

8510008691

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UTC

PERF

PERF

CONSECUTIVE NUMBERING  
BARCODE PTS 1 & 4 ONLY

FLORIDA DUI UNIFORM TRAFFIC CITATION XXXX-XXX CHECK  
DRIFT X

|   |                |  |  |
|---|----------------|--|--|
| COUNTY OF   |                | <input type="checkbox"/> (1) F.R.P. <input type="checkbox"/> (2) P.O. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER |  |
| CITY (IF APPLICABLE)  |                | AGENCY   |  |
| IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON |                |  |  |
| DAY OF WEEK   | MONTH          | DAY  | YEAR <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |
| NAME (PRINT): FIRST   |                | MIDDLE   | LAST   |
| STREET IF DIFFERENT THAN ONE ON DRIVER LICENSE "Y" HERE   |                |  |  |
| CITY  |                | STATE  | ZIP CODE   |
| TELEPHONE NUMBER  | DATE OF BIRTH  | MO   | DAY  |
|   |                | YR   | RACE SEX HGT   |
| DRIVER LICENSE NUMBER   | STATE          | CLASS  | CDL LICENSE Y N  |
|   |                |  | YR LICENSE EXP   |
| YR VEHICLE  | MAKE           | STYLE  | COLOR  |
| VEHICLE LICENSE NO  | TRAILER TAG NO | STATE  | YEAR TAG EXPIRES   |
| URON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY  |                |  |  |
| FT  | MILES          | <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W                                | OF ROAD  |

RULES SCREENED 20%

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF

COMMENTS PERTAINING TO OFFENSE. (Only one offense may be stated)

|  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> STATE STATUTE                         | <input type="checkbox"/> AGGRESSIVE DRIVER  | SECTION   | SUB-SECTION   |
| CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO | DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO | ALERT TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO | SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO |   |   |   |

THIS IS A CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW

COURT DATE \_\_\_\_\_ TIME \_\_\_\_\_ XXXX-XXX CHECK  
DRIFT X

COURT AND LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
I HEREBY AND PROMISE TO COMPLY AND OBEY TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. I WILL APPEAR TO ACCEPT AND SIGN THIS CITATION. I WILL APPEAR IN COURT AND I WILL NOT BE A REASONABLE DULY OR REASON OF NON-APPEARANCE. I WILL NOT BE RESPONSIBLE FOR ANY FURTHER VIOLATIONS OR COMPLAINTS WITH THIS CITATION. CONTACT THE CLERK OF THE COURT.

- EFFECTIVE IMMEDIATELY YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:
- DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION/DISQUALIFICATION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OF DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL OR ONE YEAR IF PREVIOUSLY SUSPENDED OR DISQUALIFIED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR THE SAME PERIOD OF TIME AS THE SUSPENSION.
  - REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST F.S. 322.2615. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY FOR A SECOND REFUSAL WHILE OPERATING A CMV.

LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_  
ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION  
AT THE \_\_\_\_\_ BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

RANK: SIGNATURE OF OFFICER \_\_\_\_\_ BADGE NO \_\_\_\_\_ D. NO \_\_\_\_\_ TROOP UNIT \_\_\_\_\_  
HSMV 75904 (Rev. 2006)

10/08

FACE 1

Driving with an unlawful blood or breath alcohol level. This suspension is for a period of six months if this is the first violation, or one year if previously suspended for driving with an unlawful blood or breath alcohol level. If you hold a CDL or are operating a CMV, your commercial driving privilege will also be disqualified for one year for the first offense or permanently disqualified if you have been previously disqualified under Section 322.64 F.S.

The formal review allows you to be heard and present witnesses in regard to this suspension/disqualification.

The informal review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.

Information Regarding Review Hearing  
FINAL ORDER

INFORMAL REVIEW

~~Information regarding the suspension/disqualification of your driver license is provided on the reverse side of this order. You may request a review of the suspension/disqualification of your driver license by submitting a written request to the Department of Transportation, Bureau of Motor Vehicle Services, within ten calendar days following the date of suspension and include your complete name, address, date of birth, driver license number, residence and work telephone numbers, date of suspension, citation number and county where suspension occurred. This review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.~~

FORMAL REVIEW

~~Information regarding the suspension/disqualification of your driver license is provided on the reverse side of this order. You may request a review of the suspension/disqualification of your driver license by submitting a written request to the Department of Transportation, Bureau of Motor Vehicle Services, within ten calendar days following the date of suspension and include your complete name, address, date of birth, driver license number, residence and work telephone numbers, date of suspension, citation number and county where suspension occurred. If you do not request a review within ten calendar days of the date of suspension, you will be deemed to have waived your right to a review. This review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.~~

~~You are notified that you may request a review of the suspension/disqualification of your driver license by submitting a written request to the Department of Transportation, Bureau of Motor Vehicle Services, within ten calendar days following the date of suspension and include your complete name, address, date of birth, driver license number, residence and work telephone numbers, date of suspension, citation number and county where suspension occurred. This review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.~~

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)

1. Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a motor vehicle in this state while under the influence of alcoholic beverages or controlled substances (DUI).
2. Whether the person had an unlawful blood or breath alcohol level (.08 or above).

REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST

1. Same as number 1 above.
2. Whether the person refused to submit to any such test after being requested to do so by law enforcement officer or correctional officer.
3. Whether the person was told that if he refused to submit to such test his privilege to operate a motor vehicle would be suspended.

IN CASE OF A DISQUALIFICATION FOR REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST, THE FOLLOWING ISSUES WILL BE CONSIDERED:

1. Whether the person refused to submit to any such test after being requested to do so by law enforcement officer or correctional officer.
2. Whether the person refused to submit to any such test after being requested to do so by law enforcement officer or correctional officer.
3. Whether the person was told that if he or she refused to submit to any such test, his or her privilege to operate a commercial motor vehicle would be disqualified.

FAILURE TO REQUEST A REVIEW WITHIN THE 10 DAY PERIOD SHALL RESULT IN THE WAIVER OF YOUR RIGHT TO A REVIEW OF THE SUSPENSION/DISQUALIFICATION

Location of Administrative Reviews Hearing Offices

- 1. Clearwater 33762  
4505 146th Avenue North,  
State 1000
- 2. Jacksonville 32208  
7429 Wilton Boulevard,  
Room #9
- 3. Panama City 32367  
The Lincoln Center 200 W. 15th Street
- 4. Panama City 32367

32219-3597

32401-2230

32504-6331

237 W. 15<sup>th</sup> Street

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)

1. Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a commercial motor vehicle, or any motor vehicle if the driver holds a commercial driver's license, in this state while he or she had any alcohol, chemical substances, or controlled substances in his or her body.
  2. Whether the person had an unlawful blood-alcohol level or breath-alcohol level of 0.08 or higher
- REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST**

1. Same as number one above.

This will serve as notice of final order of license suspension/disqualification effective on the date it was issued to you. You may request a formal or informal review of the suspension/disqualification.

If you want the department to conduct a review of your suspension/disqualification, you must request such review at the location indicated on the reverse side. Your request must be submitted in writing **within ten calendar days** following the date of suspension/disqualification, and include your complete name, address, date of birth, driver license number, residence and work telephone numbers, date suspension/disqualification, citation number and county where the suspension/disqualification occurred.