



A21691E

DEMION CALLEAF SMALL
 5534 MARATHON PA
 JACKSONVILLE, FL 32244

Florida Uniform Traffic Citation

You may examine and observe your images and video at the below Internet location.

<https://www.photonotice.com>

Violation Number: **JAX15002818**
 License Plate Number: **BXXW97**
 City Code: **JAXFL**

Amount Due: \$262.00
Issue Date: 09-Apr-2015

Location: University Blvd (SR 109) at Atlantic Blvd (SR 10) (SB)
Violation Date and Time: 1/2/2015 9:17 am
Vehicle License Number: BXXW97 FL

Important instructions to individuals charged with a non-criminal traffic infraction. You have been issued a Uniform Traffic Citation for a violation of **State Statute code 547-Red-Light Camera, Section, 316.075(1)(c)1 failure to stop at a red traffic signal pursuant to F.S. 316.0083 of the Florida State Statutes.**

You are required to comply with one of the coupon options presented on the previous page. If you fail to comply with one of the options by Saturday, May 9, 2015, your driving privilege may be suspended until you comply and you may incur additional cost associated with non-compliance. **IF YOU CHOOSE OPTION A, COURT APPEARANCE IS NOT REQUIRED.** This citation will not be used for purposes of setting insurance rates and points will not be assessed on your driver record. If you choose Option B and it is determined that no infraction was committed, then no cost or penalties shall be assessed. If it is determined that an infraction has been committed, then additional penalties may be applied. You may choose Option C if you were not the driver of this vehicle at the time of the infraction. You must fill out the affidavit fully, naming the individual with care, custody or control of this vehicle.

YOU HAVE THE RIGHT TO EXAMINE AND OBSERVE THE IMAGES AND VIDEO EVIDENCE OBTAINED FOR THIS CASE: The recorded images and video of your violation will be submitted as evidence for the disposition of this violation. To view your images and video online at: <https://www.photonotice.com>. You will need your **Violation #, License Plate # and City Code** printed on the top of this Notice inside the red box.

For all other questions and/or information, contact the Traffic Safety Program Customer Service Center at (877) 847-2338. Hours of operation: Monday - Friday 8:00 am - 4:30 pm (Eastern Time).

FLORIDA UNIFORM TRAFFIC CITATION

CHECK DIGIT

COUNTY OF Duval		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) Jacksonville		AGENCY NAME _____ AGENCY # _____	
SUMMONS (VIOLATOR'S COPY)			
DAY OF WEEK Friday	MONTH January	DAY 02	YEAR 2015
		TIME 9:17 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME (PRINT) FIRST DEMION		MIDDLE CALLEAF	
NAME (PRINT) LAST SMALL			
STREET 5534 MARATHON PA			
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE →			
CITY JACKSONVILLE		STATE FL	ZIP CODE 32244
TELEPHONE NUMBER	DATE OF BIRTH MO 12 DAY 10	YEAR 1987	RACE SEX HGT
DRIVER LICENSE NUMBER S540163874500	STATE FL	CLASS <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL LICENSE YR. LICENSE EXP. COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
YR. VEHICLE 2011	MAKE DODGE	STYLE 4 door Autom	COLOR PLACARDED HAZARDOUS MATERIA <input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE LICENSE NO. BXXW97	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES > 16 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY		MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
FT. _____ MILES _____ N S E W OF NODE		COMPANION CITATION NUMBER(S) <input type="checkbox"/> YES <input type="checkbox"/> NO	
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.			
<input checked="" type="checkbox"/> 547, VIOLATION OF STATE STATUTE 316.075(1)(C)1 PURSUANT TO F.S. 316.0083			

SIGNATURE OF VIOLATOR _____ DATE _____

EMPLOYEE NUMBER _____ TROOP/UNIT NUMBER _____

T DIXON

TROOPER/OFFICER NAME _____ TROOPER/OFFICER RANK _____

J. Dixon 6890

SIGNATURE OF TROOPER/OFFICER _____ TROOPER/OFFICER ID _____

