

IN THE SUPREME COURT OF ALABAMA  
November 30, 2018

ORDER

IT IS ORDERED that Rule 19, Alabama Rules of Judicial Administration, be amended by deleting Attachment One: Alabama Uniform Traffic Ticket and Complaint, Form UTTC-1 as revised October 2006 (Series N), and substituting therefor Attachment One: Alabama Uniform Traffic Ticket and Complaint, Form UTTC-1, as revised November 2018 (Series P), in the form attached as an appendix to this order; and

IT IS FURTHER ORDERED that this amendment be effective immediately;

IT IS FURTHER ORDERED that the following note from the reporter of decisions be added to follow Rule 19:

"Note from the reporter of decisions: The order amending Attachment One: Alabama Uniform Traffic Ticket and Complaint, an attachment to Rule 19, effective November 30, 2018, is published in that volume of Alabama Reporter that contains Alabama cases from \_\_\_ So. 3d."

Stuart, C.J., and Bolin, Parker, Shaw, Main, Wise, Bryan, Sellers, and Mendheim, JJ., concur.

**Witness my hand this 30th day of November, 2018.**



**Clerk, Supreme Court of Alabama**

<p><b>FILED</b> <b>November 30, 2018</b> <b>12:25 pm</b> <b>Clerk</b> <b>Supreme Court of Alabama</b></p>
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# APPENDIX

## Attachment One. Alabama Uniform Traffic Ticket and Complaint

FORM UTTC-1  
REV 11/18

### ALABAMA UNIFORM TRAFFIC TICKET AND COMPLAINT

COURT CASE NO

YEAR NUMBER

ALABAMA, COUNTY OF		CO	CITY	TICKET NUMBER	<b>P</b>	
The undersigned, being duly sworn, deposes and says that he/she has probable cause to believe and does believe that the person herein named did, within the previous 12 months, commit the offense set forth contrary to law in that on or about:				TYPE VEHICLE <input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Haz-Mat Involved <input type="checkbox"/> Passenger (requiring passenger endorsement)		
Month	Day	Year	At Time	Approx	<input type="checkbox"/> AM	<input type="checkbox"/> PM
First Name		Middle/Maiden		Last		
Address Street						
City			State		Zip Code	
CDL Required <input type="checkbox"/> Yes <input type="checkbox"/> No						
State		Driver's License Number			Class of License	
Sex	Race	DOB	M	D	Y	Social Security Number
Driver's License in Possession						<input type="checkbox"/> Yes <input type="checkbox"/> No
Hgt.	Wgt.	Eyes	Hair	Vehicle Tag Number		State Year
Vehicle Description				Owner of Vehicle <input type="checkbox"/> Driver <input type="checkbox"/> Employer <input type="checkbox"/> Other		
Employer/Owner of Vehicle (Address)						
<input type="checkbox"/> Did unlawfully operate a motor vehicle, other vehicle, or <input type="checkbox"/> otherwise unlawfully use a public street, road, highway or other place, at or near _____, within the <input type="checkbox"/> city limits or <input type="checkbox"/> police jurisdiction of _____, or <input type="checkbox"/> within _____ County, at or near the following location _____ in violation of <input type="checkbox"/> Section _____ Code of Alabama 1975, <input type="checkbox"/> or Rule/Regulation number (or) <input type="checkbox"/> Municipal Ordinance No. _____ duly adopted and in force at the time the offense was committed, (if applicable) <input type="checkbox"/> adopting Section _____ Code 1975, more particularly described below.						
CHECK THE APPROPRIATE BLOCK:				UCR Code	ML Mkr	Street/Road Code
1. <input type="checkbox"/> Speeding _____ MPH _____ Speed Limit		2. <input type="checkbox"/> Reckless Driving (Specify facts below)		7. <input type="checkbox"/> Driving While Revoked		8. <input type="checkbox"/> Driving While Suspended
3. <input type="checkbox"/> Driving without First Obtaining a Driver's License		4. <input type="checkbox"/> There was .08% or More By Weight of Alcohol in His/Her Blood		10. <input type="checkbox"/> Running Red Light		13. <input type="checkbox"/> Improper Equipment (Specify) _____
5. <input type="checkbox"/> Under the Influence of Alcohol		5. <input type="checkbox"/> Under the Influence of Controlled Substance		14. <input type="checkbox"/> Improper Passing		28. <input type="checkbox"/> Improper Tag (Specify) _____
71. <input type="checkbox"/> Under the Combined Influence of Alcohol and Controlled Substance		72. <input type="checkbox"/> Under the Influence of any Substance which impairs the Mental or Physical Faculties		29. <input type="checkbox"/> Improper Turn		42. <input type="checkbox"/> Overweight Vehicle
6. <input type="checkbox"/> Failure to Yield Right of Way		<input type="checkbox"/> Other Violation (Specify) _____		61. <input type="checkbox"/> Child Restraint Violation		77. <input type="checkbox"/> Seat Belt Violation

