

# MASSACHUSETTS UNIFORM CITATION



DATE WRITTEN (MM/DD/YY) 08   13   23				AGENCY CODE C10		OFFICER I.D. NUMBER 5032		COURT CODE 062		TYPE OF VIOLATOR <input checked="" type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> PASSENGER <input type="checkbox"/> BICYCLIST		126031AC				
MOTOR VEHICLE LICENSE NO. OF VIOLATOR 4404021999121493X (CAMBODIA)						STATE XX		CLASS D		CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				RACE A		
V I O L A T O R	VIOLATOR NAME (LAST) ZHONG					(FIRST) QIYU					(INITIAL)		NON-INVENTORY MV SEARCH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    CODE			
	ADDRESS 63 SONTAG PLACE					CITY / TOWN GOLETA					STATE CA		BIRTH DATE (MM/DD/YY) 12   14   99			
	ZIP 93117															
M V	PLATE TYPE PASS	VEHICLE REGISTRATION NO. 5231178		STATE NH	YEAR 2021	MAKE AND TYPE NISSAN/VERSA		COLOR WHI	CDL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16+ PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PLACARDED HAZMAT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
O F F E N S E (S)	OFFENSE DATE (MM/DD/YY) 08   13   23		LOCATION OF OFFENSE (include #, st, hwy, city or town) I-90 WB MM 96.2, MILLBURY, MA								TIME OF OFFENSE 01:35		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	A. CHAP/SEC/SUB 700CMR709/VV		WARNING		DESCRIPTION OF OFFENSE MASS PIKE - TOO CLOSE * 700 CMR 57.09(15)								ASSESSMENT \$		NOTICE TO VIOLATOR SEE BELOW FOR INSTRUCTIONS	
	B.												\$			
	C.												\$			
	D. SPEEDING				MPH IN      MPH A      ZONE		<input type="checkbox"/> POSTED <input type="checkbox"/> NOT POSTED <input type="checkbox"/> LIDAR		<input type="checkbox"/> CLOCKED <input type="checkbox"/> RADAR <input type="checkbox"/> ESTIMATED		\$					
SPEEDING ASSESSMENTS INCLUDE A \$50 HEAD INJURY SURCHARGE AND VIOLATIONS OF M.G.L. CHAPTER 89 AND 90 INCLUDE A \$5 SURCHARGE FOR THE PUBLIC SAFETY TRAINING FUND												TOTAL DUE \$				
CITATION TYPE <input type="checkbox"/> ALL CIVIL INFRACTIONS <input type="checkbox"/> CRIMINAL APPLICATION <input type="checkbox"/> ARREST <input checked="" type="checkbox"/> WARNING														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																
OFFICER CERTIFIES THAT THIS CITATION WAS ISSUED ON THE DATE WRITTEN TO THE NAMED VIOLATOR  <input checked="" type="checkbox"/> /s/ BEAL, MATTHEW OFFICER ELECTRONIC SIGNATURE						AGENT NAME  AGENT'S LICENSE NUMBER & STATE										

NO ACTION REQUIRED (WARNING)



YOU'VE BEEN INVOLVED IN A MOTOR VEHICLE CRASH INVESTIGATED BY  
State Police Charlton (C-10).



1. If damage to any vehicle or property is over \$1000 or if a person is injured, you must complete a Massachusetts Motor Vehicle Crash Operator Report within 5 days. The Crash Operator Report is available at [www.massrmv.com](http://www.massrmv.com).
2. You must file the report within 5 days following the date of the accident. You are required to forward the original to the RMV, one copy to the State Police barracks of jurisdiction and one copy to your Insurance Company.
3. To obtain a copy of a State Police Crash Report, visit [www.massrmv.com](http://www.massrmv.com) and search for "Request Crash Report Online" in Search Mass.gov. (as of Dec 2021, Web URL is <https://www.mass.gov/how-to/request-a-crash-report>). Follow the instructions for submission.

**Invest by:** Trooper Beal, Matthew  
State Police Charlton (C-10)  
272 Sturbridge Rd Charlton, MA 01507  
(508) 721-4040

**Incident Number:** 2023-0CX-007832  
**Incident Occurred:** 08/13/2023, 13:09 PM  
RT 90 West, Mile Marker 96, MILLBURY, MA

<u>Reg #:</u>	<u>Reg State:</u>	<u>Reg Type:</u>	<u>Year:</u>	<u>Make:</u>	<u>Model:</u>	<u>Color:</u>	<u>Insurance Carrier:</u>
5231178	NH	PAN	2021	Nissan	versa	GRAY	

**Operator Information:**

**Last Name:** Zhong  
**First Name:** Qiyu  
**D/O/B:** 12/14/1999  
**Lic Num:** 44040219991214913 Lic  
**Address:** 63 sontag place  
**City/Town:** goleta  
**State:** CA **Zip:** 93117

**Vehicle Owner:**

**Corporation:** EAN HOLDINGS LLC  
**Name:** Owner, Unknown  
**Address:** 526 SECOND ST  
**City/Town:** Manchester  
**State:** NH  
**Zip:** 03102

<u>Reg #:</u>	<u>Reg State:</u>	<u>Reg Type:</u>	<u>Year:</u>	<u>Make:</u>	<u>Model:</u>	<u>Color:</u>	<u>Insurance Carrier:</u>
kzr8330	NY	PAN	2023	Hyundai	TCN	RED	Liberty Mutual

**Operator Information:**

**Last Name:** Prokorym  
**First Name:** Megan  
**D/O/B:** 10/09/1979  
**Lic Num:** 308928248 Lic NY  
**Address:** 46 Pinewood Ave.  
**City/Town:** Albony  
**State:** NY **Zip:** 12208

**Vehicle Owner:**

**Corporation:**  
**Name:** Prokorym, Megan  
**Address:** 46 Pinewood Ave.  
**City/Town:** Albony  
**State:** NY  
**Zip:** 12208