		Official Use Only Date P.D.
TRAFFIC STOP CO PUBLIC ACT 9		ORI
		Control
Driver's Name		
Address		
Telephone		
Date of Stop	Time of Sto	р
Location of Stop		
Police Department		
Name/Badge # of Office		(lf known)
Witness to the Traffic Stop (If any)		
1) Name		
Address	Telephone	
2) Name		
Address	Telephone	
Statutory Basis for Complaint	<ul> <li>Race</li> <li>Color</li> <li>Ethnicity</li> </ul>	<ul> <li>Age</li> <li>Gender</li> <li>Sexual Orientation</li> </ul>

## ON THE ATTACHED SHEET, PLEASE STATE THE FACTS AND REASONS THAT SERVE AS THE BASIS FOR YOUR COMPLAINT

I HAVE READ THE ABOVE STATEMENT AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. (PLEASE NOTE THAT INTENTIONALLY SUBMITTING A FALSE STATEMENT MAY RESULT IN YOUR ARREST AND PROSECUTION UNDER THE CONNECTICUT PENAL CODE.)

Driver's Signature	Date	)	
SUBSCRIBED AND SWO	RN BEFORE ME THIS	DAY OF	20
SIGNED			