



**TRAFFIC COMPLAINT DISPOSITION
SUSPENSION/WARRANT REPORTING**

										Originating Date (MVD Use)	
Customer Name (first, middle, last, suffix)										Date of Birth	
Street Address						City		State	Zip		
Driver License/ID Number			Class	State	Complaint Number		Court ID Number	Citing Agency	Violation Date		
Accident <input type="checkbox"/> Yes <input type="checkbox"/> No	Violation Code			Approx. Speed	Lawful Speed	Vehicle Plate Number		State	Make		
Court Docket Number			Disposition Code		Disposition Date		Fine/Sanction				
Serious Physical Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		Fatality <input type="checkbox"/> Yes <input type="checkbox"/> No	Drugs (13-3401) 28-1381A1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Alcohol Class/Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No		Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Material <input type="checkbox"/> Yes <input type="checkbox"/> No		

REPORT SUMMARY

1 st Report	Notification Date	Disposition Code	Fine/Sanction	Final Disposition Date
2 nd Report	Notification Date	Disposition Code	Fine/Sanction	
3 rd Report	Notification Date	Disposition Code	Fine/Sanction	
4 th Report	Notification Date	Disposition Code	Fine/Sanction	

WARRANT NOTIFICATION

The following information must be provided if you want to record the warrant on the driving record or quash a warrant:

Warrant Number	Complaint Number	Agency
Violation Date	Violation Code	Warrant Quash Date

DRIVER LICENSE STATUS

Attached Lost Other (explanation required):

I certify that the information above is true and correct.

Customer Signature	Date
Presiding Judge/Court Clerk Signature	Date

MVD USE

MVD Agent Initials	Driver License Number	Date Issued
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