

FORM UTTC-1
REV 10/06

**ALABAMA UNIFORM TRAFFIC
TICKET AND COMPLAINT**

COURT CASE NO

YEAR NUMBER

ALABAMA, COUNTY OF				CO	CITY	TICKET NUMBER	N	
The undersigned, being duly sworn, deposes and says that he/she has probable cause to believe and does believe that the person herein named did, within the previous 12 months, commit the offense set forth contrary to law in that on or about						TYPE VEHICLE		
Month	Day	Year	At	Time	Approx.	<input type="checkbox"/> Commercial	<input type="checkbox"/> Haz Mat Involved	<input type="checkbox"/> Other
						<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> MT
First Name			Middle/Maiden			Last		
Address Street								
City			State			Zip Code		
State		Driver's License Number				Class of License		
Sex	Race	DOB	M	D	Y	Social Security Number		Drivers License in Possession <input type="checkbox"/> Yes <input type="checkbox"/> No
Hgt.	Wgt.	Eyes	Hair		Vehicle Tag Number		State	Year
Vehicle Description						Employer <input type="checkbox"/> Employer <input type="checkbox"/> Other		
Employer/Owner of Vehicle (Address)								
<input type="checkbox"/> Did unlawfully operate a motor vehicle, other vehicle, or <input type="checkbox"/> otherwise unlawfully use a public street, road, highway or other place, at or near _____, within the <input type="checkbox"/> city limits or <input type="checkbox"/> police jurisdiction of _____, or <input type="checkbox"/> within _____ County, at or near the following location _____ in violation of <input type="checkbox"/> section _____ Code of Alabama 1975, <input type="checkbox"/> or Rule/Regulation number (or) <input type="checkbox"/> Municipal Ordinance No. _____ duly adopted and in force at the time the offense was committed, (if applicable) <input type="checkbox"/> adopting Section _____ Code 1975, more particularly described below:								
CHECK THE APPROPRIATE BLOCK:						UCR Code	KM No.	Street/Road Code
1. <input type="checkbox"/> Speeding _____ MPH _____ Speed Limit 2. <input type="checkbox"/> Reckless Driving (Specify facts below) 3. <input type="checkbox"/> Driving without First Obtaining a Driver's License DID DRIVE OR BE IN ACTUAL PHYSICAL CONTROL OF A VEHICLE WHILE: 4. <input type="checkbox"/> There was 08% or More By Weight of Alcohol in His/Her Blood 4. <input type="checkbox"/> Under the Influence of Alcohol 5. <input type="checkbox"/> Under the Influence of Controlled Substance 71. <input type="checkbox"/> Under the Combined Influence of Alcohol and Controlled Substance 72. <input type="checkbox"/> Under the Influence of any Substance which impairs the Mental or Physical Faculties 6. <input type="checkbox"/> Failure to Yield Right of Way <input type="checkbox"/> Other Violation (Specify) _____						7. <input type="checkbox"/> Driving While Revoked 8. <input type="checkbox"/> Driving While Suspended 10. <input type="checkbox"/> Running Red Light 13. <input type="checkbox"/> Improper Equipment (Specify) _____ 14. <input type="checkbox"/> Improper Passing 28. <input type="checkbox"/> Improper Tag (Specify) _____ 29. <input type="checkbox"/> Improper Turn 42. <input type="checkbox"/> Overweight Vehicle 61. <input type="checkbox"/> Child Restraint Violation 77. <input type="checkbox"/> Seat Belt Violation		
FACTS RELATING TO THE OFFENSE (Witnesses, etc)						<input type="checkbox"/> Companion Case (Traffic, Non-Traffic, Felony, Other)		
						<input type="checkbox"/> Accident involved		
Complainant's Signature						Officer ID.	Agency ORI AL	
Verified and Acknowledged before me this date (Circle Title) Judge/Magistrate						M	D	Y
<input type="checkbox"/> Municipal <input type="checkbox"/> District Court						COURT APPEARANCE INFORMATION		
						Phone ()		
Court Appearance Date		Time		Court Address				
M	D	Y	:	<input type="checkbox"/> AM	<input type="checkbox"/> PM			
I promise to appear in court at said time and place or otherwise comply with the provisions of this complaint and instructions of the notice part of this ticket								
Defendant's Signature:						Phone ()		
<input type="checkbox"/> Released on Own Recognizance <input type="checkbox"/> Driver's License Posted in Lieu of Bond								

Ticket Number
Court Date Information

NAME
TICKET-N
CASE

COMPLAINT AND AFFIDAVIT

INSTRUCTION

PRESS FIRMLY

TO OFFICER:

ASK IF MOTORIST'S ADDRESS IS CORRECT ON DRIVER'S LICENSE