



ARIZONA TRAFFIC TICKET AND COMPLAINT

POLICE DEPARTMENT

Complaint No 0	SSN	Military	<input type="checkbox"/> Accident	<input type="checkbox"/> Serious	<input type="checkbox"/> Commercial	Event Number
			<input type="checkbox"/> Fatality	<input type="checkbox"/> Phys. Injury	<input type="checkbox"/> Haz. Material	

Driver's License Number	State	Class	Endorsements						Agency Use / DR #
			M	H	N	P	T	X	D

DEFENDANT First Middle Last

Residential Address City State Zip Telephone

Sex Weight Height Eyes Hair Origin Date of Birth Restrictions

Business Address City State Zip Telephone

VEHICLE Color Year Make Model Style License Plate State Expiration

Registered Owner Address Vehicle Identification Number

The undersigned **SPEED** that:

ON Month Day Year Time AM PM Approx Posted R&P Speed Measurement Device Direction of Travel

AT Location NAU CAMPUS COCONINO COUNTY AZ

the defendant committed the following:

A	Section	ARS CC	Violation	Domestic Violence Case <input type="checkbox"/>	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic
	Docket Number		Disp. Codes	Date of Disposition	Sanction
B	Section	ARS CC	Violation	Domestic Violence Case <input type="checkbox"/>	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic
	Docket Number		Disp. Codes	Date of Disposition	Sanction
C	Section	ARS CC	Violation	Domestic Violence Case <input type="checkbox"/>	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic
	Docket Number		Disp. Codes	Date of Disposition	Sanction
D	Section	ARS CC	Violation	Domestic Violence Case <input type="checkbox"/>	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic
	Docket Number		Disp. Codes	Date of Disposition	Sanction
E	Section	ARS CC	Violation	Domestic Violence Case <input type="checkbox"/>	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic
	Docket Number		Disp. Codes	Date of Disposition	Sanction

You must appear at: Judge: JUSTICE COURT, 200 N. SAN FRANCISCO ST. Flagstaff, AZ 86001 • (928) 679-7650 Precinct: Flagstaff Court Number 0301

at the date and time indicated Month Day Year Time AM PM

CRIMINAL: Without admitting guilt, I promise to appear as directed hereon.
 CIVIL: Without admitting responsibility, I acknowledge receipt of this complaint.

VICTIM? VICTIM NOTIFIED?

I certify upon reasonable grounds, I believe the person named above committed the acts described and I have served a copy of this complaint upon the defendant.

X _____ Complainant PSN