FACTS RELATING TO THE OFFENSE (Witnesses, etc)		<input type="checkbox"/> Companion Case (Traffic, Non-Traffic, Felony, Other)		<input type="checkbox"/> Accident Involved	
Complainant's Signature		Officer ID.	Agency ORI		
Verified and Acknowledged before me this date (Circle Title) Judge/Magistrate		M	D	Y	
<input type="checkbox"/> Municipal		COURT APPEARANCE INFORMATION		Phone ( )	
<input type="checkbox"/> District Court		Court Appearance Date		Court Address	
M	D	Y	Time		
		<input type="checkbox"/> AM			
		<input type="checkbox"/> PM			
I promise to appear in court at said time and place or otherwise comply with the provisions of this complaint and instructions of the notice part of this ticket					
Defendant's Signature:		Phone ( )			
<input type="checkbox"/> Released on Own Recognizance		<input type="checkbox"/> Driver's License Posted in Lieu of Bond			

NAME  
TICKET # P  
CASE

### COMPLAINT AND AFFIDAVIT

INSTRUCTION

PRESS FIRMLY

TO OFFICER:

ASK IF MOTORIST'S ADDRESS IS CORRECT ON DRIVER'S LICENSE

[FRONT]

Court O.R.I. AL	<b>COURT RECORD</b>	COURT CASE NUMBER YEAR NUMBER
<input type="checkbox"/> MUNICIPAL COURT OR <input type="checkbox"/> DISTRICT COURT OF COUNTY		TICKET NUMBER <b>P</b>
DEFENDANT'S NAME		CHARGE
CONTINUED TO	M   D   Y	REASON
2 <sup>ND</sup> CONTINUANCE	M   D   Y	REASON
UTTC-6A MAILED	M   D   Y	NEW COURT DATE
M   D   Y	M   D   Y	UTTC-6B ISSUED
M   D   Y	M   D   Y	M   D   Y
UTTC-6B CLEARANCE	M   D   Y	WARRANT ISSUED
M   D   Y	M   D   Y	BOND SET \$
M   D   Y	M   D   Y	CASH
WARRANT SERVED	M   D   Y	WARRANT RECALLED
M   D   Y	M   D   Y	M   D   Y
CONDITIONAL BOND FORFEITURE ORDER ISSUED	M   D   Y	BOND FORFEITURE ORDER FINAL
M   D   Y	M   D   Y	M   D   Y
ATTORNEY FOR DEFENDANT	<input type="checkbox"/> CHECK IF APPLICABLE <input type="checkbox"/> Defendant informed of right to counsel <input type="checkbox"/> Voluntarily waived counsel <input type="checkbox"/> Defendant found indigent, counsel appointed	
PLEA OF DEFENDANT (CHECK ONE)		
1 <input type="checkbox"/> Guilty as charged    2 <input type="checkbox"/> Guilty of    3 <input type="checkbox"/> Not guilty		
ADJUDICATION (CHECK ONE)		
1 <input type="checkbox"/> Guilty as charged    2 <input type="checkbox"/> Not guilty    3 <input type="checkbox"/> Guilty of    4 <input type="checkbox"/> Not proessed    5 <input type="checkbox"/> Dismissed		
<b>ORDERS OF THE COURT</b>		
FINE \$	COURT COSTS \$	TOTAL FINE AND COURT COSTS \$
ADDITIONAL PENALTIES/FEEES/COSTS		
HEAD INJURY DUI \$	CRIMINAL HISTORY DUI \$ 10.00	CRIME VICTIMS (DU/RECKLESS DRIVING) MISDEMEANOR (MINIMUM \$25.00)
HOUSING & MAINTENANCE \$	MEDICAL \$	ATTORNEY RECOURPMENT \$
RESTITUTION \$	PARTIAL PAYMENTS AUTHORIZED FOR \$	
<input type="checkbox"/> JAILED	M   D   Y	LOCATION
DAYS RELEASED		M   D   Y
<input type="checkbox"/> SENTENCE SUSPENDED <input type="checkbox"/> PROBATION <input type="checkbox"/> COMMUNITY SERVICE Days Months    Days Months    Days Months		
<input type="checkbox"/> TRAFFIC SAFETY PROGRAM	M   D   Y	<input type="checkbox"/> COURT REFERRAL PROGRAM COMPLETED
<input type="checkbox"/> SUBSTANCE ABUSE EVALUATION	M   D   Y	
COURT ORDERED LICENSE SUSPENSION	<input type="checkbox"/> CONSECUTIVE	LICENSE SURRENDERED TO COURT
DAYS MOS.	<input type="checkbox"/> CONCURRENT	M   D   Y RECEIVED BY
CONFIDENTIAL: <input type="checkbox"/> NO - <input type="checkbox"/> IF YES: <input type="checkbox"/> Juvenile <input type="checkbox"/> Youthful Offender		
DISPOSITION DATE		
M   D   Y	SIGNATURE OF JUDGE/MAGISTRATE	
CASE APPEALED	APPEAL BOND \$	CIRCUIT COURT CASE NUMBER
M   D   Y		
ARRESTING AGENCY (TYPE OF ARREST) <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> MUNICIPAL		
CASH RECEIVED FROM	RECEIPT \$	AMOUNT \$
NAME AND TITLE		DATE M   D   Y
LICENSE ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO    ALEA RECEIVED LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO		

