23884843

FLORIDA DUI UNIFORM TRAFFIC CITATION AGY7V6E

COUNTY OF: PALM BEACH | (1) F.H.P ☐ (2) P.D ☐ (3) S.O ☑ (4) OTHER ☐ | AGENCY NAME: PALM BEACH COUNTY SHERIFFS OFFICE
CITY (IF APPLICABLE): UNINCORPORATED | AGENCY #: 0000

IN THE COUNT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON | ABSTRACT OF COURT RECORDS FOR STATE LICENSING AUTHORITY REPORT OF DISPOSITION

DAY OF WEEK	MONTH	DAY	YEAR	TIME
THU	6	29	2023	9:58:00 PM

NAME (PRINT) FIRST: MELISSA | MIDDLE: THOMAS | LAST: KEEFER

STREET: 4168 SAINT ANDREWS DR | IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐

CITY: BOYNTON BEACH | STATE: FL | ZIP CODE: 33436

TELEPHONE NUMBER | DATE OF BIRTH: MO 1 DAY 17 YR 1968 | RACE: W | SEX: F | HGT: 5' 06"

DRIVER LICENSE NUMBER: K 1 6 0 5 5 8 8 6 6 5 1 7 0 | STATE: FL | CLASS: E | CDL LICENSE: Y ☑ N ☐ | YR LICENSE EXP: 2028 | COMMERCIAL VEHICLE: YES ☐ NO ☑

YR VEHICLE: 2020 | MAKE: AUDI | STYLE: UT | COLOR: GRY | FLAMMABLE HAZARDOUS MATERIAL: YES ☐ NO ☑

VEHICLE LICENSE NO: PGRU54 | TRAILER TAG NO | STATE: FL | YEAR TAG EXP: 2024 | 2 OR MORE VEHICLES: YES ☐ NO ☑

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: W WOOLBRIGHT RD 20 FEET E FROM S MILITARY TRL
26.511748 -80.123330 | MOTORCYCLE: YES ☐ NO ☑ | COMMERCIAL CONSTRUCTION: 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 (CDL and others) | REFUSAL: YES ☑ NO ☐

D.U.I. - DRIVING UNDER THE INFLUENCE(MISDEMEANO

DISCRETIONARY DRIVER: YES ☐ NO ☐ | PASSENGER < 18 YEARS: YES ☐ NO ☑ | STATE STATUTE | SECTION: 316.193 | SUB SECTION: (1)

CRASH: YES ☐ NO ☑ | DAMAGE TO OTHER PROPERTY: YES ☐ $ _____ NO ☑ | INJURY TO ANOTHER: YES ☐ NO ☑ | PERSON KILLED INJURY TO ANOTHER: YES ☐ NO ☑ | FATAL: YES ☑ NO ☐

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

07/27/2023 (COURT DATE) 08:30 AM (TIME) AGY7V6E

SOUTH COUNTY COURTHOUSE (COURT AND LOCATION) 200 W ATLANTIC AVE DELRAY BEACH 33444 FL

ARREST DELIVERED TO: PALM BEACH COUNTY JAIL DATE: 08/30/2023

I AGREE AND PROMISE TO COMPLY AND APPEAR TO THE CHARGES AND INSTRUCTIONS RECORDED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE DOES 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 _____

ELIGIBLE FOR PERMIT? ☑ YES ☐ NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 30TH DAY FOLLOWING THE DATE OF SUSPENSION.
AT THE LAUDERDALE LAKES DRIVER LICENSE OFFICE OR ST. ANDREWS 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	BADGE NO	ID NO	TROOP UNIT
K BARRERAS	36798	36798	D6

HSMV 73984 (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 CONTENDERE

TRIAL: ☐ 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 FETED BOND
☐ 9 ADJUDGED DELINQENT (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
☐ 3 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 _____

CITY _____ LOCATION OF TRIAL COURT

PRESIDING JUDGE _____

TYPE OF COURT (CHECK BOX)
☐ 1 COUNTY
☐ 2 CIRCUIT

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

NOT A CERTIFIED COPY

SCANNED
JUN 30 2023