

Ticket/ Citation Number

FLORIDA UNIFORM TRAFFIC CITATION

0300EXV CHECK 5 DIGIT

COUNTY OF <b>St. Johns County</b>		<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)		<b>ST JOHNS COUNTY SHERIFFS OFFICE</b>							
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 <b>Friday</b>	MONTH <b>12</b>	DAY <b>29</b>	YEAR <b>2006</b>					A.M. 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 <b>W</b>	SEX <b>M</b>	HGT	
DRIVER LICENSE NUMBER									
STATE <b>FL</b>		CLASS <b>E</b>		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 <b>2004</b>	MAKE <b>DODG</b>	STYLE		COLOR		IF PLACARDED HAZARDOUS MATERIAL "X" HERE <input type="checkbox"/>			
VEHICLE LICENSE NO.		TRAILER TAG NO.		STATE <b>FL</b>	YEAR TAG EXPIRES <b>0</b>	IF COMPANION CITATION(S) "X" HERE <input type="checkbox"/>			
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED <b>2</b>									
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

**0300EXV CHECK 5 DIGIT**

COURT INFORMATION

DATE \_\_\_\_\_ TIME \_\_\_\_\_

COURT \_\_\_\_\_

LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_

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 \_\_\_\_\_

Officer Information