



FLORIDA UNIFORM TRAFFIC CITATION

4466-AOK 7 7

COUNTY OF DUVAL	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE) JACKSONVILLE	JSO AGENCY

6621

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)**

SAT 10 28 00 934 A.M. P.M.

NAME (FIRST, MIDDLE, LAST) **HERMAN MILLER**

STREET **3676 CATHEDRAL OAKS BL. S.**

JACKSONVILLE FL. ZIP CODE **32217**

TELEPHONE NUMBER _____ DATE OF BIRTH **02 16 47** SEX **M** HAIR **B** EYES **B**

DRIVER LICENSE NUMBER _____ STATE **FL** CLASS **E** GDL LICENSE EXPIRES **02 2005** IF COMMERCIAL MTR. VEH. HERE

YEAR **1994** MAKE **CHEVY** SUV **SUV** COLOR **BLU** IF PLACARDED HAZARDOUS MATERIAL HERE

VEHICLE LICENSE NO. **M29 DK** TRAILER TAG NO. _____ STATE **FL** TAG EXPIRES **01 2001** IF COMPANION CITATION(S) HERE

UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAMED **4400 ROOSEVELT BLVD. NB**

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 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)
- CARELESS DRIVING SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE
- VIOLATION OF TRAFFIC CONTROL DEVICE IMPROPER OR UNSAFE EQUIPMENT FOUR (4) MONTHS OR LESS
- VIOLATION OF RIGHT-OF-WAY EXPIRED TAG MORE THAN FOUR (4) MONTHS
- IMPROPER CHANGE OF LANE OR COURSE SIX (6) MONTHS OR LESS NO VALID DRIVER LICENSE
- IMPROPER PASSING MORE THAN SIX (6) MONTHS DRIVING WHILE LICENSE SUSPENDED OR REVOKED
- CHILD RESTRAINT NO PROOF OF INSURANCE
- DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRIVING/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED OR DRIVING ACTUAL PHYSICAL CONTROL WITH WILLFUL BLOOD/URINE ALCOHOL LEVEL. BAL _____ %

REAR END CRASH

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: _____

CCR# 869015 CODED 10F1

IN VIOLATION OF STATE STATUTE SECTION **316.1925(1)**

CIVIL YES NO PROPERTY DAMAGE YES \$ **1100** NO INJURY TO ANOTHER YES NO SERIOUS BODILY INJURY TO ANOTHER YES NO FATAL YES NO

CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED AS INDICATED BELOW.

INFRACTION. COURT APPEARANCE REQUIRED AS INDICATED BELOW.

INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

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WITHIN 30 DAYS

COURT INFORMATION DATE _____

CLERK OF THE COURT

TRAFFIC VIOLATIONS BUREAU

909 HALTERS STREET

JACKSONVILLE, FL 32206

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 HEREBY MAKE MY SIGNATURE AND THIS ADMISION OF GUILT OR WAIVER OF RIGHTS, IF YOU NEED REASONABLE FACILITY FOR REASONABLE FACILITY TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THIS COURT.

OX Miller **no**

THU. R. MESSERSMITH S327 24A

RANK - SIGNATURE OF OFFICER _____ BADGE NO. _____ ID. NO. _____ TROOP UNIT _____

COMPLAINT

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 _____
	DEFENDANT FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	DEFENDANT 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 \$ _____ DEFENDANT'S FINGERPRINT WHEN APPLICABLE →