



A7KPXTE

COMPLAINT

WHEN PRESENTED TO THE VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.

PAY A CIVIL PENALTY IN THE AMOUNT OF \$

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

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF PALM BEACH		<input checked="" type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY OF (IF APPLICABLE)		FLORIDA HIGHWAY PATROL	
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 TUE	MONTH 03	DAY 21	YEAR 2017
NAME (PRINT) FIRST MICHELLE		MIDDLE ANN	LAST WEINMAN
STREET 24 FLORES WAY			
CITY PORT SAINT LUCIE		STATE FL	ZIP CODE 34962
TELEPHONE NUMBER	DATE OF BIRTH MO 07 DAY 02	YEAR 1991	RACE W SEX F HGT 503
DRIVER LICENSE NUMBER W550641917420	STATE FL CLASS E CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO YR LICENSE EXP 2022 COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
YR VEHICLE 1997	MAKE STRN	STYLE 4D	COLOR GLD
VEHICLE LICENSE NO GRFS40	TRAILER TAG NO	STATE FL	YEAR TAG EXPIRES 2017
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY SR9N N OF SR706		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" 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 FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION			

☐ UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
(☐ INTERSTATE ☐ SCHOOL ZONE ☐ CONSTRUCTION WORKERS PRESENT)
SPEED MEASUREMENT DEVICE:

- | | | |
|--|---|--|
| <input type="checkbox"/> CARELESS DRIVING | <input type="checkbox"/> CHILD RESTRAINT | <input type="checkbox"/> EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS |
| <input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE | <input type="checkbox"/> SAFETY BELT VIOLATION | <input type="checkbox"/> EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS |
| <input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL | <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT | <input type="checkbox"/> NO VALID DRIVER LICENSE |
| <input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE | <input type="checkbox"/> EXPIRED TAG SIX (6) MONTHS OR LESS | <input checked="" type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED |
| <input type="checkbox"/> NO PROOF OF INSURANCE | <input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS | <input type="checkbox"/> DRIVING UNDER THE INFLUENCE |
| <input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY | <input type="checkbox"/> IMPROPER PASSING | <input type="checkbox"/> Passenger Under 18 Yrs |

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE

OPERATING WHILE DL SUSPENDED / CANCELLED / REVOKED (SPECIFY REASON) IF NO PRIOR FORCIBLE F. 4/28/16, POINTS (12/12), FR 5/9/16 FTP - COURT REQ MET, FEE REQ

<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF STATE STATUTE	SECTION 322.34(10)(a)	SUB-SECTION
CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROPERTY DAMAGE <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			
<input checked="" type="checkbox"/> CRIMINAL VIOLATION COURT APPEARANCE REQUIRED AS INDICATED BELOW			
<input type="checkbox"/> INFRACTION COURT APPEARANCE REQUIRED AS INDICATED BELOW			
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT			

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CIVIL PENALTY IS \$

COURT INFORMATION DATE **4/12/2017** TIME **10:00 AM**

PALM BEACH NORTH COUNTY COURTHOUSE

3188 PGA BLVD.

PALM BEACH GARDENS, FL 33410

561-624-6608

ARREST DELIVERED TO 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 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 (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES AN APPEARANCE IN COURT)

TROOPER P.L. CROY

0304

L

RANK - NAME OF OFFICER

BADGE NO

ID NO

TROOP / UNIT

☐ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE

HSMV 75901 (REV. 07/12)