



FLORIDA UNIFORM TRAFFIC CITATION **A6LPT2E**

COUNTY OF FLAGLER (61)	<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) PALM COAST (53)	AGENCY NAME FLAGLER COUNTY SHERIFF'S OFFICE AGENCY # 61303

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUSTIFIED REASONABLE GROUNDS TO BELIEVE AND/OR SHE BELIEVE THAT ON

COMPLAINT
(RETAINED BY COURT)

DAY OF WEEK WED	MONTH 08	DAY 23	YEAR 2017	TIME 01:14	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
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NAME (PRINT) FIRST JACOB	MIDDLE DAVID	LAST REARDON
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STREET
35 KINGSBRIDGE CROSSING DR

CITY ORMOND BEACH	STATE FL	ZIP CODE 32174
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DATE OF BIRTH MO 10 DAY 09 YR 98	RACE W	SEX M	HGT 5-07
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DRIVER LICENSE NUMBER R 6 3 5 4 2 4 9 8 3 6 9 0

STATE FL	CLASS E	EXPIRES 2022	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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VEHICLE YEAR 2005	MAKE HYUN	STYLE 3D	COLOR SIL	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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VEHICLE LICENSE NO BZU1074	TRAILER TAG NO	STATE FL	YEAR TAG EXPIRES 2017	3 OR MORE PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION NAMED
PALM COAST PKWY @ I95 OVERPASS

PALM COAST, FL

FT _____ MILES _____ N _____ S _____ E _____ W _____ OF NOISE _____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION

UNLAWFUL SPEED **84** MPH SPEED APPLICABLE **40** MPH

INTERSTATE SCHOOL ZONE CONSTRUCTION WORKERS PRESENT

SPEED MEASUREMENT DEVICE **STALKER DSR 2X (RADAR) RADAR (SERIAL #: DP15050 UNIT #: M14)**

- | | | |
|--|---|--|
| <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 |
| <input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY | <input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED | BAL _____ |
| <input type="checkbox"/> IMPROPER PASSINGS | | |

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE
MUNICIPAL - SPEEDING/POSTED; FRONT ANTENNA SN:

KC046708; ACTUAL SPEED READING 84 MPH IN A 40 MPH ZONE

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE **SECTION 316.189(1)**

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
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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 \$ **TBD**

COURT INFORMATION **TO BE SET BY CLERK**

DATE **1769 E. MOODY BLVD., BUILDING #1**

COURT **BUNNELL, FL 32110**

LOCATION **(386) 313-4400**

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. 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 (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)
Bret Wood

D/S BRET WOOD **443 CPD/TRAFFIC**

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED.

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 →