

FLORIDA UNIFORM TRAFFIC CITATION

CHECK
DIGIT

COUNTY OF _____	<input type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE) _____	

IN THE COURT DESIGNATED BELOW THE UNDERSIGN CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON _____ COMPLAINT (RETAINED BY COURT)

DAY OF WEEK _____	MONTH _____	DAY _____	YEAR _____	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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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 _____	SEX _____	HGT _____
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DRIVER LICENSE NUMBER _____	STATE _____	CLASS _____	CDL LICENSE _____	YR LICENSE EXP _____	IF COMMERCIAL MTR. VEH "X" HERE <input type="checkbox"/>
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YR VEHICLE	MAKE _____	STYLE _____	COLOR _____	IF PLACARDED HAZARDOUS MATERIAL "X" HERE <input type="checkbox"/>
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VEHICLE LICENSE NO _____	TRAILER TAG NO _____	STATE _____	YEAR TAG EXPIRES _____	IF COMPANION CITATION(S) "X" HERE <input type="checkbox"/>
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UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED _____

FT. _____ MILES _____ N S E W OF NODE _____

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

<input type="checkbox"/> UNLAWFUL SPEED	MPH SPEED APPLICABLE _____ MPH _____	<input type="checkbox"/> INTERSTATE <input type="checkbox"/> 4 LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST)
<input type="checkbox"/> CARELESS DRIVING	<input type="checkbox"/> SAFETY BELT VIOLATION	<input type="checkbox"/> EXPIRED DRIVER LICENSE
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT	<input type="checkbox"/> FOUR (4) MONTHS OR LESS
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> EXPIRED TAG	<input type="checkbox"/> MORE THAN FOUR (4) MONTHS
<input type="checkbox"/> IMPROPER CHANGE OF LANE OR COURSE	<input type="checkbox"/> SIX (6) MONTHS OR LESS	<input type="checkbox"/> NO VALID DRIVER LICENSE
<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> MORE THAN SIX (6) MONTHS	<input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED
<input type="checkbox"/> CHILD RESTRAINT	<input type="checkbox"/> NO PROOF OF INSURANCE	
DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRIVING/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED OR DRIVING/ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD/URINE ALCOHOL LEVEL. BAL. _____ %		

<input type="checkbox"/> AGGRESSIVE DRIVING	<input type="checkbox"/> IN VIOLATION OF STATE STATUTE	SECTION _____	SUB SECTION _____
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CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS INJURY TO ANOTHER	FATAL
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> CRIMINAL VIOLATION COURT APPEARANCE REQUIRED AS INDICATED	CHECK DIGIT _____
<input type="checkbox"/> INFRACTION COURT APPEARANCE REQUIRED AS INDICATED BELOW	
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT	

COURT INFORMATION

DATE _____ TIME _____

COURT _____

LOCATION _____

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND OBEY TO THE ORDER AND INSTRUCTIONS OF THE OFFICER WITH THE CITATION AND WILL FULLY RESPOND TO ACCIDENT AND SIGN THE CITATION ONLY AS DULY IN WRITING. I UNDERSTAND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU ARE REQUIRED TO COMPLY WITH THIS CITATION CONTACT THE CLERK OF THE COURT.