

# CITATION

|                                                                                                                                                                                                                         |                                                                                                |                                                                                                                                         |                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| State of Minnesota                                                                                                                                                                                                      |                                                                                                |                                                                                                                                         |                                                                                      |
| Citation #: <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                      |                                                                                                | Sequential Citations <u>1</u> of <u>1</u>                                                                                               |                                                                                      |
| County Name: <b>STEARNS</b>                                                                                                                                                                                             |                                                                                                |                                                                                                                                         |                                                                                      |
| Identification <input checked="" type="checkbox"/> DL <input type="checkbox"/> DVS Web <input type="checkbox"/> Photo I.D. <input type="checkbox"/> FP <input type="checkbox"/> Other                                   |                                                                                                |                                                                                                                                         |                                                                                      |
| DL Number <span style="background-color: black; color: black;">[REDACTED]</span> <input type="checkbox"/> CDL <input type="checkbox"/> State <u>MN</u>                                                                  |                                                                                                |                                                                                                                                         |                                                                                      |
| Name - First, Middle, Last, Suffix<br><span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                            |                                                                                                |                                                                                                                                         |                                                                                      |
| Address - Street, Apt #<br><span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                       |                                                                                                |                                                                                                                                         |                                                                                      |
| City<br><b>ST JOSEPH</b>                                                                                                                                                                                                |                                                                                                | State Zip<br><b>MN 56374</b>                                                                                                            |                                                                                      |
| DOB (mm/dd/yyyy)<br><span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                              | Height<br><b>5'05"</b>                                                                         | Weight<br><b>144</b>                                                                                                                    | Eyes Gender<br><b>BRO M</b>                                                          |
| <input type="checkbox"/> Juvenile Court Offense                                                                                                                                                                         | Parent/Guardian's Name:<br>Address:                                                            |                                                                                                                                         | <input type="checkbox"/> Same address as Juvenile                                    |
| Veh. Lic. No.<br><span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                 | Plate Year<br><b>2017</b>                                                                      | State<br><b>MN</b>                                                                                                                      | Make Style <input type="checkbox"/> 16+ pass. Color<br><b>PONT 4D WHI</b>            |
| Date of Offense<br><b>01/29/2017</b>                                                                                                                                                                                    |                                                                                                | Time of Offense<br><b>02:21 AM</b>                                                                                                      |                                                                                      |
| <input type="checkbox"/> Unsafe conditions<br>Weather _____                                                                                                                                                             | <input type="checkbox"/> Endangering Life or Property<br>*Court Appearance Required if Checked | <input type="checkbox"/> Commercial Vehicle<br>DOT # _____<br># Pounds Overweight _____<br><input type="checkbox"/> Hazardous Materials |                                                                                      |
| <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Owner <input type="checkbox"/> Passenger <input type="checkbox"/> Operate <input type="checkbox"/> Parked <input type="checkbox"/> Booked           |                                                                                                |                                                                                                                                         |                                                                                      |
| Offense Location<br><b>MP</b>                                                                                                                                                                                           |                                                                                                | City Of:<br><b>St. Cloud 73</b>                                                                                                         |                                                                                      |
| <b>DIVISION ST W // WASHINGTON MEM DR</b>                                                                                                                                                                               |                                                                                                |                                                                                                                                         |                                                                                      |
| Offense<br><b>4TH DEGREE DWI (ALCOHOL)</b>                                                                                                                                                                              | Charge Description                                                                             | Statute/Ordinance<br><b>169A.20.1(t)</b>                                                                                                | <input type="checkbox"/> 3rd Violation<br>PMM/GM<br><b>M</b>                         |
| Offense<br><b>4TH DEGREE DWI (08 BAC WITHIN 2 HOURS)</b>                                                                                                                                                                | Charge Description                                                                             | Statute/Ordinance<br><b>169A.20.1(s)</b>                                                                                                | <input type="checkbox"/> 3rd Violation<br>PMM/GM<br><b>M</b>                         |
| Offense                                                                                                                                                                                                                 | Charge Description                                                                             | Statute/Ordinance                                                                                                                       | <input type="checkbox"/> 3rd Violation<br>PMM/GM                                     |
| Offense                                                                                                                                                                                                                 | Charge Description                                                                             | Statute/Ordinance                                                                                                                       | <input type="checkbox"/> 3rd Violation<br>PMM/GM                                     |
| <input type="checkbox"/> Speed MN Stat. § _____ mph _____ Zone <input type="checkbox"/> 3rd in 12 Months                                                                                                                |                                                                                                |                                                                                                                                         |                                                                                      |
| <input type="checkbox"/> No Proof of Insurance MN Stat. § _____                                                                                                                                                         |                                                                                                |                                                                                                                                         |                                                                                      |
| <input type="checkbox"/> No Seatbelt Use MN Stat. 169.686.1(a)                                                                                                                                                          |                                                                                                |                                                                                                                                         |                                                                                      |
| AC Taken - AC: <u>.09</u> Test Type: <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other Substance <input type="checkbox"/> Refused |                                                                                                |                                                                                                                                         |                                                                                      |
| <p><b>If this is a payable citation, you must pay the amount owed or schedule an appearance within 30 days from the date the citation was issued. See the right side of this citation for more information.</b></p>     |                                                                                                |                                                                                                                                         |                                                                                      |
| Officer(s) Name(s)<br><span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                            |                                                                                                | Officer No. (s)<br><span style="background-color: black; color: black;">[REDACTED]</span>                                               | Prosecutor<br><span style="background-color: black; color: black;">[REDACTED]</span> |
| Controlling Agency (CAG)<br><span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                      |                                                                                                | How Issued<br><input checked="" type="checkbox"/> In Person <input type="checkbox"/> Mailed <input type="checkbox"/> Left at Scene      | Date Issued<br><b>01/29/2017</b>                                                     |
| Agency Name: <b>ST CLOUD POLICE DEPARTMENT</b>                                                                                                                                                                          |                                                                                                | CNICR <span style="background-color: black; color: black;">[REDACTED]</span>                                                            |                                                                                      |

