



LOS ANGELES POLICE DEPARTMENT

CALIFORNIA TRAFFIC TICKET AND COMPLAINT

				Form Number				Report Number				
Driver's License Number			State	Class	Endorsements				Restrictions			
Name: First				Middle				Last				
Residential Address				City		State	Postal	Phone Number				
Gender	Eyes	Hair	Height	Weight	Date of Birth		Email Address					
License Plate	Year	Color	Make	Model	State	Expiration Date	Vehicle Identification Number (VIN)					
Registered Owner			Address				City	State	Postal			
THE UNDERSIGNED CERTIFIES THAT:												
Date	Time	SPEED:	Approx	Posted	R&P	Speed Measurement Device		Direction of Travel				
Postal	Location				City		County	STATE OF CALIFORNIA				
THE DEFENDANT COMMITTED THE FOLLOWING:												
Section			Violation									
Offense Classification			<input type="checkbox"/> Infraction	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	Fine Amount: \$		Points:				
You Must Appear At:	Court				AT OR BEFORE THE DATE AND TIME INDICATED:		Date:	Time:				
Narrative												
X SERVED -----					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							
					COMPLAINANT IDENTIFIER							