

**FORM 4T**  
**Record of Traffic Cases**

*Complete a separate form for each traffic violation. Please type your response.  
Note: Do not use this form to report traffic violations involving drugs or alcohol; use Form 4.*

Name: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Location: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Name of law enforcement agency \_\_\_\_\_

Title of complaint or indictment: \_\_\_\_\_

Case number: \_\_\_\_\_

Name and complete address of court involved (all traffic violations are submitted to a court):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Charge(s) at time of arrest/detention: \_\_\_\_\_

Charge(s) at time of trial: \_\_\_\_\_

Date of final disposition: \_\_\_\_\_

Final disposition: \_\_\_\_\_

Brief description of incident:

Brief description of any uncharged conduct related to the incident: