



Lynn Police Department
Traffic Division

traffic@lynnpolice.org



COMPLAINT OF IMPROPER OPERATION

I wish to file a complaint with the Lynn 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 Lynn 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 Lynn 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..**

Upon completion bring this form to the Lynn Police Traffic Division or mail it to:

Lynn Police Department
C/O Sgt Edward Shinnick
300 Washington St.
Lynn, MA 01902