FAIRFAX COUNTY POLICE

This form is provided as a courtesy to drivers involved in a motor vehicle accident. Please complete the below requested information and exchange it with the other driver(s).

MAKE OF VEHICLE	MODEL	YEAR	VEHICLE TAG NUMBER	STATE	YEAR
Buick Regal	Regal	'88		VA.	1992

DRIVER'S FULL NAME	DRIVER'S ENTIRE ADDRESS
~~Donna~~ Deena H. Nasir	Springfield VA.

DATE OF BIRTH	AGE	SEX	RACE	SOCIAL SECURITY NUMBER	PHONE NUMBER
11/29/47	44	F	Asian		

DRIVER'S LICENSE NUMBER	STATE	PARTS OF VEHICLE DAMAGED
	VA.	Bumper/ Left Running Light

ACCIDENT DATE	DAY OF WEEK	HOUR	LOCATION OF ACCIDENT
4/23/92.	Wednesday	3:40 AM (PM)	Graham Rd/Arlington Blvd

VEHICLE OWNER'S NAME, ADDRESS, PHONE
Hamid Hamidzada

INSURANCE COMPANY NAME & POLICY NUMBER	INVESTIGATING OFFICER'S NAME & PHONE NUMBER
Statefarm	Pfc D. E. Cox Mason District Sta. 256-8035

PD Form 52 (Rev. 8-86)

State Farm Insurance Companies

Annandale Service Center
6511 Braddock RD
Alexandria VA 22312
Phone: 703/750-8800

May 13, 1992

Minh Khuc

Falls Church, VA 22043

RE: Claim Number:
Our Insured: Khuc, Minh
Date of Loss: 04/22/92

Dear Mr. Khuc:

We have attempted to contact you regarding the above captioned loss but have been unsuccessful.

Please contact me immediately at 703-750-8859 so that we may disscuss your accident.

Sincerely,

Charles LaFleur
Senior Claim Representative
State Farm Mutual Automobile Insurance Company

CSL/jt

CLAIM NO. _____ OUR INSURED _____

COMMENTS

_____

_____

_____

_____

_____

TELEPHONE (_____) _____
HOME WORK

SIGNATURE _____

(166) G 4500.2 Rev. 3-87 Printed in U.S.A.

STATE FARM INSURANCE

POST CARD

STATE FARM INSURANCE CLAIM OFFICE
6511 Braddock Road
Alexandria, Va. 22312

ALEXANDRIA MAY 1 '92 VA.
U.S. POSTAGE 0.19

Minh Khuc,

Falls Church, VA 22043

"RETURN REQUESTED"

Mike McClellan
#941-2339

FROM:

PLACE POSTAGE HERE

POST CARD

STATE FARM INSURANCE CLAIM OFFICE
6511 Braddock Road
Alexandria, Va. 22312

ATTENTION:

DETACH ALONG THIS LINE

STATE FARM INSURANCE CLAIM OFFICE

CLAIM NO. _____

OUR INSURED Khue

DATE April 30, 1992 DATE OF LOSS 4-22-92

Dear Mink

We have been trying to contact you about your recent accident or loss but have been unsuccessful. We would like to talk to you as soon as possible.

☐ I would appreciate your coming to this office at your earliest convenience, bringing this card with you.

☒ Will you please telephone me at 703-750-8859

between 8:30 AM and 4:00 pm

If you are unable to contact this office, please complete the attached card and send it back to me. Thank you.

REMARKS: _____

Charles LaFleur

CLAIM REPRESENTATIVE

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF MOTOR VEHICLES

CERTIFICATE OF TITLE FOR A VEHICLE

KEEP IN SAFE PLACE—ANY ALTERATION OR ERASURE VOIDS THIS TITLE

THE DEPARTMENT OF MOTOR VEHICLES, COMMONWEALTH OF VIRGINIA, HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH, THAT THE APPLICANT NAMED ON THE FACE HEREOF HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE, AND THAT, FROM THE STATEMENTS OF THE OWNER AND THE RECORDS ON FILE WITH THIS DEPARTMENT, THE HEREON DESCRIBED VEHICLE IS SUBJECT TO THE SECURITY INTERESTS SHOWN HEREON, IF ANY, AND NONE OTHER. SECTION 2.1-382 OF THE VIRGINIA PRIVACY PROTECTION ACT OF 1976 PROVIDES THAT ALL REGISTRATION AND TITLE RECORDS IN THE OFFICE OF THE DEPARTMENT OF MOTOR VEHICLES ARE PUBLIC RECORDS SUBJECT TO DISSEMINATION TO AUTHORIZED AGENCIES OR INDIVIDUALS.

