



FLORIDA DUI UNIFORM TRAFFIC CITATION **A6LPZZE**

COUNTY OF PALM BEACH		<input type="checkbox"/> (1) F.H.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) BOCA RATON 06/32		AGENCY NAME BOCA RATON POLICE	
		AGENCY #	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
SUMMONS (VIOLATOR'S COPY)			
DAY OF WEEK MONDAY	MONTH 12	DAY 04	YEAR 2017 12:17 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (PRINT) FIRST BRYAN	MIDDLE C	LAST DAVIES	
STREET 31 TERRY LANE			
CITY PLAINVILLE		STATE MA	ZIP CODE 02762
TELEPHONE NUMBER	DATE OF BIRTH MO 09 DAY 22 YR 1975	RACE W	SEX M HGT 600
DRIVER LICENSE NUMBER S 2 0 5 5 1 5 9 7	STATE MA CLASS D CDL LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	YR LICENSE EXP. 2016	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR VEHICLE 2007 MAKE JEEP STYLE 2D COLOR BLU	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE LICENSE NO. 34TF91 TRAILER TAG NO. STATE MA YEAR TAG EXPIRES 2018	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY 2066 N OCEAN BLVD, BOCA RATON		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 checked="" 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

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation) **DUI** RE-EXAM YES NO

<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER <input type="checkbox"/> 1-3 YEARS <input checked="" type="checkbox"/> 18 YEARS	STATE STATUTE	SECTION 316.193 SUB-SECTION (1)
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.

01/08/2018 **08:30 AM** **A6LPZZE**
COURT DATE TIME
SOUTH COUNTY COURTHOUSE
200 W ATLANTIC AVE, DELRAY BCH, FL 33444

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. 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 **NOT CARRYING**
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 **LANTANA 33462-1516** 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 DUI-RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER _____ BADGE NO. _____ ID NO. _____ TROOP UNIT _____
HSMV 15904 (Rev. 10/14)

SCANNED
DEC 04 2017