

FORM 4T
Record of Traffic Cases

Complete a separate form for each traffic violation.

Note: Do not use this form to report traffic violations involving drugs or alcohol; use Form 4.

Name: _____

Date of incident: _____

Location: City _____ County _____ State _____

Name of law enforcement agency _____

Title of complaint or indictment: _____

Case number: _____

Name and complete address of court involved (all traffic violations are submitted to a court):

Address _____

City _____ State _____ Zip _____

Charge(s) at time of arrest/detention: _____

Charge(s) at time of trial: _____

Date of final disposition: _____

Final disposition: _____

Brief description of incident:

Brief description of any uncharged conduct related to the incident: