

☒ MISDEMEANOR
☒ TRAFFIC ☐ NONTRAFFIC

Date of Violation 01/11/2020	Time 04:05 PM	Day of Week SATURDAY	<input type="checkbox"/> CHP 215s <input type="checkbox"/> Accident
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Name (First, Middle, Last) ☐ Owners responsibility (§40001 VC)

ANTHONY MARTIN GUTIERREZ

Address

6849 PECK DR

City SACRAMENTO	State CA	ZIP Code 95828
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Driver Lic. No. E2592292 SUS	State/Country CA	Class C	Commercial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age 29	Birth Date 11/08/1990
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Sex M	Hair BRN	Eyes BRN	Height 5'08"	Weight 145	Race/Ethnicity H
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Veh. Lic. No. or VIN No. SSLEEPN	State CA	Reg. Exp. 09/2019	<input type="checkbox"/> Comm.Veh. (§15210(b) VC)
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Yr. of Veh. 2014	Make CHEV	Model SS	Body Style 4T	Color BLK	Type 01	<input type="checkbox"/> Hazmat (§353 VC)
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Evidence of Financial Responsibility or CHP/DOT/PUC/ICC
21ST CENTURY

Registered Owner or Lessee ☒ Same as driver

Address ☒ Same as driver

City	State	ZIP Code
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☐ Booking Required (See Below)

Correctable Violation (§40610 VC) Misdemeanor or Infraction

Yes/No	Code and Section	Description	M	I
<input type="checkbox"/> <input checked="" type="checkbox"/>	VC 21453(a)	STEADY CIRCULAR RED SIGNAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input type="checkbox"/> <input checked="" type="checkbox"/>	VC 14601.1(a) DRIVER LICENSE SUSPENDED OR REVOKED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/> <input type="checkbox"/>	VC 4000(a)(1) VEHICLE ON HIGHWAY UNREGISTERED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Speed Approx. >	P.F. / Max Spd	Veh.Lmt.	Safe	Special
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Location of Violation (s) **WEST EL CAMINO AND VAN NESS**
at:

Beat 041	Area 250	Perm. Area 250	Patrol Vehicle No. 1501556	MVARS <input checked="" type="checkbox"/>
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☐ Violations not committed in my presence, declared on information and belief.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at (place): **SACRAMENTO COUNTY**, California

01/11/2020 FUENTES	020454	Fm: To:
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Dec. Date	Arresting or Citing Officer	I.D. No.	Vacation Dates
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01/11/2020			Fm: To:
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Dec. Date	Name of Arresting Officer if different from Citing Officer	Perm. Area	I.D. No.	Vacation Dates
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**WITHOUT ADMITTING GUILT, I PROMISE TO APPEAR AT THE TIME
AND PLACE INDICATED BELOW.**

X SIGNATURE

WHEN: DATE: **04/13/2020** TIME: **08:00 AM**

WHAT TO DO: FOLLOW THE INSTRUCTIONS BELOW.

WHERE: **Carol Miller Justice Center**

ADDRESS: **301 Bicentennial Cir**

Sacramento, CA 95825

PHONE NO.: **916-875-7800 www.saccourt.ca.gov**

☐ To be notified

☐ You may arrange with the clerk to
appear at a night session of the court.