**COURT ACTION AND DISPOSITION**

[BACK]

**ALABAMA UNIFORM TRAFFIC  
TICKET AND COMPLAINT**

ALABAMA, COUNTY OF		CO	CITY	TICKET NUMBER	<b>P</b>	
The undersigned, being duly sworn, deposes and says that he/she has probable cause to believe and does believe that the person herein named did, within the previous 12 months, commit the offense set forth contrary to law in that on or about				TYPE VEHICLE <input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Haz-Mat Involved <input type="checkbox"/> Passenger (requiring passenger endorsement) <input type="checkbox"/> MT		
Month Day Year At Time <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MT						
First Name		Middle/Maiden		Last		
Address Street						
City		State		Zip Code		
CDL Required <input type="checkbox"/> Yes <input type="checkbox"/> No						
State		Driver's License Number		Class of License		
Sex	Race	DOB	M	D	Y	
Social Security Number				Driver's License in Possession <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hgt.	Wgt.	Eyes	Hair	Vehicle Tag Number		
Vehicle Description				Owner of Vehicle <input type="checkbox"/> Driver <input type="checkbox"/> Employer <input type="checkbox"/> Other		
Employer/Owner of Vehicle (Address)						
<input type="checkbox"/> Did unlawfully operate a motor vehicle, other vehicle, or <input type="checkbox"/> otherwise unlawfully use a public street, road, highway or other place, at or near _____, within the <input type="checkbox"/> city limits or <input type="checkbox"/> police jurisdiction of _____, or <input type="checkbox"/> within _____ County, at or near the following location _____ in violation of <input type="checkbox"/> Section _____ Code of Alabama 1975, <input type="checkbox"/> or Rule/Regulation number (or) <input type="checkbox"/> Municipal Ordinance No. _____ duly adopted and in force at the time the offense was committed, (if applicable) <input type="checkbox"/> adopting Section _____ Code 1975, more particularly described below:						
CHECK THE APPROPRIATE BLOCK:						
		UCR Code	ML Mkr	Street/Road Code		
1. <input type="checkbox"/> Speeding _____ MPH _____ Speed Limit 2. <input type="checkbox"/> Reckless Driving (Specify facts below) 3. <input type="checkbox"/> Driving without First Obtaining a Driver's License		7. <input type="checkbox"/> Driving While Revoked 8. <input type="checkbox"/> Driving While Suspended 10. <input type="checkbox"/> Running Red Light				
DID DRIVE OR BE IN ACTUAL PHYSICAL CONTROL OF A VEHICLE WHILE:						
4. <input type="checkbox"/> There was .08% or More By Weight of Alcohol in His/Her Blood 4. <input type="checkbox"/> Under the Influence of Alcohol 5. <input type="checkbox"/> Under the Influence of Controlled Substance 71. <input type="checkbox"/> Under the Combined Influence of Alcohol and Controlled Substance 72. <input type="checkbox"/> Under the Influence of any Substance which impairs the Mental or Physical Faculties 6. <input type="checkbox"/> Failure to Yield Right of Way		13. <input type="checkbox"/> Improper Equipment (Specify) _____ 14. <input type="checkbox"/> Improper Passing 28. <input type="checkbox"/> Improper Tag (Specify) _____ 29. <input type="checkbox"/> Improper Turn 42. <input type="checkbox"/> Overweight Vehicle 61. <input type="checkbox"/> Child Restraint Violation 77. <input type="checkbox"/> Seat Belt Violation				
<input type="checkbox"/> Other Violation (Specify) _____						
FACTS RELATING TO THE OFFENSE (Witnesses, etc) <input type="checkbox"/> Companion Case (Traffic, Non-Traffic, Felony, Other) <input type="checkbox"/> Accident involved						
Complainant's Signature			Officer ID	Agency ORI AL		
Verified and Acknowledged before me this date (Circle Title) Judge/Magistrate			M	D	Y	
<input type="checkbox"/> Municipal <input type="checkbox"/> District Court COURT APPEARANCE INFORMATION Phone ( )						
Court Appearance Date		Time		Court Address		
M	D	Y	<input type="checkbox"/> AM <input type="checkbox"/> PM			
I promise to appear in court at said time and place or otherwise comply with the provisions of this complaint and instructions of the notice part of this ticket						
Defendant's Signature:			Phone ( )			
<input type="checkbox"/> Released on Own Recognizance <input type="checkbox"/> Driver's License Posted in Lieu of Bond						

NAME  
TICKET-P  
CASE

**ABSTRACT OF COURT RECORD – ALEA DATA INPUT**

INSTRUCTION **PRESS FIRMLY**  
TO OFFICER: ASK IF MOTORIST'S ADDRESS IS CORRECT ON DRIVER'S LICENSE

[FRONT]

Court O.R.I.		<b>ABSTRACT OF COURT RECORD</b>		COURT CASE NUMBER		
AL				YEAR	NUMBER	
<input type="checkbox"/> MUNICIPAL COURT OR <input type="checkbox"/> DISTRICT COURT OF			COUNTY	TICKET NUMBER <b>P</b>		
DEFENDANT'S NAME			CHARGE			
CONTINUED TO	M	D	Y	REASON		
2 <sup>ND</sup> CONTINUANCE	M	D	Y	REASON		
UTTC-6A MAILED		NEW COURT DATE		UTTC-6B ISSUED		
M	D	Y	M	D	Y	
WARRANT ISSUED		BOND SET \$		WARRANT SERVED		
M	D	Y	CASH	M	D	Y
CONDITIONAL BOND FORFEITURE ORDER ISSUED			M	D	Y	
ATTORNEY FOR DEFENDANT			CHECK IF <input type="checkbox"/> Defendant informed of right to counsel <input type="checkbox"/> Voluntarily waived counsel <input type="checkbox"/> Defendant found indigent, counsel appointed			
PLEA OF DEFENDANT (CHECK ONE)						
1 <input type="checkbox"/> Guilty as charged		2 <input type="checkbox"/> Guilty of		3 <input type="checkbox"/> Not guilty		
ADJUDICATION (CHECK ONE)						
3 <input type="checkbox"/> Guilty of		1 <input type="checkbox"/> Guilty as charged		2 <input type="checkbox"/> Not guilty		
				4 <input type="checkbox"/> Not proessed		
				5 <input type="checkbox"/> Dismissed		
<b>ORDERS OF THE COURT</b>						
FINE \$		COURT COSTS \$		TOTAL FINE AND COURT COSTS \$		
ADDITIONAL PENALTIES/FEEES/COSTS						
HEAD INJURY DUI \$		CRIMINAL HISTORY DUI \$ 10.00		CRIME VICTIMS (DUI/RECKLESS DRIVING) MISDEMEANOR (MINIMUM \$25.00)		
HOUSING & MAINTENANCE \$		MEDICAL \$		ATTORNEY RECOUPMENT \$		
				RESTITUTION \$		
				PARTIAL PAYMENTS AUTHORIZED FOR \$		
<input type="checkbox"/> JAILED		M	D	Y	LOCATION	
		DAYS		RELEASED <input type="checkbox"/>		
<input type="checkbox"/> SENTENCE SUSPENDED		<input type="checkbox"/> PROBATION		<input type="checkbox"/> COMMUNITY SERVICE		
Days		Months		Days		
<input type="checkbox"/> TRAFFIC SAFETY PROGRAM		M	D	Y	<input type="checkbox"/> COURT REFERRAL PROGRAM COMPLETED	
		<input type="checkbox"/> SUBSTANCE ABUSE EVALUATION				
COURT ORDERED LICENSE SUSPENSION			<input type="checkbox"/> CONSECUTIVE			
_____ DAYS _____ MOS.			<input type="checkbox"/> CONCURRENT			
			LICENSE SURRENDERED TO COURT			
			M	D	Y	
			RECEIVED BY			
CONFIDENTIAL: <input type="checkbox"/> NO - <input type="checkbox"/> IF YES: <input type="checkbox"/> Juvenile <input type="checkbox"/> Youthful Offender						
DISPOSITION DATE		SIGNATURE OF JUDGE/MAGISTRATE				
M	D	Y				
CASE APPEALED		APPEAL BOND \$		CIRCUIT COURT CASE NUMBER		
M	D	Y				
ARRESTING AGENCY (TYPE OF ARREST) <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> MUNICIPAL			CASH RECEIVED FROM			
			RECEIPT \$	AMOUNT \$	DATE M D Y	
NAME AND TITLE						
LICENSE ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO			ALEA RECEIVED LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO			

**COURT ACTION AND DISPOSITION – ALEA DATA INPUT**

[BACK]

