



# Coal City Police Department

## Traffic Enforcement Action Request Form

This form can be mailed or dropped off at the Coal City Police Department,

545 South Broadway Street or faxed to 815-634-4383.

### COMPLAINANT TO COMPLETE

**Person Reporting Incident:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Type of Violation(s)**

- Speeding**  **Reckless Driving**  **Disobey Traffic Sign/Signal**  **Other**

**Explain:** \_\_\_\_\_

**Incident Location:** \_\_\_\_\_

**Incident Date(s):** \_\_\_\_\_

**Incident Time(s):** \_\_\_\_\_

**Type of Vehicle(s):** \_\_\_\_\_ **License Plate#** \_\_\_\_\_

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**Department use only**

**Received by:** \_\_\_\_\_ **Date & Time:** \_\_\_\_\_