

CA 58273

<input type="checkbox"/> MISDEMEANOR <input checked="" type="checkbox"/> Traffic <input type="checkbox"/> Nontraffic		<input type="checkbox"/> CHP 215s <input type="checkbox"/> Accident	
Date of Violation	Time	Day of the Week	
12-16-15	8:15A	S M T W T F S	
Name (First, Middle, Last)		<input type="checkbox"/> Owner's Responsibility (\$40001 VC)	
SAMIA SHOMAN			
Address			
4330 REUEIL LN			
City	State	ZIP Code	
SACRAMENTO	CA	95827	
Driver Lic. No.	State	Commercial	Age
F4489729	CA	<input type="checkbox"/> Yes <input type="checkbox"/> No	9-3-96
Sex	Hair	Eyes	Height
M	BLK	BRN	5-06
Weight	Race/Ethnicity		
162	O		
Veh. Lic. No. or VIN No.	State	Reg Exp.	
WB5WDD935091361946	CA	<input type="checkbox"/> COMMERCIAL VEHICLE (\$15210(b) VC) <input type="checkbox"/> HAZARDOUS MATERIAL (\$353 VC)	
Yr. of Veh.	Make	Body Style	Color
09	BMW	M3	BLU
Veh. Type			
D1			
Evidence of Financial Responsibility or CHP/DOI/PUC/ICC			

Registered Owner or Lessee	<input type="checkbox"/> Same as Driver
JOEL GARCIA	
Address	<input type="checkbox"/> Same as Driver
5664 BUCHANAN ST	
City	State
LOS ANGELES CA	ZIP Code
	90042

Correctable Violation (§40610 VC)	<input type="checkbox"/> Booking Required (See Reverse)	Misdemeanor or Infraction (Circle)
Yes No	Code and Section	Description
<input type="checkbox"/> <input type="checkbox"/>	A 22350 V.C.	UNSAFE SPEED
<input type="checkbox"/> <input type="checkbox"/>		M I
<input type="checkbox"/> <input type="checkbox"/>		M I
<input type="checkbox"/> <input type="checkbox"/>		M I

Speed Approx	P.P. Max Spd	Veh. Lmt.	Safe	Special
64	40		40	
Location of Violation ()				
at: WB KIEFER E OF WATT				
Beat	Area	Room Area	Adm. Unit/ Patrol Vehicle No.	IVARS
101	401	260	DS04120/5004	

☐ Violations not committed in my presence, declared on information and belief.

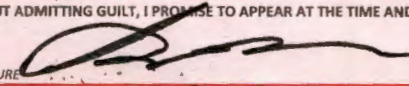
I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

Executed at (place): SACRAMENTO, California

C.W. ABBOTT 16378

Dec. Date	Arresting or Citing Officer	I.D. No.	Vacation Dates
Dec. Date	Name of Arresting Officer, if different from Citing Officer	I.D. No.	Vacation Dates

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

X SIGNATURE 

WHEN: DATE: 3-16-16 TIME: 8:00 ☒ AM ☐ PM

WHAT TO DO: FOLLOW THE INSTRUCTIONS ON THE REVERSE

WHERE: ☒ SUPERIOR COURT ☐ JUVENILE

ADDRESS:

PHONE NO.:

CA 58273