

Marine Corps Base, Camp Pendleton

Traffic Violation Report

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397(SSN)

PRINCIPLE PURPOSE: 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.

NOTE: records may be maintained in both electronic and/or paper form.

ROUTINE USES: None other than the blanket routine uses published in Privacy Act System of Records Notice NM05580-1: SECURITY INCIDENT SYSTEM

DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent processing of the Traffic Violation Report and identification of the reported violator.

INSTRUCTIONS:

1. TVR's are only for reporting Moving Violations within MCB CamPen's jurisdiction.
2. Complete as much information as possible (legibly print). However, do NOT attempt to stop the alleged violator. PMO will research and fill in the missing information. All complaints are taken seriously and fully investigated by PMO.
3. Turn the completed TVR in to the Desk Sergeant of the Police Records Section (Bldg 1523). You may also fax the TVR to 725-0820 or mail the TVR to:

Provost Marshal's Office
 (Attn: Police Records)
 PO Box 555051
 Camp Pendleton CA 92055-5051

| | | | | | |
|--|---------------|-----------------------|---------------------------------|-------------------------------------|----------|
| I. COMPLAINANT INFORMATION: | | | | | |
| Name (Last, First, MI) | | | Rank (if applicable): | | |
| Home Address (complete mailing address): | | | Home Phone (include area code): | | |
| Work/ Unit Address (complete mailing address): | | | Work Phone (include area code): | | |
| II. WITNESS INFORMATION (attach additional sheet if needed): | | | | | |
| Name (Last, First, MI): | | Rank (if applicable): | | Phone (best number for contact): | |
| III. VIOLATION INFORMATION (complete all known information): | | | | | |
| Date: | | Time (24hr): | | Location (be as exact as possible): | |
| State: | Plate Number: | Year: | Make: | Color: | Decal #: |
| Weather Conditions | | | Traffic Conditions | | |
| Violator's Name (Last, First, MI): | | | Rank (if applicable) | | |
| Work/ Home Address (complete mailing address): | | | | Phone: | |
| IV. DETAILED STATEMENT (please be specific, attach additional sheet if needed): | | | | | |
| | | | | | |

Traffic Violation Report (TVR)

| | |
|--|--|
| | |
|--|--|

| | |
|---|--|
| <i>I affirm/ attest that the complaint and all statements made by myself are true. I further understand that false and/or malicious complaints may result in administrative/legal action against me. If called to Base Traffic Court I will appear on the Date/ Time/ Location designated by the Clerk.</i> | Complainant's Signature/Digital Signature/Date: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|---|--|

| | |
|--|---|
| V. POLICE RECORDS ACTION (to be completed by Police Records Section. Check all that apply): | |
| <input type="checkbox"/> Not a Moving Violation | <input type="checkbox"/> Previous Violation(s) - see attached |
| <input type="checkbox"/> Not in Camp Pendleton's Jurisdiction | <input type="checkbox"/> Referred to Base Traffic Court |
| <input type="checkbox"/> Insufficient Information to Process | <input type="checkbox"/> Court Date Assigned: |
| <input type="checkbox"/> Unfounded Complaint (referred for action) | <input type="checkbox"/> Complainant Notified to Appear: |
| <input type="checkbox"/> Malicious Complaint (referred for action) | <input type="checkbox"/> Violator Notified to Appear: |
| <input type="checkbox"/> Referred to Violator's Command | Records Supervisor's Signature/Date: |

| | |
|--|---|
| VI. BASE MAGISTRATE ACTION (to be completed by Base Magistrate. Check all that apply): | |
| <input type="checkbox"/> Dismissed | <input type="checkbox"/> Points Assessed: |
| <input type="checkbox"/> Warning | <input type="checkbox"/> Attend Traffic Safety School (Base Safety) |
| <input type="checkbox"/> Driving Privileges Suspended for _____ Days (with / without loss of decal) <i>Violator must return to Police Records for Reinstatement at end of suspension period.</i> | |
| <input type="checkbox"/> Other Action Imposed (describe): | |
| | |

| | |
|-----------------------------------|----------------------------|
| Base Magistrate's Signature/Date: | Violator's Signature/Date: |
| | |

| | |
|---|----------------------------------|
| VII. FINAL DISPOSTION (to be completed by Police Records Clerk): | |
| <input type="checkbox"/> Results Entered in CLEOC: | Record's Clerk's Signature/Date: |
| <input type="checkbox"/> TVR Filed: | |