

OFFICER NAME

OFFICER ID.

BADGE NO.

TROOP UNIT



CHECK DIGIT

FLORIDA UNIFORM TRAFFIC CITATION

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 UNDERSIGNED 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

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"/>
VEHICLE LICENSE NO	TRAILER TAG NO	STATE	YEAR TAG EXPIRES	IF COMPANION CITATION(S) "X" HERE <input type="checkbox"/>

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"/> SAFETY BELT VIOLATION	<input type="checkbox"/> EXPIRED DRIVER LICENSE
<input type="checkbox"/> CARELESS DRIVING	<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"/> IMPROPER CHANGE OF LANE OR COURSE	<input type="checkbox"/> EXPIRED TAG	<input type="checkbox"/> MORE THAN FOUR (4) MONTHS
<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> CHILD RESTRAINT	<input type="checkbox"/> SIX (6) MONTHS OR LESS	<input type="checkbox"/> NO VALID DRIVER LICENSE
<input type="checkbox"/> 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. _____ %	<input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED	<input type="checkbox"/> MORE THAN SIX (6) MONTHS	<input type="checkbox"/> NO PROOF OF INSURANCE

<input type="checkbox"/> AGGRESSIVE DRIVING	<input type="checkbox"/> IN VIOLATION OF STATE STATUTE	SECTION _____	SUB SECTION _____
CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY DAMAGE <input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
		FATAL <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 SPECIFIED IN THIS CITATION IN FULL COMPLIANCE TO ACCEPT AND SIGN THE CITATION AS BUILT IN ACCORDANCE WITH THE FLORIDA TRAFFIC CODE AND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILTY OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FINANCIAL ACCOMMODATIONS TO COMPLY WITH THIS CITATION CONTACT THE CLERK OF THE COURT.