



1/1

FLORIDA UNIFORM TRAFFIC CITATION

5475-HBF

CHECK DIGIT

4

COUNTY OF <u>Broward</u>		<input type="checkbox"/> (1) FHP <input type="checkbox"/> (2) PD <input checked="" type="checkbox"/> (3) SO <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) <u>Weston</u>		AGENCY NAME <u>BSO</u> AGENCY # <u>DB/Weston</u>	
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 <u>SUN</u>	MONTH <u>12</u>	DAY <u>18</u>	YEAR <u>2016</u> TIME <u>12:37</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
NAME (PRINT) FIRST <u>ADAM</u>	MIDDLE <u>J</u>	LAST <u>MANDEL</u>	
STREET <u>3878 Cascades</u>		IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE <u>TER</u>	
CITY <u>Weston</u>		STATE <u>FL</u>	ZIP CODE <u>33332</u>
TELEPHONE NUMBER	DATE OF BIRTH MO <u>11</u> DAY <u>09</u> YR <u>2000</u>	RACE <u>W</u>	SEX <u>M</u> HGT <u>6'0"</u>
DRIVER LICENSE NUMBER <u>MS34010004090</u>	STATE <u>FL</u> CLASS <u>E</u>	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YR LICENSE EXP <u>2024</u> COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR VEHICLE <u>2012</u> MAKE <u>NISS</u> STYLE <u>4D</u> COLOR <u>Gray</u>	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		> 16 PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE LICENSE NO <u>GZUB94</u> TRAILER TAG NO	STATE <u>FL</u> YEAR TAG EXPIRES <u>2017</u>	MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION NAMELY <u>Saddle Club/Royal Palm Blvd</u>			COMPANION CITATION NUMBER(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FT _____ MILES _____	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 _____
- CARELESS DRIVING CHILD RESTRAINT EXPIRED DRIVER LICENSE
- VIOLATION OF TRAFFIC CONTROL DEVICE SAFETY BELT VIOLATION MORE THAN SIX (6) MONTHS
- FAILURE TO STOP AT A TRAFFIC SIGNAL IMPROPER OR UNSAFE EQUIPMENT NO VALID DRIVER LICENSE
- IMPROPER LANE CHANGE OR COURSE EXPIRED TAG SIX (6) MONTHS OR LESS DRIVING WHILE LICENSE
- NO PROOF OF INSURANCE EXPIRED TAG MORE THAN SIX (6) MONTHS SUSPENDED OR REVOKED
- VIOLATION OF RIGHT-OF-WAY IMPROPER PASSING DRIVING UNDER THE INFLUENCE
- Passenger Under 18 Yrs

Disobey red light.

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE	PE EXAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DL SEIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF STATE STATUTE <u>316.075 (1C1)</u>	SECTION	SUB-SECTION
CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROPERTY DAMAGE <input type="checkbox"/> YES \$ _____ <input checked="" type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FATAL <input type="checkbox"/> YES <input checked="" 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 \$ _____

COURT INFORMATION DATE SEE Mailer, Must TIME _____

LOCATION Comply within 30 days.

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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 THIS CITATION MAY RESULT IN ARREST I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILTY OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT

Issued to driver

X SIGNATURE OF OFFICER N. GAGO SIGNATURE IS REQUIRED IF INFRACTION IS APPEARED 15555 BSO/DB

RANK _____ NAME OF OFFICER _____ BADGE NO _____ ID NO _____ TROOP UNIT _____

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE