

**MASSACHUSETTS UNIFORM CITATION**



TYPE OF CITATION	
MOTOR VEH.	
<input checked="" type="checkbox"/> OPER. <input type="checkbox"/> OWNER	

**M 3824178**

DATE CITATION WRITTEN 032010	AGENCY CODE HAD	OFFICER I.D. NUMBER 349	COURT CODE 98	MOTOR VEH. SEARCH			
MOTOR VEHICLE LICENSE NO. OF VIOLATOR 008482496		STATE MA	CLASS	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RACE M	SEX M	NON-INVENTORY MV SEARCH <input type="checkbox"/> NO <input type="checkbox"/> YES
VIOLATOR NAME (Last) Cooper		(First) Eli		(Initial) D	DATE OF BIRTH 060777		
ADDRESS PO Box 232		CITY/TOWN Amherst		STATE MA	ZIP 01004		
PLATE TYPE	MOTOR VEHICLE REGISTRATION NO. Bicycle	STATE	CDL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	MAKE AND TYPE	YEAR	COLOR
DATE OF OFFENSE 032010	LOCATION OF OFFENSE (include #, st, hwy, city or town) Russell St Elmwood Court Harley		TIME OF OFFENSE 1037		ACCIDENT <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
A. CHAP/SEC/SUB 8911B	<input type="checkbox"/> CRIM <input checked="" type="checkbox"/> CIVIL	DESCRIPTION OF OFFENSE Failure to keep right		ASSESSMENT \$20 <sup>00</sup>	<p><b>NOTICE TO VIOLATOR</b> SEE REVERSE SIDE FOR INSTRUCTIONS</p> <p><b>NOTICE TO OFFICER</b> ENTER ASSESSMENT \$ AND TOTAL DUE \$ ONLY IF YOU CHECK "ALL CIVIL INFRACTIONS". ENTER COURT ADDRESS BELOW ONLY IF YOU CHECK "CRIMINAL APPLICATION".</p>		
B.	<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL	Upon being overtaken		\$			
C.	<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL			\$			
D. SPEEDING <input type="checkbox"/> 90/17 <input type="checkbox"/> 90/18	CIVIL	MPH IN MPH ZONE A	<input type="checkbox"/> POSTED <input type="checkbox"/> CLOCKED <input type="checkbox"/> NOT POSTED <input type="checkbox"/> RADAR <input type="checkbox"/> LIDAR <input type="checkbox"/> ESTIMATED	\$			
SPEEDING ASSESSMENTS INCLUDE A \$50 HEAD INJURY SURCHARGE				TOTAL DUE \$20 <sup>00</sup>			
OFFICER CHECK ONE ONLY	<input checked="" type="checkbox"/> ALL CIVIL INFRACTIONS (See instruction A on back)	<input type="checkbox"/> CRIMINAL APPLICATION (See instruction B on back)	<input type="checkbox"/> ARREST	<input type="checkbox"/> WARNING (No action required by violator)	COURT ADDRESS		
OFFICER CERTIFIES	<input checked="" type="checkbox"/> IN HAND TO VIOL	<input type="checkbox"/> MAILED TO VIOL	<input type="checkbox"/> IN HAND TO VIOLATOR'S AGENT				
VIOLATOR/AGENT ACKNOWLEDGES RECEIPT OF CITATION				AGENT NAME			
				AGENT'S LICENSE NUMBER & STATE			

VIOLATOR COPY



**INSTRUCTION A (ALL CIVIL INFRACTIONS)**

If "ALL CIVIL INFRACTIONS" is checked, all the violations with which you are charged are civil infractions. WITHIN 20 DAYS of the date of the citation, you must check either Box 1 indicating you are paying the citation, or Box 2, indicating you are requesting a hearing below, sign where indicated and mail this citation in the envelope provided. If this citation has more than one violation, you may request a hearing on any one or more of the violations. However, you may not pay the citation until those violations for which a hearing has been requested have been resolved.

If you fail to return this citation within 20 days with either Box 1 or Box 2 checked:

- You will lose your right to a hearing;
- You will have to pay substantial late charges; and,
- Your driver's license/right to operate or registration will be suspended until you pay in full, including late charges and reinstatement fees.

**1. I WISH TO PAY THIS CITATION.** I am paying the "TOTAL DUE" shown as a final disposition of this citation and I am waiving my right to a civil hearing before a court magistrate. I understand that such payment is an admission of responsibility for all infractions and any Registry action under the law, and may affect my auto insurance premium. I also understand that such payment is not an admission of guilt, responsibility or negligence in any other criminal or civil proceeding.

**To Pay by Mail:** Make check or money order payable to "Registry of Motor Vehicles". Please write the citation number, your driver's license number and state of issue on your payment. **DO NOT MAIL CASH.** If your check is returned unpaid, you will be subject to driver license or registration suspension/revocation and substantial penalties. Place your payment and this citation in the envelope provided and mail it to the address below. **NOTE: REMEMBER TO CHECK OFF THE PAYMENT BOX ON THE FRONT OF THE ENVELOPE.**

\$ \_\_\_\_\_ X \_\_\_\_\_  
Total Amount Due SIGNATURE OF VIOLATOR DATE



To Pay by Internet: <http://www.massrmv.com>

➔ Have your citation number and MasterCard, Discover or Visa ready.



To Pay by Phone: call (617/857, 781/339) 851-4500 or 800-858-3926 for area codes 508/774, 978/351 & 413 only. 9am-7pm, M - F



**2. I REQUEST A COURT HEARING:** I deny that I am responsible for the civil infraction(s) charged on this citation, and I request a civil hearing before a court magistrate. I understand that I must appear in court when the court notifies me by mail of the date and time of the hearing. Place this citation in the envelope provided and mail it to the address below. **Note: remember to check off the hearing request box on the front of the envelope.** I certify that I entered my correct mailing address on the front of the envelope and authorize the RMV to make any necessary changes.

X \_\_\_\_\_  
SIGNATURE OF VIOLATOR DATE

**MAIL PAYMENT OR COURT HEARING REQUEST TO:  
CITATION PROCESSING CENTER  
Box 55890, Boston, MA 02205-5890**

**INSTRUCTION B (CRIMINAL APPLICATION)**



If "CRIMINAL APPLICATION" is checked you will be granted a hearing as to whether a criminal complaint should issue against you if you sign below and return this citation WITHIN 4 DAYS to the Clerk-Magistrate of the court named on the front of this citation. Any accompanying civil infractions will be determined during the criminal proceedings and cannot be paid in advance.

X \_\_\_\_\_  
SIGNATURE OF VIOLATOR DATE

**ADDRESS CHANGES MUST BE REPORTED TO BOTH THE REGISTRY OF MOTOR VEHICLES AND TO THE COURT.**