



COMPLAINT

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

A740WME

DATE \_\_\_\_\_ COURT ACTION AND OTHER ORDERS \_\_\_\_\_

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF <b>ST. JOHNS</b>		<input type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY OF (IF APPLICABLE) <b>ST. AUGUSTINE</b>		<b>ST JOHNS COUNTY SHERIFFS OFFICE</b>	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON _____ <b>COMPLAINT</b> (RETAINED BY COURT)			
DAY OF WEEK <b>SAT</b>	MONTH <b>12</b>	DAY <b>31</b>	YEAR <b>2016</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (PRINT) FIRST <b>JOSEPH</b>	MIDDLE <b>FARRELL</b>	LAST <b>MULLINS</b>	
STREET <b>1601 N CENTRAL AVE PH1</b>			
CITY <b>FLAGLER BEACH</b>	STATE <b>FL</b>	ZIP CODE <b>32136</b>	
TELEPHONE NUMBER	DATE OF BIRTH MO <b>07</b>	DAY <b>27</b>	YEAR <b>1970</b> RACE <b>W</b> SEX <b>M</b> HGT <b>509</b>
DRIVER LICENSE NUMBER <b>M452486702670</b>	STATE <b>FL</b>	CLASS <b>E</b>	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO YR. LICENSE EXP. <b>2023</b> COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR. VEHICLE <b>2016</b>	MAKE <b>MERZ</b>	STYLE <b>van</b>	COLOR <b>BLK</b> PLACARDED HAZ. MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE LICENSE NO. <b>DDM7989</b>	TRAILER TAG NO.	STATE <b>NC</b>	YEAR TAG EXPIRES <b>2017</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED <b>8200 BLOCK A1A S</b>		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FT. _____ MILES _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____			
<b>DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE.</b> CHECK ONLY ONE OFFENSE EACH CITATION.			

UNLAWFUL SPEED **65** MPH SPEED APPLICABLE **55** MPH  
(  INTERSTATE  SCHOOL ZONE  CONSTRUCTION WORKERS PRESENT )  
SPEED MEASUREMENT DEVICE:  
**RADAR DECATUR GENESIS II SELECT #21009**  
**FORK #193888 35MPH / FORK #194388 50MPH**

<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 WHILE LICENSE SUSPENDED OR REVOKED
<input type="checkbox"/> NO PROOF OF INSURANCE	<input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS	<input type="checkbox"/> DRIVING UNDER THE INFLUENCE
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> Passenger Under 18 Yrs

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:  
**UNLAWFUL SPEED - EXCEEDING SPEED LIMIT (SPEED REQUIRED), ACTUAL SPEED 70 / 55 MPH FRONT APPROACHING MOVING NB**

<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF STATE STATUTE	SECTION <b>316.183(2)</b>	RE-EXAM <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	DL SEIZED <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	

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

**A740WME**

CIVIL PENALTY IS \$ **206.00**

COURT INFORMATION **1/30/2017**

**ST JOHNS COUNTY COURT**  
4010 LEWIS SPEEDWAY  
ST AUGUSTINE, FLORIDA 32084 (904) 819-3600

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 \_\_\_\_\_

VIOLETOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED

VIOLETOR 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 \$ \_\_\_\_\_

VIOLETOR'S FINGERPRINT WHEN APPLICABLE \_\_\_\_\_

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 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 AN APPEARANCE IN COURT)

LE DEPUTY GOLDMAN, JEREMY 10634 SJSO(L)ENF  
RANK - NAME OF OFFICER BADGE NO. ID NO. TROOP / UNIT  
 CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE  
HSMV 75901 (REV. 07/12)