

Ticket/ Citation Number

FLORIDA UNIFORM TRAFFIC CITATION

0300EXV CHECK 5 DIGIT

COUNTY OF St. Johns County		<input type="checkbox"/> (1) F.H.P.		<input type="checkbox"/> (2) P.D.		<input checked="" type="checkbox"/> (3) S.O.		<input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		ST JOHNS COUNTY SHERIFFS OFFICE							
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HESHE HAS COMPLAINT JUST AND REASONABLE GROUNDS TO BELIEVE THAT ON (RETAINED BY COURT)									
DAY OF WEEK Friday	MONTH 12	DAY 29	YEAR 2006					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME (PRINT) FIRST		MIDDLE		LAST					
STREET		IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE							
CITY		STATE		ZIP CODE					
TELEPHONE NUMBER		DATE OF BIRTH	MO	DAY	YR	RACE W	SEX M	HGT	
DRIVER LICENSE NUMBER		STATE FL		CLASS E	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YR. LICENSE EXP.		IF COMMERCIAL MTR VEH "X" HERE <input type="checkbox"/>	
YR. VEHICLE 2004	MAKE DODG	STYLE	COLOR		IF PLACARDED HAZARDOUS MATERIAL "X" HERE <input type="checkbox"/>				
VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 0	IF COMPANION CITATION(S) "X" HERE <input type="checkbox"/>					
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMEDLY 2									
FT. _____ MILES _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

Issuing Agency

Violation Date

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

UNLAWFUL SPEED **0** MPH SPEED APPLICABLE **0** MPH
(INTERSTATE 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST)

CARELESS DRIVING SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE

VIOLATION OF TRAFFIC CONTROL DEVICE IMPROPER OR UNSAFE EQUIPMENT (4) MONTHS OR LESS

VIOLATION OF RIGHT-OF-WAY EXPIRED TAG MORE THAN (4) MONTHS

IMPROPER LANE CHANGE OR COURSE SIX (6) MONTHS OR LESS NO VALID DRIVER LICENSE

IMPROPER PASSING MORE THAN SIX (6) MONTHS DRIVING WHILE LICENSE SUSPENDED OR REVOKED

CHILD RESTRAINT NO PROOF OF INSURANCE FAILURE TO STOP AT A TRAFFIC SIGNAL

DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRIVING/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED, OR DRIVING/ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOODURINE ALCOHOL LEVEL BAL **0.00**

OTHER VIOLATIONS OR COMMENTS PERTAINING TO THE OFFENSE

Violation and Speeds if applicable

SECTION 316074 1 SUB-SECTION

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE

CRASH PROPERTY DAMAGE INJURY TO ANOTHER SERIOUS BODILY INJURY TO ANOTHER FATAL

YES NO YES \$ 0.00 NO YES NO YES NO YES NO

Violation Code

Crash Information

CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED AS INDICATED BELOW

INFRACTION. COURT APPEARANCE REQUIRED AS INDICATED BELOW

INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT

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COURT INFORMATION

DATE _____ TIME _____

COURT _____

LOCATION _____

ARREST DELIVERED TO _____ DATE _____

Officer Information

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)

RANK - SIGNATURE OF OFFICER _____ BADGE NO. _____ ID. NO. _____ TROOP UNIT _____