New York State - Department of Motor Vehicles					
	NIFORM TRAFFIC TICK	K ET CE AGENCY		TO PLEAD BY MAIL (NOT TO BE USED FOR MISDEMEANORS OR FELONIES)	
WS99DJMFKN			ENT		
To be completed by Police Officer and given to Motorist ROCHESTER POLICE DEPARTMENT Local Police Code			CINI		
21-192498		la.	- If you are pleading "GUILTY" by mail, place an "X" through SECTION B, then complete and sign SECTION A.		
Last Name(Defendant) MCWAY First Name M.I. TONIA M.I.			M.I. L	- If you are pleading "NOT GUILTY" by mail, place an "X" through SECTION A,	
Number and Street Apt. No. Photo Lic Shown				then complete and sign SECTION B.	
City State Zip Code Owner Oper. Lic. Class				- Mail this form to the Court noted on this ticket by Registered, Certified, or First Class Mail, with Return Receipt Requested.	
NONE			- DO NOT use this form for Misdemeanors or Felonies or for a third or subsequent		
Client ID Number		Sex Date Expires 9/1/2021		speeding violation in an 18 month period, instead you must appear in the Court noted on this ticket in person.	
Lic. State Date of Birth Veh. Type 1	Year Make CHEV		Color WH	- If the Court denies your plea, you will be notified by mail to appear in the Court	
	Registration Expires		, vvii	noted on the front of this ticket.	
THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS				SECTION A - PLEA OF GUILTY	
THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS					
Time Date of Offense IN VIOLATION OF NYS V AND T LAW			To the Court listed on the other side of this ticket:		
Section Sub Section	~ ~	Felony MPH	MPH Zone	residing at	
1163B	(⊛ ()	0		have been charged with the violation as specified on the other side of this ticket. I acknowledge receipt of the warning printed in bold type on the other side of this ticket,	
Description of Violation INSUFF TURN SIG - LESS THAN 100' US DOT#				and I waive arraignment in open court and the aid of an Attorney. I plead GUILTY to the offense as charged and request that this charge be disposed of and a fine or	
				penalty fixed by the court.	
		CDL Veh	Bus Haz Mat	Additionally, I make the following statement of explanation (optional):	
		0	0 0	, , , , , , , , , , , , , , , , , , , ,	
Place of Occurrence REYNOLDS/CLIFTON		Hwy. No.	Loc. Code 2801		
	County MONROE	Hwy. Type 6	NCIC/ORI 02701	All statements are made under novelty of parity v	
AFFIRMED UNDER PENALTY OF PERJURY	MONIOL	Date Affirmed	Off Assign	All statements are made under penalty of perjury:	
09/01/2021			Date: Signed		
Arrest Type 1 - PATROL			SECTION B - PLEA OF NOT GUILTY		
(Officer's Signature) Badge/Shield 2878				The following notice applies to you if the officer did not issue you a supporting	
Officer's Last Name WALSH First Name B				deposition with your ticket. NOTICE: YOU ARE ENTITLED TO RECEIVE A SUPPORTING	
				DEPOSITION FURTHER EXPLAINING THE CHARGES PROVIDED	
				YOU REQUEST SUCH SUPPORTING DEPOSITION WITHIN THIRTY (30) DAYS FROM THE DATE YOU ARE DIRECTED TO RESPOND TO	
				THE COURT NOTED ON THE OTHER SIDE OF THIS APPEARANCE	
Radar Officer's Signature				TICKET. DO YOU REQUEST A SUPPORTING DEPOSITION?	
THIS MATTER IS SCHEDULED TO BE HANDLED ON THE APPEARANCE DATE BELOW				Yes No SUPPORTING DEPOSITION PROVIDED WHEN THIS TICKET WAS	
ROCHESTER TRAFFIC VIOLATIONS AGENCY				ISSUED?	
Address				NO () SPEEDING (Gen 101) () GENERAL (Gen 101A) (
200 E. MAIN ST., SUITE B-002				` , ,	
ROCHESTER	N		604	Signature	
RETURN BY MAIL BEFORE OR IN PERSON ON: Date Time 9/16/2021 9:00 AM			- National Property of the Pro		
MUST APPEAR IN PERSON ON:					
A PLEA OF GUILTY TO	THIS CHARGE	- IS			
EQUIVALENT TO A CONVICTION AFTER TRIAL. IF				City State Zip Code	
YOU ARE CONVICTED, NOT ONLY WILL YOU BE				NOTE: Mail this NOT GUILTY Plea within 48 hours. The court will notify you by First Class Mail of your appearance date.	
LIABLE TO A PENALTY, BUT IN ADDITION YOUR LICENSE TO DRIVE A MOTOR VEHICLE OR MOTORCYCLE, AND YOUR CERTIFICATE OF REGISTRATION, IF ANY, ARE SUBJECT TO SUSPENSION AND REVOCATION AS PRESCRIBED				, , , , , , , , , , , , , , , , , , , ,	
				APPLICANTS UNDER 18 YEARS OF AGE MUST SUBMIT NAME AND ADDRESS OF PARENT OR GUARDIAN BELOW.	
				Name of Parent or Guardian	
BY LAW.				Address	
DI LATT.				State Zip Code	
Conviction may subject you to a mandatory surcharge and/or Driver Responsibility Assessment as prescribed by law.				City ————————————————————————————————————	
Your failure to respond may result in a warrant for your arrest or suspension of your driver's license and/or a default judgement against you.				UTD-1.7 (4/02)	

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