42-4-1301 (1)(a)	Drove Vehicle Under the Influence of Alcohol or Drugs or Both	800	12	Summons	
42-4-1301 (1)(b)	Drove Vehicle While Ability Impaired by Alcohol or Drugs or Both	801	8	Summons	
42-4-1301 (2)(a)	Drove Vehicle With Blood Alcohol Content of 0.08 or More	812	12	Summons	
42-4-1401 (1)	Reckless Driving	140	8	Summons	
42-4-1402 (1)	Careless Driving	141	4		
42-4-1402 (2)	Careless Driving Causing Bodily Injury or Death	139	4	Summons	
42-4-1409 ()	No Proof of Compulsory Insurance	954 956 967	4	Summons	
42-4-160	Failed to Remain at Accident Scene (Property) (Injury)	121 120	12	Summons	
18-4-401 (1)()	Theft _____ under \$500 _____ \$500 Less Than \$1000			RA	
18-18-406 (1)	Possession of 1 oz or Less of Marijuana			RA	
18-18-428	Possession of Drug Paraphernalia			RA	
18-4-503 / 18-4-504	Criminal Trespass (2 nd Degree) (3 rd Degree)			RA	

				Totals	
<input type="checkbox"/> Fingerprinted	Fingerprint #	<input type="checkbox"/> CMV Rec. CDL	CMV USDOT #	<input type="checkbox"/> Placarded Hazardous material	<input type="checkbox"/> Custodial Arrest
<input type="checkbox"/> Photographed					Total Number of Charges

<input type="checkbox"/> Summons Traffic Infraction _____ Offense _____ Without admitting guilt, I promise to appear at the time and place indicated below. X _____ Total to be paid by mail \$ _____ (fine & surcharge)	<input type="checkbox"/> Valid CO DL Penalty Assessment My signature is a promise to pay this penalty assessment within 30 days. With payment, I acknowledge guilt of all charges listed above and understand that the points indicated will be assessed against my driver's license. If I do not pay, my signature is a promise to appear in court as indicated below. _____ Total to be paid by mail \$ _____ (fine & surcharge)
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Notice: See instructions on reverse side titled "Summons" Notice: See instructions on reverse side titled "Penalty Assessment"

You are summoned and ordered to appear to answer charges noted above in:
Jefferson County Court, 100 Jefferson County Parkway, Golden, CO

On / / at 1:15 p.m.
 _____ am pm

Warning: If you fail to appear in response to this summons as ordered, a warrant may be issued for your arrest and additional costs assessed.

The undersigned has probable cause to believe that the defendant committed the offense(s) against the peace and dignity of the People of the State of Colorado and affirms that a copy of this Summons & Complaint or Penalty Assessment was served upon the defendant.

Officer (print) _____ Badge # _____
 Officer signature _____
 Date issued: / /

Model Summons & Complaint or Penalty Assessment

Case #

LWPD J 222596

Court Case #

Date of Violation (mm/dd/yyyy) / /		Time of Violation _____		Approximate Location of Violation				Direction of Travel N S E W			
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Claimed US Citizenship	<input type="checkbox"/> Aggressive Driving	<input type="checkbox"/> Traffic Accident	<input type="checkbox"/> Construction Zone		<input type="checkbox"/> Traffic					
<input type="checkbox"/> Sex Offense	<input type="checkbox"/> VRA Crime (Victim Witness)	<input type="checkbox"/> Gaming	<input type="checkbox"/> Injuries Involved	<input type="checkbox"/> School Zone		<input type="checkbox"/> Penal					
The People of Colorado vs.											
Defendant (Last Name)			(First)		(Middle)		Date of Birth (mm/dd/yyyy) / /				
Defendant's Address			City		State		Zip				
								First Phone Number			
Defendant's Employer			Address					Second Phone Number			
Driver's License Number		Class	State	<input type="checkbox"/> Race	Sex	Height	Weight	Hair	Eyes	Registered Owner (Name & Address) ___ same as above; or	
<input type="checkbox"/> CDL											
Vehicle License Number/Type		State	Vehicle	Year	Make	Model		Color	VIN		
Statute/Ordinance			Violation				Code		Points	Fine	Surcharge

THE MUNICIPAL COURT IN AND FOR THE CITY OF LAKEWOOD, COLORADO

L 526388

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Fast Track	<input type="checkbox"/> Adult Penal	<input type="checkbox"/> Juvenile Penal				
<input type="checkbox"/> Traffic	<input type="checkbox"/> Traffic Collision	<input type="checkbox"/> Injuries	<input type="checkbox"/> Construction Zone	<input type="checkbox"/> Offense	<input type="checkbox"/> Infraction	<input type="checkbox"/> School zone	CR # _____

The People of Colorado Plaintiff, vs

Defendant (Last Name) _____ (First) _____ (MI) _____ Date of Birth / / Race Sex Hgt Wgt Eyes Hair

Defendant's Address _____ City/State/Zip _____ Home Phone # () _____ 2nd Phone # () _____

