FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **A9WZNPE**

County: **PALM BEACH** County Code: **06**
City: **LAKE WORTH,62** City Code: **62**
Date/Time: **Tue 06/19/2018 09:34 AM** Agency Type: **SO**

VIOLATOR

First Name: **HANNAH** Middle:
Last: **SYME** DOB: **12/12/1985**
Address: **926 N L ST**
City: **LAKE WORTH** State: **FL** Zip: **33460**
Telephone: Race: **W** Sex: **F** Hgt: **5'6"**
DL #: **NONE** DL State: Lic. Expires:
CDL: **N** Ethnicity: **NH** Class: Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2007** Veh. Tag: **HCF4779**
Color: **BLU** Trailer Tag:
Make: **NISS** Yr. Tag Expires: **19** State: **NY**
Style: **4D**
Comm. Mtr. Veh.: **N** Plac. Haz. Mat: **N**
>= 16 Passengers: **N** Motorcycle: **N**

LOCATION

Upon a Public Street or Highway or Other Location Namely:
6TH AVE N/S DIXIE HWY LAKE WORTH,FL

Located Ft. Miles **S** Of Node

VIOLATION

Did unlawfully commit the following Offense, In violation of State Statute,
REGISTRATION - NOT CARRIED AND EXHIBITED 320.0605

Speed - Enhanced Penalty Zone: **N**
Unlawful Speed: Posted Speed:
Crash: **N** Prop. Dam.: **N** Prop. Dam. Amt.: Aggressive Driv: **N**
Injury: **N** Ser. Injury: **N** Fatal: **N** Red Light/Stop Sign: **N**
Companion Citation Number(s):
Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled Substances, Driving/Actual Physical Control While Impaired, or Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal.:

COURT INFORMATION

Infraction, Court NOT Required

Court Date:
Court Time:
Civil Penalty: **116.00**

Arrest Delivered To:
On:

SIGNATURE

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.

Signature of Defendant: x _____

Signature of Officer: _____

☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE
Officer name: **D/S. H. BUREY** Officer ID: **7576**
Case number: Troop/Unit: **MOTORS** Misc:
Agency Name: **PALM BEACH SHERIFF'S OFFICE**
Agency #:

NOT A CERTIFIED COPY

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