Mobile Device Violation Report

Your Name: ____________________________________________

Your Address: __________________________________________

Your Telephone Number: __________________________________

License Plate Number of Offender: _________________________

Gender of Driver: ________________________________________

Date and Time of Violation _________________________________

Location of Violation (Please include Street name, Town/Village/City) Note; This report can only be used for a violation which occurred within Monroe County, State of New York.

Description of vehicle (i.e. Black 4 door Ford Escape, etc.)

Violation witnessed (i.e. texting or talking on cell phone while driving etc.)

*All of the above fields must be completed.

Mail report to: Office of the Chief Deputy, Attention: Distracted Driving, Monroe County Sheriff’s Office, 130 South Plymouth Avenue, Rochester, NY 14614

For more information:

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