

☐ MISDEMEANOR
☒ TRAFFIC ☐ NONTRAFFIC

Date of Violation 09/23/2024	Time 06:13 PM	Day of Week MONDAY	<input type="checkbox"/> CHP 215s <input type="checkbox"/> Accident
Name (First, Middle, Last) RYAN MITCHELL		<input type="checkbox"/> Owners responsibility (§40001 VC)	

Address 5662 AUBURN BLVD APT 22		
City SACRAMENTO	State CA	ZIP Code 95841

Driver Lic. No. D1426890	State/Country CA	Class C	Commercial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age 42	Birth Date 05/09/1982
Sex M	Hair BRN	Eyes HZL	Height 5'09"	Weight 260	Race/Ethnicity W

Veh. Lic. No. or VIN No. 5KRL175	State CA	Reg. Exp. 08/2018	<input type="checkbox"/> Comm. Veh. (\$15210(b) VC)			
Yr. of Veh. 2000	Make MERC	Model ML320	Body Style 4D	Color RED	Type 07	<input type="checkbox"/> Hazmat (\$353 VC)
Evidence of Financial Responsibility or CHP/DOT/PUC/ICC NONE						

Registered Owner or Lessee CARL EDLAND	<input type="checkbox"/> Same as driver
Address	<input checked="" type="checkbox"/> Same as driver

City	State	ZIP Code
Reason for Stop CRASH		

<input type="checkbox"/> Booking Required (See Below)		
Correctable Violation (§40610) VC		
Misdemeanor or Infraction		
Yes/No	Code and Section	Description
<input type="checkbox"/>	<input checked="" type="checkbox"/> VC 16028(a)	FINANCIAL RESPONSIBILITY, PRESENT TO OFFICER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speed Approx.	P.F. / Max Spd	Veh.Lmt.	Safe	Special
Location of Violation (s) SOUTH WATT AVE 50 FEET NORTH OF AT at: EDISON AVE				

Beat 041	Area 250	Perm. Area 250	Radar/Lidar Unit/Patrol Vehicle No. 1506881	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**

09/27/2024	T. V. JOHNSON	022082	to	
Dec. Date	Arresting or Citing Officer	I.D. No.	Vacation Dates	
09/27/2024			to	
Dec. Date	Name of Arresting Officer if different from Citing Officer	Perm. Area	I.D. No.	Vacation Dates

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

X SIGNATURE **COMPLAINT TO BE FILED**

WHEN: DATE: **12/30/2024** TIME: **08:00 AM**
WHAT TO DO: FOLLOW THE INSTRUCTIONS BELOW.
WHERE: **Sacramento Superior Court**
ADDRESS: **301 Bicentennial Cir Room 100**
Sacramento, CA 95826
PHONE NO.: **9168757800** **www.saccourt.ca.gov**

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

