

UNIFORM TRAFFIC TICKET

POLICE AGENCY

WS99FJ889N

To be completed by Police Officer
and given to Motorist

ROCHESTER POLICE DEPARTMENT

Local Police Code
22-112707

Last Name(Defendant) PUGH		First Name JEFFERY		M.I. L
Number and Street [REDACTED]		Apt. No.	Photo Lic Shown 	
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Owner Oper. 	Lic. Class D
Client ID Number [REDACTED]			Sex M	Date Expires 1/29/2026
Lic. State NY	Date of Birth [REDACTED]	Veh. Type B	Year	Make JAMIS
Plate Number [REDACTED]		Reg. State NY	Registration Expires	

THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS

Time 4:49 PM	Date of Offense 6/5/2022	IN VIOLATION OF NYS V AND T LAW		
Section 1236B	Sub Section	Tr Inf 	Misd 	Felony
Description of Violation NO BELL OR SIGNAL DEVICE ON BICYCLE		US DOT#		
		CDL Veh 	Bus 	Haz Mat
Place of Occurrence 492 LYELL AV		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 06/05/2022	Off Assign 2 9 1	
(Officer's Signature)		Arrest Type 1 - PATROL	Badge/Shield 2831	
Officer's Last Name AMATORE		First Name N	M.I.	
Radar Officer's Signature				

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

ROCHESTER CITY CT. CRIMINAL PART

Address 150 S PLYMOUTH AVE		
City ROCHESTER	State NY	Zip 14614
<input checked="" type="radio"/> RETURN BY MAIL BEFORE OR IN PERSON ON: <input type="radio"/> MUST APPEAR IN PERSON ON:		
Date 6/5/2022	Time 9:30 AM	

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)

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