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	BODY STYLE	TITLE NO.
	76	CHEVROLET	4D SDN	

EMPTY WGT.	GROSS WGT.	AXLES	FUEL	SALES TAX PAID	ODOMETER	DATE ISSUED
3221				35.00	124,536,A	09/10/91

OTHER PERTINENT DATA	PRIOR TITLE NUMBER
601 AO	

NAME(S) AND ADDRESS(ES) OF VEHICLE OWNER(S)

MINH THO KHUC

FALLS CHURCH VA 22043

ODOMETER BRAND CODE
A — Actual
E — Exceeds Mechanical Limits
N — Not Actual

CONTROL NO.
DL710142
(This is not a title number)

ADD'L LIENS

FIRST LIENHOLDER: NO LIENS

FIRST RELEASE: INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED.
By _____
TITLE _____ DATE _____

SECOND LIENHOLDER:

SECOND RELEASE: INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED.
By _____
TITLE _____ DATE _____

SECTION A MUST BE FULLY AND CORRECTLY COMPLETED IN ORDER TO COMPLETE THE ASSIGNMENT TRANSACTION. ANY PERSON WHO FALSELY STATES THE SALE PRICE TO EVADE TAX SHALL BE GUILTY OF A CLASS 3 MISDEMEANOR.

A ASSIGNMENT OF TITLE BY OWNER

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. The undersigned hereby certifies that the vehicle described in this title has been transferred to the following (printed name and address of Buyer(s))

Buyer(s) Name LOC PHUOC NGUYEN

Street et # 202 City, State, Zip Annandale, VA 22003

DATE OF SALE _____ SALE PRICE DONATION

ODOMETER READING (No Tenths)

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: ☐ 1. The mileage stated is in excess of its mechanical limits. ☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY

Signature of Seller(s) _____ Printed Name of Seller(s) KHUC, MINH-THO

Signature of Buyer(s) Loc Nguyen Printed Name of Buyer(s) LOC, PHUOC NGUYEN

I am aware of the above odometer certification made by the seller.

I am aware of the above odometer certification made by the seller. Dealer's No. _____ Licensing Jurisdiction _____

ANY ALTERATION OR ERASURE WILL VOID THIS CERTIFICATE OF TITLE AND IT MUST THEN BE SURRENDERED TO SECURE A REPLACEMENT.

PURCHASER MUST SECURE A NEW TITLE, OR SURRENDER THIS ONE TO DMV WITHIN 30 DAYS OF SALE DATE.

VSA-3(REV 12/90)

B RE-ASSIGNMENT OF TITLE BY DEALER

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following: (printed name and address of Buyer(s))

Buyer(s) Name _____

Street _____ City, State, Zip _____

ODOMETER READING (No Tenths) _____ DATE OF SALE _____ SALE PRICE _____

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.
☐ 1. The mileage stated is in excess of its mechanical limits ☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY

Signature of Seller(s) _____ Printed Name of Seller(s) _____

Signature of Buyer(s) _____ Printed Name of Buyer(s) _____

I am aware of the above odometer certification made by the seller

I am aware of the above odometer certification made by the seller

Dealer's No. _____ Licensing Jurisdiction _____

C APPLICATION FOR NEW CERTIFICATE OF TITLE AND REGISTRATION

LIENOR'S NAME _____ DATE OF LIEN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Check the appropriate box to indicate the type of registration for which you are applying:
☐ PRIVATE ☐ FOR-HIRE
☐ ANTIQUE ☐ TRANSFER OF LICENSE NO. _____
☐ RENTAL

NOTE: License plates may not be transferred from one owner to another.

