

**TRAFFIC VIOLATION REPORT**

ref. MCIPAC-MCBBO 11240.1, USFJ HQ INST 31-205

**Privacy Act Statement**

**AUTHORITY:** MCIPAC-MCBBO 5560.1B; MCIPAC-MCBBO 5560.2B; 10 U.S.C. 5013, Secretary of the Navy; and 10 U.S.C. 5014, Headquarters, Marine Corps authorizes the collection of this information. **PRINCIPLE PURPOSE(S):** PMO Traffic Court section will use this information to track and prosecute offenses, counsel victims, and other administrative actions; to support insurance claims and civil litigation; to revoke base, station, or activity driving privileges. **ROUTINE USES:** To individuals involved in base incidents, their insurance companies, and/or their attorneys for the purpose of adjudicating a claim, such as personal injury, traffic accident, or other damage to property. The release of personal information is limited to that required to adjudicate a claim. The information will also be used by PMO administrators and disclosed to law enforcement personnel to assist in activities related to traffic moving violations. The traffic Court section may share the information with other law enforcement agencies and the MCIPAC-MCBB Magistrate's office as necessary to keep an accurate database of violator's driving record. **DISCLOSURE(S):** Disclosure of the requested information is voluntary; however, failure to provide this information will require our section to attempt to obtain this information through other means. Additionally, failure to provide all of the requested information will result as incomplete, and will not be considered for review by the Traffic Court Officer (TCO).

**1. CLAIMANT INFORMATION**

a. Last Name	b. First Name	c. Middle Initial	d. Rank
e. DoD ID#	f. EDIPI Number	g. SOFA License Number	
h. Unit	i. E-mail Address	j. Phone Number	

**2. WITNESS INFORMATION**

a. Last Name	b. First Name	c. Middle Initial	d. Rank
e. DoD ID#	f. EDIPI Number	g. SOFA License Number	
h. Unit	i. E-mail Address	j. Phone Number	

**3. VIOLATION INFORMATION**

a. Date	b. Time (24 Hour)	c. Location	
d. Plate Number	e. Year	f. Color	g. Make and Model
h. Weather Conditions		i. Traffic Conditions	

**4. VIOLATOR INFORMATION (IF AVAILABLE)**

a. Last Name	b. First Name	c. Middle Initial	d. Rank
e. DoD ID#	f. EDIPI Number	g. SOFA License Number	
h. Unit	i. E-mail Address	j. Phone Number	

**5. DETAILED STATEMENT (MUST BE SPECIFIC)**

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**6. DECLARATION**

I AFFIRM/ATTEST THAT ALL STATEMENTS MADE BY MYSELF ARE TRUE AND FACTUAL. FAILURE TO COMPLETE ALL REQUIRED INFORMATION WILL RESULT IN MY COMPLAINT BEING COMPLETELY DISMISSED BY THE REVIEWER (TRAFFIC COURT ADMINISTRATOR OR TRAFFIC COURT OFFICER). I FURTHER UNDERSTAND THAT A FALSE AND/OR MALICIOUS COMPLAINT MAY RESULT IN ADMINISTRATIVE/LEGAL ACTIONS AGAINST ME. WITH THE SUBMISSION OF THIS FORM I WILL BE REQUIRED TO APPEAR ON AN ASSIGNED DATE/TIME TO THE BASE TRAFFIC COURT, LOCATED ON CAMP FOSTER AT LSSS. I WILL BE CONTACTED BY A TRAFFIC COURT ADMINISTRATOR IF ANY ADDITIONAL QUESTIONS OR CONCERNS ARISE AND I WILL PROVIDE A SPEEDY RESPONSE TO ENSURE THE ACCURATE PROCESSING OF MY CLAIM.

a. Claimant Signature	b. Date
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