

## NOTICE REQUESTING INFORMATION

### Visual Evidence

JANE CITIZEN  
144 SAMPLE AVENUE  
SAMPLEVILLE WA 6149

COMPLIANCE DATE

**17 JAN 2025**

INFRINGEMENT AMOUNT

**N/A**

DEMERIT POINTS

**N/A**

INFRINGEMENT NUMBER

**SEM04455A2**

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 required to identify the driver at the time of the alleged offence. Failure to provide this information prior to the compliance date is an offence and will result in the offence penalty being doubled.

Issued on **16 JAN 2025** by the Executive Director, Driver and Vehicle Services, Department of Transport under Part 5 of the *Road Traffic (Administration) Act 2008*.

#### OFFENCE DETAILS:

Offence:

**EXCEED SPEED LIMIT BY NOT MORE THAN 9KM/H MAXIMUM ALLOWED SPEED 60 KM/H, ALLEGED SPEED 68 KM/H, DETECTED SPEED 70 KM/H**

Act or regulation:

**Road Traffic Code 2000 r. 11(3)**

Date / time:

**13 JAN 2025, 09:49 PM**

Location:

**STIRLING HWY, PEPPERMINT GROVE, NR JOHNSTON ST**



View your infringement online at [www.transport.wa.gov.au/trafficinfringements](http://www.transport.wa.gov.au/trafficinfringements)

Register or log in to DoTDirect at [www.transport.wa.gov.au/dotdirect](http://www.transport.wa.gov.au/dotdirect) for additional infringement services including email delivery preferences.

**DoTDirect**

# NO ONE PLANS A

Q MAKE EVERY JOURNEY SAFE



## YOUR OPTIONS

**Complete the Driver Identification Statement** by signing in to DoTDirect or using the form below and return to Infringement Services before the compliance date.

**Request a review.** Contact us by the compliance 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.

You can send the completed form to Infringement Services by emailing [infringementservices@transport.wa.gov.au](mailto: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](http://www.transport.wa.gov.au/trafficinfringements)

## OTHER INFORMATION

### 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.

## DRIVER IDENTIFICATION STATEMENT

Which statement is true:

☐

I am able to provide the name and address of the person driving at the time of the alleged offence below.

☐

I don't know who the driver was and have checked my records and I cannot reasonably ascertain who they were.

☐

I am able to provide the name and address of the person the vehicle was sold to prior to the alleged offence below.

☐

The vehicle was stolen or unlawfully taken or used at the time of the alleged offence.

Date vehicle was sold: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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, an infringement will be issued to the identified driver or new owner.

I \_\_\_\_\_ as the authorised representative  
(Your full name in block letters)

of \_\_\_\_\_  
(Your address in block letters)

Phone \_\_\_\_\_ Email \_\_\_\_\_

confirm the information I have provided is correct.

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Signature of person making statement)

