



CULVER CITY POLICE DEPARTMENT

STATEMENT OF PRIVATE PERSON'S ARREST

DR#/BK# _____

I, _____, a private person acting under authority of Section 837 of the California Penal Code, *have arrested,

_____ for the offense of (Insert code and section) _____ defined as _____.

These public offenses were committed in my presence at

_____ on _____ at _____ I hereby request

Officer(s) _____ of the Culver City Police Department to accept this arrest as required by Section 142 of the Penal Code.

I agree to cooperate fully with the Culver City Police Department and the Prosecutor's Office and to appear when required at all stages of the criminal proceedings. I understand that my failure to cooperate in the proceedings may result in all charges against the arrestee being dropped. I further understand that in exercising my power as a private person to arrest, I may be liable for any false arrest action or civil liability that the arrestee may initiate as a result of this arrest.

Signature of person making the arrest Date

Home Address City, Zip

Home Phone Business Phone

*PC 837 A private person may arrest another: 1. For a public offense committed...in his presence. 2. When the person arrested...has committed a felony, although not in his presence. 3. When a felony has been in fact committed, and he has reasonable cause for believing the person arrested to have committed it.

JUVENILE INVESTIGATION REPORT
CULVER CITY POLICE DEPARTMENT

DATE/TIME: _____ DR# : _____ JUV # : _____
BKG# : _____
LNAME : _____ FNAME: _____ MNAME: _____
ADDRESS: _____ ZIP : _____
D.O.B : _____ AGE: _____ SEX: _____ RACE: _____ HAIR: _____ EYES: _____
AKA : _____ SCAR/TATTOO: _____
SCHOOL : _____ GRADE: _____ HEIGHT: _____ WEIGHT: _____
FATHER : _____ HM PHONE: _____
ADDRESS: _____ WK PHONE: _____
MOTHER : _____ HM PHONE: _____
ADDRESS: _____ WK PHONE: _____
GUARDIAN: _____ HM PHONE: _____
ADDRESS: _____ WK PHONE: _____
PARENT/GUARDIAN NOTIFIED BY: _____ DT/TIME: _____

WIC SECTION: 602 OFFENSE: _____
LOCATION OFFENSE COMMITTED : _____
DATE/TIME OF OFFENSE: _____ DATE OF ARREST: _____
LOCATION OF ARREST : _____
MONIKER : _____ GANG: _____
COMPANIONS: _____
JUVENILE RELEASED TO: _____ RELATION: _____
ADDRESS: _____ CDL: _____
PHONE : _____ RELEASED BY: _____ DT/TIME : _____
SECURED DETENTION YES: _____ NO: _____ TIME IN: _____ TIMEOUT: _____
(Time held not to exceed 6 hours)

DETAINED JUVENILE ADVISED OF:
_____ Purpose of detention _____ Expected duration of detention _____ 6 Hour detention limit
(Officer initial each line)

-----BELOW FOR JUVENILE USE ONLY -----

JAI: _____
COUNT: _____ DATE: _____ WIC SECTION: _____ VICTIM: _____
602 PC/VC SECTION: _____

ENCLOSURES: _____

**CITY OF CULVER CITY
POLICE DEPARTMENT
NOTICE TO APPEAR**

MISDEMEANOR

Traffic Non-Traffic

Date of Violation: / / Time: AM PM Day of Week: S M T W T F S Case No.:

Name (First, Middle, Last): _____ Owner's Responsibility (Veh. Code, § 40001)

Address:

City: _____ State: _____ ZIP Code: _____ Juvenile Phone No. ()

Driver Lic. No.: _____ State: _____ Class: _____ Commercial: Yes No Age: _____ Birth Date: / /

Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____ Race: _____ Other Description: _____

Vehicle Lic. No. or VIN: _____ State: _____ COMMERCIAL VEHICLE (Veh. Code, § 15210(b))

Yr. of Veh.: _____ Make: _____ Model: _____ Body Style: _____ Color: _____ HAZARDOUS MATERIAL (Veh. Code, § 353)

Evidence of Financial Responsibility: _____

Registered Owner or Lessee: _____ Same as Driver

Address: _____ Same as Driver

City: _____ State: _____ ZIP Code: _____

Correctable Violation (Veh. Code, § 40610)		<input type="checkbox"/> Booking Required (see reverse)	Misdemeanor or Infraction (Circle)
Yes	No	Description	
<input type="checkbox"/>	<input type="checkbox"/>		M I
<input type="checkbox"/>	<input type="checkbox"/>		M I
<input type="checkbox"/>	<input type="checkbox"/>		M I
<input type="checkbox"/>	<input type="checkbox"/>		M I

Speed Approx.: _____ P.F./Max. Spd.: _____ Veh. Lmt.: _____ Safe: _____ Radar/Laser: Continuation Form Issued: N

Location of Violation(s): _____ City/County of Occurrence: _____ W E

Comments (Weather, Road & Traffic Conditions): _____ Accident S

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.

Dec. Date: / / Arresting or Citing Officer: _____ Serial No.: _____ to Date Off: _____

Dec. Date: / / Name of Arresting Officer, if different from Citing Officer: _____ Serial No.: _____ to Date Off: _____

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

WHEN: ON OR BEFORE THIS DATE: _____ Time: _____ AM PM

WHAT TO DO: FOLLOW THE INSTRUCTIONS ON THE REVERSE.

WHERE: LOS ANGELES SUPERIOR COURT, SANTA MONICA COURTHOUSE, 2ND FLOOR TRAFFIC, 1725 MAIN STREET, SANTA MONICA, CA 90401 (213) 742-8648

LOS ANGELES SUPERIOR COURT, AIRPORT COURT HOUSE 11701 S. LA CIENEGA BLVD., DIV. 140, LOS ANGELES, CA 90045 (310) 727-8020

To be notified



Judicial Council of California Form Rev. 08-26-15 (Veh. Code, §§ 40500(b), 40513(b), 40522, 40800; Pen. Code § 853.9) SEE REVERSE TR-130

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