

# FLORIDA UNIFORM TRAFFIC CITATION

CHECK DIGIT

|  |               |  |  |
|--|---------------|--|--|
| COUNTY OF _____  |               | <input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER |  |
| CITY (IF APPLICABLE) _____                                       |               | AGENCY NAME _____  |  |
|  |               | AGENCY # _____   |  |
| <b>OFFICER - AGENCY COPY</b>                                     |               |  |  |
| DAY OF WEEK  | MONTH         | DAY  | YEAR   |
|  |               |  | <input type="checkbox"/> A.M.<br><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 _____ SEX _____ HGT _____  |
| DRIVER LICENSE NUMBER _____                                      | STATE _____   | CLASS _____  | CDL LICENSE<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                  |
|  |               |  | YR. LICENSE EXP. _____<br>COMMERCIAL VEHICLE<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| YR. VEHICLE _____  | MAKE _____    | STYLE _____  | COLOR _____  |
| VEHICLE LICENSE NO. _____  |               | TRAILER TAG NO. _____  | STATE _____ YEAR TAG EXPIRES _____   |
| UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____ |               | PLACARDED HAZARDOUS MATERIAL<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
|  |               | ≥ 18 PASS ENGINERS<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
|  |               | MOTO CYCLE<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
|  |               | COMPANION CITATION NUMBER(S)<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| FT. _____  | MILES _____   | <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W                                | OF NODE _____  |

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

UNLAWFUL SPEED \_\_\_\_\_ MPH SPEED APPLICABLE \_\_\_\_\_ MPH

( INTERSTATE    SCHOOL ZONE    CONSTRUCTION WORKERS PRESENT)

SPEED MEASUREMENT DEVICE: \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CARELESS DRIVING                    | <input type="checkbox"/> CHILD RESTRAINT                      | <input type="checkbox"/> EXPIRED DRIVER LICENSE      |
| <input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE | <input type="checkbox"/> SAFETY BELT VIOLATION                | <input type="checkbox"/> MORE THAN SIX (6) MONTHS    |
| <input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL | <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT         | <input type="checkbox"/> NO VALID DRIVER LICENSE     |
| <input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE      | <input type="checkbox"/> EXPIRED TAG SIX (6) MONTHS OR LESS   | <input type="checkbox"/> DRIVING WHILE LICENSE       |
| <input type="checkbox"/> NO PROOF OF INSURANCE               | <input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS | <input type="checkbox"/> SUSPENDED OR REVOKED        |
| <input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY           | <input type="checkbox"/> IMPROPER PASSING                     | <input type="checkbox"/> DRIVING UNDER THE INFLUENCE |
|  |   | <input type="checkbox"/> Passenger Under 18 Yrs.     |

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: \_\_\_\_\_

FE - EXAM

YES    NO

DL SEIZED

YES    NO

AGGRESSIVE DRIVING   IN VIOLATION OF STATE STATUTE   SECTION \_\_\_\_\_ SUB-SECTION \_\_\_\_\_

|  |   |  |  |  |
|--|---|--|--|--|
| CRASH  | PROPERTY DAMAGE   | INJURY TO ANOTHER  | SERIOUS BODILY 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 |

- CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW
- INFRACTION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW
- INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT

CIVIL PENALTY IS \$ \_\_\_\_\_

CHECK 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 ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

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

RANK - NAME OF OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_ ID NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE  
 HSMV 78901 (Rev. 11/11)