

**CITY ATTORNEY  
300 N. CAMPBELL  
EL PASO, TEXAS 79901  
(915) 212-0033**

DATE: \_\_\_\_\_

**TRAFFIC INCIDENT COMPLAINT**

THE FRONT AND BACK OF THIS FORM MUST BE COMPLETED, SIGNED, SWORN TO AND RETURNED TO THIS OFFICE BEFORE YOUR COMPLAINT CAN BE EVALUATED. IN ORDER TO AVOID THE EXPENSE OF A NOTARY PUBLIC, YOU MAY MAKE ARRANGEMENTS WITH THIS OFFICE TO BRING THIS FORM IN PERSONALLY AND HAVE YOUR SIGNATURE NOTARIZED FREE OF CHARGE.

DEFENDANT'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEFENDANT'S DRIVER'S LICENSE NO: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
VEHICLE LICENSE NO: \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_  
DATE OF INCIDENT: \_\_\_\_\_  
LOCATION OF INCIDENT: \_\_\_\_\_

POLICE DEPARTMENT CASE NO: \_\_\_\_\_

COMPLAINANT'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

