



FLORIDA UNIFORM TRAFFIC CITATION

AE3BVVE

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 03:07 <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
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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	≥ 16 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

FT _____ MILES _____	<input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	OF NODE _____
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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 18 Yrs

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: FLEE/ELUDE OFFICER- AFTER CRASH, SBI OR DEATH (REV INDEFINITE/MIN INCARCERATION OF 3 YRS)	RE-EXAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DL SEIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF _____	SECTION 316.1935(4)(B)	SUB-SECTION
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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.

AE3BVVE

CIVIL PENALTY IS _____

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

NORTH COUNTY TRAFFIC COURT	DATE _____	TIME _____
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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 ADMSSION 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 _____

Clerk: 2/25/2021 2:45 PM