

Uniform Citation and Complaint

Citation Number:

| | | | |
|-------------------------------------|------------------|----------------------------|------------------------|
| Date of Offense: | Time of Offense: | IR/Case#: | Troop/District/Sector: |
| Plaintiff: State of Nebraska | | In the County Court | Court Case #: |

Defendant Information:

| | | | | | | | | | |
|--------------------|---------------|----------------|------------------|----------------|----------------|---------------|---|-------------------|------------------|
| Last Name: | | First Name: | | M.I.: | Suffix: | | Telephone Number: <input type="checkbox"/> Cell | | |
| Street Address: | | | | City: | | State: | Zip Code: | Country: | |
| DOB: | Gender: | Height: | Weight: | Eyes: | Hair: | Race/Eth: | Language if interpreter needed: | | |
| DL State: | DL Country: | DL Number: | | Exp. Date: | DL Class: | Restrictions: | DL Endorsements: | | |
| Vehicle Year: | Vehicle Type: | Vehicle Style: | Vehicle Make: | Vehicle Model: | | | Vehicle Color: | | |
| Vehicle VIN: | | | Vehicle License: | State: | Country: | Reg. Year: | Plate Type: | CMV: Y / N / E | HazMat: Y / N |
| Carrier Name: | | | | | US DOT Number: | | ICC Number: | | |
| Business/ Address: | | | | City: | | State: | Zip Code: | Country: | |

The undersigned being duly sworn, says the defendant, at the time and date shown, did unlawfully commit the following offense(s):

| | | | | | | |
|---------------------------|----------------------|-----------------|-----------|------------|----------|--------------|
| Violation Location | In the County of: | In the City of: | Hwy Type: | Hwy No.: | Hwy Sfx: | Mile Marker: |
| | Location at or near: | | | | | |
| | Latitude: | | | Longitude: | | |

In violation of:

| | | | | | | | |
|---------|-----------------------------|----------|----------------------|----------|----------------------------|--|---------------|
| OFFENSE | Statute/Ordinance section: | | Offense Description: | | | Violation Type: | |
| | Speed: | Tracked: | NCIC Code: | BAC Pct: | Actual Wt.: | Legal Wt.: | |
| | _____ mph in _____ mph Zone | | | | | | |
| | Offense Comments: | | | | Fine: | Lbs OverWt.: | Pct. OverWt.: |
| 0 | | | | | Liquidated Damages Amount: | A check means "Yes" Road Construction Zone <input type="checkbox"/> School Zone <input type="checkbox"/> | |
| 0 | | | | | | | |
| 1 | | | | | | | |

| | | | | | |
|--|-------|------------|-----------------------------|-------|------------|
| Reporting Officer 1/Agency: | Date: | Badge No.: | Reporting Officer 2/Agency: | Date: | Badge No.: |
| This is an appearance only, not a trial date. If you choose to appear in court, report to the below named court on: | | | Prosecutor X | | |
| Your Court Appearance : <input type="checkbox"/> To be determined | | | Court Address: | | Room No. |
| Date: mm / dd / yy Time: am pm | | | | | |
| Optional Contact Information: Cell Phone Number: _____ Carrier: _____ E-mail Address: _____ | | | | | |

Narrative to the Prosecutor: (Additional Reports Anticipated)

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Defendant Information:

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| Last Name: | First Name: | M.I.: | Suffix: | Telephone Number: | <input type="checkbox"/> Cell |
| Street Address: | City: | State: | Zip Code: | Country: | |