

Date of Violation

Time

☐ AM☐ PM

Day of the Week

S

M

T

W

T

F

S

☐ CHP 215s☐ Accident

Name (First, Middle, Last)

☐ Owner's Responsibility (\$40001 VC)

Address

City

State

ZIP Code

Driver Lic No

State

Commercial

Age

Birth Date

Sex

Hair

Eyes

Height

Weight

Race / Ethnicity

Veh Lic No or VIN No

State

Reg Exp

☐ COMMERCIAL VEHICLE
(\$15210(b) VC)

Yr of Veh

Make

Body Style

Color

Veh Type

Evidence of Financial Responsibility or CHP / DOT / PUC / ICC

☐ HAZARDOUS MATERIAL
(\$353 VC)

Registered Owner or Lessee

☒ Same as Driver

Address

City

State

ZIP Code

☐ Same as Driver

Correctable Violation (\$40610 VC)

☐ Booking Required (See Reverse)

Misdemeanor or Infraction (Circle)

Yes No

Code and Section

Description

☐ Yes ☒ No

Yes No

☐ Yes ☐ No

Yes No

☐ Yes ☐ No

Yes No

☐ Yes ☐ No

Speed Approx

P F / Max Spd

Veh Lmt

Safe

Special

Location of Violation(s)

Beat

Area

Perm Area

☐ Radar / Lidar Unit / Patrol Vehicle No☐ 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)

California

Date

Arresting or Citing Officer

I D No

Vacation Dates

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

TIME

☐ AM ☐ PM

WHAT TO DO

FOLLOW THE INSTRUCTIONS ON THE REVERSE

WHERE

☐ SUPERIOR COURT☐ JUVENILE

ADDRESS

PHONE NO

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

Judicial Council of California Form

Rev 09-20-05 (§§ 40500(b), 40513(b),

40522, 40600 VC, § 853.9 PC)

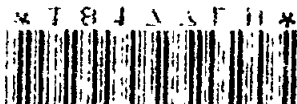
TR - 130

SEE REVERSE



* 18177 LH *

18177 LH



(Circle One)

RIGHT OR
LEFT
THUMBPRINT

