PLEASE READ CAREFULLY THEN COMPLETE AND SIGN <u>ONE</u> OF THE THREE PARTS BELOW IN BLOCK CAPITALS AND RETURN THE <u>WHOLE</u> ORIGINAL FORM TO: TRAFFIC CRIMINAL JUSTICE OCU, PO BOX 510, DA15 0BQ. (DO NOT RETURN A PHOTOCOPY.) THE FORM MUST BE COMPLETED BY THE ADDRESSEE AND NOT HANDED TO ANYONE

PART 1 (I am the person to whom this form is addressed and I was the driver)		
I was the driver at the time shown overleaf. I confirm the following details:		
Title	Surname	
Forename		
Address		
Post Code	Telephone number	
Driving Licence No.		Date of Birth DD MM YYYY
Signature		Signature date DD MM YYYYY
PART 2 (If you were NOT the Driver at the time of the alleged offence, please enter the driver's details and complete this part only)		
I was not the driver of the vehicle at the time shown overleaf. The driver / hirer was:		
Title	Surname	Metropolitan Police Service
Forename	Sensor Landson Control	Exhibit No. OCU: Other Sto Ref. Lab Ref. No. MPSZ12101269
Address		Ex. Book No. OCU: Other Stn. Ref. Lab Ref. No.
		Description of exhibit:
		From also de
Post Code	Telephone No.	From place/person:
		Taken by:Time:
Signature	get and activities and the Accessive confidence of the Acc	Sealed by:Time:
Signature		I IDENTIFY THIS EXHIBIT AS THAT REFERRED TO IN
PART 3 (If you were NOT the keeper or owner of the vel Signature:		
the keeper or owner details and complete this section) Signature(s) of additional witness(es) The vehicle shown overleaf was transferred/acquired on:		
Name/	snown overlear was transferred/acquired on.	
Company		
Address		
		MP 1404/04 MPSZ12101269 Form 420B
Date of Birth	D D M M Y Y Y Y Telephone No.	
Signature	personal count co	Signature date DDDMMYYYYY