Court Copy

Uniform Citation and Complaint

Citation Number:

Data of Officers											Trace / District / Section						
Date of Offense: Tim			Time	of Offens	e:	IR	R/Case#:				Troc	Troop/District/Sector:					
Plaintiff: State of Nebraska In				the County Court					Cou	Court Case #:							
Def	endant Ir	format	ion:		<u> </u>												
Last Name: First Name:					e:	M.I.: Suffix:				Telephone Number: Cell							
Str	Street Address:					City:			St		itate:	Zip Co	Zip Code:		Country:		
DC)B.:	Gender	Gender: Height:			Weight:		Eyes	:	Hair:		Race	'		Language if interpreter needed:		eter
DL	State: DL C	ountry: DL Number:						Exp. Dat	te:	DL Class		Restrictions:			L		sements:
Ve	hicle Year:	Vehicle Type: Vehic			Style: Vehicle M		ake:		Vehicle M	odel:				١	Vehicle Color:		
Vehicle VIN:					Vehicle	License: Sta		: C	Country: Reg. Ye		Year:	Plate Type:		CMV	CMV: HazMat:		HazMat:
Ca	rrier Name:								US DOT Nui	mbe	er:		Y ,			/ N / E Y / N mber:	
Ru	siness/ Addr	P66.					City:				State	State: Zip Code: Cou		Country:			
	•													•			Country.
ne u	ındersigned	being duly In the Co				nt, at the tim City of:	e and	date sl	nown, did ui Hwy Type:	nlav	vfully com Hwy No			ving offo wy Sfx:		s): Mile Ma	rker:
Violation		in the county of.				city or.			Ι, ιγρε.		,			., J.A.		ee	
Lo	cation	Locatio	on at or	near:													
		Latitu	de:						Longitud	le:							
	olation of:																
O F	Statute/Ordinance section: Offense Des						e Desc	cription:					Viol			'iolation	Туре:
F E	Speed:	eed: Ti				Tracked:		NCIC Code:		BAC F	ct:	t: Actual V				gal Wt.:	
N S	Offense 0	Comments:								Fine:	e: Li		s Over\			. OverWt.:	
E							Liquida Amour			lated Da	ated Damages			A check means "Yes" ad Construction Zone			
0 0						nt: Roa											
1		Sc						niooi zone									
Во	nd Paymer	nt: If po	sted, the	e type of	Bond is:			For	the amount	t of:							
					Badge	No.: Reporting Officer 2/Agency				: Date:			e: Ba	dge No.:			
	is is an app opear in Co					ou MUST		Pros X	secutor								
Your Court Appearance :							Court Address:							ı	Room No.		
	Date: m	m / dd	/ уу	Time) :	am pm											
<u>l</u> p	romise that	<u>I will</u> app	<u>ear</u> in o	court at	the abov	<u>ve time</u> and	<u>pla</u> ce)	х								
V			.+	doo!es!	n of	خدرط جال		icc ±c	_	ure	of Defend	dant :					Date:
Fa	our Signate	mply w	ith the		_					or f	ine or b	oth a	nd ma	y res	ult in	ı suspe	nsion of
	our operat			all Dhan	a Numba	r·						arrior					
Οp	itional Conta	ict Inform										.ai i iei					

Non-Waiverable Electronic Page 1 of ____

Court Copy

Uniform Citation and O	Citation Number:								
Date of Offense:	Time of O	ffense:	IR/Case#:			Troop/District/Sector:			
Plaintiff: State of Nebi	In the		Cou	Court Case #:	Court Case #:				
Defendant Information:						·			
Last Name:	First	First Name:		Suffix:		Telephone Number: Cell			
Street Address:		City:			State:	Zip Code:	Country:		

Non-Waiverable Electronic Page 2 of ____