#705 herarol smith.

S/W

DRIVER/VEHICLE EXAMINATION REPORT

Inspect 1.130.8745

Maryland Motor Carrier Safety Program
Maryland State Police
6855 Deerpath Rd., Suite G Elkridge, MD 21075
msp.cvedinspections@maryland.gov
Phone: (410)579-5959 Fax: (410)796-0431

Report Number: MD2170006887
Inspection Date: 02/21/2024
Start: 9:05 AM ET **End:** 9:19 AM ET
Inspection Level: II - Walk-Around
HM Inspection Type: None

Carrier: ZIGI FREIGHT INC
DBA: ROYAL3 INC
6850 W 63RD STREET
CHICAGO, IL, 60638
USDOT: 2828543 **Phone#:** (630)485-7370
MC/MX#: 944686 **Fax#:** (630)485-6980
State#:
Location: I-70 W FRIENDSHIP SCALE HOUSE
Highway:
County: HOWARD
Email: ZIGI@ROYAL3INC.COM

Driver: SMITH, HERARD
License#: 071493081 **State:** GA
Date of Birth: 10/06/1984
CoDriver:
License#: **State:**
Date of Birth:
Milepost: **Shipper:** CENIBRA INC
Origin: BALTIMORE,MD **Bill of Lading:** 458128
Destination: MUNISING,MI **Cargo:** PAPER PRODUCTS

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	TT	MACK	2022	IL	P1110716	705	1M1AN4GYXNM025545	53200			
2	ST	VANR	2024	ME	5003268	H03250	5V8VC5322RM409983	68000			

BRAKE ADJUSTMENTS: No brake measurements required for level II or level III

VIOLATIONS

Section	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
392.2-SLLEWA2	F	D	N	6FX0CRK	N	N	State/Local Laws - Excessive weight - 2501-5000 lbs over on an axle/axle groups.: EXCEEDING MAXIMUM ALLOWABLE AXLE WEIGHT OF 34,000 LBS BY 2,520

HazMat: No HM transported **Placard:** **Cargo Tank:**

Special Checks:

- Alcohol/Controlled Substance Check
- Conducted by Local Jurisdiction
- X Size and Weight Enforcement
- X eScreen Inspection
- Traffic Enforcement
- PASA Conducted Inspection
- Drug Interdiction Search
- Post Crash Inspection
- PBBT Inspection

State Information:
VEHICLE SELECTED: O; CITATIONS: 1; FINE AMOUNT: 119.00; ELD Y/N: Y; VIRTUAL WEIGH (Y/N): N

Notes: BOTH VINS VERIFIED

NOTE TO DRIVER/MOTOR CARRIER: This report must be furnished to the motor carrier whose name appears at the top of this report. {49 CFR 396.9(d)} Please sign the below certification and return to the Maryland State Police preferably by email {msp.cvedinspections@maryland.gov} or by U.S. Mail within fifteen days. Motor Carriers are to retain a copy at the principal place of business or where the vehicle is housed for 12 months from the date of inspection.

Do not send fine payment with the return of this report. Fine payment for traffic citations associated with this report must be mailed (as per instruction on the back of the defendant's copy of the citation) to: Maryland District Court, P.O. Box 6676, Annapolis, MD 21401-0676. Failure to pay fines associated with this report will result in Maryland's Department of Motor Vehicles suspending the driving privileges in Maryland of the driver of this vehicle.

If you feel there are discrepancies on the Driver/Vehicle Examination Report you must submit a Data Review Request through the DataQ Website. https://dataqs.fmcsa.dot.gov [dataqs.fmcsa.dot.gov]

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal/State Motor Carrier Safety and Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. Failure to return this report with the required certification can result in penalties up to $1,000 per day for each day the violation continues, up to a total of $10,000.