INSURANCE CERTIFICATION Check only one box:

☐ **THIS VEHICLE IS CURRENTLY INSURED BY A POLICY ISSUED THROUGH AN INSURANCE COMPANY LICENSED TO DO BUSINESS IN VIRGINIA and the policy provides at least minimum coverage as required by law.**

☐ **THIS VEHICLE IS NOT INSURED, therefore , I am remitting the applicable Uninsured Motor Vehicle Fee (provides NO insurance coverage).**

NOTE: Penalties are severe for operating or permitting the operation of an uninsured vehicle without paying the UMV fee.

NON-RESIDENTS POWER-OF-ATTORNEY ONLY APPLYING TO NON-RESIDENTS AND CORPORATIONS NOT DOMESTICATED IN VIRGINIA

THAT I/WE ACTING UNDER AND PURSUANT TO THE PROVISIONS OF SECTION 46.2-601 OF THE CODE OF VIRGINIA, AS NOW OR HEREAFTER AMENDED, HAVE MADE, CONSTITUTED AND APPOINTED AND UNDER THESE PRESENTS DO MAKE, CONSTITUTE AND APPOINT THE COMMISSIONER OF THE DEPARTMENT OF MOTOR VEHICLES OF THE COMMONWEALTH OF VIRGINIA TO BE MY/OUR TRUE AND LEGAL AGENT AND ATTORNEY-IN-FACT UPON WHOM ALL LEGAL PROCESSES AGAINST AND NOTICES TO ME/US MAY BE SERVED IN ANY ACTION OR LEGAL PROCEEDINGS BROUGHT AS THE RESULT OF THE OPERATION AND/OR USE OF ALL MOTOR VEHICLES TITLED OR LICENSED IN MY/OUR NAME IN THE COMMONWEALTH OF VIRGINIA, AND HE IS HEREBY AUTHORIZED TO ENTER AN APPEARANCE IN MY/OUR BEHALF IN ANY CASE OR PROCEEDINGS, AND I/WE HEREBY STIPULATE AND AGREE THAT ANY LAWFUL PROCESS AGAINST OR NOTICE TO ME/US WHICH IS DULY SERVED ON SAID AGENT AND ATTORNEY-IN FACT SHALL BE OF THE SAME LEGAL FORCE AND EFFECT AS IF SERVED ON ME/US IN THE COMMONWEALTH OF VIRGINIA

THE UNDERSIGNED OWNER OR OWNERS OF THE VEHICLE DESCRIBED ON THE FACE OF THIS CERTIFICATE HEREBY MAKE APPLICATION FOR A CERTIFICATE OF TITLE FOR SAID VEHICLE AND FOR THAT PURPOSES STATE UNDER OATH THAT I HAVE COMPARED THE IDENTIFICATION NUMBERS ON THE FACE OF THIS CERTIFICATE WITH THE IDENTIFICATION NUMBERS ON THE MOTOR VEHICLE PURCHASED AND FOUND THAT THEY AGREE IN EVERY PARTICULAR AND FURTHER CERTIFY THE VEHICLE IS SUBJECT TO THE LIENS INDICATED IN THIS SECTION AND NO OTHER. FEDERAL AND STATE REGULATIONS REQUIRE YOU TO STATE THE CURRENT ODOMETER MILEAGE UPON TRANSFER OF OWNERSHIP.

SIGNATURE OF APPLICANT _____ DATE _____

SOCIAL SECURITY NO. OF APPLICANT (EMPLOYER'S IDENTIFICATION NO.) _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

SOCIAL SECURITY NO. OF CO-APPLICANT (EMPLOYER'S IDENTIFICATION NO.) _____

STREET OR R.F.D. NO. _____

CITY _____ STATE _____ ZIP _____

VEHICLE PRINCIPALLY GARAGED IN CITY, TOWN OR COUNTY OF

☐ CITY OR TOWN OF _____ ☐ COUNTY OF _____

FOR DMV USE ONLY	
SALE PRICE $ (BEFORE TRADE-IN ALLOWANCE)	WITH LIEN
TAX $ (MINIMUM TAX MAY APPLY)	COUNTER CLERK
TITLE FEE	
LIC. FEE	DATA ENTRY
UMV FEE	
OTHER	REASSOCIATION
TOTAL $	

If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either owner named on this title? Please indicate by checking ☐ Yes or ☐ No.

