

ALABAMA UNIFORM TRAFFIC
TICKET AND COMPLAINT

COURT CASE NO.
TR-22-00076
YEAR NUMBER

ALABAMA, COUNTY OF ETOWAH		CITY SARDIS CITY		TICKET NUMBER U0949537
The undersigned, being duly sworn, deposes and says that he/she has probable cause to believe and does believe that the person herein named did, within the previous 12 months, commit the offense set forth contrary to law in that: on or about Date 3/26/2022 at approx Time 7:58 AM			TYPE VEHICLE PRIVATE	
First Name PAUL		Middle/Maiden RAY	Last WHITEHEAD	Suffix
Address 305 THOMPSON ST				
City ALBERTVILLE		State AL	Zip Code 35950	
State AL	Driver's License Number 3689981		Class of License DM	
Sex M	Race W	DOB 3/1/1958	Social Security Number XXXX-XX-5725	
Driver's License in Possession? YES				
Height 5' 10"	Weight 115 lbs.	Eyes HZL	Hair BLN	Vehicle Tag Number TNW468
State AL	Year 2022			
Vehicle Description (year, make, model, color) 2010 TOYT COROLLA SIL			Owner of Vehicle DRIVER	
Employer/Owner of Vehicle (Address) 1625 WHITESBORO ROAD				
Did unlawfully operate a motor vehicle or other vehicle at or near PATTERSON STREET within the city limits of SARDIS CITY at or near ALEXANDER DR in violation of Municipal Ordinance Number 61 duly adopted and in force at the time the offense was committed adopting 32-6-19.				
Statute 32-6-19	UCR Code	Mile No.	Road Cd	
Described DRIVING WHILE REVOKED				
Details SUBJ STOPPED FOR PASSING TRUCK ON A DOUBLE YELLOW LINE			MPH	Speed Limit
FACTS RELATING TO THE OFFENSE: (Witnesses, etc.)			Crash Involved: NO	Companion Case: None
Officer Name Keith A Beard		Officer ID 26	Agency ORI AL0310800	
Complainant's Signature				
Sworn to and acknowledged before me this date		Signature and Title Judge/Magistrate		
COURT APPEARANCE INFORMATION				
MUNICIPAL COURT OF SARDIS CITY		256-593-6492		
SARDIS CITY MUNICIPAL COURT 1335 SARDIS DR SARDIS CITY, AL 35956		Court Appearance Date and Time 4/11/2022 3:00 PM		
Defendant must appear in court at said time and place or otherwise comply with the provisions of this complaint and instructions of the notice part of this ticket.				
NO SIGNATURE REQUIRED			Defendant's Phone	
Pursuant to §32-1-4(a)				
RELEASED ON OWN RECOGNIZANCE				

U0949537 PAUL WHITEHEAD

Case: TR-22-00076

Court O.R.I. AL 031061J	COURT RECORD		COURT CASE NUMBER TR-22-00076	
MUNICIPAL COURT OF SARDIS CITY			TICKET NUMBER U0949537	YEAR NUMBER
DEFENDANT'S NAME PAUL RAY WHITEHEAD			CHARGE 32-6-19	
CONTINUED TO	M	D	Y	REASON
2ND CONTINUANCE	M	D	Y	REASON
UTC-6A MAILED	M	D	Y	NEW COURT DATE
UTC-6B ISSUED	M	D	Y	UTC-6B CLEARANCE
WARRANT ISSUED	M	D	Y	BOND SET \$
CASH DEPOSITED \$	M	D	Y	WARRANT SERVED
WARRANT RECALLED	M	D	Y	
CONDITIONAL BOND FORFEITURE ORDER ISSUED	M	D	Y	BOND FORFEITURE ORDERED FINAL
ATTORNEY FOR DEFENDANT	CHECK IF APPLICABLE		<input type="checkbox"/> Defendant informed of right to counsel <input type="checkbox"/> Voluntarily waived counsel <input type="checkbox"/> Defendant found indigent, counsel appointed	
PLEA OF DEFENDANT (CHECK ONE) 1 <input type="checkbox"/> Guilty as charged 2 <input type="checkbox"/> Guilty of 3 <input type="checkbox"/> Not Guilty				
ADJUDICATION (CHECK ONE) 1 <input type="checkbox"/> Guilty as charged 2 <input type="checkbox"/> Not guilty 3 <input type="checkbox"/> Guilty of 4 <input type="checkbox"/> Not proessed 5 <input type="checkbox"/> Dismissed				
ORDERS OF THE COURT				
FINE \$	COURT COSTS \$	TOTAL FINE AND COURT COSTS \$		
ADDITIONAL PENALTIES / FEES / COSTS				
HEAD INJURY DUI \$	CRIMINAL HISTORY DUI \$	CRIME VICTIMS (DUI/RECKLESS DRIVING) MISDEMEANOR (MINIMUM \$25.00) \$		
HOUSING AND MAINTENANCE \$	MEDICAL \$	ATTORNEY RECOUPMENT \$	RESTITUTION \$	PARTIAL PAYMENTS AUTH \$
<input type="checkbox"/> JAILED	M	D	Y	LOCATION
<input type="checkbox"/> SENTENCE SUSPENDED	<input type="checkbox"/> PROBATION		<input type="checkbox"/> COMMUNITY SERVICE	
DAYS MONTHS DAYS MONTHS DAYS MONTHS				
<input type="checkbox"/> TRAFFIC SAFETY PROGRAM	M	D	Y	<input type="checkbox"/> SUBSTANCE ABUSE EVALUATION
<input type="checkbox"/> COURT REFERRAL PROGRAM COMPLETED		M	D	Y
COURT ORDERED LICENSE SUSPENSION	<input type="checkbox"/> CONSECUTIVE		LICENSE SURRENDERED TO COURT: RECEIVED BY	
DAYS MONTHS	<input type="checkbox"/> CONCURRENT		M	D
CONFIDENTIAL: <input type="checkbox"/> NO <input type="checkbox"/> IF YES: <input type="checkbox"/> JUVENILE <input type="checkbox"/> YOUTHFUL OFFENDER				
DISPOSITION DATE				
M	D	Y	SIGNATURE OF JUDGE/MAGISTRATE	
CASE APPEALED	M	D	Y	APPEAL BOND \$
CIRCUIT COURT CASE NUMBER				
ARRESTING AGENCY (TYPE OF ARREST) <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> MUNICIPAL				
CASH RECEIVED FROM	RECEIPT #	AMOUNT	DATE	
NAME AND TITLE		M	D	Y
LICENSE ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO DPS RECEIVED LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO				
COURT ACTION AND DISPOSITION				