

To be used with Question 36  
**FORM 36 / RECORD OF TRAFFIC VIOLATIONS**

Name \_\_\_\_\_  
*First Middle Last Suffix*

Currently licensed in \_\_\_\_\_ Driver's license number \_\_\_\_\_  
*State*

**Traffic violations involving alcohol or drugs should be reported in response to Question 35 and on FORM 35.**

**Please complete the following information for each incident:**

- *Name of law enforcement agency* \_\_\_\_\_  
*Incident location (city, county, state)* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_  
Date of incident (Mo/Yr) \_\_\_\_\_  
Charge(s) on date of incident \_\_\_\_\_  
Date of final disposition (Mo/Yr) \_\_\_\_\_  
Charge(s) at time of final disposition \_\_\_\_\_  
Final disposition \_\_\_\_\_  
Description of incident \_\_\_\_\_  
\_\_\_\_\_
  
- *Name of law enforcement agency* \_\_\_\_\_  
*Incident location (city, county, state)* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_  
Date of incident (Mo/Yr) \_\_\_\_\_  
Charge(s) on date of incident \_\_\_\_\_  
Date of final disposition (Mo/Yr) \_\_\_\_\_  
Charge(s) at time of final disposition \_\_\_\_\_  
Final disposition \_\_\_\_\_  
Description of incident \_\_\_\_\_  
\_\_\_\_\_
  
- *Name of law enforcement agency* \_\_\_\_\_  
*Incident location (city, county, state)* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_  
Date of incident (Mo/Yr) \_\_\_\_\_  
Charge(s) on date of incident \_\_\_\_\_  
Date of final disposition (Mo/Yr) \_\_\_\_\_  
Charge(s) at time of final disposition \_\_\_\_\_  
Final disposition \_\_\_\_\_  
Description of incident \_\_\_\_\_  
\_\_\_\_\_

**Duplicate this form as needed.**