

Colorado Springs Police Department TRAFFIC COMPLAINT REPORT

The information in this report will be reviewed by an officer of the Colorado Springs Police Department who will determine what action, if any, should be taken. Should adequate probable cause exist to file formal charges, your testimony may be needed for successful prosecution.

Location of Incident (Specify highway, intersection, street & hundred block, etc.)		Date:	Time: AM PM
Reporting Party's Name (Print)		Age	Home Phone
Address:		City	State
			Zip

DESCRIPTION OF OTHER VEHICLE(S) AND PARTY(IES) INVOLVED IN INCIDENT

License number	Type*	State	Vehicle Year	Make	Type/Body/Style	Color	Other features, damage, etc		
Driver Name (if known)		Race	Sex	Age	Height	Weight	Hair	Eyes	Distinguishing features

*Type: PC – passenger, TK – truck, MC – motorcycle, Other – specify, 2 DR, Van, etc.

DESCRIPTION OF INCIDENT

Include details concerning traffic, speed limits, traffic signs, signals and markings, and what the driver and/or passengers were doing in apparent violation of traffic laws. If known, list names of any other parties who witnessed the incident.

Use back for additional information or diagram

Did you commit any traffic violations prior to, during, or immediately following this incident?	Yes	No
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Did you confront the other driver physically, verbally, or with any hand gestures during this incident?	Yes	No
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Would you be able to identify the driver if you saw him or her again?	Yes	No
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If more than one vehicle or party was involved, list that information on a separate sheet.

I, _____, swear or affirm that the above information is true and correct to the best of my knowledge.
Print name of Reporting Party

I would I would not be willing to testify in court.

Signature of Reporting Party	Date Reported:	Time: AM PM
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Signature of PSR, Officer or City Employee/Volunteer Accepting Report:	Print Name	IBM	Gold Hill Falcon Sand Creek Stetson
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DISPOSITION (for law enforcement use)

- If a citation is issued, attach this form to the prosecutor's copy.
- Notify complainant of disposition.
- If no citation is issued, send a letter or make a phone call to the registered owner of the suspect vehicle and dispose of this form.

Citation: Yes No	Citation No:	Member's Signature:	Date
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