



Mail Date: **09/05/2014**

Citation Number: **S1403193297**  
Vehicle Tag: **YTF2327 NC**

**Name & Address of Registered Owner**

**ROGER ERVIN LENENTINE  
7932 MARINERS POINTE CIR  
DENVER, NC 280378091**

<b>Total Due by: 10/05/2014</b>	<b>\$50</b>
<b>Amount Enclosed</b>	<b>\$</b>

*Detach and return this portion with your payment.*

*Write the citation number and license plate number on your check or money order.*

**NOTICE OF CITATION**

Mail Date: **09/05/2014**

You can view full color versions of the violation images at:

<http://www.public.cite-web.com>

Citation Number: <b>S1403193297</b>	Pin Number: <b>265994640</b>
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<b>Total Due</b>	<b>\$50</b>
<b>Due Date</b>	<b>10/05/2014</b>

Violation Location: <b>Hillsborough @ Friendly - EB</b>	
Violation Date: <b>08/25/2014</b>	Violation Time: <b>11:08 AM</b>

On **08/25/2014** at **11:08 AM** your vehicle license plate **YTF2327 NC** was photographed (images shown below) driving through an intersection in which the traffic signal was red, in violation of Raleigh City Code, Section 11-2135. At the time of the violation, your vehicle was traveling at **21 MPH**. No points will be assessed against your driving record or insurance as a result of this violation. See the violation data below the plate image for more information on this violation.

If payment in full is not received by the due date listed above, a late penalty of \$50.00 will be added to the total amount due.

**Plate**



Lane: <b>1</b>	Vehicle Speed: <b>21</b>
Delay: <b>0.3</b>	Interval: <b>1.28</b>
Photo 1, red seconds: <b>0.82</b>	Photo 2, red seconds: <b>2.10</b>
Photo 1, yellow seconds: <b>3.70</b>	Photo 2, yellow seconds: <b>3.70</b>

**Photo 1**



**Photo 2**



**AFFIDAVIT OF NON-RESPONSIBILITY**

**STATE OF NORTH CAROLINA**

**COUNTY OF** Lincoln

Before me, the undersigned Notary, Sheri Bowman  
on this 10 day of September, 2014, personally appeared  
Roger Ervin Leventine, known to me to be a credible person and of  
lawful age, who being by me first duly sworn, on oath, says:

I received Safelight Raleigh red light camera citation S1403193297. I was not  
driving a vehicle at the time and location designated in the citation. I will not pay the civil  
penalty as accorded by North Carolina Session Law 2003-380 §3-d-1c and City of Raleigh Code  
of General Ordinances Sec. 11-2135(c)3.

[Signature]  
Signature of Affiant

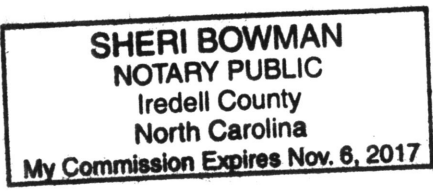
ROGER E. LEVENTINE  
Printed Name of Affiant

7932 Mariners Pointe Circle  
Denver NC 28037

Address of Affiant

Subscribed and sworn to before me, this 10 day of September, 2014.

[Notary Seal]



[Signature]  
Signature of Notary  
Sheri Bowman  
Printed Name of Notary

NOTARY PUBLIC  
My Commission expires: November, 2017

Checks or money orders should be made payable to "SafeLight Raleigh," do not send cash. If you fail to remit payment within 30 days of the mail date on the front of this ticket, a penalty of \$50 will be added to the total amount due.

Make sure your name, address, plate number, and citation number are on your check or money order to ensure proper credit.

**Credit Card Payment** VISA/MasterCard (circle one)

Card #      -      -

Exp. Date:   -

Date:

**To Pay by Mail**

Send Check or Money Order to:

**SafeLight Raleigh**

PO Box 28448

Raleigh, NC 27611-8448

**Walk-in Payments**

Within 30 days of this citation, bring this Notice along with your Payment to: **SafeLight Raleigh Program Office**

219 Fayetteville Street, Suite 100

Raleigh, NC 27601

**SafeLight Raleigh**

PO Box 28448

Raleigh, NC 27611-8448

**Mail All Written Inquiries to:**

**Pay by Phone:** (919) 832-7436

**RETURNED CHECK CHARGE: Maximum allowed by state law.**

**Pay by Web:** www.raleighnc.gov

**How to Appeal a SafeLight Citation**

If you wish to contest this citation, you must do so within **30 days** of the mail date on the front side of this citation. Fill out the appeal section below and return this form along with a deposit of \$50, which shall constitute a bond.

Once your appeal is received, you will be contacted so that an Administrative Hearing can be scheduled. An appeals panel will hear your appeal.

**Payment of the Deposit is required.\***

If the citation is upheld, your \$50 deposit will satisfy your payment obligation. If your citation is dismissed, your deposit will be refunded.

**APPEAL REQUEST**

License Plate # \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Basis for contesting Citation (Check all that apply and explain. Use additional pages if necessary). Write to us at PO Box 28448, Raleigh, NC, 27611-8448, or call us at 919-832-7436 for more information.

DMV information incorrect (not current owner, bad tag)

Other: \_\_\_\_\_

Explain: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note: Basis for Contesting Citation – Only those reasons written above can be argued at the administrative hearing.**

\*If you would like to appeal this ticket, and you feel that you cannot afford the \$50 bond to do so, you must notify the SafeLight office within 30 days of the Citation issue date. Please write to us, at PO Box 28448, Raleigh, NC, 27611-8448, or call us at 919-832-7436

The City will accept all affidavits as provided in Raleigh City Code section 11-2135. An affidavit transferring responsibility appears below. Other affidavits are available on the SafeLight website.

**TRANSFERRING RESPONSIBILITY**

If the vehicle owner was not the driver when the violation occurred, the owner can transfer responsibility by signing a **notarized affidavit** telling who was responsible for the violation and giving that person's current mailing address. The citation will then be reissued to the responsible person. **The affidavit must be filled out and returned within 30 days of the mail date on the front side of this citation.**

**AFFIDAVIT TRANSFERRING RESPONSIBILITY.**

I am providing this affidavit under oath. I swear or affirm that the information contained in this Affidavit is true. I understand that giving a false statement under oath could subject me to criminal prosecution. I swear or affirm under oath that: 1) the person or entity listed on the front of this citation was not the driver at the time of the violation, and 2) the following person had the care, custody or control of the vehicle at the time of the violation:

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Signature of Vehicle Owner: \_\_\_\_\_

Sworn to or subscribed before me this \_\_\_\_ day of \_\_\_\_\_,

My commission expires: \_\_\_\_\_, Notary Public (Attach Seal)

**STOLEN VEHICLE (or tag)**

If your vehicle tag was stolen at the time of the violation, please contact the SafeLight Raleigh Office at 919-832-7436.

For further information about the SafeLight Raleigh Program:

**Telephone:** 919-832-7436

**Write:** PO Box 28448  
Raleigh, NC 27611-8448

**Internet:** www.raleighnc.gov