**ALABAMA UNIFORM TRAFFIC  
TICKET AND COMPLAINT**

ALABAMA, COUNTY OF		CO	CITY	TICKET NUMBER	<b>P</b>
The undersigned, being duly sworn, deposes and says that he/she has probable cause to believe and does believe that the person herein named did, within the previous 12 months, commit the offense set forth contrary to law in that on or about				TYPE VEHICLE <input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Haz-Mat Involved <input type="checkbox"/> Passenger (requiring passenger endorsement)	
Month Day Year		At Time		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MT	
First Name		Middle/Maiden		Last	
Address Street					
City		State		Zip Code	
State		Driver's License Number		Class of License	
Sex	Race	DOB M D Y		Social Security Number	
Hgt.		Wgt.	Eyes	Hair	Vehicle Tag Number
Vehicle Description				Owner of Vehicle <input type="checkbox"/> Driver <input type="checkbox"/> Employer <input type="checkbox"/> Other	
Employer/Owner of Vehicle (Address)					
<input type="checkbox"/> Did unlawfully operate a motor vehicle, other vehicle, or <input type="checkbox"/> otherwise unlawfully use a public street, road, highway or other place, at or near _____ within the <input type="checkbox"/> city limits or <input type="checkbox"/> police jurisdiction of _____, or <input type="checkbox"/> within _____ County, at or near the following location _____ in violation of <input type="checkbox"/> Section _____ Code of Alabama 1975, <input type="checkbox"/> or Rule/Regulation number (or) <input type="checkbox"/> Municipal Ordinance No. _____ duly adopted and in force at the time the offense was committed, (if applicable) <input type="checkbox"/> adopting Section _____ Code 1975, more particularly described below:					
CHECK THE APPROPRIATE BLOCK:					
		UCR Code	ML Mkr	Street/Road Code	
1. <input type="checkbox"/> Speeding _____ MPH _____ Speed Limit 2. <input type="checkbox"/> Reckless Driving (Specify facts below) 3. <input type="checkbox"/> Driving without First Obtaining a Driver's License		7. <input type="checkbox"/> Driving While Revoked 8. <input type="checkbox"/> Driving While Suspended 10. <input type="checkbox"/> Running Red Light 13. <input type="checkbox"/> Improper Equipment (Specify) _____ 14. <input type="checkbox"/> Improper Passing 28. <input type="checkbox"/> Improper Tag (Specify) _____ 29. <input type="checkbox"/> Improper Turn 42. <input type="checkbox"/> Overweight Vehicle 61. <input type="checkbox"/> Child Restraint Violation 77. <input type="checkbox"/> Seat Belt Violation			
DID DRIVE OR BE IN ACTUAL PHYSICAL CONTROL OF A VEHICLE WHILE: 4. <input type="checkbox"/> There was .08% or More By Weight of Alcohol in His/Her Blood 4. <input type="checkbox"/> Under the Influence of Alcohol 5. <input type="checkbox"/> Under the Influence of Controlled Substance 71. <input type="checkbox"/> Under the Combined Influence of Alcohol and Controlled Substance 72. <input type="checkbox"/> Under the Influence of any Substance which impairs the Mental or Physical Faculties 6. <input type="checkbox"/> Failure to Yield Right of Way <input type="checkbox"/> Other Violation (Specify) _____					
FACTS RELATING TO THE OFFENSE (Witnesses, etc) <input type="checkbox"/> Companion Case (Traffic, Non-Traffic, Felony, Other) <input type="checkbox"/> Accident involved					
Complainant's Signature			Officer ID.	Agency ORIAL	
Verified and Acknowledged before me this date (Circle Title) Judge/Magistrate			M	D	Y
COURT APPEARANCE INFORMATION <input type="checkbox"/> Municipal <input type="checkbox"/> District Court Phone ( )					
Court Appearance Date		Time	Court Address		
M	D	Y	<input type="checkbox"/> AM <input type="checkbox"/> PM		
I promise to appear in court at said time and place or otherwise comply with the provisions of this complaint and instructions of the notice part of this ticket					
Defendant's Signature:			Phone ( )		
<input type="checkbox"/> Released on Own Recognizance <input type="checkbox"/> Driver's License Posted in Lieu of Bond					

NAME  
TICKET-P  
CASE

**POLICE RECORD**

INSTRUCTION

**PRESS FIRMLY**

TO OFFICER:

ASK IF MOTORIST'S ADDRESS IS CORRECT ON DRIVER'S LICENSE

[FRONT]



