

State of Michigan
Uniform Law Citation

Ticket No. **142557** Victim Involved

US DOT # _____ Incident No. _____ Dept. No. **80**

The People of: the State of Michigan
 Township City Village County

Local Use/Arrest No. _____ Detection Device _____

OF: **ALLEN PARK** BAC _____ **1** of **1**

THE UNDERSIGNED SAYS THAT ON: Month **01** Day **06** Year **18** At approximately A.M. P.M. Date Month **03** Day **02** Year **65**

State Oper./Chauff. Driver License Number **S100622319162** SSN (last 4 digits) _____

MI CDL

Race _____ Sex **F** Height **5'01** Weight **123** Hair _____ Eyes **BLK** Occupation/Employer **/**

Name (First, Middle, Last)
NADA HUSSEIN SAAB

Street
6987 DACOSTA ST

City **DEARBORN HEIGHTS** State **MI** Zip Code **481272535**

Vehicle Plate No. **BYQ9796** Year **2000** State **MI** Vehicle Description (Year, Make, Color) **2000 TOYT** Veh. Type _____

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule
UPON **39 AT OUTER DR**

AT OR NEAR _____

WITHIN CITY VILLAGE TOWNSHIP OF **ALLEN PARK**

COUNTY OF **WAYNE** DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend. 257.676B	IMPEDING/BLOCKING TRAFFIC	1
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend. 257.328	NO PROOF OF INSURANCE	2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		3

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s)
1 _____ 2 _____ 3 _____

Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks:
right on red

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$ _____
 Vehicle Impounded Injury License Posted in Lieu of Bond
 Traffic Crash Death Appearance Certificate
 Person in Active Military Service Yes No None

SEE DATE BELOW SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
 Appearance Date on or before **WITHIN 10 DAYS**
 Hearing Date (if applicable) on _____ Contact Court
 Juvenile Traffic Misd. (Court will Notify) Formal Hearing Required (Court will Notify)

In the **24TH DISTRICT COURT** Court of **ALLEN PARK**

Court Address & Phone Number
6515 Roosevelt St Allen Park, MI 48101
313-928-0535

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
 I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable _____ Month _____ Day _____ Year _____

Officer's Name (printed) **J. THORBURN** Officer's ID No. **AP041**

Agency ORI **MI-8221200** Agency Name **ALLEN PARK POLICE DEPARTMENT**