




FLORIDA UNSAFE DRIVING CITATION

IN THE DOMECILE DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT THEY HAVE JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON		COMPLAINT (RETAINED BY TEEN SAFETY ADVOCATE)		
DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM			
FIRST NAME	MIDDLE	LAST		
STREET ADDRESS				
CITY	STATE	ZIP		
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMEDLY				
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Made a left turn on red <input type="checkbox"/> Made a U-turn in a "No U-turn" zone <input type="checkbox"/> Exceeded posted speed limit by 10 mph or more <input type="checkbox"/> Answered a call or sent a text while driving <input type="checkbox"/> Took hands off the wheel to get something in back seat or purse <input type="checkbox"/> Performed any grooming tasks (apply makeup, comb beard, etc.) <input type="checkbox"/> Tailgating the car in front of them </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Getting angry or exhibiting road rage (yelling, hand gestures, rage-honking) <input type="checkbox"/> Harsh or sudden braking - anything that causes passengers to abruptly stop <input type="checkbox"/> Any usage of a phone while travelling through a School Zone or Work Zone <input type="checkbox"/> Failed to "move over" a lane or reduce speed for stopped emergency vehicles, work crews, or law enforcement. <input type="checkbox"/> Other _____ </td> </tr> </table>			<input type="checkbox"/> Made a left turn on red <input type="checkbox"/> Made a U-turn in a "No U-turn" zone <input type="checkbox"/> Exceeded posted speed limit by 10 mph or more <input type="checkbox"/> Answered a call or sent a text while driving <input type="checkbox"/> Took hands off the wheel to get something in back seat or purse <input type="checkbox"/> Performed any grooming tasks (apply makeup, comb beard, etc.) <input type="checkbox"/> Tailgating the car in front of them	<input type="checkbox"/> Getting angry or exhibiting road rage (yelling, hand gestures, rage-honking) <input type="checkbox"/> Harsh or sudden braking - anything that causes passengers to abruptly stop <input type="checkbox"/> Any usage of a phone while travelling through a School Zone or Work Zone <input type="checkbox"/> Failed to "move over" a lane or reduce speed for stopped emergency vehicles, work crews, or law enforcement. <input type="checkbox"/> Other _____
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X VIOLATOR SIGNATURE				
X ISSUER SIGNATURE	I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION			
	ISSUER NAME			