**ALABAMA UNIFORM TRAFFIC  
TICKET AND COMPLAINT**

ALABAMA, COUNTY OF		CO	CITY	TICKET NUMBER	P	
The undersigned, being duly sworn, deposes and says that he/she has probable cause to believe and does believe that the person herein named did, within the previous 12 months, commit the offense set forth contrary to law in that on or about:				TYPE VEHICLE <input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Haz-Mat Involved <input type="checkbox"/> Passenger (requiring passenger endorsement)		
Month		Day		Year		At Time
						<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MT
First Name		Middle/Maiden		Last		
Address Street						
City		State		Zip Code		CDL Required <input type="checkbox"/> Yes <input type="checkbox"/> No
State		Driver's License Number			Class of License	
Sex	Race	DOB M D Y		Social Security Number		Driver's License in Possession <input type="checkbox"/> Yes <input type="checkbox"/> No
Hgt.	Wgt.	Eyes	Hair	Vehicle Tag Number		State Year
Vehicle Description				Owner of Vehicle <input type="checkbox"/> Driver <input type="checkbox"/> Employer <input type="checkbox"/> Other		
Employer/Owner of Vehicle (Address)						
<input type="checkbox"/> Did unlawfully operate a motor vehicle, other vehicle, or <input type="checkbox"/> otherwise unlawfully use a public street, road, highway or other place, at or near _____, within the <input type="checkbox"/> city limits or <input type="checkbox"/> police jurisdiction of _____, or <input type="checkbox"/> within _____ County, at or near the following location _____ in violation of <input type="checkbox"/> Section _____ Code of Alabama 1975, <input type="checkbox"/> or Rule/Regulation number (or) <input type="checkbox"/> Municipal Ordinance No. _____ duly adopted and in force at the time the offense was committed, (if applicable) <input type="checkbox"/> adopting Section _____ Code 1975, more particularly described below:						
CHECK THE APPROPRIATE BLOCK:				UCR Code	ML Mkr	Street/Road Code
1. <input type="checkbox"/> Speeding _____ MPH _____ Speed Limit		7. <input type="checkbox"/> Driving While Revoked				
2. <input type="checkbox"/> Reckless Driving (Specify facts below)		8. <input type="checkbox"/> Driving While Suspended				
3. <input type="checkbox"/> Driving without First Obtaining a Driver's License		10. <input type="checkbox"/> Running Red Light				
DID DRIVE OR BE IN ACTUAL PHYSICAL CONTROL OF A VEHICLE WHILE:						
4. <input type="checkbox"/> There was .08% or More By Weight of Alcohol in His/Her Blood		13. <input type="checkbox"/> Improper Equipment (Specify) _____				
4. <input type="checkbox"/> Under the Influence of Alcohol		14. <input type="checkbox"/> Improper Passing				
5. <input type="checkbox"/> Under the Influence of Controlled Substance		28. <input type="checkbox"/> Improper Tag (Specify) _____				
