0515555 2020CT004592ANB3245

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (N.T.A.'s only): 5 | 4 | 20-001176

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized, Enter Type: NONE

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): N OLD DIXIE HIGHWAY/EYEBALL AVENUE

Location of Offense (Business Name, Address): 1625 N OLD DIXIE HWY/EYEBALL AVE, JUPITER, FL 33469

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/15/2020	22:06	03/15/2020	22:16			

DEFENDANT

Name (Last, First, Middle): BODDEN, ALLISON ALANE

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	08/12/1975	5'05	160	BLUE	BLONDE /	LIGHT	Thin

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S

Religion:

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 140 SEAGRAPE DR 106, JUPITER, FL 33458

Phone: (561) 744-0901

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 140 SEAGRAPE DR 106, JUPITER, FL 33458

Phone: (561) 744-0901

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

D/L Number, State: B350001757920 / FL

S: [redacted]

INS Number:

Place of Birth (City, State): POUGHKEEPSIE, NY,

Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

Name (Last, First, Middle):

Residence Phone:

Address (Street, Apt. Number) (City) (State) (Zip):

Business Phone:

Notified by: (Name)

Date:

Time:

JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name)

Relationship:

Date:

Time:

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

☐ Yes, by: ☐ No

School Attended:

Grade:

Property Crime? ☐ Yes ☒ No

Description of Property:

Value of Property:

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - DAMAGE TO PERSON/PROPERTY	316.193(3)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By:

Released By:

Released To:

Transported By:

Date Transported: / /

Time Transported: : :

Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD

Court Date and Time: 04/15/2020 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

No Photo Available

ADMIN

HOLD for Other Agency:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer:

Name of Arresting Officer (Print): MCGILLICUDDY, STEVEN I.D. #: 1216

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an "X":

Intake Deputy: SPANN I.D. #: 6101 Pouch #:

Transporting Officer: RALEIGH I.D. #: 308 Agency: JUPITE

PAGE 1 OF 1

SCANNED MAR 16 2020

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 20-001176

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
BODDEN, ALLISON ALANE		W	F	08/12/1975

CHARGES

Charge Description	Charge Description
316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
COFFEY, JANETTE ANN	W	F	01/14/1953

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
505 PINEGROVE AVE, JUPITER, FL 33458	(561) 212-7258	

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
UNEMPLOYED		

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody . . .

☒ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 15 day of March, 2020 at 20:25 (Specifically include facts constituting cause for arrest.)

On 3/15/2020 at approximately 2025 hrs I responded to the area of N Old Dixie Highway and Eyeball Avenue in reference to what was originally reported as a hit and run crash. Upon my arrival on scene, I observed a silver Jeep 4X4 bearing FL tag 671-RLJ (VEHICLE-1) disabled in the outside travel lane with major front left damage that appeared to be from a head-on collision. I made contact with the driver and sole occupant, Janette Coffey (VICTIM). Coffey advised me that a sedan had been traveling north bound toward her, swerved into her lane and crashed into her, at which time the vehicle fled north. PBCFR responded to the scene (RUN #31130) and determined that Coffey needed to be transported for her injuries, which they stated were non-serious bodily injury and non-fatal. East Coast Towing responded to the scene to remove the vehicle via motorist assist. While waiting for the tow truck I asked for PFC Farinacci to canvass the area to the north of the crash to look for VEHICLE-1. Shortly after starting his canvass, I heard Farinacci advised he had located a red Honda Accord bearing FL tag GBQ-D18 with major left side damage consistent with my crash, in the parking lot just northwest of the crash.

Upon VEHICLE-2 being removed from the scene I relocated to VEHICLE-1`s location and made contact with the driver, Allison Bodden (DEFENDANT) and front seat passenger Diane Harris (IO-1). PBCFR had responded again by this point in reference to Harris having received facial injuries from the crash. I conducted a crash investigation, during which Bodden advised me that she had pulled out of Eyeball Avenue onto N Old Dixie Highway and crashed, but was unsure as to what had happened. During my personal contact with Bodden I detected a strong odor of unknown alcoholic beverage emitting from her person, which intensified as she spoke. She had red, glassy bloodshot eyes and spoke with slurred speech. Upon PBCFR assessing Bodden I asked Bodden to speak with me near my vehicle.

Once near my vehicle I advised Bodden that my crash investigation was now over and I was

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RALEIGH, ELIZABETH
NOTARY PUBLIC / CLERK OF COURT / ~~OFFICER~~ (F.S.S. 117.10)

03/15/2020
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

03/15/2020
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

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Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
BODDEN, ALLISON ALANE		W	F	08/12/1975

PROBABLE CAUSE STATEMENT

now conducting a criminal DUI investigation. I read Bodden her Miranda rights which she stated she understood. Bodden agreed to participate in field sobriety exercises at this time, the result of which are as follows.