Signature Of Motor Carrier X: _____ Title: Safety manager Date: 02/22/24

Report Prepared By: R. F. HOBBS ID/Badge #: 2170

X _____

Copy Received By: HERARD SMITH

X _____

02828543 MD MD2170006887

R-102

MARYLAND UNIFORM COMPLAINT / CITATION / SUMMONS 6FX0CRK

DRIVER'S LICENSE NUMBER	CLASS	STATE
071493081	A	GA

DEFENDANT'S (FIRST) NAME	MIDDLE	LAST	SUFFIX
SMITH NONE HERARD			

CURRENT ADDRESS IN FULL
1206 AMBER CHASE DR

CITY	COUNTY	STATE	ZIP CODE
MCDONOUGH		GA	30253

HEIGHT	WEIGHT	RACE	GENDER	BIRTHDATE	TELEPHONE NO.
600	185	1	M	10/06/1984	

VEHICLE REGISTRATION	STATE	YEAR
P1110716	IL	2022

MAKE	MODEL	TYPE	COLOR
MACK	TT	07	WHITE

VIOLATION DATE / TIME	
2/21/2024 09:20	COMM. VEH. CDL LICENSE

LOCATION OF OFFENSE
W/B 70 @ WEST FRIENDSHIP SCALE HOUSE

COUNTY/CODE		AREA	ARREST TYPE	CVID
HOWARD - 13	MD	0	A	

DID UNLAWFULLY VIOLATE MOTOR VEHICLE LAW(S):

CITATION NO.	ART/SEC/CHARGE	PAYABLE FINE AMOUNT
1. 6FX0CRK	TA - 24-108(a1) EXCEEDING ALLOWABLE AXLE WEIGHT EXCEEDING ALLOWABLE WEIGHT OF 34000LBS BY 2520LBS	PAYABLE FINE OF $119.00

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF AND I PERSONALLY SERVED THIS SUMMONS ON THE DEFENDANT NAMED ABOVE.

☒ A VISUAL COMPARISON WAS MADE BETWEEN DEFENDANT AND THEIR ID/LICENSE.

OFFICER SIGNATURE

DISTRICT 10 NO 01 AGENCY MSP SUB-AGENCY 9024 ID NO. 5522

RADAR/LASER/VASCAR OPERATOR

AGENCY SUBAGENCY ID NO.

I ACKNOWLEDGE RECEIPT OF A COPY OF THIS SUMMONS. I UNDERSTAND THAT ACCEPTANCE OF THIS SUMMONS IS NOT AN ADMISSION OF GUILT BUT MY FAILURE TO APPEAR MAY RESULT IN THE ISSUANCE OF A WARRANT FOR MY ARREST.

ISSUED ELECTRONICALLY -- SIGNATURE NOT REQUIRED

NOTE: IF YOU FAIL TO COMPLY WITHIN 30 DAYS AFTER RECEIPT OF THIS CITATION, THE MOTOR VEHICLE ADMINISTRATION WILL BE NOTIFIED AND MAY TAKE ACTION TO SUSPEND YOUR DRIVER'S LICENSE. DRIVING ON A SUSPENDED LICENSE IS A CRIMINAL OFFENSE FOR WHICH YOU COULD BE INCARCERATED.

DR-49E (Rev. 10/2020)

DISTRICT COURT OF MARYLAND SUMMONS TO APPEAR / NOTICE TO DEFENDANT

IMPORTANT INFORMATION: This citation is a summons to appear. If you request a trial or waiver hearing, you will be notified by the Circuit or District Court through a trial/waiver hearing notice setting the date, time, and place to appear. It is your obligation to know your trial/hearing date and appear on that date. It may take several weeks before a trial/hearing date is set. If your name or address on this citation is not correct, you must notify the court in writing of any changes. The Post Office does NOT forward court mail.

IF ANY OF YOUR VIOLATIONS ARE MARKED "MUST APPEAR": You must appear in District Court as directed. You will automatically be mailed a notice of your trial date by the court. **Failure to appear may result in a warrant for your arrest.**

TO THE PERSON CHARGED:

1. This paper charges you with committing a crime.
2. If you have been arrested and remain in custody, you have the right to have a judicial officer decide whether you should be released from jail until your trial.
3. If you have been served with a citation or summons directing you to appear before a judicial officer for a preliminary inquiry at a date and time designated or within five days of service if no time is designated, a judicial officer will advise you of your rights, the charges against you, and penalties. The preliminary inquiry will be cancelled if a lawyer has entered an appearance to represent you.
4. You have the right to have a lawyer.
5. A lawyer can be helpful to you by:
   (A) explaining the charges in this paper;
   (B) telling you the possible penalties;
   (C) explaining any potential collateral consequences of a conviction, including immigration consequences;
   (D) helping you at trial;
   (E) helping you to protect your constitutional rights; and
   (F) helping you get a fair penalty if convicted.
6. Even if you plan to plead guilty, a lawyer can be helpful.
7. If you are eligible, the Public Defender or a court-appointed attorney will represent you at any initial appearance before a judicial officer and at any proceeding under Rule 4-216.2 to review an order of a District Court commissioner regarding pretrial release. If you want a lawyer for any further proceeding, including trial, but do not have the money to hire one, the Public Defender may provide a lawyer for you. To apply for Public Defender representation, contact a District Court commissioner.
8. If you want a lawyer but you cannot get one and the Public Defender will not provide one for you, contact the court clerk as soon as possible.
9. DO NOT WAIT UNTIL THE DATE OF YOUR TRIAL TO GET A LAWYER. If you do not have a lawyer before the trial date, you may have to go to trial without one.

