

☐ MISDEMEANOR
☒ TRAFFIC ☐ NONTRAFFIC

Date of Violation 04/20/2018	Time 07:38 PM	Day of Week FRIDAY	<input type="checkbox"/> CHP 215s <input type="checkbox"/> Accident
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Name (First, Middle, Last) ☐ Owners responsibility (§40001 VC)
DAVID EDWARD RODRIGUES ARRUDA

Address
120 FORASTERA CIR

City SACRAMENTO	State CA	ZIP Code 95834
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Driver Lic. No. F7613231	State/Country CA	Class C	Commercial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age 20	Birth Date 06/27/1997
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Sex M	Hair BRN	Eyes BRN	Height 5'08"	Weight 180	Race/Ethnicity H
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Veh. Lic. No. or VIN No. 5ATP480	State CA	Reg. Exp. 01/2019	<input type="checkbox"/> Comm.Veh. (§15210(b) VC)
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Yr. of Veh. 2003	Make HOND	Model CIVIC	Body Style 4T	Color TAN	Type 01	<input type="checkbox"/> Hazmat (§353 VC)
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Evidence of Financial Responsibility or CHP/DOT/PUC/ICC AAA	<input type="checkbox"/> Comm.Veh. (§15210(b) VC)
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Registered Owner or Lessee ☒ Same as driver

Address ☒ Same as driver

City	State	ZIP Code
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☐ Booking Required (See Below)

Correctable Violation (§40610 VC) Misdemeanor or Infraction

Yes/No	Code and Section	Description	M	I
<input checked="" type="checkbox"/>	VC 22349(a)	EXCEEDING 65 MPH MAXIMUM SPEED	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Speed Approx. > 83	Max. Speed 65	Veh.Lmt.	Safe	Special
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Location of Violation (s) **WEST 50 WEST OF 59TH STREET**
at:

Beat 151	Area 252	Perm. Area 252	Patrol Vehicle No. M9860	MVARs <input 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 COUNTY**

04/20/2018	DANIEL GEERS	018575	Fm: To:	
Dec. Date	Arresting or Citing Officer	I.D. No.	Vacation Dates	
04/20/2018			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: **07/19/2018** 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.

