



SHANNON D. DICUS, SHERIFF-CORONER

Reported Traffic Problem

Name _____

Address _____ Phone _____

Traffic Situation

Traffic Location: _____

Thank you for bringing this problem to our attention *Please DO NOT write below this line*****

Deputy Assigned _____ Date _____ Due by _____

Date _____ Violations/Cites _____

Date _____ Violations/Cites _____

Date _____ Violations/Cites _____

Date _____ Violations/Cites _____

Date _____ Violation/Cites _____

RETURN TO TRAFFIC SERGEANT WHEN COMPLETED