



Brent Cardall,  
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Of Yolo County  
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IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF YOLO

THE PEOPLE OF THE STATE  
OF CALIFORNIA,

Plaintiff,

vs.

KEVIN DOUGLAS LIMBAUGH,

Defendant.

COURT NO.: 18-5541

PROB. NO.: 269219

MEMORANDUM OF THE  
PROBATION OFFICER

PROP 63

NEXT COURT DATE: TBD  
DEPARTMENT: TBD

DATE OF CONVICTION: 10/29/2018

QUALIFYING OFFENSE: PC 243(d)/17(b)(4)

A review of the Automated Firearms System (AFS) revealed the following:

- ☒ There are no firearms registered to the defendant  
☐ There are firearms registered to the defendant

☐ The defendant submitted the Prohibited Persons Relinquishment Form on. The defendant complied with the mandated deadline pursuant to Penal Code Section 29810.

☒ The defendant submitted the Prohibited Persons Relinquishment Form on 11/13/2018. The defendant failed to comply with the mandated deadline pursuant to Penal Code Section 29810.

☐ The defendant failed to submit the Prohibited Persons Relinquishment Form. The defendant failed to comply with the provisions of Penal Code Section 29810.

☐ The defendant has registered firearms and has complied with Penal Code Section 29810.

☐ The defendant has registered firearms and has not complied with Penal Code Section 29810. The following documents are still outstanding:

- ☐ Prohibited Persons Relinquishment Form
- ☐ Firearm Disposition Receipt

A review of YCSO Report Number 18-2521 indicated the following:

- ☒ **There is no indication that the defendant owns, possesses, or has custody of a firearm**
- ☐ The defendant may own, possess, or have custody of a firearm

The following documents are attached:

- ☐ Automated Firearm's System Response
- ☐ Prohibited Persons Relinquishment Form (no firearms to declare)
- ☒ **Prohibited Persons Relinquishment Form**
- ☒ **Firearm Disposition Receipt**

Collateral Information:

BOF form 1022 was submitted previously.

On November 9, 2018, the defendant, via his Power of Attorney, relinquished a Bushmaster AR-15 rifle to the Davis Police Department. Documentation is attached.

1 DATE: 11/19/2018

2 Respectfully submitted,

3 BRENT CARDALL,  
4 Chief Probation Officer

5  
6 By: 

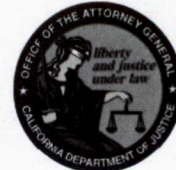
7 Brenda L. Gage,  
8 Supervising Probation Officer

9  
10  
11  
12  
13 Cc: District Attorney  
14 Public Defender





**CALIFORNIA DEPARTMENT OF JUSTICE  
BUREAU OF FIREARMS  
Prohibited Persons Relinquishment Form**  
(Penal Code 29810)



Pursuant to Penal Code section 29810, any person who is convicted of any offense listed in sections 29800 or 29805 is prohibited from owning, purchasing, receiving, possessing, or having under his or her custody or control, any firearms, ammunition, and ammunition feeding devices, including but not limited to magazines. Any person subject to section 29800 or 29805, shall relinquish all firearms through a designee within the time periods set forth in subdivision (d) or (e) of Penal Code section 29810, by surrendering the firearms to the control of a local law enforcement agency, selling the firearms to a licensed firearms dealer, or transferring the firearms for storage to a firearms dealer pursuant to section 29830.

Please note: This form is intended for use in relinquishing firearms only. As a reminder, any person who is convicted of any offense listed in sections 29800 or 29805 is also prohibited from owning or possessing ammunition, ammunition feeding devices, including but not limited to magazines, clips, speed loaders, and autoloaders.

**A. Prohibited Person Information (Defendant):**

Last Name: <u>Limbaugh</u>		First Name: <u>Kevin</u>		Middle Name: <u>Douglas</u>	
Physical Residence Address: <u>501 E Street</u>			City: <u>Davis</u>	State: <u>CA</u>	Zip Code: <u>95616</u>
Date of Birth (mm/dd/yyyy): <u>08/10/1970</u>	California Driver License or Identification No.: <u>D5997551</u>		Sex: <u>M</u>	Phone No. (include area code): <u>530-312-1867</u>	

**B. Firearm(s) Information (To report additional firearm(s), use supplemental form (BOF 1023)):**

<u>Initial</u> I do not own, possess, or have under my custody or control, any firearms, ammunition, or ammunition feeding devices, including but not limited to magazines.					
Signature _____			Date _____		
Firearm Type: <input type="radio"/> Handgun <input checked="" type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number: <u>L218 L208818</u>		Make: <u>Bushmaster</u>	Model: <u>XM15-E2S</u>
Caliber: <u>.223</u>	Color: <u>Black</u>	Firearm Origin: <u>Windham, ME</u>	Barrel Length: <u>16</u>	Category (i.e. semi-automatic, single-shot, bolt action): <input checked="" type="checkbox"/> in. <input type="checkbox"/> cm. <u>Semi-auto</u>	
Describe Firearm (Identification Marks): <u>Black, Bushmaster AR-15 semi-auto rifle</u>					
Current Location of Firearm (including address and other information about the firearm's specific location): <u>501 E Street, Davis, CA 95616</u>					
Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:		Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	Category (i.e. semi-automatic, single-shot, bolt action): <input type="checkbox"/> in. <input type="checkbox"/> cm.	
Describe Firearm (Identification Marks):					
Current Location of Firearm (including address and other information about the firearm's specific location):					

