



2021-98532

A8H097E

FLORIDA DUI UNIFORM TRAFFIC CITATION

COUNTY OF HILLSBOROUGH	☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER			
CITY (IF APPLICABLE) 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 ABSTRACT OF COURT RECORD FOR STATE LICENSING AUTHORITY REPORT OF DISPOSITION				
DAY OF WEEK THU	MONTH 3	DAY 4	YEAR 2021	TIME 1:47:00 AM
NAME (PRINT) FIRST STERLING	MIDDLE RVIN	LAST MIKKELSON		
STREET 511 W CLEVELAND ST APT 822 IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☒				
CITY TAMPA	STATE FL	ZIP CODE 33606		
TELEPHONE NUMBER	DATE OF BIRTH MO 3 DAY 3	YR 1988	RACE O	SEX M
DRIVER LICENSE NUMBER	HGT 6' 02"			
1 4 4 7 3 1 7 1 9				
STATE TN	CLASS D	CDL LICENSE ☐ Y ☒ N	YR LICENSE EXP 2028	COMMERCIAL VEHICLE ☐ YES ☒ NO
YR VEHICLE 2015	MAKE AUDI	STYLE 2D	COLOR WHI	PLACARDED HAZARDOUS MATERIAL ☐ YES ☒ NO
VEHICLE LICENSE NO 5V04V2	TRAILER TAG NO	STATE TN	YEAR TAG EXP 2021	2-16 PASSENGERS ☐ YES ☒ NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY E 6TH AVE AT AV REPUBLICA DE CUBA N				
MOTORCYCLE ☐ YES ☒ NO				
COMBINATION CITATIONS ☒ YES ☐ NO				
FT _____ MILES _____ OF NODE _____				

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 FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **0.183**

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation)		RE-EXAM ☐ YES ☒ NO
D.U.I. - W/ BAC OVER .15 OR PASSENGER UNDER 18 Y/O		
AGGRESSIVE DRIVER ☐ YES ☒ NO	PASSENGER < 18 YEARS ☐ YES ☒ NO	STATE STATUTE 316.193
SECTION 316.193		SUB SECTION (4)
CRASH ☐ YES ☒ NO	DAMAGE TO OTHER PROPERTY ☐ YES ☒ NO	INJURY TO ANOTHER ☐ YES ☒ NO
SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☒ NO		FATAL ☐ YES ☒ NO

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

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COURT DATE (TO BE SET)	TIME CLERK OF THE CIRCUIT COURT, HILLSBOROUGH COUNTY
800 EAST TWIGGS STREET	COURT AND LOCATION TAMPA
33602	FL

ARREST DELIVERED TO **HCSO JAIL (ORIENT RD)** DATE **03/04/2021**

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

ARRESTED

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 _____

ELIGIBLE FOR PERMIT? ☐ YES ☒ NO REASON **FL DL SUSP 12/15/18 FR SUSP**

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

RANK-SIGNATURE OF OFFICER **GREGORY** BADGE NO **475** ID NO **50414** TROOP UNIT **BARLAUG**

HSMV 75904 (Rev 10/14)

ELECTRONIC REPORT

FLORIDA DUI
UNIFORM TRAFFIC CITATION REPORT OF DISPOSITION
ABSTRACT OF COURT RECORD FOR
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
MUST BE REPORTED WITHIN 10 DAYS AFTER FINAL ADJUDICATION

I. COURT ACTION

DEFENDANT'S PLEA: (CHECK ONE) ☐ GUILTY ☐ NOT GUILTY ☐ NOLO CONTENDERETRIAL: ☐ 1. JURY ☐ 2. NON-JURY☐ 1. DEFENDANT REPRESENTED BY COUNSEL ☐ 2. DEFENDANT WAIVED COUNSEL

TOTAL FINE AMOUNT _____ TOTAL COURT COSTS _____

VERDICT

CHECK ONLY ONE:

- ☐ 1. GUILTY
- ☐ 6. ESTREATED OR FEITED BOND
- ☐ 9. ADJUDGED DELINQUENT (JUVENILE ONLY)
- ☐ 2. NOT GUILTY
- ☐ 3. DISMISSED
- ☐ 8. NOLLE PROSEQUI
- ☐ A. ADJUDICATION WITHHELD BY JUDGE
- ☐ B. OTHER _____ EXPLAIN _____

SENTENCE

CHECK ONLY WHEN VERDICT IS GUILTY OR ADJUDICATION WITHHELD BY JUDGE.

- ☐ 1. SERVED TIME
- ☐ 2. SENTENCE WITHHELD, DEFERRED OR SUSPENDED PROBATION
- ☐ 4. TRAFFIC SCHOOL
- ☐ 5. FINE AND/OR COSTS
- ☐ 6. LICENSE ACTION ONLY EXPLAIN BELOW
- ☐ 7. OTHER _____ EXPLAIN _____
- ☐ 8. COMMUNITY SERVICE
- ☐ 9. INCARCERATION (AFTER DISPOSITION)

II.

IF ORIGINAL CHARGE IS CHANGED, ENTER CHARGE OF WHICH VIOLATOR WAS CONVICTED. DO NOT MAKE ANY ADDITIONAL CHANGES ON FRONT OR BACK OF THIS CITATION.

ORIGINAL DUI CHARGE CHANGED PER STATE ATTORNEY ☐ YES ☐ NO

III. LOCATION

COUNTY _____

TYPE OF COURT (CHECK BOX)

- ☐ 1. COUNTY
- ☐ 2. CIRCUIT

CITY _____

LOCATION OF TRIAL COURT

PRESIDING JUDGE _____

IV. LICENSE ACTION

☐ COURT RECOMMENDS THE DEPARTMENT SUSPEND DRIVING PRIVILEGE

LENGTH _____

VIOLATIONS CARRYING MANDATORY REVOCATIONS

COURT MAY SPECIFY LENGTH _____ OR CHECK ONE:

- ☐ MINIMUM ☐ MAXIMUM
- ☐ LICENSE PICKED UP BY COURT AND ATTACHED TO THIS REPORT AS REQUIRED BY F.S. 322.25.
- ☐ VIOLATOR'S ABILITY TO DRIVE IS QUESTIONABLE AND COURT RECOMMENDS RE-EXAMINATION.

V. THE DATES BELOW MUST BE ENTERED ON ALL DISPOSITIONS

FINAL ADJUDICATION OR ACTION ON _____ DATE _____

SUBMITTED TO DHSMV ON _____ DATE _____

SIGNATURE OF INDIVIDUAL SUBMITTING REPORT