



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: Traffic Unit
Modesto Police Department
600 10th Street
Modesto, CA 95354**

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