HORIZONTAL GAZE NYSTAGMUS
-Equal pupil size and tracking in both eyes
-Lack of smooth pursuit in both eyes
-Distinct and sustained nystagmus at maximum deviation in both eyes
-Onset of nystagmus prior to 45 degrees in both eyes
-No vertical nystagmus
-6 of 6 clues observed

WALK AND TURN
- Missed heel to toe on five steps
- Stepped off line on step 2
- On sixth step, she refused to continue the exercise. I then read Bodden her Taylor warnings and he stated that she understood. She then refused to continue with exercises.

Based on my investigation and the totality of the circumstances, I have probable cause to believe that Bodden was in actual physical control of a motor vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point where her normal faculties were impaired, and during such vehicular operation did cause a vehicle crash with property damage. I placed her under arrest at 2129 hrs.

Based on the apparent velocity of the crash, I transported Bodden to Jupiter Medical Center for medical clearance, arriving at 2153 hrs. Once inside of the Emergency Room, I was advised by the attending physician that they would be conducting vitals and other tests on Bodden. Due to the fact that the investigation was now coming up on the two hour mark without a clear discharge time, I determined asking for a breath sample to be improbable and impractical. I requested Bodden provide me with a blood sample and she refused. I read her blood implied consent and she refused at 2206 hrs. I then finished my paperwork and transported her to Palm Beach County jail. BWC.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RALEIGH, ELIZABETH
NOTARY PUBLIC / CLERK OF COURT ~~OFFICER~~ (F.S.S. 117.10)

03/15/2020
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

03/15/2020
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

20-001176

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO

BLOOD TEST

I, **Officer MCGILLICUDY**, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of **Jupiter Police Department**, and I do swear
(Name of law enforcement agency)
or affirm that on or about the **15TH** day of **MARCH**, 20 **20**, at **2153** ☑ P.M. ☐ A.M.

DRIVER **ALLISON** **A** **BODDEN**,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **B-350-001-75-792-0**, state of **FLORIDA**, appeared for treatment at a hospital, clinic, or other medical facility pursuant to s. 316.1932(I)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the **15TH** day of **MARCH**, 20 **20**, at **2206** ☑P.M. ☐A.M.
in **Palm Beach** County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege for a period of one (l) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that if he or she holds a CDL, or was operating a CMV, refusal would result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **15TH** day of **MARCH**, 20 **20**, by **Officer MCGILLICUDY 388**, who is personally known to me or who has produced **POLICE IDENTIFICATION** as identification

Notary Public _____

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1002 (REV. 10/16)

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2020008475	**Date:** 03/16/2020
	Specialist Name/ID: T Howard/7185

MCGILLICUDDY (1216) 20001176

FLORIDA DUI UNIFORM TRAFFIC CITATION ADB98GE

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE): JUPITER
☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: JUPITER POLICE
AGENCY #: 54

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	MONTH	DAY	YEAR	
SUNDAY	03	15	2020	10:06 ☐ A.M. ☒ P.M.

NAME (PRINT) FIRST: ALLISON MIDDLE: ALANE LAST: BODDEN
STREET: 140 SEAGRAPE DR - 106 IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶
CITY: JUPITER STATE: FL ZIP CODE: 33458
TELEPHONE NUMBER | DATE OF BIRTH: MO 08 DAY 12 YR 1975 | RACE: W | SEX: F | HGT: 505

DRIVER LICENSE NUMBER: B 3 5 0 0 0 1 7 5 7 9 2 0
STATE: FL | CLASS: E | CDL LICENSE ☐ Y ☒ N | YR LICENSE EXP.: 2021 | COMMERCIAL VEHICLE ☐ YES ☒ NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL
2011	HOND	2D	RED	☐ YES ☒ NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	≥ 16 PASSENGERS
GBQD18		FL	2021	☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 1625 N OLD DIXIE HWY/EYEBALL AVE, — MOTORCYCLE ☐ YES ☒ NO
JUPITER — COMPANION CITATION(S) ☐ YES ☒ NO
FT. _____ MILES _____ ☒ N ☐ S ☐ E ☐ W OF MODE _____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF BREF.

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation): DUI - DAMAGE TO PERSON/PROPERTY | Dui Property — RE-EXAM ☐ YES ☒ NO

AGGRESSIVE DRIVER	PASSENGER < 18 YEARS	STATE STATUTE	SECTION	SUB-SECTION
☐	☐ YES ☒ NO		316.193	(3)(C)(1)

CRASH	DAMAGE TO OTHER PROPERTY	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
☒ YES ☐ NO	☒ YES $ 6,000 ☐ NO	☒ YES ☐ NO	☐ YES ☒ NO	☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE: 04/22/2020 TIME: 08:30 AM ADB98GE
COURT AND LOCATION: NORTH COUNTY GOVERNMENT CENTER
3188 PGA Boulevard PBG, FL 33410

ARREST DELIVERED TO: INMATE PROPERTY DATE: 03/15/2020

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

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☐ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☒ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/ PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON REFUSAL
ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON QUALIFIED

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE OAKLAND PARK BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER — BADGE NO. 380 — ID NO. 5119 — TROOP UNIT

HSMV 75904 (Rev. 10/14)

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 _____
	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 ⟶