

HELMET / INFRACTION / STOP REPORT FORM

This information may be presented to state and federal legislators as well as to police or DOT administrators. The purpose is to help ensure appropriate lawmaking and reasonable enforcement. Please provide as much detail as possible, attach extra pages if necessary. Phone 1-800-347-1106 or 503 224-1106 in Portland if you have questions, and ask for Gunny. Thank you for your cooperation.

PLEASE SEND TO: Sam Hochberg, A.I.M. Attorney, 750 Morgan Bldg, 720 SW Washington, Portland, OR 97205
ATTN: Gunny Hutch.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (work) _____ (home) _____ Email: _____

MAY WE USE YOUR NAME FOR LEGISLATIVE PURPOSES? (YES) (NO)

WHAT HAPPENED WHEN YOU WERE STOPPED?

DATE STOPPED: _____ TIME STOPPED: _____ am / pm

LOCATION: _____

OFFICER NAME: _____ ID NO: _____ POLICE AGENCY _____

PRIMARY REASON FOR STOP: HELMET / OTHER(specify) _____

CITATION? (YES) (NO) IF SO FOR: HELMET / OTHER (specify) _____

CITE # _____ 1st appearance date: _____ time: _____ am / pm

COURT LOCATION: city / county: _____

ANY OTHER CHARGES ISSUED AT THE SAME TIME? LIST: _____

IF THERE WERE ANY CRIMINAL CHARGES (not infractions), SPECIFY: _____

You should IMMEDIATELY obtain LEGAL ADVICE if you were charged with a crime.

Did officer follow normal traffic laws in making the stop? (YES) (NO)

If no explain: _____

Did officer treat you fairly and respectfully? (YES) (NO) If no explain: _____

Was your helmet confiscated? (YES) (NO) Explain: _____

Were you given an explanation on legal or illegal helmets? (YES) (NO)

If YES was the explanation? (WRITTEN) (VERBAL) (BOTH)

If verbal, describe: _____

WHAT HAPPENED IN COURT?

Have you gone to court? (NO): When is court Date? _____ (YES): How did you plead? _____

If you pled guilty what was the fine? \$ _____

If you pled NOT GUILTY, have you gone to trial? (YES) (NO) If no when is your court date? _____

If yes, what was the verdict? (GUILTY) (NOT GUILTY)

If guilty, what was the sentence? _____

FINE: \$ _____ ASSESSMENT: STATE, \$ _____ COUNTY, \$ _____ CITY, \$ _____

WORK TIME LOSS HRS: _____ LOST WAGES: \$ _____

Briefly describe the evidence you presented at your trial (or include a copy) _____

DESCRIBE THE HELMET YOU WERE WEARING

BRAND: _____ MODEL: _____

When you bought the helmet did it have a DOT sticker on the outside? (YES) (NO)

Label permanently fastened inside? (YES) (NO)

Was helmet modified? (YES) (NO)

If modified describe: _____