71. <input type="checkbox"/> Under the Combined Influence of Alcohol and Controlled Substance		29. <input type="checkbox"/> Improper Turn				
72. <input type="checkbox"/> Under the Influence of any Substance which impairs the Mental or Physical Faculties		42. <input type="checkbox"/> Overweight Vehicle				
6. <input type="checkbox"/> Failure to Yield Right of Way		61. <input type="checkbox"/> Child Restraint Violation				
		77. <input type="checkbox"/> Seat Belt Violation				
<input type="checkbox"/> Other Violation (Specify) _____						
FACTS RELATING TO THE OFFENSE (Witnesses, etc)				<input type="checkbox"/> Companion Case (Traffic, Non-Traffic, Felony, Other)		
				<input type="checkbox"/> Accident involved		
Complainant's Signature			Officer ID	Agency ORI		
				AL		
Verified and Acknowledged before me this date (Circle Title) Judge/Magistrate				M	D	Y
<input type="checkbox"/> Municipal <input type="checkbox"/> District Court                 COURT APPEARANCE INFORMATION						
				Phone ( )		
Court Appearance Date		Time		Court Address		
Date <input type="checkbox"/>		<input type="checkbox"/> AM <input type="checkbox"/> PM				
M	D	Y				
I promise to appear in court at said time and place or otherwise comply with the provisions of this complaint and instructions of the notice part of this ticket						
Defendant's Signature:			Phone ( )			
<input type="checkbox"/> Released on Own Recognizance <input type="checkbox"/> Driver's License Posted in Lieu of Bond						

NAME  
TICKET-P  
CASE

**DEFENDANT'S COPY**

INSTRUCTION

**PRESS FIRMLY**

TO OFFICER: ASK IF MOTORIST'S ADDRESS IS CORRECT ON DRIVER'S LICENSE

[FRONT]



**ALABAMA UNIFORM TRAFFIC TICKET AND COMPLAINT**

**INSTRUCTION TO OFFICERS**

PRINT EVERYTHING BUT SIGNATURES.  
USE A MEDIUM BALL POINT PEN AND PRESS FIRMLY.  
PRINTING ON TICKET MUST BE LEGIBLE ON ALL COPIES.  
(CHECK VIOLATOR'S COPY BEFORE ISSUING).

1. This Uniform Traffic Ticket and Complaint (UTTC) MAY NOT be issued to charge municipal parking offenses, Rule 19(B) Ala.R.Jud.Admin.
2. Use a separate UTTC for each violation.
3. Complete and sign the UTTC, have the motorist sign the promise to appear in court, and give him/her the defendant's copy.
4. Advise the motorist to follow the instructions on the back of the UTTC. Inform him/her of the consequences of failing to appear in court.
5. All copies of a voided ticket must be returned to the local issuing office.
6. This ticket, including the statement of charges, is valid until specifically recalled pursuant to Rule 19(D) Ala.R.Jud.Admin.
7. A commercial motor vehicle is a motor vehicle designed or used to transport passengers or property and: (a.) having gross weight of 26,001 lbs or more; or (b.) designed to transport 16 or more passengers; or (c.) transporting hazardous material pursuant to Title 32-6-49.3.

