



Clerk: 2/25/2021 2:45 PM

FLORIDA UNIFORM TRAFFIC CITATION

AE3BVUE

COUNTY OF PINELLAS 04	<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 OF (IF APPLICABLE)	AGENCY NAME PINELLAS COUNTY SO
AGENCY #	

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 THU	MONTH 2	DAY 18	YEAR 2021	TIME 02:55	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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NAME (PRINT) FIRST ROBERT	MIDDLE ALLEN	LAST HOLZAEFEL
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STREET **4604 SWORDFISH DR** IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE

CITY BRADENTON	STATE FL	ZIP CODE 34208
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TELEPHONE NUMBER 941-264-6323	DATE OF BIRTH MO 06 DAY 03 YEAR 87	RACE W	SEX M	HGT 510
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DRIVER LICENSE NUMBER **H 421761872030**

STATE FL	CLASS E	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YR. LICENSE EXP. 21	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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YR. VEHICLE 02	MAKE FORD	STYLE TK	COLOR WHI	PLACARDED HAZ. MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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VEHICLE LICENSE NO IV76LC	TRAILER TAG NO	STATE FL	YEAR TAG EXPIRES 2022	% IF PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY **EAST LAKE RD / FORELOCK RD**

MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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FT _____ MILES _____ N S E 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 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 16 Yrs |

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE **DWLS - WHILE DL SUSP/CANCELLED/REVOKED CAUSING DEATH OR SERIOUS BODILY INJURY, FELONY**

RE-EXAM YES NO
DL SEIZED YES NO

AGGRESSIVE DRIVING IN VIOLATION OF _____ SECTION **322.34(6)(B)** SUB-SECTION _____

CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY DAMAGE <input checked="" type="checkbox"/> YES \$1000 <input type="checkbox"/> NO	INJURY TO ANOTHER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FATAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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CRIMINAL VIOLATION - COURT APPEARANCE REQUIRED, AS INDICATED BELOW

INFRACTION - COURT APPEARANCE REQUIRED, AS INDICATED BELOW

INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT

CIVIL PENALTY IS _____

COURT INFORMATION **AT THE CALL OF THE COURT**

NORTH COUNTY TRAFFIC COURT DATE _____ TIME _____

29582 U.S. 19 NORTH COURT

CLEARWATER, FL 33761 LOCATION

Additional Comments _____

ARREST DELIVERED TO **PCJ** DATE **2/18/2021**

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 APPEARANCE IN COURT)
DETECTIVE J. SYERS **54876**

Rank - Name Of Officer _____ Badge No. _____ ID No. _____ Troop/Unit _____

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE

Additional Officer _____

Rank - Name Of Officer _____ Badge No. _____ ID No. _____ Troop/Unit _____

HS/MV 75901 (Rev. 06/11)

CASE # **SO21-45061** GRID: **47** SPIN: **02056142**