



**Essex Police Department**

24 Martin Street  
Essex, MA. 01929  
(978) 768-6200

Paul D. Francis  
Chief of Police



*I wish to file a complaint with the Essex Police Department concerning the improper operation of a motor vehicle.*

Contact Information:

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Your Address: \_\_\_\_\_

Please provide the following information concerning the improper operation of the motor vehicle that you observed. Be as specific about the details of the incident as possible.

Vehicle Registration: (State) \_\_\_\_\_ (Plate Number) \_\_\_\_\_

Vehicle Make, Model and Color: \_\_\_\_\_

Date of the Incident: \_\_\_\_\_ Time of the Incident: \_\_\_\_\_ AM/PM

Location of the Incident (Street): \_\_\_\_\_

Was this Reported to the Police? (check one)  Yes  No

Description of the Improper Operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
( Signed under the penalties of perjury )

\* PLEASE READ THE FOLLOWING CAREFULLY BEFORE SUBMITTING \*

The Essex Police Department Traffic Division is prepared to investigate this complaint. If a hearing is scheduled in this matter, you will be notified and required to attend. Do not submit this complaint to the Essex Police Department unless you are prepared to attend the hearing and give your testimony as to what occurred. This form in its entirety is available to the other party upon request.