

ALABAMA UNIFORM TRAFFIC
TICKET AND COMPLAINT

COURT CASE NO.
TR-22-000076
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	
Address 305 THOMPSON ST					
City ALBARTVILLE		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	
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 ____ BAC	
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 Pursuant to §32-1-4(a)					
Defendant's Phone					
RELEASED ON OWN RECOGNIZANCE					

U0949537 PAUL WHITEHEAD

Case: TR-22-000076

Court O.R.I. AL 031061J		COURT RECORD		COURT CASE NUMBER TR-22-000076 YEAR NUMBER	
MUNICIPAL COURT OF SARDIS CITY				TICKET NUMBER U0949537	
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 M D Y		UTC-6B ISSUED M D Y	
WARRANT ISSUED M D Y		BOND SET \$ CASH DEPOSITED \$		WARRANT SERVED M D Y	
WARRANT RECALLED M D Y		BOND FORFEITURE ORDERED FINAL M D Y		BOND FORFEITURE ORDERED FINAL M D Y	
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 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 \$		LOCATION	
<input type="checkbox"/> JAILED M D Y		DAYS RELEASED <input type="checkbox"/>		M D Y	
<input type="checkbox"/> SENTENCE SUSPENDED DAYS MONTHS		<input type="checkbox"/> PROBATION DAYS MONTHS		<input type="checkbox"/> COMMUNITY SERVICE 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 DAYS MONTHS		<input type="checkbox"/> CONSECUTIVE <input type="checkbox"/> CONCURRENT		LICENSE SURRENDERED TO COURT: M D Y	
RECEIVED BY					
CONFIDENTIAL: <input type="checkbox"/> NO <input type="checkbox"/> IF YES: <input type="checkbox"/> JUVENILE <input type="checkbox"/> YOUTHFUL OFFENDER					
DISPOSITION DATE M D Y					
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	
NAME AND TITLE		DATE 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					