



2020-387161

ADLS5LE

COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.

PAY A CIVIL PENALTY IN THE AMOUNT OF \$

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY 03 HILLSBOROUGH		☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER	
CITY (IF) 50 TAMPA		AGENCY NAME TAMPA POLICE DEPARTMENT	
AGENCY # 0350			
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 FRI	MONTH 8	DAY 21	YEAR 2020
2:15 AM			
NAME (PRINT) FIRST ERIC MIDDLE LAST HENRIQUEZ			
STREET 2521 HIGHLAND ST S			
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐			
CITY ST PETERSBURG		STATE FL	ZIP CODE 33705
TELEPHONE NUMBER	DATE OF BIRTH	MO 1	DAY 10
	YR 1995	RACE H	SEX M
	HGT 5' 08"		
DRIVER LICENSE NUMBER	H 5 6 2 2 0 0 9 5 0 1 0 0		
STAT FL	CLASS E	CDL LICENSE ☐ YES ☒ NO	YR LICENSE EXP. 2027
YR VEHICLE 2018		MAKE FORD	STYLE 4D
COLOR GRY		PLACARDED HAZ. MATERIAL ☐ YES ☒ NO	
VEHICLE LICENSE S P R 3 8		TRAILER TAG N	STATE FL
YEAR TAG EXP. 2022		> 16 PASSENGERS ☐ YES ☒ NO	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY PLATT ST W AT MOODY AVE S - TRAVELING W			
MOTORCYCLE ☐ YES ☒ NO			
Companion UTC ☐ YES ☒ NO			
FT _____ MILES ☐ N ☐ S ☐ E ☐ W OF NODE _____			
DID 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:			
☐ CARELESS DRIVING ☐ CHILD RESTRAINT ☐ EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS			
☐ VIOLATION OF TRAFFIC CONTROL DEVICE ☐ SAFETY BELT VIOLATION ☐ EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS			
☐ FAILURE TO STOP AT A TRAFFIC SIGNAL ☐ IMPROPER OR UNSAFE EQUIPMENT ☐ NO VALID DRIVER LICENSE			
☐ IMPROPER LANE CHANGE OR COURSE ☐ EXPIRED TAG SIX (6) MONTHS OR LESS ☐ DRIVING WHILE LICENSE SUSPENDED OR REVOKED			
☐ NO PROOF OF INSURANCE ☐ EXPIRED TAG MORE THAN SIX (6) MONTHS ☐ DRIVING UNDER THE INFLUENCE			
☐ VIOLATION OF RIGHT-OF-WAY ☐ IMPROPER PASSING ☐ Passenger Under 18 Yrs			
BAL _____			
OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:			
- DRIVING IN WRONG DIRECTION ON ONE-WAY ROADWAY			
RE-EXAM ☐ YES ☒ NO			
DL SEIZED ☐ YES ☒ NO			
☐ AGGRESSIVE DRIVING		IN VIOLATION OF STATE STATUTE	SECTION 316.088 SUB-SECTION (2)
CRASH ☐ YES ☒ NO	PROPERTY DAMAGE ☐ YES \$ _____ ☒ NO	INJURY TO ANOTHER ☐ YES ☒ NO	SERIOUS INJURY TO ANOTHER ☐ YES ☒ NO
FATAL ☐ YES ☒ NO			
☐ CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.			
☐ INFRACTION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.			
☒ INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.			
ADLS5LE			
CIVIL PENALTY IS \$163.00			
COURT INFORMATION			
DATE _____ TIME _____			
(WITHIN 30 DAYS) CLERK OF THE CIRCUIT COURT, HILLSBOROUGH COUNTY			
COURT			
800 EAST TWIGGS STREET, ROOM 101 TAMPA FL			
LOCATION			
33602 (813) 276-8100 WWW.HILLSCLERK.COM			
Additional Comments:			

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 _____ RECEIVED AS COURT _____
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE _____ REASON _____
	BOND _____
	WARRANT _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE
	VIOLATOR ARRAIGNED _____ (DATE)
	PLEA: _____
	FINDIN _____
	ADJUDICATIO _____
	SENTENCE: _____ COST _____
	JAILE _____ DAYS
	DRIVER IMPROVEMENT _____
	OTHE _____
	DRIVER LICENSE SUSPENDED OR _____ DAY
	RECOMMEND DRIVER LICENSE _____ DAY
	RECOMMEND RE- _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT)
	APPEAL BOND _____
	VIOLATOR'S FINGERPRINT WHEN →

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

HAND DELIVERED

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)

S. VAN-TREESE 610 49385

RANK-NAME OF OFFICER _____ BADGE NO _____ ID NO _____ TROOP UNIT _____

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

Additional Officer:

POLICE O MICHAEL BRABAND 82 50324

RANK-NAME OF OFFICER _____ BADGE NO _____ ID NO _____ TROOP UNIT _____

