

LN 73214

Date of Violation 6-28-23		Time 0633		<input checked="" type="checkbox"/> Traffic <input type="checkbox"/> Nontraffic		Day of the Week S M T <u>W</u> T F S		<input type="checkbox"/> CHP 215 <input type="checkbox"/> Accident		
Name (First, Middle, Last) JACOB W. KERKLAND						<input type="checkbox"/> Owner's Responsibility (\$40001 VC)				
Address 8147 GANDY DANCER WAY										
City SACRAMENTO			State CA			ZIP Code 95823				
Driver Lic. No. Y2973275			State/Country CA			Commercial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Age -		Birth Date 10.2.99
Sex M	Hair BRN	Eyes BRN	Height 5-07	Weight 155	Race / Ethnicity -					
Veh. Lic. No. or VIN No. 4T5Y103			State CA		Reg. Exp. 06/22		<input type="checkbox"/> COMMERCIAL VEHICLE (\$15210(b) VC)			
Yr. of Veh. 01	Make VOLVO	Model XC90	Body Style 4DR	Color GRN	Veh. Type CU		<input type="checkbox"/> HAZARDOUS MATERIAL (\$353 VC)			
Evidence of Financial Responsibility or CHP / DOT / PUC / ICC										
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"/>	40006(a)(1)(4)			EXP REL			M <input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>							M <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>							M <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>							M <input type="checkbox"/>		
Speed Approx. 1		P. F. / Max Spd.		Veh. Lmt.		Safe		Special 470		
Location of Violation(s) at: N13 S2299 J30 FLORZ										
Beat 192		Area 301		Perm. Area 252		<input type="checkbox"/> Radar / Lidar Unit / Patrol Vehicle No. <input checked="" type="checkbox"/> MVARS				
<input type="checkbox"/> 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): SAC CO, California										
6-28-23		4040			18571		- to -			
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: ON	DATE: 9-27-23	TIME: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM							
WHAT TO DO:	FOLLOW THE INSTRUCTIONS ON THE REVERSE									
WHERE:	<input checked="" type="checkbox"/> SUPERIOR COURT <input type="checkbox"/> JUVENILE									
ADDRESS:	301 Bicentennial Cir. Sacramento, CA 95826									
PHONE NO.:	916-875-7800 www.saccourt.ca.gov/traffic									



LN 73214