

**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: \_\_\_\_\_

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:

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POSSIBLE CHARGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2025.

\_\_\_\_\_

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS