

AS
JAN 25 2010
F10002535



FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **8663-RQJ 6**

County: **MIAMI-DADE** County Code: **01**
City: **MIAMI** City Code: **068**
Date/Time: **MON 01/04/2010 08:05 PM** Agency Type: **PD**

VIOLATOR

First Name: **TYRESE** Middle: **DARNELL**
Last: **GIBSON** DOB: **12/30/1978**
Address: [REDACTED]
City: [REDACTED]
Telephone: [REDACTED] Race: [REDACTED] Sex: **M** Hgt: **601**
DL #: [REDACTED] DL State: **CA** Lic. Expires: **2014**
CDL: **N** Ethnicity: [REDACTED] Class: [REDACTED] Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2008** Veh. Tag: **DELEON**
Color: **SIL** Trailer Tag:
Make: **DODG** Yr. Tag Expires: **2007** State: **CT**
Style: **4D**
Comm. Mtr. Veh.: **N** Plac. Haz. Mat: **N**

LOCATION

Upon a Public Street or Highway or Other Location Name/ly:
BISCAYNE BLVD AND NE 10 STREET

Located **FL** Miles **8** Of Node

VIOLATION

Did unlawfully commit the following Offense, in violation of State Statute,
CRASH - LEAVING THE SCENE ON PUBLIC OR PRIVATE PROPERTY - INJURY 318.027(1)(A)

Actual Speed: [REDACTED] Posted Speed: [REDACTED] Companion Cr:
Crash: **Y** Prop. Dam.: **N** Prop. Dam. Arat: [REDACTED] Aggressive Dr:
Injury: **Y** Ser. Injury: **N** Fatal: **N** Red Light/Stop Sign: [REDACTED]

Driving Under the Influence of Alcohol, Beverages, Chemical, or Controlled Substances, Driving/Actual Physical Control While Impaired, or Driving/Actual Physical Control with Unlawful Blood/Urine/Alcohol Level Sat.

COURT INFORMATION

CRIMINAL VIOLATION, COURT REQUIRED
SEE MAILER
WWW.MIAMI-DADECLERK.COM
Court Date:
Court Time:
Fine:
Arrest Delivered To:
On:

SIGNATURE

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.

Signature of Defendant: **x**
Signature of Officer: [Signature]
Officer name: **VILLAFANA** Officer ID: **27428**
Case number: [REDACTED] Misc:
Agency Name: **MIAMI POLICE**