**STATE CODES**

AL	Alabama	LA	Louisiana	OR	Oregon
AK	Alaska	ME	Maine	PA	Pennsylvania
AZ	Arizona	MD	Maryland	RI	Rhode Island
AR	Arkansas	MA	Massachusetts	SC	South Carolina
CA	California	MI	Michigan	SD	South Dakota
CO	Colorado	MN	Minnesota	TN	Tennessee
CT	Connecticut	MS	Mississippi	TX	Texas
DE	Delaware	MO	Missouri	UT	Utah
DC	District of Columbia	MT	Montana	VT	Vermont
FL	Florida	NE	Nebraska	VA	Virginia
GA	Georgia	NV	Nevada	WA	Washington
HI	Hawaii	NH	New Hampshire	WV	West Virginia
ID	Idaho	NJ	New Jersey	WI	Wisconsin
IL	Illinois	NM	New Mexico	WY	Wyoming
IN	Indiana	NY	New York	AS	American Samoa
IA	Iowa	NC	North Carolina	CZ	Panama Canal Zone
KS	Kansas	ND	North Dakota	GU	Guam
KY	Kentucky	OH	Ohio	PR	Puerto Rico
		OK	Oklahoma	VI	Virgin Islands

A Certified copy of the Uniform Traffic Ticket and Complaint Form (UTTC-1) may be used in lieu of the Uniform Crime Report (UCR) for reporting to the ACJIC for DUI cause ONLY. The UCR Code for reporting DUI/Liquor arrests is 5404; for DUI/Drugs is 5403. This code should be included in the space provided on all DUI tickets.

**ALABAMA UNIFORM TRAFFIC TICKET & COMPLAINT**

Beginning Ticket > **P**

Ending Ticket \_\_\_\_\_ > **P**

Date Issued \_\_\_\_\_

Issuing Officer \_\_\_\_\_

Received By: \_\_\_\_\_  
Name ID NO.

**AGENCY COPY**

[FRONT]

<b>CODE</b>	<b>CHARGE</b>	<b>STATUTE</b>
01	<b>Speeding</b>	
	-Posted	32-5A-171
	-Reasonable/Prudent	32-5A-170
02	<b>Reckless Driving</b>	32-5A-190
03	<b>Driving W/O License</b>	32-6-18
04	<b>DUI</b>	
	-BAC	32-5A-191(a)(1)
	-Under the Influence	32-5A-191(a)(2)
05	-Controlled Substance	32-5A191(a)(3)
71	-Combined Alcohol & Controlled Substance	32-5A-191(a)(4)
72	-Any Substance	32-5A-191(a)(5)
	-Under 21, BAC .02-.08	32-5A-191(b)
06	<b>Failing to Yield R.O.W.</b>	
	-Intersection	32-5A-110
	-Left Turn	32-5A-111
	-Stop or Yield Intersection	32-5A-112
	-Private or Other Roadway	32-5A114
	-Emergency Vehicle	32-5A-115
	-Construction	32-5A-116
	<b>Driving While License</b>	
07	-Revoked	32-6-19
08	-Suspended	32-6-19
09	-Canceled	32-6-19
10	<b>Running Red Light</b>	32-5A-31
11	<b>Driving on Wrong Side of Road</b>	32-5A-80
12	<b>Running Stop Sign</b>	32-5A-31
13	<b>Improper</b>	
	-Muffler	32-5-216
	-Lights	32-5-240
	-Tires	32-5-210
	-Mirror	32-5-214
	-Brakes	32-5-212
14	<b>Improper Passing</b>	
	-Opposite Direction	32-5A-81
	-Same Direction (left)	32-5A-82
	-Same Direction (right)	32-5A-83
	-No Passing	32-5A-86
28	<b>Improper Tag – Classification</b>	32-6-52
	Wrongful Use of Classification Tag	32-6-131
	Wrongful Use of Personalized Tag	32-6-155
29	<b>Improper Turn</b>	
	-Left	32-5A-111
	-Intersection	32-5A-130
	-Curve or Crest of Grade	32-5A-131
	-Turning Movement	32-5A-133
42	<b>Overweight Vehicle</b>	32-9-20

[BACK]