FOR MORE INFORMATION AND TO PAY CITATIONS

Visit the MD Judiciary Website at mdcourts.gov/district or call the Interactive Voice Response (IVR) System for trial dates, court locations and directions.
From all areas including out-of-state call: 1-800-492-2656 TTY users call Maryland Relay: 711
Contact info for District Court Commissioner's Offices can be found at:
http://www.mdcourts.gov/district/directories/commissionermap.html
If you require further information about qualifying for a Public Defender, call 1-833-453-9799.

IF ANY VIOLATIONS ARE MARKED "PAYABLE FINE": You must comply with one of the following within 30 days after receipt of the citation. If you pay the fine (Option 1) or enter into a payment plan (Option 2), you agree to a guilty disposition for the charge(s). Provide any change of address, if applicable.

OPTION #1 - PAYMENT: Pay the full amount of the fine for each violation within 30 days at any District Court of Maryland, by mail, or by credit card (fees apply) using the IVR system or court website. If paying by mail, make check or money order payable to District Court of MD and include citation number(s) on front of check or money order. On the option form below, check "Pay Fine Amount" for each violation being paid and mail the form with your payment to the address shown for the District Court of MD. An additional $30 service fee will be imposed for each dishonored check.

OPTION #2 – REQUEST TO ENTER INTO A PAYMENT PLAN UNDER § 7–504.1 OF THE COURTS ARTICLE: If you have at least $150 in total outstanding fines and are otherwise qualified to enter into a payment plan. On the option form below, check "Request to enter into a Payment Plan" for each violation in which a payment plan is requested, sign, date at the bottom and mail the form within 30 days to the address shown below.

OPTION #3 – REQUEST A WAIVER HEARING REGARDING SENTENCING AND DISPOSITION INSTEAD OF A TRIAL: On the option form below, check "Request Waiver Hearing" for each violation where hearing is requested, sign, date at the bottom and mail form within 30 days to the address shown below.

OPTION #4 – REQUEST TRIAL: On the option form below, check "Request Trial" for each violation where trial is requested, sign, date at the bottom and mail the form within 30 days to the address shown below.

DISTRICT COURT OF MARYLAND COMPLAINT & CITATION OPTION FORM

Return To:
District Court of MD
P.O. Box 6676
Annapolis, MD
21401-0676

NAME: SMITH NONE HERARD
☐ Check if change from address on citation.
ADDRESS
Telephone No.
City, State, Zip
DIS./NO 10/01

6FX0CRK

☐ PAY FINE AMOUNT $119.00 OR ☐ REQUEST TO ENTER INTO A PAYMENT PLAN ☐ REQUEST WAIVER HEARING ☐ REQUEST TRIAL

Check the appropriate box and sign below to request a Payment Plan, Waiver Hearing, or Trial for any citations listed above.

☐ **Request to enter into a Payment Plan** – I admit that I committed the violation(s) charged in this citation and understand I will receive a guilty disposition. I have at least $150 in total outstanding fines. I am requesting to enter into a payment plan to satisfy the violation(s) charged in this citation. If you are qualified, the court will mail the agreement to you or notify you otherwise. DO NOT SEND PAYMENT.

☐ **Request Waiver Hearing** – I admit that I committed the violation(s) charged in this citation. I am requesting a waiver hearing at which I may explain the circumstances to a judge. I know this is not a trial, the officer and witnesses will not be present, and that my appearance in court is for sentencing only. DO NOT SEND PAYMENT.

☐ **Request Trial** – I request a trial date for the violation(s) charged. DO NOT SEND PAYMENT.

DATE

DEFENDANT'S SIGNATURE