



15

FLORIDA DUI UNIFORM TRAFFIC CITATION

A1006XP

COUNTY OF <u>PALM BEACH</u>		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		AGENCY NAME <u>PBSO</u>	
		AGENCY # <u>0662</u>	
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 <u>THU</u>	MONTH <u>03</u>	DAY <u>30</u>	YEAR <u>17</u>
		TIME <u>11:26</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
NAME (PRINT) FIRST <u>LEONARDO</u>		MIDDLE <u></u>	LAST <u>GRACIA</u>
STREET <u>105 PARKWOOD DR</u>			
CITY <u>RPB</u>		STATE <u>FL</u>	ZIP CODE <u>33411</u>
TELEPHONE NUMBER		DATE OF BIRTH <u>5/10/74</u>	RACE <u>WM</u>
		SEX <u>M</u>	HGT <u>509</u>
DRIVER LICENSE NUMBER <u>G620520791700</u>		STATE <u>FL</u>	CLASS <u>E</u>
		CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YR. LICENSE EXP. <u>24</u>
YR. VEHICLE <u>2015</u>		MAKE <u>Dodge</u>	STYLE <u>SUV</u>
		COLOR <u>RED</u>	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE LICENSE NO. <u>HSE6D</u>		TRAILER TAG NO. <u>5</u>	YEAR TAG EXPIRES <u>17</u>
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <u>OKEECHEE BLVD & F ROAD</u>		2-16 PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		COMPANION CITATION(S) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
FT. _____ MILES _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 0.15

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation)

RE-EXAM
☐ YES ☒ NO

<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STATE STATUTE	SECTION <u>316.19(1)</u>	SUB-SECTION
CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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

COURT DATE <u>4/26/17</u>	TIME <u>8:20 AM</u>	COURT AND LOCATION <u>3188 PLA BLVD</u>	A1006XP
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ARREST DELIVERED TO PBSO DATE _____

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 WILL RESULT IN ARREST. 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 VIOLATOR [Signature]

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. 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 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE CANTATA BUREAU OF ADMINISTRATIVE REVIEWS 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 DUH-RELATED OFFENSE. SEE REVERSE SIDE.

SIGNATURE OF OFFICER [Signature] BADGE NO. _____ ID. NO. _____ TROOP UNIT _____

HSMT-76004 (Rev. 7/13)

STEPHAN 7040

15850-17-05851

NOT

SCANNED
APR 25 2017