LICENSE NO. _____ ISSUED _____ EXPIRE DATE _____ TITLE NUMBER _____ DMV USE ONLY

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF MOTOR VEHICLES

CERTIFICATE OF TITLE FOR A VEHICLE

KEEP IN SAFE PLACE—ANY ALTERATION OR ERASURE VOIDS THIS TITLE

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VEHICLE IDENTIFICATION NO.	YEAR	MAKE	BODY STYLE	TITLE NO.
	76	CHEVROLET	4D SDN	

EMPTY WGT	GROSS WGT.	AXLES	FUEL	SALES TAX PAID	ODOMETER	DATE ISSUED
3221				35.00	124,536,A	09/10/91

OTHER PERTINENT DATA	PRIOR TITLE NUMBER
601 AO	

NAME(S) AND ADDRESS(ES) OF VEHICLE OWNER(S)

MINH THO KHUC

FALLS CHURCH VA 22043

ODOMETER BRAND CODE
A — Actual
E — Exceeds Mechanical Limits
N — Not Actual

CONTROL NO.

(This is not a title number)

ADD'L LIENS

FIRST LIENHOLDER: NO LIENS

FIRST RELEASE: INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED.

By _____ TITLE _____ DATE _____

SECOND LIENHOLDER:

SECOND RELEASE: INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED.

By _____ TITLE _____ DATE _____

A ASSIGNMENT OF TITLE BY OWNER

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. The undersigned hereby certifies that the vehicle described on this title has been transferred to the following: (printed name and address of Buyer(s))

Buyer(s) Name LOC PHUOC NGUYEN

Street #202 City, State, Zip Annandale, VA 22003

DATE OF SALE _____ SALE PRICE DONATION

ODOMETER READING (No Tenths)

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: ☐ 1. The mileage stated is in excess of its mechanical limits. ☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY

Signature of Seller(s) _____ Printed Name of Seller(s) KHUC, MINH-THO

Signature of Buyer(s) Loc Nguyen Printed Name of Buyer(s) LOC, PHUOC NGUYEN

I am aware of the above odometer certification made by the seller.

I am aware of the above odometer certification made by the seller. Dealer's No. _____ Licensing Jurisdiction _____

SECTION A MUST BE FULLY AND CORRECTLY COMPLETED IN ORDER TO COMPLETE THE ASSIGNMENT TRANSACTION. ANY PERSON WHO FALSELY STATES THE SALE PRICE TO EVADE TAX SHALL BE GUILTY OF A CLASS 3 MISDEMEANOR.

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PURCHASER MUST SECURE A NEW TITLE, OR SURRENDER THIS ONE TO DMV WITHIN 30 DAYS OF SALE DATE.

VSA-3(REV 12/80)

B Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

RE-ASSIGNMENT OF TITLE BY DEALER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following: (printed name and address of Buyer(s))

Buyer(s) Name _____

Street _____ City, State, Zip _____

DATE OF SALE _____ SALE PRICE _____

ODOMETER READING (No Tenths) I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: ☐ 1 The mileage stated is in excess of its mechanical limits ☐ 2 The odometer reading is not the actual mileage WARNING ODOMETER DISCREPANCY

Signature of Seller(s) _____ Printed Name of Seller(s) _____

Signature of Buyer(s) _____ Printed Name of Buyer(s) _____

I am aware of the above odometer certification made by the seller

I am aware of the above odometer certification made by the seller

Dealer's No. _____ Licensing Jurisdiction _____

C APPLICATION FOR NEW CERTIFICATE OF TITLE AND REGISTRATION

LIENOR'S NAME _____ DATE OF LIEN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Check the appropriate box to indicate the type of registration for which you are applying: ☐ PRIVATE ☐ FOR-HIRE ☐ ANTIQUE ☐ TRANSFER OF LICENSE NO. _____ ☐ RENTAL

NOTE: License plates may not be transferred from one owner to another.

INSURANCE CERTIFICATION Check only one box:

☐ **THIS VEHICLE IS CURRENTLY INSURED BY A POLICY ISSUED THROUGH AN INSURANCE COMPANY LICENSED TO DO BUSINESS IN VIRGINIA and the policy provides at least minimum coverage as required by law.**

☐ **THIS VEHICLE IS NOT INSURED, therefore , I am remitting the applicable Uninsured Motor Vehicle Fee (provides NO insurance coverage).**

NOTE: Penalties are severe for operating or permitting the operation of an uninsured vehicle without paying the UMV fee.

