

**FLORIDA UNIFORM TRAFFIC CITATION**

<b>COUNTY OF</b> _____	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
<b>CITY (#F APPLICABLE)</b> _____	<b>AGENCY NAME</b> _____
	<b>AGENCY #</b> _____

**COMPLAINT  
(RETAINED BY COURT)**

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT SHE/HIS 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 "X" HERE →				
CITY _____		STATE _____	ZIP CODE _____	
TELEPHONE NUMBER _____	DATE OF BIRTH MO _____ DAY _____	YR _____	RACE _____	SEX _____ HGT _____
DRIVER LICENSE NUMBER _____	STATE _____ CLASS _____	CDL LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	YR. LICENSE EXP. _____	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
YR. VEHICLE _____	MAKE _____	STYLE _____	COLOR _____	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE LICENSE NO. _____	TRAILER TAG NO. _____	STATE _____	YEAR TAG EXPIRES _____	≥ 16 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____				MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO
				COMPANION CITATION NUMBER(S) <input type="checkbox"/> YES <input type="checkbox"/> NO

FT. \_\_\_\_\_ MILES \_\_\_\_\_  N  S  E  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 SIX (6) MONTHS OR LESS
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> SAFETY BELT VIOLATION	<input type="checkbox"/> EXPIRED DRIVER LICENSE 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 UNDER THE INFLUENCE
<input type="checkbox"/> NO PROOF OF INSURANCE	<input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS	<input type="checkbox"/> Passenger Under 18 Yrs. BAL _____
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED	
<input type="checkbox"/> IMPROPER PASSING		

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

<input type="checkbox"/> AGGRESSIVE DRIVING	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 BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
		FATAL <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 \$ \_\_\_\_\_

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 THIS 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 AND CERTIFY THE CHARGE ABOVE

HSMV 75901 (Rev. 07/12)

# FLORIDA UNIFORM TRAFFIC CITATION

<b>COUNTY OF</b> _____	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
<b>CITY (#F APPLICABLE)</b> _____	<b>AGENCY NAME</b> _____
	<b>AGENCY #</b> _____

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

**SUMMONS  
(VIOLATOR'S COPY)**

DAY OF WEEK	MONTH	DAY	YEAR	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
<b>NAME (PRINT) FIRST</b> _____		<b>MIDDLE</b> _____		<b>LAST</b> _____
<b>STREET</b> _____				
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE →				
<b>CITY</b> _____		<b>STATE</b> _____	<b>ZIP CODE</b> _____	
<b>TELEPHONE NUMBER</b> _____	<b>DATE OF BIRTH</b> MO _____ DAY _____	<b>YR</b> _____	<b>RACE</b> _____	<b>SEX</b> _____ <b>HGT</b> _____
<b>DRIVER LICENSE NUMBER</b> _____	<b>STATE</b> _____	<b>CLASS</b> _____	<b>CDL LICENSE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>YR. LICENSE EXP.</b> _____
				<b>COMMERCIAL VEHICLE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>YR. VEHICLE</b> _____	<b>MAKE</b> _____	<b>STYLE</b> _____	<b>COLOR</b> _____	<b>PLACARDED HAZARDOUS MATERIAL</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>VEHICLE LICENSE NO.</b> _____	<b>TRAILER TAG NO.</b> _____	<b>STATE</b> _____	<b>YEAR TAG EXPIRES</b> _____	<b>≥ 16 PASSENGERS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY</b> _____				<b>MOTORCYCLE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
				<b>COMPANION CITATION NUMBER(S)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>FT.</b> _____ <b>MILES</b> _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <b>OF NODE</b> _____				

**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 SIX (6) MONTHS OR LESS
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> SAFETY BELT VIOLATION	<input type="checkbox"/> EXPIRED DRIVER LICENSE 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 UNDER THE INFLUENCE
<input type="checkbox"/> NO PROOF OF INSURANCE	<input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS	<input type="checkbox"/> Passenger Under 18 Yrs. BAL _____
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED	
<input type="checkbox"/> IMPROPER PASSING		

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

**FE - EXAM**  YES  NO  
**DL SEIZED**  YES  NO

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

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

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

**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 THIS 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)

<b>RANK - NAME OF OFFICER</b> _____	<b>BADGE NO.</b> _____	<b>ID. NO.</b> _____	<b>TROOP UNIT</b> _____
<input type="checkbox"/> I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE			
HSMV 75901 (Rev. 07/12)			

# FLORIDA UNIFORM TRAFFIC CITATION

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	<b>AGENCY #</b> _____

**OFFICER - AGENCY COPY**

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT 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.
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DRIVER LICENSE NUMBER _____	STATE _____ CLASS _____	CDL LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	YR. LICENSE EXP. _____	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
YR. VEHICLE _____	MAKE _____	STYLE _____	COLOR _____	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO
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				COMPANION CITATION NUMBER(S) <input type="checkbox"/> YES <input type="checkbox"/> NO

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

(  INTERSTATE    SCHOOL ZONE    CONSTRUCTION WORKERS PRESENT )

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

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<input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE	<input type="checkbox"/> EXPIRED TAG SIX (6) MONTHS OR LESS	<input type="checkbox"/> DRIVING UNDER THE INFLUENCE
<input type="checkbox"/> NO PROOF OF INSURANCE	<input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS	<input type="checkbox"/> Passenger Under 18 Yrs. BAL _____
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<input type="checkbox"/> IMPROPER PASSING		

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<input type="checkbox"/> AGGRESSIVE DRIVING	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 BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
			FATAL <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 \$ \_\_\_\_\_

COURT INFORMATION: DATE \_\_\_\_\_ TIME \_\_\_\_\_

COURT \_\_\_\_\_

LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_

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RANK - NAME OF OFFICER _____	BADGE NO. _____	ID. NO. _____	TROOP UNIT _____
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I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE

HSMV 75901 (Rev. 07/12)



### COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.  
PAY A CIVIL PENALTY IN THE AMOUNT OF \$ \_\_\_\_\_.

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____  _____ SIGNATURE OF PERSON GIVING BAIL  _____ SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. _____ SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____  _____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE →



## IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

If you were charged with a civil infraction, you must complete one of the following options **within 30 calendar days** of the date of this citation. If you fail to comply **within 30 calendar days**, your driving privilege will be suspended until you comply. You will then be subject to additional penalties. Please see the front of the citation for the contact information for the Clerk of Court in the county where this violation occurred.

