

**ARIZONA TRAFFIC TICKET AND COMPLAINT**  
**PAGE POLICE DEPARTMENT**

Complaint <b>N0048276</b> SSN		Military <input type="checkbox"/>		Accident <input type="checkbox"/>		Commercial <input type="checkbox"/>		DR #			
Driver's License Number		State		Class		Endorsements				<input type="checkbox"/> Serious Physical Injury	
						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			
<b>VEHICLE</b>		Color	Year	Make	Model	Style	License Plate		State	Expiration	
Registered Owner				Address				Vehicle Identification Number			

The undersigned certifies that:

<b>ON</b>	Month	Day	Year	Time	AM PM	<b>SPEED</b>	Approx	Posted	R&P	Speed Measurement Device	Direction of Travel	
<b>AT</b>	Location							PAGE, AZ			Area	District

the defendant committed the following:

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

**You must appear at:**

**CITY MAGISTRATE COURT**  
**547 VISTA AVENUE**  
**P.O. BOX 1180**  
**PAGE, AZ 86040**

**PH (928) 645-4280 CITY COURT**

Court Number  
**0345**

**at the date and time indicated**

Month	Day	Year	Time	AM PM
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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 \_\_\_\_\_

ADDITIONAL SUBPOENA LIST ON:     BACK     ATTACHED