

Clerk: 2/7/2020 3:17 PM



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 _____

FLORIDA DUI UNIFORM TRAFFIC CITATION

AD0AVJE

PINELLAS 04		☐ 1 ☐ 2 ☒ 3 ☐ 4 OTHER	
DUNEDIN 38		AGENCY NAME PINELLAS COUNTY SO	
AGENCY #		COMPLAINT (RETAINED BY COURT)	
DAY	MONTH	YEAR	TIME
THU	2	6	2020 03:58
NAME (PRINT LAST)		NAME (PRINT FIRST)	
EDWARD		MICHAEL ARROYO	
ADDRESS			
1668 NANTUCKET CT			
CITY		STATE	ZIP
PALM HARBOR		FL	34683
TELEPHONE NUMBER	DATE OF BIRTH	SEX	WEIGHT
	07 31	91	W M 510
DRIVER LICENSE NUMBER			
A 600233912710			
STATE	CLASS	EXPIRATION DATE	RESTRICTIONS
FL	E	21	☐ 50 ☒ 4
VEHICLE	MAKE	MODEL	COLOR
11	MAZD	4D	SIL
VEHICLE LICENSE NO.	TRAFFIC TAG NO.	YEAR TAG EXPIRES	VEHICLE TYPE
3139QM	FL	2020	☐ 50 ☒ 4
STREET NAME / STREET OR HIGHWAY / OTHER LOCATION NAME			
MAIN ST / PATRICIA AVE			
COMPLAINANT'S SIGNATURE			
☐ 50 ☒ 4			

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 .177 / .180

DUI		SECTION	316.193(1)
☐ IMPROPER DRIVER	☒ 1 ☐ 2	DATE OF VIOLATION	02/27/2020
☐ 1 ☒ 2	☐ 3 ☐ 4	TIME	09:00 AM
☐ 1 ☒ 2	☐ 3 ☐ 4	LOCATION	NORTH COUNTY TRAFFIC COURT

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

02/27/2020 09:00 AM AD0AVJE
NORTH COUNTY TRAFFIC COURT
29582 U.S. 19 NORTH, CLEARWATER, FL 33761

ARRESTED AT PINELLAS COUNTY JAIL DATE 2/6/2020

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.

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 DUI

ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON VALID DL

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 CLEARWATER 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.

DEP. B. WEDE 58882

CASE # SO20-40188 GRID: 219 SPIN: 31027755