## 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)							Home Phone			Business Phone		1 1/1
Address							ty			State	Zip	
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DESCRIPTION OF O			<u> </u>		•							
License Number	Type*	State	Vehicle Y	Iake	Type/Body Style		le	Color Othe		er Features, damage, etc.		
Driver Name (if known) R		Race	Sex A	Age	Height	Weight I		air	Eyes Distin		nguishing Features	
*Type: PC – passenger; TK –	- truck; MC – mo	torcycle; C	Other – specify, 2	DR, 4 DI	R, Van, Etc.							
Would you be able to i	dentify the d	river if	you saw him	or her	again?					Yes	No	
If more than one vehicle						rate sl	neet.					
DESCRIPTION OF I	NCIDENT											
Include details concerning traffic,	speed limits, traffic	e signs, sign	als and markings, a	nd what th	e driver and/or p	assenge	rs were doi	ng in a	pparent violatio	on of traffic	laws. If known,	list names
of any other parties who witnessed	d the incident.											
			Use back for a	additional	l information o	or diagra	am.					
											6 1 1	
Print name of Repo	orting Party		, swear or aff	firm that	the above ir	iforma	tion is tru	ie an	d correct to t	the best o	if my knowle	ige.
	l not 🔲 be willi	ng to testif	fy in court.								ı	
Signature of Reporting Party								Dat	e		Time	AM PM
Signature of PSR or Officer A	accepting Report				]	Print La	ast Name		IBM		Gold Hill	
											Falcon Sand Creek Stetson Hills	
DISPOSITION												
If a citation is issued, att		he prosecu	itor's copy.									
<ul><li>Notify complainant of d</li><li>If no citation is issued, s</li></ul>		ake a phon	e call to the regist	tered owr	ner of the susp	ect vehi	icle and di	spose	of this form.			
	Citation No.	•	Member's Sign		•			-		Date		
										1		