

CA 64582

Date of Violation 4-13-16		Time 8:58 PM		<input type="checkbox"/> MISDEMEANOR <input checked="" type="checkbox"/> Traffic <input type="checkbox"/> Nontraffic		<input type="checkbox"/> CHP 215s <input type="checkbox"/> Accident	
Name (First, Middle, Last) LACINA APALONA RODRIGUEZ				Owner's Responsibility (§40001 VC)			
Address 3361 TURNER CU							
City COMPTON		State CA		ZIP Code 95602			
Driver Lic. No. D8239196		State CA		Commercial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Age 27	
Sex F		Hair BRN		Eyes BRN		Height 5'02"	
Weight 125		Race/Ethnicity W		Reg Exp.			
Veh. Lic. No. or VIN No. 6LLV488		State CA		<input type="checkbox"/> COMMERCIAL VEHICLE (§15210(b) VC)		<input type="checkbox"/> HAZARDOUS MATERIAL (§353 VC)	
Yr. of Veh. 09		Make NISS		Body Style CUBE		Color GRY	
Veh. Type OI		Evidence of Financial Responsibility or CHP/DOC/PUC/ICC CITED		Registered Owner or Lessee		<input checked="" type="checkbox"/> Same as Driver	
Address				<input checked="" type="checkbox"/> Same as Driver			
City		State		ZIP Code			

Correctable Violation (§40610 VC)		<input type="checkbox"/> Booking Required (See Reverse)		Misdemeanor or Infraction (Circle)	
Yes	No	Code and Section	Description		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21655.5(b)	VC. SEX IN		M I
<input type="checkbox"/>	<input type="checkbox"/>	170V	LAIR		M I
<input type="checkbox"/>	<input type="checkbox"/>				M I
<input type="checkbox"/>	<input type="checkbox"/>				M I
Speed Approx. 25		P.F./Mileage 65		Veh. Lmt.	
Safe		Special			
Location of Violation(s) at: 5550 WTB Fun Place City E. memo					
Beat 500		Area 901		Perm. Area CCO	
<input type="checkbox"/> Radar/Lidar Unit/Patrol Vehicle No.		<input type="checkbox"/> MVARs			

☐ 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 the foregoing is true and correct.
Executed at (place): SACIO CO, California

Dec. Date: Arresting or Citing Officer: [Signature] I.D. No. 17001 to
Dec. Date: Name of Arresting Officer, if different from Citing Officer: [Signature] I.D. No. to

WITHOUT ADMITTING GUILT, I PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED BELOW.

X SIGNATURE: [Signature]
WHEN: DATE: 7-13-16 TIME: [] AM [] PM
WHAT TO DO: FOLLOW THE INSTRUCTIONS ON THE REVERSE
WHERE: 301 BILFENTENNIAL SUPERIOR COURT [] JUVENILE
ADDRESS: 5400 CA 95826
PHONE NO.: 875-7800 SAC COURT. CAGOV

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

Judicial Council of California Form TR-130
Rev. 06-26-15 (§§ 40500(b), 40513(b), 40522, 40600 VC; § 853.9 PC.) SEE REVERSE



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