

FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:



Citation #:

County:
City:
Date and Time: / /

County Code:
City Code:
Agency Type:

VIOLATOR

First Name: Middle:
Last: DOB: / /
Address: City: State: Zip:
Telephone: Race: Sex: Height: ' "
DL #: DL State: Lic. Expires:
CDL: Class: Diff. Addr. on DL:

REGISTRATION

Yr. Vehicle: Veh. Tag:
Color: Trailer Tag:
Make: Yr. Tag Expires: State:
Style: Comm. Mtr Veh.: Plac. Haz. Mat.:

LOCATION

Upon a Public Street or Highway or Other Location Namely:

Located Ft. Miles of Node

VIOLATION

Did unlawfully commit the following Offense, in violation of State Statute,

Actual Speed: Posted Speed: Companion Cit.:
Crash: Prop. Dam.: Prop. Dam. Amt.: Aggressive Driv:
Injury: Ser. Injury: Fatal

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.:

COURT INFORMATION

SEE MAILER

Court Date:
Court Time:
Fine:

Arrest Delivered To:
On:

SIGNATURE

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 FACULTY ACCOMODATIONS TO COMPLY WITH THIS CITATION CONTACT THE CLERK OF THE COURT.

Signature of Defendant: X _____

Signature of Officer: _____

Officer Name: Officer ID:
Case Number: Troop/Unit: Misc:
Agency Name: