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

DATE:	

TRAFFIC INCIDENT COMPLAINT

BEFORE YOUR COMPLAINT CA	N BE EVALUATED. IN ORDER TO AVOID 1	, SWORN TO AND RETURNED TO THIS OFFICE THE EXPENSE OF A NOTARY PUBLIC, YOU MAY I PERSONALLY AND HAVE YOUR SIGNATURE
DEFENDANT'S NAME:		
ADDRESS:		
DEFENDANT'S DRIVER'S LICENS	SE 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:	WITNESS	S:
ADDRESS:	ADDRESS	S:
TELEPHONE:	TELEPHC	DNE:

PLEASE ADHERE TO THE FACTS IN COMPLETING THIS STATEMENT BELOW...STATE:

- 1. WHAT HAPPENED.
- 2. DATE IT HAPPENED.
- 3. LOCATION WHERE IT OCCURRED.
- 4. NAME OF INDIVIDUAL(S) INVOLVED, AND ADDRESS WHERE THEY MAY BE LOCATED.
- 5. THE NAME AND ADDRESSES OF ANYONE YOU BELIEVE IS A WITNESS TO THIS INCIDENT.

THE STATE OF TEXAS)		
COUNTY OF EL PASO)		
I,, #	, BEING DULY SWORN:	
POSSIBLE CHARGE:		
TOGOIDEE OFFICION.		
	AFFIANT	
SUBSCRIBED AND SWORN TO BEFORE ME THIS	DAY OF	, 2021.