

**EDGEWATER POLICE DEPARTMENT  
TRAFFIC COMPLAINT FORM**

Complainant's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Date(s)/Time(s) of Occurrence(s): \_\_\_\_\_

**Nature of Complaint:**

(Check Box)

- Speed
- Careless Driving
- Suspended Drivers License
- Other \_\_\_\_\_

Narrative: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suspect Vehicle(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This form may be downloaded and mailed to:

Edgewater Police Department  
Attention: Traffic Division  
P.O. Box 100  
Edgewater, FL 32132

Emailed to: [traffic@cityofedgewater.org](mailto:traffic@cityofedgewater.org)