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TRAFFIC INFORMATION SHEET

Name: _____ Date: _____

Address: _____

Home telephone number: _____ Cell telephone number: _____

e-mail address: _____

Driver's License No: _____ State where licensed? _____

Do you have a Commercial Driver's License? _____ If yes, class of license? _____

why? _____ Did the officer confiscate your license? (Yes or No)

Date of this incident: _____

Location of this incident (county, city, and road with nearest cross street): _____

Prior Criminal Record: _____

Any prior Tickets? _____ If yes, date: _____

Actual charge: _____ Location (County & State): _____

Disposition: _____

Arrest for other charges _____

Prior Driving Record: _____