

State of Michigan
Commercial Law Citation

Ticket No. **117697** Victim Involved

US DOT # MPSC
Detection Device BAC Dept. No. **101**

The People of the State of Michigan
 Township City Village County
Local Use Commodity Local Use Arrest No.

OF: **117697**
THE UNDERSIGNED SAYS THAT ON: **03/15/11** At approx. **1:15** A.M. P.M. Incident No.

Intra Carrier Name (Required) Inter **117697**
Street **117697** City **117697** State **117697** Zip Code **117697**
Owner Name Defendant

Street City State Zip Code

Driver Name (First, Middle, Last) Defendant
Street City State Zip Code

State Oper./Chauf. CDL Driver's License Number Date Month Day Year of Birth **117697**
Race Sex Height Weight Hair Eyes SSN (last 4 digits)

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule
UPON **117697** AT OR NEAR **117697**
WITHIN CITY VILLAGE TOWNSHIP OF **117697**
COUNTY OF **117697** DID THE FOLLOWING

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input type="checkbox"/> Cit <input type="checkbox"/> Warn <input type="checkbox"/> Authoriz. pend.	237.1	Overweight restrictions	1
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Waiv			2
<input type="checkbox"/> Cit <input type="checkbox"/> Warn <input type="checkbox"/> Authoriz. pend.			3

Offense Code(s) **257.722** ² ³

Key for Type: Cit = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Waiv = Violation for Which Fines/Costs May be Waived Authoriz. pend. = Authorization pending

VEH. TYPE TO THE COURT: Do not errand on a felony charge until an authorized complaint is filed.

VEH. TYPE	YR/MAKE	SERIAL NO.	PLATE NO.	YR/STATE
Truck	19 KW			
Tractor				
Semi				
Trailer				
Axle Wgt	[1]	[2]	[3]	[4]
Actual	12,000	14,050	15,050	16,050
Legal	11,700	14,500	14,500	14,500
Over	300	500	500	1,500
Axle Wgt	[7]	[8]	[9]	[10]
Actual				
Legal				
Over				

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$
 Veh. Imp. Traffic Crash Death Injury License Posted in Lieu of Bond
Person in Active Military Service Yes No Appearance Certificate None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
 Appearance Date on or before
 Hearing Date (if applicable) on Contact Court
 Juvenile Traffic Misd. (Court used Notify) Formal Hearing Required (Court used Notify)
Court Address & Phone Number

I saved a copy of the civil infraction complaint upon the defendant (or owner) receipt by posting if applicable.
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.
Complainant's Signature and receipt if applicable Month **03** Day **15** Year **11**

Officer's Name (printed) **117697** Agency Name **117697**

Ticket No. **117697**
Name
Case No.

State of Michigan Commercial Law Citation

Ticket No: **21HR03159** VNM# increased

UCCBOT# HPSOC

Respondent: **DETROIT TOWING GROUP INC** MCL 21HR03159

City: **DETROIT** State: **MI** Zip: **48201**

The People of the State of Michigan the County of **Wayne** the City of **DETROIT** the County of **Wayne** the City of **DETROIT**

Page: **1** of **1**

HURON

THE JUDGE ISSUED A WRIT FOR **SAVS THAT ON** **03** **18** **21** **01:08** **PM** **210005535**

State County City Township Precinct

DETROIT TOWING GROUP INC

Street: **26220 LITTLE MACK AVE** City: **SAINT CLAIR SHORES** State: **MI** Zip: **48051**

DETROIT TOWING GROUP INC

Street: **26220 LITTLE MACK AVE** City: **SAINT CLAIR SHORES** State: **MI** Zip: **48051**

GREGORY PAUL OTT

Street: **26220 LITTLE MACK AVE** City: **SAINT CLAIR SHORES** State: **MI** Zip: **48051**

MI: **MI** License No: **0300288676990** License Exp: **12** **28** **55**

Class: **W** **M** **600** **240** **BLU**

THE FORGONE IN THIS CASE IS Local Ordinance State Law Administrative Rule

UPON **WD SIBLEY RD** AT OR NEAR **INKSTER RD**

WITHIN CITY TOWNSHIP **DETROIT** OF **HURON**

COUNTY OF **WAYNE** AND THE FOLLOWING:

Type	MCL OR PACG Code	Description (to be completed by the respondent)	Charge
<input type="checkbox"/> MCL <input type="checkbox"/> PACG	Ord. 257.722	CMV OVERWEIGHT CONTACT COURT FOR FINE (OVERWEIGHT AXLES) \$ 1,568.00 FINE	3720
<input type="checkbox"/> CA <input type="checkbox"/> MCL <input type="checkbox"/> PACG			
<input type="checkbox"/> CA <input type="checkbox"/> MCL <input type="checkbox"/> PACG			
<input type="checkbox"/> CA <input type="checkbox"/> MCL <input type="checkbox"/> PACG			

Offense Code(s): **257.722**

Year	11	12	13	14	15	16
Assets	11200	10750	14050	13350	11300	
Liab	10900	8450	8450	8450	10900	
Net	300	2300	5600	4900	400	

Vehicle: **1NK2X41X3KJ359602** **RB84767** **2021** **MI**

State: **1NK2X41X3KJ359602** **RB84767** **2021** **MI**

Trailer: **1XKAD49X8DJ350155** **PVT8518** **OH**

Weight: **11200** **10750** **14050** **13350** **11300**

Liab: **10900** **8450** **8450** **8450** **10900**

Net: **300** **2300** **5600** **4900** **400**

Actual: Front Middle Rear Proceed

Check if APPROVED Change in Priority Local Court Service

Ven Imp Traffic Case Death Yes No License Point in lieu of Bond

Person in Active Duty Status Yes No Appellate Court Fee Other

SEE STATE LAW FOR EACH OF THESE FOR FURTHER INFORMATION REGARDING THIS STATE

Appearance Date was before **WITHIN 14 DAYS**

Hearing Date (if applicable) on _____ Disposed of

Hearing Held (Court/Holiday) Court Hearing Scheduled (Court/Holiday)

Court Address & Phone Number: **34TH DISTRICT COURT**
11131 S. WAYNE ROAD
ROMULUS, MI 48174
(734) 941-4462

I entered a plea of **Not Guilty** to the defendant's charges. My plea is **Not Guilty** **46783**

I declare under the penalties of perjury that the statements above are true to the best of my knowledge, information, and belief.

Defendant's Signature and Receipt: **SGT. T. SMITH** Date: **03** **18** **21**

Defendant's Name (print): **SGT. T. SMITH**

Defendant's Title: **SGT. T. SMITH**

LC-01 Payment: <https://Payments.CLEMIS.Org/CLMCitationPay>

R# 930 Mediation:

WWW MI 34TH DISTRICT COURT

1 CRM