

MISDEMEANOR

HP 85

Traffic  Nontraffic

Date of Violation: 3-7-18 Time: 3:42  AM  PM Day of the Week: S M T W T F S  CHP 215e  Accident

Name (First, Middle, Last): Mirinda Lee  Owner's Responsibility (\$40001 VC)

Address: \_\_\_\_\_

City: ST HELENA, CA State: CA ZIP Code: 94574

Driver Lic. No.: \_\_\_\_\_ State/Country: CO. Commercial:  Yes  No Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex: F Hair: AUB Eyes: GRN Height: 5-6 Weight: 150 Race / Ethnicity: W

Veh. Lic. No. or VIN No.: \_\_\_\_\_ State: \_\_\_\_\_ Reg. Exp.: \_\_\_\_\_  COMMERCIAL VEHICLE (\$15210(b) VC)

Yr. of Veh.: 2015 Make: HONDA Model: CIVIC Body Style: 4DR Color: LGRN Dh Veh. Type:  HAZARDOUS MATERIAL (\$353 VC)

Evidence of Financial Responsibility or CHP / DOT / PUC / ICC: ESURANCE (MO)

Registered Owner or Lessee: \_\_\_\_\_  Same as Driver

Address: \_\_\_\_\_  Same as Driver

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Correctable Violation (\$40516 VC)  Booking Required (See Reverse)  Misdemeanor or Infraction (Circle)

Yes No	Code and Section	Description	
<input checked="" type="checkbox"/>	23152 VC	DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL	(M) I
<input type="checkbox"/>			M I
<input type="checkbox"/>			M I
<input type="checkbox"/>			M I

Speed Approx.: \_\_\_\_\_ P. F. / Max Spd.: \_\_\_\_\_ Veh. Lmt.: \_\_\_\_\_ Safe: \_\_\_\_\_ Special: \_\_\_\_\_

Location of Violation(s) at: SR 12 AT N. KELLY ROAD

Beat: 12 Area: 305 Perm. Area: \_\_\_\_\_  Radar / Lidar Unit / Patrol Vehicle No.: 1265088  MVARS

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): ST HELENA, CALIFORNIA

Dec. Date: \_\_\_\_\_ Arresting or Citing Officer: W. WENTZEL 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: DATE: 4-25-18 TIME: \_\_\_\_\_  AM  PM

WHAT TO DO: FOLLOW THE INSTRUCTIONS ON THE REVERSE

WHERE: ADDRESS:  SUPERIOR COURT  JUVENILE

PHONE NO.: 707 299-1160

To be notified

You may arrange with the clerk to appear at a night session of the court.

HP