Driver's License # CDL Exp Yr State Veh Lic # CMV Haz Mat State Veh Yr Make Model Color VIN

Violation Date / / Approximate Time of Violation AM PM Approximate Location of Violation in the City of Lakewood, State of Colorado Direction of Travel N S E W

Lakewood Ordinance	Violation	Lakewood Ordinance	Violation
10.06.020	Failed to Yield to Traffic Approaching From Opposite Direction When Making Left Turn, 3 points cc 278	10.90.195(a)	Driver Under 18 or Passenger Not Wearing Seat Belt, 2 points cc 580
10.09.020(a)	Failure to Yield to Vehicle after Stopping at Stop Sign, 3 points cc 273	10.90.220(c)	No Proof of Insurance, 4 points cc 95
10.09.020(b)	Failure to Stop at a Stop Sign, 4 points cc 319	9.05.020	False Information During Investigation
10.12.050(a)	Failure to Yield to Vehicle/Pedestrian While Emerging from Drive, Alley, or Building, _____ points cc _____	9.10.040(a)	Disobeying an Order of Police Officer or Fireman
10.15.010(a)	Speeding _____ mph in a _____ mph zone, _____ points cc _____	9.20.010	Assault
10.15.010(c)	Speeding _____ mph When Maximum Lawful Speed Is 65 mph, _____ points cc _____	9.20.020	Menacing - without Deadly Weapon
10.18.010	Reckless Driving, 6 points cc 140	9.20.040	Reckless Endangerment
10.18.020	Careless Driving, 4 points cc 141	9.41.020	Open Container Prohibited
10.21.020(a)	Failed to Signal a Lane Change, 2 points cc 33	9.41.070	Possession of Alcohol Under 21
10.21.020(b)	Failed to Signal a Turn, 2 points cc 434	9.43.030	Possession of Marijuana - 1 oz or less
10.21.060(a)(2)	Improper U-Turn Prohibited by Signs, 3 points cc 210	9.44.030	Possession of Drug Paraphernalia
10.21.070	Improper Turning Movement When Prohibited by Signs, 4 points cc 304	9.50.010(g)	Disorderly Conduct
10.24.040(b)	Improper Passing on the Right, 4 points cc 194	9.50.040(e)	Harassment
10.27.020(a)(1)	Unsafe Lane Change, 3 points cc 221	9.52.080	Prohibitive Noise from Animal or Bird
10.45.020	Failure to Obey Traffic Control Device, 4 points cc 300	9.60.010	Criminal Mischief
10.45.050(a)(3)(a)	Failure to Stop for Steady Red Signal, 4 points cc 304	9.64.010	Shoplifting
10.45.050(a)(3)(c)	Entered Intersection on a Red Arrow Signal to Make Turn, 4 points cc 304	9.65.010()	Peety Theft
10.57.040(a)	Obstructed Window Tint, 0 points cc 458	9.65.010(a)	Trespassing
10.60.000(a)	Unsafe Backing, 2 points cc 153	6.03.010(a)	Animals Running at Large
10.60.180(b)	Failure to Wear a Seat Belt, 0 points cc 575	6.04.010()	Inoculation Required
10.60.190(b)	Child Restraint System Required, 0 points cc 574	6.05.020(a)()	Possession of Dangerous Animal

Charge	CC	Points
Charge		
Charge		

WITHOUT ADMITTING GUILT, I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED, OR COMPLY WITH THE FINE PAYMENT PROCEDURES, IF APPLICABLE. I UNDERSTAND THAT FAILURE TO APPEAR CONSTITUTES A SEPARATE OFFENSE AND MAY RESULT IN A WARRANT FOR MY ARREST BEING ISSUED.

READ THE BACK OF THIS SUMMONS FOR FURTHER INSTRUCTIONS

IF YOU ARE UNDER 18 YEARS OF AGE, YOU MUST APPEAR WITH A PARENT OR LEGAL GUARDIAN

You are summoned and ordered to appear to answer charges stated above in:
 The Lakewood Municipal Court Phone: (303) 987-7400
 Public Safety Center
 445 South Allison Parkway, Lakewood, CO 80228-3106

On _____ / _____ / _____
 At _____ () 8:15 a.m. (Traffic) () _____ () 1:15 p.m. (Adult Penal) () 2:15 p.m. (Juvenile Penal)

The individual, listed below, has probably cause to believe that the defendant committed the offense(s) against the peace and dignity of the People of the City of Lakewood, State of Colorado and affirms that a copy of this summons & complaint was served upon the defendant.

