

CITIZEN TRAFFIC COMPLAINT

12 Minutes Faster

A Message from Auntie Karen

This community road watch program provides an opportunity for all road users to work together to make the roads safer. If you tell us what you saw, we will notify the owner of the vehicle about the unsafe driving that you have reported. This will not lead to the offender being prosecuted; it will serve as a warning.

WARNING : ENSURE THAT YOU ARE NOT FILLING OUT THIS FORM WHILE DRIVING - IT IS AN OFFENSE! If you wish the incident to be investigated, you should lodge a formal complaint at your nearest police station. Otherwise, drop this form off at any local Law Enforcement Detachment.

When and Where was the incident?

Date: _____ Time: _____ am/pm (circle one)

Location (Name of the Road/Street) : _____

Nearest City/Town: _____ Province/State: _____

Details of offending vehicle:

License Plate: _____ Make: _____ Type: _____ Colour: _____

Brief description of passengers: Driver only: _____ Other passengers: _____

What did you see? (Please tick one or more if applicable)

- | | | | |
|--------------------------|--------------------------------------------------------------|--------------------------|--------------------------------------------|
| <input type="checkbox"/> | A driver overtaking on 'no passing' / solid yellow lines | <input type="checkbox"/> | A driver crossing the centre-line |
| <input type="checkbox"/> | A driver overtaking in the face of oncoming traffic | <input type="checkbox"/> | A driver following too close (tailgating) |
| <input type="checkbox"/> | A driver speeding over the maximum posted speed limit | <input type="checkbox"/> | A driver failing to obey a traffic light |
| <input type="checkbox"/> | A driver failing to reduce speed for poor driving conditions | <input type="checkbox"/> | A driver failing to indicate (use signals) |

Other driving behavior (please make brief notes about what you saw happening):

Your details please:

Mr / Mrs / Ms / Miss (circle one) Name: (first / last name) _____

Complete Mailing Address: _____

Email: _____ License Plate of your vehicle: _____

Your telephone number: () _____ Circle if you want a reply: Yes No

Signature: _____ Date: _____

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