

**INFRACTION**  **TRAFFIC**  **NON-TRAFFIC** **MII 127512**

IN THE  DISTRICT  MUNICIPAL COURT OF MERCER ISLAND KING COUNTY, WASHINGTON  
 STATE OF WASHINGTON, PLAINTIFF VS NAMED DEFENDANT  
 COUNTY OF  
 CITY/TOWN OF MERCER ISLAND

L.E.A. ORI #: WA0170900 COURT ORI #: WA017A51J

**THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON**

DRIVER'S LICENSE NO. **WDL4BT71273B** STATE **WA** EXPIRES PHOTO I.D. MATCHED  
 YES  NO

NAME: LAST **BERTLIN** FIRST **DEBORAH** MIDDLE CDL/CLP  
 YES  NO

ADDRESS **7225 SE 27th St**  IF NEW ADDRESS  
 PASSENGER

CITY **Mercer Island** STATE **WA** ZIP CODE **98040** EMPLOYER LOCATION

DATE OF BIRTH **Mar 23, 1964** RACE **F** HEIGHT WEIGHT EYES HAIR

RESIDENTIAL PHONE NO. **(206) 245-8003** CELL/PAGER NO. WORK PHONE NO.

VIOLATION DATE MONTH **April** DAY **28** YEAR **2023** TIME **1700**  INTERPRETER NEEDED  
 ON OR ABOUT 24 HOUR LANG.

AT LOCATION **7227 SE 27th St.** M.P. CITY/COUNTY OF **MERCER ISLAND, KING**

**DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND**

| VEHICLE LICENSE NO.    | STATE | EXPIRES | VEH. YR. | MAKE                   | MODEL | STYLE   | COLOR |
|------------------------|-------|---------|----------|------------------------|-------|---------|-------|
|                        |       |         |          |                        |       |         |       |
| TRAILER #1 LICENSE NO. | STATE | EXPIRES | TR. YR.  | TRAILER #2 LICENSE NO. | STATE | EXPIRES |       |
|                        |       |         |          |                        |       |         |       |

OWNER/COMPANY IF OTHER THAN DRIVER

ADDRESS CITY STATE ZIP CODE

ACCIDENT CMV  YES  NO 16+  YES  NO HAZMAT  YES  NO EXEMPT  YES  NO FIRE  YES  NO LEA  YES  NO

**DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES**

#1 VIOLATION/STATUTE CODE **7.04.120- Potentially Dangerous Dogs (x2)** VEHICLE SPEED **250** IN A **513** ZONE  SMD  PACE  AIRCRAF

**Dogs "Stan" and "Bup"** **\$250 each**  
**\$513 each**

#2 VIOLATION/STATUTE CODE **FILED**

**MAY 08 2023**

#3 VIOLATION/STATUTE CODE **MERCER ISLAND MUNICIPAL COURT**

RELATED # **U.S. \$ 500 31,026** DATE ISSUED **May 8, 2023**

Served on Violator  
 Sent to Court for Mailing  
 Referred to Prosecutor

OFFICER **M. Carlson** **AC36 (RASKC)**

**INFRACTION**

| INF            | RESPONSE | DISPOSITION | PENALTY | SUSPENDED | SUB-TOTAL | FNDG/JDGT DATE          |
|----------------|----------|-------------|---------|-----------|-----------|-------------------------|
| 1              | C NC     | C NC D P DF | \$      | \$        | \$        | ABSTRACT MLD TO OLYMPIA |
| 2              | C NC     | C NC D P DF | \$      | \$        | \$        |                         |
| 3              | C NC     | C NC D P DF | \$      | \$        | \$        |                         |
| TOTAL COSTS \$ |          |             |         |           |           |                         |

BERTLIN, DEBORAH LLOYD  
 127512 MIP IN  
 MII 127512

OFFICER REPORT

Lined area for officer report text.

|         |     |    |         |    |    |    |        |   |   |   |       |     |     |    |
|---------|-----|----|---------|----|----|----|--------|---|---|---|-------|-----|-----|----|
| TRAFFIC |     |    | WEATHER |    |    |    | STREET |   |   |   | LIGHT |     |     |    |
| LT      | MED | HV | CL      | RN | FG | SN | D      | W | I | S | D     | DWN | DSK | DX |

Officer's Report for Citation # \_\_\_\_\_  
 The information contained on this citation is incorporated by reference into this report.  
 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT  
 ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE

Signature \_\_\_\_\_ # \_\_\_\_\_  
 Date and Place \_\_\_\_\_

|                                  |                                     |      |                       |  |     |
|----------------------------------|-------------------------------------|------|-----------------------|--|-----|
| WITNESS NAME (LAST, FIRST, M.I.) |                                     |      | PHONE                 |  |     |
| ADDRESS                          |                                     | CITY | STATE                 |  | ZIP |
| WITNESS NAME (LAST, FIRST, M.I.) |                                     |      | PHONE                 |  |     |
| ADDRESS                          |                                     | CITY | STATE                 |  | ZIP |
| INCIDENT NUMBER                  | RELATED CITATION/INFRACTION NUMBERS |      | APPROVING OFFICER/NO. |  |     |