



**COMPLAINT**

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.  
 PAY A CIVIL PENALTY IN THE AMOUNT OF \$ \_\_\_\_\_

**FLORIDA UNIFORM TRAFFIC CITATION**

**AGE6RVE**

COUNTY OF <b>PINELLAS 04</b>		<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) <b>UNINCORPORATED</b>		AGENCY NAME <b>PINELLAS COUNTY SO</b>	
AGENCY # _____		COMPLAINT (RETAINED BY COURT)	
DAY OF WEEK <b>FRI</b>	MONTH <b>9</b>	DAY <b>22</b>	YEAR <b>2022</b>
NAME (PRINT) FIRST <b>JUAN</b>		MIDDLE <b>ARIEL</b>	LAST <b>MOLINA-SALLES</b>
STREET <b>3012 N ALBANY AVE</b>			
CITY <b>TAMPA</b>		STATE <b>FL</b>	ZIP CODE <b>33607</b>
TELEPHONE NUMBER	DATE OF BIRTH <b>05 06 90</b>	RACE <b>H</b>	SEX <b>M</b>
DRIVER LICENSE NUMBER <b>NODL</b>			
YR. VEHICLE <b>19</b>	MAKE <b>CAT</b>	STYLE <b>TRK</b>	COLOR <b>YEL</b>
VEHICLE LICENSE NO.		TRAILER TAG NO.	STATE
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>1275 SB LANES NEAR EXIT 30</b>		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FT _____ MILES _____		DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.	
<input type="checkbox"/> UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH			
<input type="checkbox"/> INTERSTATE <input type="checkbox"/> SCHOOL ZONE <input type="checkbox"/> 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	

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
	RECOMMENDED 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 _____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:  
**CRASH - LEAVING SCENE ON PUBLIC/Private PROPERTY WITHOUT RENDERING AID (DEATH)(FELONY)**

RE-EXAM  YES  NO  
 DL SEIZED  YES  NO

AGGRESSIVE DRIVING IN VIOLATION OF SECTION **316.027(2)(C)** SUB-SECTION \_\_\_\_\_

CRASH PROPERTY DAMAGE INJURY TO ANOTHER SERIOUS BODILY INJURY TO ANOTHER FATAL  
 YES  NO  YES  NO  YES  NO  YES  NO  YES  NO

CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.  
 INFRACTION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.  
 INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

**AGE6RVE**

CIVIL PENALTY IS \_\_\_\_\_

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

DATE \_\_\_\_\_ TIME \_\_\_\_\_

CLERK OF THE COURT \_\_\_\_\_ COURT \_\_\_\_\_

14250 49TH ST. N. LOCATION \_\_\_\_\_

CLEARWATER, FL 33762

Additional Comments:

ARREST DELIVERED TO **PINELLAS COUNTY JAIL** DATE **9/23/2022**

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)  
**A. ORLOWSKI** 58794

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  
 HSMV 75901 (Rev. 06/19)  
**CASE # SO22-305584 GRID: 426 SPIN: 310277501**

**OFFICER'S WORKSHEET**

**TO AVOID UNNECESSARY COURT APPEARANCES  
GIVE COMPLETE INFORMATION**

Name: JUAN ARIEL MOLINA-SALLES

Citation No. AGE6RVE

Criminal Offense X Infraction \_\_\_\_\_

Investigative Costs \$ 5750

Attitude POLITE Drinking No Acc. Yes

Liability Insurance No Est. of Damages \$ N/A

Remarks to the Court:

SEE PCSO CASE# SO22-305232

Re-exam: False Reason: \_\_\_\_\_

**REQUEST FOR INVESTIGATIVE COST RECOVERY  
CRIMINAL TRAFFIC ONLY**

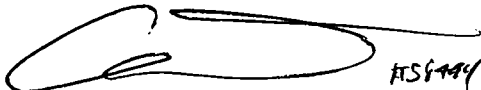
The PINELLAS COUNTY SO (law enf. agency) requests and has documented investigative costs amounting to \$ 5,750.00, which have been incurred as a direct result of investigating this case. The above referenced law enf. agency requests in accordance with Florida State Statute 938.27, "Judgment for Costs on Conviction" that this amount be included and entered in judgment rendered against the defendant(s).

Date	Officer	Hours	X	Pay Rate	Cost
09/22/22	ORLOWSKI	15.00		25.00	375.00
09/22/22	SYERS	15.00		25.00	375.00

Other Describe: HOMICIDE & MAIT #####

Continuation Sheets \_\_\_\_\_

Total #####



\_\_\_\_\_  
Officer

COURT

Witnesses:

Law Enforcement Officers & Agency

Civilian Witnesses

Name \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Add. \_\_\_\_\_

Home Phone \_\_\_\_\_

Bus. or other contact \_\_\_\_\_

Bus. or contact add. \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Add. \_\_\_\_\_

Home Phone \_\_\_\_\_

Bus. or other contact \_\_\_\_\_

Bus. or contact add. \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Add. \_\_\_\_\_

Home Phone \_\_\_\_\_

Bus. or other contact \_\_\_\_\_

Bus. or contact add. \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Add. \_\_\_\_\_

Home Phone \_\_\_\_\_

Bus. or other contact \_\_\_\_\_

Bus. or contact add. \_\_\_\_\_

Phone \_\_\_\_\_

Use additional work sheet if more witnesses.