**Option 1:** You may pay the civil penalty listed on the front of this citation to the Clerk of Court. You must enclose this citation if you mail payment, which may be a money order or a cashier's check. The clerk \_\_\_\_\_ does \_\_\_\_\_ does not accept personal checks. Payment of the civil penalty is considered a conviction and points will be assessed, if applicable. Proof of compliance in the form of a driver license or registration certificate, whichever is applicable, is required in addition to payment if you were cited for driver license expired less than six months, expired tag less than six months, failure to display a valid driver license or failure to display a valid registration. You **will** be required to complete a driver improvement course if you are convicted of running a red light or passing a school bus. Your driving privilege will be suspended if you are convicted of not providing proof of insurance. Accumulation of points may increase the cost of your insurance.

**Option 2:** If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance, you may show proof to the Clerk of Court that you had a valid driver license, tag/registration, or insurance, whichever is applicable, at the time of the offense. The charge will be dismissed upon payment of a dismissal fee.

**Option 3:** If you **do not** hold a commercial driver license and you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of insurance, or driving while license suspended [See s. 322.34 (10)(a), F.S.], you may elect to show proof of compliance to the Clerk of Court in the form of a valid driver license, registration or proof of insurance, whichever is applicable. You may only make one such election per 12 month period and no more than three elections in a lifetime. You must pay court costs and adjudication will be withheld.

**Option 4:** If you **do not** hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court to make this election. You may make only one such election per 12 month period and not more than 5 elections in your lifetime. Please visit [www.flhsmv.gov](http://www.flhsmv.gov) for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses including driver license, tag and registration violations. Completion of a driver improvement course is required if you are cited for running a red light/traffic control device, even if you do not make this election.

**Option 5:** You may elect a court hearing by contacting the Clerk of Court. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Officer may impose a penalty of up to \$500 (or \$1,000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed. If it is determined that no infraction has been committed, no cost or penalties shall be imposed.

**Option 6:** If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s. 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935, F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency \$ \_\_\_\_\_ for this service. You may then mail or present this affidavit of compliance along with \$ \_\_\_\_\_ to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a governmental entity.

### FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE

(Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

DATE: \_\_\_\_\_ ASSIGNED DHSMV AGENCY #: \_\_\_\_\_

Signed: \_\_\_\_\_

(Name, Title, ID#)



### REPORT OF ACTION ON CASE

**VIOLATIONS BUREAU:**

Date \_\_\_\_\_

Amt. of Fine Paid \$ \_\_\_\_\_ Costs \$ \_\_\_\_\_

**COURT ACTION:**

Date \_\_\_\_\_ Plea \_\_\_\_\_

Disposition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amt. of Fine Paid \$ \_\_\_\_\_ Costs \$ \_\_\_\_\_

License Action \_\_\_\_\_

**OFFICER'S NOTES FOR TESTIFYING IN COURT:**

PLEASE NOTE FACTS AND CIRCUMSTANCES IN ADDITION TO THOSE CHECKED ON FACE OF COMPLAINT - THAT IS: 1. ANY SPECIFIC ACTION OF VIOLATOR WHICH INCREASED THE HAZARD OF THE VIOLATION; 2. WHERE VIOLATION OBSERVED AND CONTACT MADE; 3. TOTAL DISTANCE TRAVELED DURING PURSUIT; 4. STATEMENTS BY VIOLATOR AND GENERAL ATTITUDE; AND 5. PLACE OF EMPLOYMENT.

SLIPPERY PAVEMENT	<input type="checkbox"/> Wet <input type="checkbox"/> Rain	CAUSED PERSON TO DODGE	CRASH?	<input type="checkbox"/> PD <input type="checkbox"/> PI	HIGHWAY TYPE
DARKNESS	<input type="checkbox"/> Night <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Unlighted	<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ped. <input type="checkbox"/> Hit fixed Object	<input type="checkbox"/> Fatal <input type="checkbox"/> Vehicle	<input type="checkbox"/> 2 Lane <input type="checkbox"/> 3 Lane <input type="checkbox"/> 4 Lane <input type="checkbox"/> 4 Lane Divided
OTHER TRAFFIC PRESENT	<input type="checkbox"/> Cross <input type="checkbox"/> Oncoming <input type="checkbox"/> Pedestrian <input type="checkbox"/> Same Direction	JUST MISSED CRASH BY APPROX. _____ FT.	<input type="checkbox"/> Right Angle <input type="checkbox"/> Head On <input type="checkbox"/> Side Swipe <input type="checkbox"/> Rear End <input type="checkbox"/> Ran off Roadway <input type="checkbox"/> Intersection		AREA: <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Industrial <input type="checkbox"/> Business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### VEHICLE DEFECTS

Service Brake \_\_\_\_\_

Parking Brake \_\_\_\_\_

Headlights \_\_\_\_\_

Tail Lights \_\_\_\_\_

Stop Lights \_\_\_\_\_

Windshield Wiper \_\_\_\_\_

Horn \_\_\_\_\_

Tires \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_