FLORIDA DUI UNIFORM TRAFFIC CITATION

AALGNDE

COUNTY OF: PINELLAS 04	☐ (1) ☐ (2) ☒ (3) ☐ (4)
CITY (IF APPLICA): UNINCORPORATED	AGENCY NAME: PINELLAS COUNTY SO
	AGENCY #:

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

OFFICER - AGENCY COPY

DAY OF WEEK	MONTH	DAY	YEAR	
SUN	12	1	2019	12:32 ☒ AM ☐ PM

NAME (PRINT) FIRST: KATELYN MIDDLE: ANN LAST: CAPPER

STREET: 2233 SPRINGRAIN DR — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X": Â

CITY: CLEARWATER STATE: FL ZIP CODE: 33763

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR	RACE	SEX	HGT
4077667759	07	31	94	W	F	502

DRIVER LICENSE NUMBER: C160501947710

STATE	CLASS	CDL LICENSE	YR. LICENSE E	COMMERCIAL VEHIC
FL	E	☐ Y ☒ N	25	☐ YES ☒ NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATER
19	JEEP	JP	GRY	☐ YES ☒ NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIR	≥ 16 PASSENGERS
NAEZ39		FL	2020	☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: ULMERTON RD / 101ST ST N

MOTORCYCLE: ☐ YES ☒ NO

COMPANION CITATION(: ☐ YES ☒ NO

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ W OF NODE _____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHLIC 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 _____

COMMENTS PERTAINING TO OF (Only one offense each citation) — RE-EXAM: ☐ YES ☒ NO

☐ AGRESSIVE DRIV	PASSENGER < 18 YEA ☐ YES ☒ NO	STATE STATU	SECTION: 316.193(1)	SUB-SECTI

CRASH	DAMAGE TO OTHER PROPE	INJURY TO ANOT	SERIOUS BODILY INJURY TO ANOTHER	FATAL
☐ YES ☒ NO	☐ YES $ _____ ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO

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

12/23/2019 (COURT DAT) 01:30 PM (TIME) AALGNDE

CLERK OF THE COURT

COURT AND LOCATION

14250 49TH ST. N., CLEARWATER, FL 33762

ARREST DELIVERE: PINELLAS COUNTY JAIL DATE: 12/1/2019

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 ACCOMMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK

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

☒ 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

LICENSE SURRENDERE ☒ YES ☐ NO REASON _____

ELIGBLE FOR PERMIT? ☒ YES ☐ NO REASON _____

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 REV

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

DEPUTY L. BLAKE 59881

RANK - SIGNATURE OF OFFICER BADGE N ID NO TROOP UNI

HSMV 75904 (Rev. 10/1

CASE # SO19-384579 GRID: 318 SPIN: 311142959

REPORT OF ACTION ON CASE

VIOLATIONS BUREAU:

Date _____

Amt. of Fine Paid $ _____ Costs $ _____

COURT ACTION:

Date _____ Plea _____

Disposition _____

Amt. of Fine Paid $ _____ Costs $ _____

License Action _____

OFFICER'S NOTES FOR TESTIFYING IN COURT:

PLEASE NOTE FACTS AND CIRCUMSTANCES IN ADDITION TO THOSE CHECKED ON FACE OF COMPLAINT - THAT IS: 1. ANY SPECIFIC ACTION OF VIOLATOR WHICH INCREASED THE HAZARD OF THE VIOLATION; 2. WHERE VIOLATION OBSERVED AND CONTACT MADE; 3. TOTAL DISTANCE TRAVELED DURING PURSUIT; 4. STATEMENTS BY VIOLATOR AND GENERAL ATTITUDE;

SLIPPERY PAVEMENT: ☐ Wet ☐ Rain	CAUSED PERSON TO DODGE: ☐ Driver ☐ Pedestrian	CRASH? ☐ PD ☐ Yes ☐ PI ☐ No ☐ Fatal ☐ Ped. ☐ Vehicle ☐ Hit fixed Object	HIGHWAY TYPE: ☐ 2 Lane ☐ 3 Lane ☐ 4 Lane ☐ 4 Lane Divided
DARKNESS: ☐ Night ☐ Fog ☐ Rain ☐ Unlighted	JUST MISSED CRASH BY APPROX. _____FT.	☐ Right Angle ☐ Head On ☐ Side Swipe ☐ Rear End ☐ Ran off Roadway ☐ Intersection	AREA: ☐ Rural ☐ Residential ☐ School ☐ Industrial ☐ Business
OTHER TRAFFIC PRESENT: ☐ Cross ☐ Oncoming ☐ Pedestrian ☐ Same Direction			

WITNESSES: _____

VEHICLE DEFECTS

Service Brake _____

Parking Brake _____

Headlights _____

Tail Lights _____

Stop Lights _____

Windshield Wiper _____

Horn _____

Tires _____

Other _____