



FLORIDA UNIFORM TRAFFIC CITATION

A14YAZP

COUNTY OF <u>Flagler 61</u>		<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) <u>Palm Coast</u>		AGENCY NAME <u>FCSO</u>	
		AGENCY # _____	
<b>COMPLAINT (RETAINED BY COURT)</b>			
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DATE OF WEEK	MONTH	DAY	YEAR
<u>Sun</u>	<u>11</u>	<u>8</u>	<u>2017</u>
NAME (PRINT) FIRST <u>Thomas</u>		MIDDLE <u>Francis</u>	LAST <u>Randa</u>
STREET <u>68 Lawn TEL</u> IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE			
CITY <u>Palm Coast</u>		STATE <u>FL</u>	ZIP CODE <u>32164</u>
TELEPHONE NUMBER <u>56-264-0834</u>	DATE OF BIRTH <u>10/23/86</u>	AGE <u>31</u>	SEX <u>M</u> HEIGHT <u>5'10"</u>
DRIVER LICENSE NUMBER <u>B530926863936</u>	STATE <u>FL</u>	CLASS <u>E</u>	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE MAKE <u>Chevy</u>	MODEL <u>4d</u>	COLOR <u>Green</u>	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE LICENSE NO <u>766 804</u>	TRAILER TAG NO _____	STATE <u>WV</u>	YEAR TAG EXPIRES <u>2017</u>
UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, I/WE			
<u>Palm Coast Hwy / 795</u>			
MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMPANION CITATION NUMBER(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FT _____ MILES _____ N _____ S _____ E _____ W _____ OF MODE _____			

**DO NOT 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 checked="" type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED	
<input type="checkbox"/> IMPROPER PASSING		

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

REC'D/AM  YES  NO  
 CL. SERVED  YES  NO

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE 322.34(2) SECTION (6)

TAGGED <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
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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 \$ To Be Set **A14YAZP**

COURT INFORMATION

NAME Kim C. Hammond Justice Center

LOCATION 1769 E. Maddy Blvd, Bunnell, FL

ARREST DELIVERED TO Hand delivered DATE 11-5-17

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.

SIGNATURE OF VIOLATOR (PRINT NAME OF VIOLATOR) Thomas Francis Randa SIGNATURE OF OFFICER Charlie

NAME OF OFFICER Charlie ID NO. 21

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE

MSMV 75901 (Rev. 07/12)