Version 2015.1

## Definitions

**COMMERCIAL VEHICLE:** OVER 26,000 GVW OR BUS 16 OR MORE PASSENGERS.  
**HAZARDOUS MATERIALS:** ANY SIZE VEHICLE TRANSPORTING HAZARDOUS MATERIALS.  
**ENDANGERING PERSON OR PROPERTY:** OFFICER BELIEVES AN OFFENSE WAS COMMITTED IN A MANNER THAT ENDANGERED PERSON OR PROPERTY OR BE LIKELY TO ENDANGER ANY PERSON OR PROPERTY. CHECKING THIS BOX WILL CONVERT A PETTY MISDEMEANOR OFFENSE TO A MISDEMEANOR AND WILL REQUIRE THE DEFENDANT TO APPEAR IN COURT. OFFICER NOTES ARE REQUIRED.  
**REMINDER FROM STATE PATROL:** 31 MPH OVER SPEED LIMIT IS ENDANGERING.  
**ROAD TYPE:**  RESIDENTIAL  RURAL  URBAN  DIVIDED  \_\_\_\_\_  
**UNSAFE CONDITIONS:** 1:  IMPAIRED VISIBILITY  RAIN  SNOW  FOG  \_\_\_\_\_  
 2:  OTHER TRAFFIC PRESENTS:  FREEWAY (EXCEPT SPEEDING) 4:  SLIPPERY ROADWAY  
 5:  CAUSED PERSON OR VEHICLE TO DODGE  
 (REMINDER: IF 2 OR MORE CONDITIONS EXIST, NOTE ON FRONT OF CITATION.)

**VIOLATORS DIRECTION:** N S W E  \_\_\_\_\_ LANE \_\_\_\_\_  
**SQUAD DIRECTIONS:**  SAME  FACE  STATIONARY  CAR LOCK  DEVICE  
**OBSERVATIONS:**  VISUAL CONFIRMATION OF SPEED  \_\_\_\_\_  
**TRAFFIC SURVEY:**  NO OTHER TRAFFIC  OTHER \_\_\_\_\_  
**DOPPLER AUDIO:**  SINGLE TARGET  \_\_\_\_\_  TERRAIN: \_\_\_\_\_  
**SPEED READINGS:** \_\_\_\_\_ PATROL SPEED: \_\_\_\_\_  
**STOP LOCATION:** \_\_\_\_\_  
 (STOP LOCATION MAY BE DIFFERENT THAN OFFENSE LOCATION, MUST FILL IN OFFENSE LOCATION ON FRONT OF CITATION.)  
**INSURANCE:** \_\_\_\_\_ PASSENGERS: \_\_\_\_\_  
**WARNING ISSUED:** \_\_\_\_\_ **FIX-IT DUE DATE:** \_\_\_\_\_  
**NO SEATBELT USE OBSERVED WHEN:**  MEETING  FOLLOWING  AT STOP  ADMITTED  
**STATEMENT BY DRIVER:** \_\_\_\_\_

**TRAFFIC STOP WAS:**  AUDIO RECORDED  VIDEO RECORDED  
**NOTES:** SEE REPORT. [REDACTED]

**TICKET FILED  
ELECTRONICALLY**