

Date of Violation 04/28/2018		Time 11:23 AM		Day of Week SATURDAY		<input type="checkbox"/> CHP 215s <input type="checkbox"/> Accident	
Name (First, Middle, Last) JACOB WALLACE KIRKLAND						<input type="checkbox"/> Owners responsibility (§40001 VC)	
Address 8626 BERRY RD							
City WILTON				State CA		ZIP Code 95693	
Driver Lic. No. Y2973275		State/Country CA		Class C		Commercial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Age 18		Birth Date 10/02/1999					
Sex M	Hair BRN	Eyes BRN	Height 5'06"	Weight 140		Race/Ethnicity W	
Veh. Lic. No. or VIN No. 8AYW632				State CA		Reg. Exp. 10/2018	
Yr. of Veh. 2017		Make KIA		Model FORTE		Body Style 4D	
Color MAR		Type 01					
Evidence of Financial Responsibility or CHP/DOT/PUC/ICC AAA						<input type="checkbox"/> Comm.Veh. (§15210(b) VC) <input type="checkbox"/> Hazmat (§353 VC)	
Registered Owner or Lessee						<input checked="" type="checkbox"/> Same as driver	
Address						<input checked="" type="checkbox"/> Same as driver	
City				State		ZIP Code	

☐ 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 26708(a)(1) OBSTRUCTED VIEW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VC 5200(a) LICENSE PLATES, TWO	<input type="checkbox"/>	<input checked="" 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
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Location of Violation (s) **SOUTH MERCANTILE DR AT INTERSECTION OF TRADE CENTER DR**

Beat 901	Area 260	Perm. Area 260	Patrol Vehicle No. 1365028	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): **RANCHO CORDOVA**

04/28/2018 FELIX IZARRARAS		015203	Fm: 11/19/2018 To: 12/31/2018
Dec. Date	Arresting or Citing Officer	I.D. No.	Vacation Dates
04/28/2018			Fm: 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 

WHEN: DATE: **07/27/2018** 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.