

SUMMIT COUNTY SHERIFF'S OFFICE

SHERIFF JUSTIN MARTINEZ

6300 JUSTICE CENTER ROAD PARK CITY, UTAH 84098 (435) 615-3600

TRAFFIC COMPLAINT FORM

The Summit County Sheriff's Office encourages public involvement and assistance with the safety of vehicle traffic on all roadways in the county. This form will assist the Traffic Division in taking the appropriate action against the violator vehicle. Please complete all the information requested in this form and contact a Traffic Investigator.

Name:	Pł	none: (H)	(\	V)
Address:				
Date of Birth:	SS#		Sex:	Age:
Date of Violation:	Location of Violat	tion:		
Vehicle Plate Number:	State:	Color:		
You are notified the statements sworn testimony at a preliminar true may subject you to crimina for criminal charges filed or a w	ry examination. Any false I punishment as a Class A	statements you mal A Misdemeanor. The	ke and that you	ou do not believe to be
Please describe what you saw, h	neard, or know of this inc	ident:		
☐ Yes, I am willing to	o sign as a complainant.	□ No, I will no	t sign as a co	mplainant.
Signature:		Date:		
This statement was made before His/her signature thereon, this _	e me			