

Model Summons & Complaint or Penalt Assessment

Case # 22-19309 Court Case #

JCSO# 308577

Date of Violation (mm/dd/yyyy) 01/22/2022 Time of Violation 11:49 am (pm) Approximate Location of Violation 200 JEFFERSON COUNTY PARKWAY Direction of Travel N S E W

The People of Colorado vs. Defendant (Last Name) VALADEZ (First) VENESSA (Middle) Date of Birth (mm/dd/yyyy)

Driver's License Number: R CO W F 5'04" 129 SDY BLU Registered Owner (Name & Address)

Table with columns: Statute/Ordinance, Violations, Code, Point, Fine, Surcharge. Includes entries like 42-4-1101 () () Speeding, 42-4-116 (1)(a) Minor Driver Operated a Motor Vehicle with an Unauthorized Passenger, etc.

18-5.5-102(1) CYBER CRIME SUMMARIS

DNA Surcharge (Traffic Infraction Only) \$2.50

Summons Total Number of Charges 1 Total Points 0 Total Amount \$0

Penalty Assessment My signature is a promise to pay this penalty assessment within 20 days. Total to be paid by mail \$

You are summoned to appear in Jefferson County Court, 100 Jefferson County Parkway, Golden, Colorado 80401 on the above charge(s). Below is the date and time of your court appearance. On 09/07/2023 at 15 p.m.

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. Date Issued: 7/5/2023

District Attorney Copy - 3

Officer Name J. COVARR

Car # 1756

Attitude: <u> </u>	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	Traffic: <u> </u>	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light	<input type="checkbox"/> None <input type="checkbox"/> Other
Light Condition: <u> </u>	<input type="checkbox"/> Daylight <input type="checkbox"/> Dark <input type="checkbox"/> Dusk	<input type="checkbox"/> Dawn <input type="checkbox"/> Other	Road Condition: <u> </u>	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy <input type="checkbox"/> Icy	<input type="checkbox"/> Slushy <input type="checkbox"/> Sandy <input type="checkbox"/> Road Treatment <input type="checkbox"/> Dirt
Weather: <u> </u>	<input type="checkbox"/> Temp <u> </u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Windy	<input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Foggy	Lane of Travel: <u> </u>	<input type="checkbox"/> Left <input type="checkbox"/> Center	<input type="checkbox"/> Right <input type="checkbox"/> Other
Intoxication: <u> </u>	<input type="checkbox"/> Blood <u> </u> <input type="checkbox"/> Breath <u> </u>	<input type="checkbox"/> Urine <u> </u> <input type="checkbox"/> PBT <u> </u>	Identification: <u> </u>	<input type="checkbox"/> Driver's License <input type="checkbox"/> Verbal	Other <u> </u>
Lidar: <u> </u>	Serial # <u> </u> Time Checked <u> </u> <input type="checkbox"/> Power On/Display Test <input type="checkbox"/> Scope Test	Model <u> </u> D1 <u> </u> D2 <u> </u> <input type="checkbox"/> Delta Distance Test <input type="checkbox"/> Zero Velocity Test	Radar: <u> </u>	Serial # <u> </u> <input type="checkbox"/> Fork # <u> </u> <input type="checkbox"/> Test #1 <u> </u> <input type="checkbox"/> Fork # <u> </u>	<input type="checkbox"/> Test #2 <input type="checkbox"/> Internal Test <input type="checkbox"/> Lamp Test <input type="checkbox"/> Tuning Fork Test
	Visual Est. <u> </u> Measured Speed <u> </u> mph	Distance <u> </u> in a <u> </u> mph zone		Visual Est. <u> </u> Measured Speed <u> </u> mph	Distance <u> </u> in a <u> </u> mph zone

Officer Notes

SEE REPORT

Rule 16. BWC; Summons

Person Notified of Juvenile Custody (Last, First, Middle)	How Notified	Relationship	Date / Time Notified
Juvenile Released to (Last, First, Middle)	Relationship	Signature of Person Receiving	Date / Time Released

Victim/Witness Information

Name 1	<input type="checkbox"/> Victim	Name 2	<input type="checkbox"/> Victim
Address	Date of Birth (mm/dd/yyyy)	Address	Date of Birth (mm/dd/yyyy)
City/State/Zip		City/State/Zip	
Phone 1	Phone 2	Sex	Race
Email Address		Email Address	
Name 3	<input type="checkbox"/> Victim	Name 4	<input type="checkbox"/> Victim
Address	Date of Birth (mm/dd/yyyy)	Address	Date of Birth (mm/dd/yyyy)
City/State/Zip		City/State/Zip	
Phone 1	Phone 2	Sex	Race
Email Address		Email Address	
Name 5	<input type="checkbox"/> Victim	Fingerprint	
Address	Date of Birth (mm/dd/yyyy)	Right Index Fingerprint	
City/State/Zip			
Phone 1	Phone 2	Sex	
Email Address		Race	

Police Witnesses

Officer 1 Name/Badge #/Email Address
Officer 2 Name/Badge #/Email Address
Officer 3 Name/Badge #/Email Address