MMA-CA MOTORCYCLE RIGHTS TASK FORCE TRAFFIC STOP REPORT FORM

This information may be presented to State or Federal legislators, as well as police or DOT administrators. It will be used to document law enforcement activity to ensure reasonable law enforcement. Provide as much information as possible, attaching additional pages if necessary.

| Send completed forms to: MMA 5847 Auburn Blvd., Suite 6 Sacramento, CA 95841 | |
|--|---|
| Please Print Legibly Were you the Driver Passenger Witness? Vehicle: Make/Model | Year |
| Date/Time of incident in this report: | _ Were you alone / in a group? (Circle One) |
| Full legal name: | Chala 7in |
| Address City Phone: Day phone () Evening phone (| State Zip |
| Phone: Day phone () Evening phone (|) |
| Were you a witness to, or the subject of law enforcement activity? Witness Location of stop/activity: (Provide business name, address, cross streets, City, | |
| What method did law enforcement use to stop you and/or the subject(s) of the red lights, waved over, etc.) | ne law enforcement activity? (Road block, |
| What reason did law enforcement give for the stop (probable cause)? | |
| Did the law enforcement officer properly identify him/herself to you? Attach copy of his/her card, or complete the following: Officer's name, ID number, agency (local police, task force, hwy patrol, etc.) | |
| Did law enforcement treat you fairly & respectfully? Yes No If no, e | explain: |
| Were you detained? If yes, how long? | |
| Was there video surveillance or audio recording on the scene? Yes No If yes, who was filming/recording (law enforcement, MRO, both)? | |
| Were you questioned? Yes No If yes, what questions were asked and what comments were made by law enforcement? | |
| Did you consent to any search by law enforcement? Yes No If yes, explain why. (Remember, you are not required to consent to a search for any reason.) | |
| Were you searched? Yes No If yes, what was searched – you, your | r bike/vehicle, other property? |
| Was any of your property confiscated? Yes No If yes, list: | |
| Were you cited? Yes No If yes, please provide the following (or attach a legible copy of complaint): Cite # ARS section violated | |
| Date of Court appearance Location/Time of appearance | |

Please attach additional info/documentation regarding the stop that may be useful (witness statements, etc.)