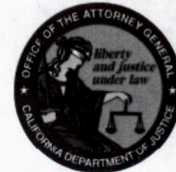








**CALIFORNIA DEPARTMENT OF JUSTICE  
BUREAU OF FIREARMS  
Prohibited Persons Relinquishment Form**

**H. Firearm Relinquishment Information (To report additional firearms, use supplemental form (BOF 1024) - attach completed BOF 1025 form(s) and/or receipts)**

Firearm Type: <input type="radio"/> Handgun <input checked="" type="radio"/> Rifle <input type="radio"/> Shotgun			Serial Number: L208818		Make: Bushmaster	Model: XM15-E2S
Caliber: .223	Color: Black	Firearm Origin: Windham, ME	Barrel Length: 16	<input checked="" type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action): Semi-auto	
Describe Firearm (Identification Marks): Black Bushmaster AR-15 Semi-auto rifle						
<b>Firearm Relinquished to:</b>						
<input checked="" type="checkbox"/> Law Enforcement Agency (LEA)		ORI No., LEA Name, and Address CA0570100 DAVIS PD 2600 5TH ST DAVIS CA 95616			Relinquished Firearm Date 11/9/18	
<input type="checkbox"/> Licensed Firearm Dealer (CFD)		CFD No., Name, and Address OFC. PENROSE #11			Relinquished Firearm Date	
Printed Name and Title of LEA Representative or CFD Salesperson/Associate				Signature of LEA Representative or CFD Salesperson/Associate PENROSEN		

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun			Serial Number:		Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	
Describe Firearm (Identification Marks):						
<b>Firearm Relinquished to:</b>						
<input type="checkbox"/> Law Enforcement Agency (LEA)		ORI No., LEA Name, and Address			Relinquished Firearm Date	
<input type="checkbox"/> Licensed Firearm Dealer (CFD)		CFD No., Name, and Address			Relinquished Firearm Date	
Printed Name and Title of LEA Representative or CFD Salesperson/Associate				Signature of LEA Representative or CFD Salesperson/Associate		

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun			Serial Number:		Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	
Describe Firearm (Identification Marks):						
<b>Firearm Relinquished to:</b>						
<input type="checkbox"/> Law Enforcement Agency (LEA)		ORI No., LEA Name, and Address			Relinquished Firearm Date	
<input type="checkbox"/> Licensed Firearm Dealer (CFD)		CFD No., Name, and Address			Relinquished Firearm Date	
Printed Name and Title of LEA Representative or CFD Salesperson/Associate				Signature of LEA Representative or CFD Salesperson/Associate		





**CALIFORNIA DEPARTMENT OF JUSTICE  
BUREAU OF FIREARMS  
Prohibited Persons Relinquishment Form**

**F. Power of Attorney Designee (Consenting Third-Party):**

Last Name: <u>Walker</u>		First Name: <u>Bill</u>		Middle Name: <u>McAlpine</u>	
Physical Residence Address: <u>501 E Street</u>			City: <u>Davis</u>	State: <u>CA</u>	Zip Code: <u>95616</u>
Date of Birth (mm/dd/yyyy): <u>5/8/1949</u>	California Driver License or Identification No.: <u>F1761084</u>		Sex: <u>M</u>	Phone No. (include area code): <u>530 771 5071</u>	

I, William M. Walker, hereby agree to accept appointment as Power of Attorney for the sole purpose of transferring  
Printed Name of Power of Attorney Designee

or disposing firearms on behalf of Kevin Limbaugh, the owner or possessor of the firearm(s).  
Printed Name of Defendant

I understand that it is my legal responsibility to carry out one of the following actions on behalf of the defendant: surrender the firearms to the control of a local law enforcement agency, sell the firearms to a licensed firearms dealer, or transfer the firearms to a dealer. I understand that I, the designee, shall relinquish the firearm(s) that are in my possession within five days of when the defendant has been convicted or within fourteen days of when the defendant was convicted, if he/she remained in law enforcement custody. I understand that I am obligated to submit this completed BOF 1022 form to the defendant's assigned probation officer within the specified time period in Penal Code Section 29810 (d) and (e). In addition, I shall state the date each firearm was relinquished and the name of the party to whom it was relinquished to and attach corresponding receipts, or the optional Firearm Disposition Receipt Form (BOF 1025), from the law enforcement agency or licensed firearms dealer who took possession of the relinquished firearm(s). I declare under penalty of perjury under the laws of the State of California, that I am not prohibited by law from possessing firearms.

William M. Walker  
Signature

11-9-18  
Date

**G. Power of Attorney Designee (Law Enforcement Agency):**

ORI Number:	LEA Name:				
Street Address:	City:	State:	Zip Code:	Phone Number:	
Printed Name of LEA Representative/Title		Signature		Date	