

TRAFFIC INFRINGEMENT NOTICE

Visual Evidence

JANE CITIZEN
144 SAMPLE AVENUE
SAMPLEVILLE WA 6149

DUE DATE
11 DEC 2024

INFRINGEMENT AMOUNT
\$300.00
IF NOT PAID BY THE DUE DATE,
ADDITIONAL FEES MAY APPLY.

DEMERIT POINTS
3

INFRINGEMENT NUMBER
RAM00687A4

The following offence has been detected by a road safety camera in relation to vehicle plate number **1AAA110**. As the responsible person for that vehicle, you are presumed to be the driver, unless one of the options on the reverse apply.

Issued on **10 DEC 2024** by the Executive Director, Driver and Vehicle Services, Department of Transport under Part 5 of the *Road Traffic (Administration) Act 2008*.

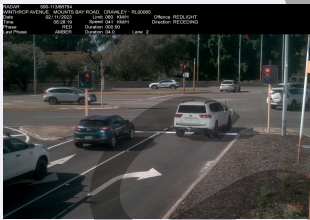
OFFENCE DETAILS:

Offence: **FAILED TO STOP BEFORE CIRCULAR RED SIGNAL STOP LINE**

Act or regulation: **Road Traffic Code 2000 40(1)(a)**

Date / time: **02 NOV 2023, 08:28 AM**

Location: **CORNER OF WINTHROP AVE, CRAWLEY, AND MOUNTS BAY RD**



View your infringement online at www.transport.wa.gov.au/trafficinfringements
Register or log in to DoTDirect at www.transport.wa.gov.au/dotdirect for additional infringement services including payment extension, direct debit payment instalments and email delivery preferences.

DoTDirect



YOUR OPTIONS

Pay this infringement. Pay in full before the due date to avoid further penalties or prosecution. If you do not pay, make a payment instalment arrangement or elect court by the due date, the infringement will be referred to the Fines Enforcement Registry under the *Fines, Penalties and Infringement Notices Enforcement Act 1994*.

Unable to pay by the due date? You can before the due date request a payment extension or you may enter a direct debit payment instalment arrangement. Sign in to DoTDirect or call Infringement Services on (08) 9320 4444.

Not you driving the vehicle? Complete the Driver Identification Statement by signing in to DoTDirect or returning the form provided to Infringement Services before the due date.

Request a review. Contact us by the due date to request a review of this infringement. If the requirement to identify the driver puts you or an individual at risk of family violence, call Infringement Services on (08) 9320 4444 for evidence requirements.

Elect to have the matter determined by a Court. Complete the Court Election request by signing in to DoTDirect or returning the form provided to Infringement Services before the due date.

You can send the completed form to Infringement Services by emailing infringementservices@transport.wa.gov.au or mailing GPO Box R1290, Perth WA 6844. For all other enquiries regarding this notice, call (08) 9320 4444 or visit www.transport.wa.gov.au/trafficinfringements

OTHER INFORMATION

Payment will not be regarded as an admission of liability for any civil claim, action or proceeding, but constitutes a conviction for the purposes of the *Road Traffic (Authorisation to Drive) Act 2008* section 35(4)(b)(v), and the *Road Traffic (Vehicles) Act 2012* section 126(6) and 128(4).

For a provisional licence driver, payment for *Road Traffic Act 1974* section 54, 55, 62, and 64AA, offences constitute a conviction, licence cancellation and three months disqualification from driving.

Warnings:

Provision of false or misleading information is an offence with significant penalties including \$18,000 or 18 months imprisonment. If you are unable to identify the driver, the circumstances of your case may be investigated by WA Police Force.

Privacy:

The information you supply on this form may be disclosed to other government agencies where provided for in legislation. The Chief Executive Officer of the Department of Transport also releases aggregated statistical information to third parties. However, your personal information will not be released to these persons without your explicit consent.

PAYMENT OPTIONS

DoTDirect
Save time, do it online.

Pay in full, request an extension or direct debit payment instalments using DoTDirect at www.transport.wa.gov.au/dotdirect

You can also pay in full at www.transport.wa.gov.au/trafficinfringements

 **PHONE**

For credit card payments, call 1300 PAY INF or 1300 729 463 (24-hour service)

16 digit Customer Reference Number
4445 8420 0114 6339

 **Australia Post**

Present this infringement and pay in person at any Australia Post branch or agency.

 **MAIL**

Send a cheque or money order to Infringement Payment Centre
GPO BOX R1290
PERTH WA 6844.

PAYMENT ADVICE



Bill Code: 132 043
Ref: 4445 8420 0114 6339

BPAY® this payment via Internet or phone banking.

INFRINGEMENT NUMBER: RAM00687A4



MAIL Send cheque or money order to:

GPO BOX R1290, PERTH WA 6844
PAYEE: Infringement Payment Centre

 **Australia Post**

AMOUNT DUE
\$300.00
DUE DATE
11 DEC 2024



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TRAFFIC INFRINGEMENT NOTICE

DRIVER IDENTIFICATION / COURT ELECTION

Written notices must be submitted before the due date.
Provision of false or misleading information is an offence with significant penalties including \$18,000 or 18 months imprisonment.

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DRIVER IDENTIFICATION STATEMENT

Which statement is true: I was not the driver and ...

<input type="checkbox"/> I am able to provide the name and address of the person driving at the time of the alleged offence below.	<input type="checkbox"/> I don't know who the driver was and have checked my records and I cannot reasonably ascertain who they were.
<input type="checkbox"/> I am able to provide the name and address of the person the vehicle was sold to prior to the alleged offence below. Date vehicle was sold: ____ / ____ / ____	<input type="checkbox"/> The vehicle was stolen or unlawfully taken or used at the time of the alleged offence. Police Report No: _____

Provide the details of the driver of the vehicle or the new owner's details at the time of the alleged offence.

Surname _____ Given name _____
Address _____ Suburb _____
Postcode _____ State _____ Phone _____ Email _____
Date of birth ____ / ____ / ____ Driver's licence number _____ State/Country of issue _____

If Infringement Services is satisfied with the information provided, this infringement will be withdrawn and a new infringement will be issued to the identified driver or new owner.

Sign below to confirm the information you have provided is correct.

Signed _____ Date ____ / ____ / ____
(Signature of person making statement)

(Name of person making statement)



COURT ELECTION

I _____
(Your full name in block letters)
of _____
(Your full address in block letters)
Phone _____ Email _____

elect to have this matter dealt with by a Court. I understand I may receive a summons for this offence and incur potential legal costs.

Signed _____ Date ____ / ____ / ____
(Signature of person making statement)

SAMPLE

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