

**State of Michigan  
Uniform Law Citation**

Ticket No. **W 122209**

Victim Involved

US DOT #

Incident No.

Dept. No.

**218**

The People of:  the State of Michigan  
 Township  City  Village  County

Local Use/Arrest No.

Detection Device

OF: **Ann Arbor, Michigan**

BAC

THE UNDERSIGNED Month Day Year At approximately  A.M.  P.M. Date Month Day Year  
SAYS THAT ON: **1 17 07 2145** **1 17 07**

State  Oper.  Chauff. CDL Grp/End Driver License Number Social Security No.

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

Street

City

State

Zip Code

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Type

THE PERSON NAMED ABOVE, in violation of  Local Ordinance  State Law  Administrative Rule

UPON

AT OR NEAR

WITHIN  CITY  VILLAGE  TOWNSHIP OF **Ann Arbor**

COUNTY OF **Washtenaw**

DID THE FOLLOWING

MCL Cite/PACC Code/

Charge No.

Type	Ordinance	Description (include any bond amount collected on each charge)	
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.	<b>CAUTION SPEED 75/55</b>	<b>1</b>
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		<b>2</b>
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		<b>3</b>

**TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.**

Offense Code(s)

1 **290** 2 3

Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Waiv = Violation for Which Fines/Costs May be Waived. Authorization pend. = Authorization pending  
Remarks: **acted 1/15/07 85/55 @ 1775 ft**

CHECK IF APPROPRIATE  Damage to Property  Local Court Bond \$  
 Vehicle Impounded  Injury  License Posted in Lieu of Bond  
 Traffic Crash  Death  Appearance Certificate  
Person in Active Military Service  Yes  No  None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before **within 10 days**

Hearing Date (if applicable) on  Contact Court

Juvenile Traffic Misd. (Court will Notify)  Formal Hearing Required. (Court will Notify)

In the **15th District** Court of **Michigan**

Court Address & Phone Number  
**15th District Court  
101 E. Huron St., P.O. Box 8650, Ann Arbor, MI 48107  
(734) 222-3380**

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).  
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable Month Day Year  
**[Signature]** **1 17 07**

Officer's Name (printed) Officer's ID No.  
**R Chow** **65**

Agency ORI Agency Name  
**MI- 8121800 Ann Arbor Police Department**

UC-01a (rev. 12/03) **CIVIL INFRACTION COPY**

Ticket No. **W 122209**  
Name

Case No.