FLORIDA DUI UNIFORM TRAFFIC CITATION AK9ZQFE

COMPLAINT

COUNTY OF: HILLSBOROUGH
CITY (IF APPLICABLE): UNINCORPORATED H.C.
☐ (1) FHP ☐ (2) P.D. ☒ (3) S.O. ☐ (4) OTHER
AGENCY NAME: HILLSBOROUGH COUNTY SHERIFF'S OFFICE
AGENCY #:

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		
Fri	02	28	2025	01:36	☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: JOHN MIDDLE: JAMES LAST: DOWNUM

STREET: 1314 ALICIA AVE — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶

CITY: TAMPA STATE: FL ZIP CODE: 33604-6406

TELEPHONE NUMBER: 813-215-2673 DATE OF BIRTH MO: 04 DAY: 15 YR: 1991 RACE: W SEX: M HGT: 600

DRIVER LICENSE NUMBER: D550470911350 STATE: FL CLASS: E CDL LICENSE: ☐ Y ☒ N YR. LICENSE EXP.: 2030 COMMERCIAL VEHICLE: ☐ YES ☒ NO

YR. VEHICLE: 2015 MAKE: CHEV STYLE: TK COLOR: GRY PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO

VEHICLE LICENSE NO.: EWTW13 TRAILER TAG NO.: STATE: FL YEAR TAG EXPIRES: 2025 > 16 PASSENGERS: ☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: W SLIGH AVE / N ROME AVE MOTORCYCLE: ☐ YES ☒ NO

COMPANION CITATION(S): ☐ YES ☒ NO

FT. _____ MILES _____ ☐N ☐S ☐E ☐W 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 FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF _____.

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

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

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.

CONTACT COURT FOR COURT DATE AK9ZQFE
COURT DATE TIME

HILLSBOROUGH COURT (10 DAYS)
COURT AND LOCATION

800 E TWIGGS STREET, ROOM 101
TAMPA, FL 33602

ARREST DELIVERED TO: **HILLSBOROUGH COUNTY JAIL (ORIENT I** DATE: **02/28/2025**

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** DUI

ELIGIBLE FOR PERMIT? ☒ YES ☐ NO **REASON** DUI

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 SUPENSION 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 RIGHT SIDE.

DEP **GARNER, W** **257167**
RANK - SIGNATURE OF OFFICER | BADGE NO. | ID. NO. | TROOP UNIT

HSMV 75904 (Rev. 10/14)

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 ⟶