

UNIFORM TRAFFIC TICKET

POLICE AGENCY

WS99DP93WB

To be completed by Police Officer
and given to Motorist

ROCHESTER POLICE DEPARTMENT

Local Police Code
21-227944

Last Name(Defendant)

HEARD

First Name

ROBERT

M.I.

J

Number and Street

Apt. No.

Photo Lic Shown

City

State

Zip Code

Owner Oper.

Lic. Class

Client ID Number

Sex

M

Date Expires

12/20/2028

Lic. State

NY

Date of Birth

Veh. Type

1

Year

2007

Make

CHEV

Color

RD

Plate Number

Reg. State

NY

Registration Expires

8/12/2023

THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS

Time

5:28 PM

Date of Offense

10/14/2021

IN VIOLATION OF

NYS V AND T LAW

Section Sub Section

1163B

Tr Inf

Misd

Felony

MPH

MPH Zone

Description of Violation

INSUFF TURN SIG - LESS THAN 100'

US DOT#

CDL Veh

Bus

Haz Mat

Place of Occurrence

600 DEWEY AVE

Hwy. No.

Loc. Code

2801

C/T/V Name

ROCHESTER, CITY OF - 2801

County

MONROE

Hwy. Type

6

NCIC/ORI

02701

AFFIRMED UNDER PENALTY OF PERJURY

Date Affirmed

10/14/2021

Off Assign

LA

(Officer's Signature)

Officer's Last Name

BLIND

First Name

C

M.I.

Radar Officer's Signature

THIS MATTER IS SCHEDULED TO BE HANDLED ON THE APPEARANCE DATE BELOW

ROCHESTER TRAFFIC VIOLATIONS AGENCY

Address

200 E. MAIN ST., SUITE B-002

City

ROCHESTER

State

NY

Zip

14604

☒ RETURN BY MAIL BEFORE OR IN PERSON ON:

Date

10/28/2021

Time

1:30 PM

☐ MUST APPEAR IN PERSON ON:

A PLEA OF GUILTY TO THIS CHARGE IS EQUIVALENT TO A CONVICTION AFTER TRIAL. IF YOU ARE CONVICTED, NOT ONLY WILL YOU BE 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 BY LAW.

Conviction may subject you to a mandatory surcharge and/or Driver Responsibility Assessment as prescribed by law.

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.

TO PLEAD BY MAIL
(NOT TO BE USED FOR MISDEMEANORS OR FELONIES)

- If you are pleading "GUILTY" by mail, place an "X" through SECTION B, then complete and sign SECTION A.
- If you are pleading "NOT GUILTY" by mail, place an "X" through SECTION A, then complete and sign SECTION B.

- Mail this form to the Court noted on this ticket by Registered, Certified, or First Class Mail, with Return Receipt Requested.

- DO NOT use this form for Misdemeanors or Felonies or for a third or subsequent speeding violation in an 18 month period, instead you must appear in the Court noted on this ticket in person.

- If the Court denies your plea, you will be notified by mail to appear in the Court noted on the front of this ticket.

SECTION A - PLEA OF GUILTY

To the Court listed on the other side of this ticket:

I, _____

residing at _____

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, 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.

Additionally, I make the following statement of explanation (optional):

All statements are made under penalty of perjury:

Date: _____ Signed _____

SECTION B - PLEA OF NOT GUILTY

The following notice applies to you if the officer did not issue you a supporting 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 TICKET. DO YOU REQUEST A SUPPORTING DEPOSITION?

Yes ☐ No ☐

SUPPORTING DEPOSITION PROVIDED WHEN THIS TICKET WAS ISSUED?

NO ☐

SPEEDING (Gen 101) ☐

GENERAL (Gen 101A) ☒

Signature _____

Address _____

City _____ State _____ Zip Code _____

NOTE: Mail this NOT GUILTY Plea within 48 hours. The court will notify you by First Class Mail of your appearance date.

**APPLICANTS UNDER 18 YEARS OF AGE
MUST SUBMIT NAME AND ADDRESS OF PARENT OR GUARDIAN BELOW.**

Name of Parent or Guardian _____

Address _____

City _____ State _____ Zip Code _____

FAILURE TO ANSWER THIS TICKET WILL RESULT IN THE SUSPENSION OF YOUR LICENSE AND A DEFAULT JUDGEMENT AGAINST YOU.

UTD-1.7 (4/02)

*WS99DP93

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