



TRAFFIC COMPLAINT AND REQUEST FOR COURTESY NOTICE

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____

Type of Violation: _____ Speeding (Please estimate speed) _____
_____ Failure to stop at Stop Sign
_____ Other, please specify:

Responsible vehicle: License number: _____ Color: _____
Make: _____ Model: _____
Driver description: _____

Person reporting: Name: _____

Address: _____ Phone number: _____

**Please mail this completed form to: Crime Prevention Unit
Modesto Police Department
PO Box 1746
Modesto, CA 95353**

IF YOU OBSERVE A VEHICLE WHICH YOU SUSPECT IS BEING OPERATED BY A DRIVER WHOM YOU BELIEVE IS UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, ALL 9-1-1 AND REPORT THIS IMMEDIATELY.