



## FLORIDA UNIFORM TRAFFIC CITATION

AIRNDWE

COUNTY OF <b>FLAGLER (61)</b>	<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) <b>PALM COAST (53)</b>	AGENCY NAME <b>FLAGLER COUNTY SHERIFF'S OFFICE</b> AGENCY # <b>61303</b>
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT THE S/O HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON	
SUMMONS (VIOLATOR'S COPY)	
DAY OF WEEK <b>WED</b>	MONTH <b>08</b>
DAY <b>28</b>	YEAR <b>2024</b>
TIME <b>10:00</b>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (PRINT) FIRST <b>JOAO</b>	MOBILE <b>PAULO</b>
LAST <b>FERNANDES</b>	
STREET <b>2 PRINCESS ROSE PL</b>	
CITY <b>PALM COAST</b>	STATE <b>FL</b>
ZIP CODE <b>32164</b>	TELEPHONE NUMBER <b>5-11</b>
DATE OF BIRTH <b>07 28 74</b>	RACE <b>H</b>
SEX <b>M</b>	HGT <b>5-11</b>
DRIVER LICENSE NUMBER <b>F 6 5 5 4 3 5 7 4 2 6 8 0</b>	CLASS <b>E</b>
COL LICENSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	YR LICENSE EXP <b>2029</b>
COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR VEHICLE <b>2021</b>	MAKE <b>DODGE</b>
STYLE <b>TK</b>	COLOR <b>BLK</b>
VEHICLE LICENSE NO <b>TP6TA</b>	STATE <b>FL</b>
YEAR TAG EXPIRES <b>2024</b>	2-18 PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>BELLE TERRE PKWY @ WHIPPOORWILL DRIVE, PALM COAST</b>	
MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMPARISON CITATION NUMBER(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Palm Coast, FL	
FT _____ MI/HR _____ N _____ S _____ E _____ W _____ OF NODE _____	
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION	
UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH	
( <input type="checkbox"/> INTERSTATE <input type="checkbox"/> SCHOOL ZONE <input type="checkbox"/> CONSTRUCTION WORKERS PRESENT )	
SPEED MEASUREMENT DEVICE:	
<input type="checkbox"/> CARELESS DRIVING	<input type="checkbox"/> CHILD RESTRAINT
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> SAFETY BELT VIOLATION
<input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL	<input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT
<input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE	<input type="checkbox"/> EXPIRED TAG SIX (6) MONTHS OR LESS
<input type="checkbox"/> NO PROOF OF INSURANCE	<input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
	<input type="checkbox"/> NO VALID DRIVER LICENSE
	<input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED
	<input type="checkbox"/> DRIVING UNDER THE INFLUENCE
	<input type="checkbox"/> Passenger Under 18 Yrs.
	BAL _____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE <b>LEAVING THE SCENE OF A CRASH ON PUBLIC OR PRIVATE</b>		RE-EXAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PROPERTY WITHOUT RENDERING AID (INVOLVING INJURY)		OL SECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF STATE STATUTE <b>316.027(2)(A)</b>	SUB-SECTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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
<input checked="" type="checkbox"/> CRIMINAL VIOLATION COURT APPEARANCE REQUIRED AS INDICATED BELOW		
<input type="checkbox"/> INFRACTION COURT APPEARANCE REQUIRED AS INDICATED BELOW		
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT		
CIVIL PENALTY IS \$ <b>N/A</b>		
COURT INFORMATION <b>TO BE SET BY CLERK</b>		
DATE <b>1769 E. MOODY BLVD., BUILDING #1</b>		
COURT <b>BUNNELL, FL 32110</b>		
LOCATION <b>(386) 313-4353</b>		

ARREST DELIVERED TO <b>FCIF</b>	DATE <b>08/28/24</b>
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) <b>D/S AARON CLAY</b>	
RANK - NAME OF OFFICER <b>301</b>	NEIGHBORHOOD SERVICES DIVISION <b>301</b>
BADGE NO <b>301</b>	TROOP UNIT <b>301</b>
<input checked="" type="checkbox"/> I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE	

HSMV 75901 (Rev. 07/12)

CASE NUMBER: 2024-00074532

IMPORTANT INSTRUCTIONS REGARDING ANON-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 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, and 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 were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid 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 make only one such election per year and no more than three such elections in your 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 year and no more than five 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 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#)

## PAYMENT MAILING INFORMATION

Make a check or money order payable and mail to:

FLAGLER COUNTY CLERK OF COURT  
1769 EAST MOODY BLVD, BUILDING 1 - ATTN: TRAFFIC  
BUNNELL, FL 32110Pay Online: [WWW.FLAGLERCLERK.COM](http://WWW.FLAGLERCLERK.COM)For additional payment options or more information visit our website or  
Call 386-313-4353





## FLORIDA UNIFORM TRAFFIC CITATION

AIRNDWE

COUNTY OF <b>FLAGLER (61)</b>		<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) <b>PALM COAST (53)</b>		AGENCY NAME <b>FLAGLER COUNTY SHERIFF'S OFFICE</b> AGENCY # <b>61303</b>	
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 <b>WED</b>	MONTH <b>08</b>	DAY <b>28</b>	YEAR <b>2024</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (PRINT) FIRST <b>JOAO</b>		LAST <b>FERNANDES</b>	
STREET <b>2 PRINCESS ROSE PL</b>			
CITY <b>PALM COAST</b>		STATE <b>FL</b>	ZIP CODE <b>32164</b>
TELEPHONE NUMBER	DATE OF BIRTH MO <b>07</b> DAY <b>28</b> YR <b>74</b>	RACE <b>H</b>	SEX <b>M</b> HGT <b>5-11</b>
DRIVER LICENSE NUMBER <b>F 6 5 5 4 3 5 7 4 2 6 8 0</b>	STATE <b>FL</b> CLASS <b>E</b> CD LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YR LICENSE EXP <b>2029</b>	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR VEHICLE <b>2021</b> MAKE <b>DODGE</b> STYLE <b>TK</b> COLOR <b>BLK</b>	FLA/DROD HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE LICENSE NO. <b>TP6TA</b>	TRAILER TAG NO.	STATE <b>FL</b> YEAR TAG EXPIRES <b>2024</b>	MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>BELLE TERRE PKWY @ WHIPPOORWILL DRIVE, PALM COAST</b>			
PALM COAST, FL			
FT. _____ M.S. _____ N _____ S _____ E _____ W _____ OF NODE _____			
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION			
<input type="checkbox"/> UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH			
( <input type="checkbox"/> INTERSTATE <input type="checkbox"/> SCHOOL ZONE <input type="checkbox"/> 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"/> SIX (6) MONTHS OR LESS			
<input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT <input type="checkbox"/> EXPIRED DRIVER LICENSE			
<input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE <input type="checkbox"/> EXPIRED TAG SIX (6) MONTHS OR LESS <input type="checkbox"/> MORE THAN SIX (6) MONTHS			
<input type="checkbox"/> NO PROOF OF INSURANCE <input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS <input type="checkbox"/> NO VALID DRIVER LICENSE			
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY <input type="checkbox"/> DRIVING WHILE LICENSE <input type="checkbox"/> DRIVING UNDER THE INFLUENCE			
<input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> SUSPENDED OR REVOKED <input type="checkbox"/> Passenger Under 18 Yrs.			
BAL _____			
OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE			
LEAVING THE SCENE OF A CRASH ON PUBLIC OR PRIVATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PROPERTY WITHOUT RENDERING AID (INVOLVING INJURY) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<input type="checkbox"/> AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE <b>316.027 (2) (A)</b>			
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			
<input checked="" type="checkbox"/> CRIMINAL VIOLATION COURT APPEARANCE REQUIRED AS INDICATED BELOW			
<input type="checkbox"/> INFRACTION COURT APPEARANCE REQUIRED AS INDICATED BELOW			
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT			
CIVIL PENALTY IS \$ <b>N/A</b>			
COURT INFORMATION			
DATE <b>08/28/24</b>			
TIME <b>1769 E. MOODY BLVD., BUILDING #1</b>			
COURT <b>BUNNELL, FL 32110</b>			
LOCATION <b>(386) 313-4353</b>			
ARREST DELIVERED TO <b>FCIF</b> DATE <b>08/28/24</b>			
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 WILL RESULT IN ARREST. IF MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS IF YOU NEED REASONABLE FACILITY TO ACCOMMODATE TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.			
SIGNATURE OF VIOLATOR REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT			
<b>D/S AARON CLAY</b> <b>901</b> NEIGHBORHOOD SERVICES DIVISION			
RANK - NAME OF OFFICER <b>D/S AARON CLAY</b> BADGE NO. <b>901</b> ID NO. <b>901</b> TROOP UNIT <b>901</b>			
I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE			
HSMV 75301 (Rev. 07/12)			

CASE NUMBER: 2024-00074532

## 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	
	BAL 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)	
	PL EA: _____	
	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 _____	