	UNIFORM TRA	FFIC TICKET			TO PLEAD BY MAIL
WS99D802CZ	POLICE AGENCY				(NOT TO BE USED FOR MISDEMEANORS OR FELONIES)
To be completed by Police Officer	ROCHESTER POLICE DEPARTMENT				
and given to Motorist	Local Police Code 2021-123076				If you are pleading "CLIII TV" by mail pleas on "V" through SECTION B. then
Last Name(Defendant)	t Name M.I.			- If you are pleading "GUILTY" by mail, place an "X" through SECTION B, then complete and sign SECTION A.	
BYNUM KAREE				Υ	- 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. - Mail this form to the Court noted on this ticket by Registered, Certified, or First	
City State Zip Code Owner Oper. Lic. Class				Class Mail, with Return Receipt Requested.	
 D				- DO NOT use this form for Misdemeanors or Felonies or for a third or subsequent	
Client ID Number Sex M 9/23/2015				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	Year	Make	3/20	Color	on this ticket in person.
В					- If the Court denies your plea, you will be notified by mail to appear in the Court noted on the front of this ticket.
Plate Number Reg. State Registration Expires		ires			noted on the noncortins ticket.
NO PLATE NY				SECTION A - PLEA OF GUILTY	
THE PERSON DESCRIBED ABOVE IS CHARGED AS FOLLOWS				SECTION A - PLEA OF GUILTY	
Time Date of Offense IN VIOLATION OF				To the Court listed on the other side of this ticket:	
		/IOLATION OF 'S V AND T L	AW		I.
			Misd Felony MPH MPH Zone		residing at
1236B (♠ () ()				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 NO BELL OR SIGNAL DEVICE ON BICYCLE US DOT#				and I waive arraignment in open court and the aid of an Attorney. I plead GUILTY to	
NO BELL OR SIGNAL DEVICE ON BICYCLE				the offense as charged and request that this charge be disposed of and a fine or	
			CDL Veh	Bus Haz Ma	penalty fixed by the court.
			0	00	Additionally, I make the following statement of explanation (optional):
			-	VV	
Place of Occurrence 27 ZIMBRICH STREET			Hwy. No.	Loc. Code 2801	
C/T/V Name	County		Hwy. Type	NCIC/ORI	
ROCHESTER, CITY OF - 2801	MONROE		6	02701	All statements are made under penalty of perjury:
AFFIRMED UNDER PENALTY OF PERJURY Date Affirmed Off Assign 06/12/2021				Off Assign	0
A contract				Date: Signed	
Arrest Type 1 - PATROL			PATROL	SECTION B - PLEA OF NOT GUILTY	
(Officer's Signature) Badge/Shield 2782			dge/Shield	The following notice applies to you if the officer did not issue you a supporting	
Officer's Last Name First Name M.I. MERKLINGER				deposition with your ticket.	
MERREINGER		-			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	
Radar Officer's Signature				THE COURT NOTED ON THE OTHER SIDE OF THIS APPEARANCE TICKET. DO YOU REQUEST A SUPPORTING DEPOSITION?	
THIS MATTER IS SCHEDULED TO BE HANDLED ON THE APPEARANCE DATE BELOW				Yes No	
INIS WALLER IS SCHEDULED TO BE HANDLED ON THE APPEARANCE DATE BELOW				SUPPORTING DEPOSITION PROVIDED WHEN THIS TICKET WAS	
ROCHESTER TRAFFIC VIOLATIONS AGENCY				ISSUED?	
Address				NO SPEEDING (Gen 101)	
200 E. MAIN ST., SUITE B-002				GENERAL (Gen 101A)	
City ROCHESTER			Zip	604	Signature
ROCHESTER RETURN BY MAIL BEFORE OR	IN PERSON ON:	NY Date	[14	Time	Address
MUST APPEAR IN PERSON ON		6/28/202	21	9:30 AM	
WINDSTAFFEAR IN FERSON OF	••			-	
A PLEA OF GUILTY TO	THIS CH	IARGE IS	3		
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				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.	
				you by the order man or your appointment date.	
				APPLICANTS UNDER 18 YEARS OF AGE	
				MUST SUBMIT NAME AND ADDRESS OF PARENT OR GUARDIAN BELOW.	
				Name of Parent or Guardian	
				Address	
BY LAW.					
					State Zip Code
Conviction may subject you to a mandatory surcharge and/or Driver Responsibility			ponsibility	FAILURE TO ANSWER THIS TICKET WILL RESULT IN THE SUSPENSION OF	
Assessment as prescribed by law.				YOUR LICENSE AND A DEFAULT JUDGEMENT AGAINST YOU.	
Your failure to respond may result in a warrant for your arrest or suspension of your driver's				UTD-1.7 (4/02)	
license and/or a default judgement against you.				UID-1.7 (4/02)	

New York State - Department of Motor Vehicles

*WS99D802