Date issued _____ / _____ / _____
 Agent _____ Badge # _____

ORIGINAL / COURT

THE MUNICIPAL COURT IN AND FOR THE CITY OF LAKEWOOD, COLORADO

L 526388

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Fast Track	<input type="checkbox"/> Adult Penal	<input type="checkbox"/> Juvenile Penal									
<input type="checkbox"/> Traffic	<input type="checkbox"/> Traffic Collision	<input type="checkbox"/> Injuries	<input type="checkbox"/> Construction Zone	<input type="checkbox"/> Offense	<input type="checkbox"/> Infraction	<input type="checkbox"/> School zone	CR # _____					
The People of Colorado, Plaintiff, vs												
Defendant (Last Name)		(First)		(MI)	Date of Birth / /	Race	Sex	Hgt	Wgt	Eyes	Hair	
Defendant's Address				City/State/Zip		Home Phone # ()		2nd Phone # ()				
Driver's License #	<input type="checkbox"/> CDL	Exp Yr	State	Veh Lic #	<input type="checkbox"/> CMV	<input type="checkbox"/> Haz Mat	State	Veh Yr	Make	Model	Color	VIN
Violation Date / /	Approximate Time of Violation AM PM		Approximate Location of Violation in the City of Lakewood, State of Colorado						Direction of Travel N S E W			
Lakewood Ordinance	Violation		Lakewood Ordinance				Violation					

CUSTODY REPORT

Reporting Agency	Case Report No.
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Subject Name (Last, First, Middle Name)			Photo No.		Receiving Officer			Cell Assignment(s)		
Alias(es) - Maiden Name - Nickname			Reporting Officer		Date/Time Received			1	2	3
Subject's Address(es) Res.			Zip Code		Phone (x=day)			Connecting Case Report No.(s)		
Bus.								Occupation		
Age	Date of Birth	Place of Birth	Sex	Race	Height	Weight	Hair	Eyes	Marital Status	
Scars - Marks - Tattoos								Agency Subject No.		
Employer			Employer's Address					Social Security No.		
Emergency Notification			Address			Phone		FBI No.		Class Code

LAKEWOOD POLICE DEPARTMENT				FIELD INTERVIEW CARD (FIC)			
CR NUMBER:		LOCATION:			Driv. <input type="checkbox"/> Pass. <input type="checkbox"/> Ped. <input type="checkbox"/> Veh. <input type="checkbox"/> Detox. <input type="checkbox"/>		
NAME: (Last, First, Middle)				DOB:		DL#:	
ADDRESS / ZIP:				PHONE:		DL STATE:	
BUS./SCHOOL: (NAME ADDRESS)				BUS. PHONE		CELL PHONE:	
RACE:		SEX:	HGT:	WT:	HAIR:	EYES:	SPEC. ATTN:
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 5'0" <input type="checkbox"/> 5'1" <input type="checkbox"/> 5'2" <input type="checkbox"/> 5'3" <input type="checkbox"/> 5'4" <input type="checkbox"/> 5'5" <input type="checkbox"/> 5'6" <input type="checkbox"/> 5'7" <input type="checkbox"/> 5'8" <input type="checkbox"/> 5'9" <input type="checkbox"/> 5'10" <input type="checkbox"/> 5'11" <input type="checkbox"/> 6'0"	<input type="checkbox"/> 100 lbs <input type="checkbox"/> 110 lbs <input type="checkbox"/> 120 lbs <input type="checkbox"/> 130 lbs <input type="checkbox"/> 140 lbs <input type="checkbox"/> 150 lbs <input type="checkbox"/> 160 lbs <input type="checkbox"/> 170 lbs <input type="checkbox"/> 180 lbs <input type="checkbox"/> 190 lbs <input type="checkbox"/> 200 lbs	<input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Blond <input type="checkbox"/> Grey <input type="checkbox"/> Other	<input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> Other	Burglary <input type="checkbox"/> Persons <input type="checkbox"/> Juvenile <input type="checkbox"/> CAC <input type="checkbox"/> Theft <input type="checkbox"/> ECU <input type="checkbox"/> Intell./ SEIU <input type="checkbox"/> GANGS <input type="checkbox"/>
HOME NUMBER, STREET NAME			SCARS, MARKS, TATTOOS				COMM. CLEARANCE: Yes <input type="checkbox"/> No <input type="checkbox"/>
CLOTHING							
DATE:		TIME:	AGENT / ID#:				
LOGGED <input type="checkbox"/> UNK <input type="checkbox"/> 70DPS-24 (Rev. 3-04)							

Form #022

Names

Name: (Last) (First) (Middle) (Suffix) Name ID:

Race: Sex: DOB: Tentative ID Name type:

Page 1 Page 2 Page 3 Business Info

Personal information

Address: Apt: Age: (to) Date of death:

City: State: Verify Height: (to) Weight: (to)

Zip: Hair: Eye:

Phone: () - Cell: () - Skin tone: Ethnicity: Marital:

OLN: OLS: *OLY: SSN: Resident: Citizen:

Suspected illegal aliens ICE notification required. Embassy notification required upon arrest of all foreign citizens.

Employer information

Employer:

Address:

Phone: () - Ext.

Fax: () -

Occupation:

SMT... Physical... Alert... Notes...

0 attach Involvement Image Reports Incident Relationships...

Identity Alerts... Alias... Next Add Delete Search Exit