NON-RESIDENTS POWER-OF-ATTORNEY ONLY APPLYING TO NON-RESIDENTS AND CORPORATIONS NOT DOMESTICATED IN VIRGINIA

THAT I/WE ACTING UNDER AND PURSUANT TO THE PROVISIONS OF SECTION 46.2-601 OF THE CODE OF VIRGINIA, AS NOW OR HEREAFTER AMENDED, HAVE MADE, CONSTITUTED AND APPOINTED AND UNDER THESE PRESENTS DO MAKE, CONSTITUTE AND APPOINT THE COMMISSIONER OF THE DEPARTMENT OF MOTOR VEHICLES OF THE COMMONWEALTH OF VIRGINIA, TO BE MY/OUR TRUE AND LEGAL AGENT AND ATTORNEY-IN-FACT UPON WHOM ALL LEGAL PROCESSES AGAINST AND NOTICES TO ME/US MAY BE SERVED IN ANY ACTION OR LEGAL PROCEEDINGS BROUGHT AS THE RESULT OF THE OPERATION AND/OR USE OF ALL MOTOR VEHICLES TITLED OR LICENSED IN MY/OUR NAME IN THE COMMONWEALTH OF VIRGINIA, AND HE IS HEREBY AUTHORIZED TO ENTER AN APPEARANCE IN MY/OUR BEHALF IN ANY CASE OR PROCEEDINGS; AND I/WE HEREBY STIPULATE AND AGREE THAT ANY LAWFUL PROCESS AGAINST OR NOTICE TO ME/US WHICH IS DULY SERVED ON SAID AGENT AND ATTORNEY-IN-FACT SHALL BE OF THE SAME LEGAL FORCE AND EFFECT AS IF SERVED ON ME/US IN THE COMMONWEALTH OF VIRGINIA

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SIGNATURE OF APPLICANT _____ DATE _____

SOCIAL SECURITY NO. OF APPLICANT (EMPLOYER'S IDENTIFICATION NO.) _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

SOCIAL SECURITY NO. OF CO-APPLICANT (EMPLOYER'S IDENTIFICATION NO.) _____

STREET OR R.F.D. NO. _____

CITY _____ STATE _____ ZIP _____

VEHICLE PRINCIPALLY GARAGED IN CITY, TOWN OR COUNTY OF

☐ CITY OR TOWN OF _____ ☐ COUNTY OF _____

FOR DMV USE ONLY

SALE PRICE $ _____ (BEFORE TRADE-IN ALLOWANCE)

TAX $ _____ (MINIMUM TAX MAY APPLY)

TITLE FEE _____

LIC. FEE _____

UMV FEE _____

OTHER _____

TOTAL $ _____

WITH LIEN

COUNTER CLERK

DATA ENTRY

REASSOCIATION

If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either owner named on this title? Please indicate by checking ☐ Yes or ☐ No.

LICENSE NO. _____ ISSUED _____ EXPIRE DATE _____ TITLE NUMBER _____ DMV USE ONLY

290 2590520

VIRGINIA UNIFORM SUMMONS

AGENCY Case No. 290 2590520

FAIRFAX COUNTY POLICE

HEARING DATE .....

CASE NO. .....

WAIVER OF TRIAL

By signing this form, I certify that I have read the Notice and I am entering my written rather than personal appearance in the court case resulting from the violation charged on this summons. I understand that I have a right to a trial, which I am giving up. I also understand that my plea of guilty will have the same force and effect as a finding of guilty by the judge and that a record of my guilty plea to an offense pertaining to the operation of a motor vehicle will be sent to the Virginia Department of Motor Vehicles (or to the licensing authority which issued my license). I further understand that if the blocks to the right labeled "Commercial Motor Vehicle" or "Hazardous Materials" are checked, my plea is an admission that I was operating a commercial motor vehicle or that it was carrying hazardous materials at the time of the violation charged, or both, as indicated by the check marks. Understanding all this, I plead guilty to the violation charged, waive my right to a court hearing, and enclose the fine and costs prescribed.

SIGNATURE

DATE

PROCEDURE IF MOTORIST IS A JUVENILE

If accused is under 18 years of age, above signature must be countersigned by the accused's parents or legal guardian in person at the court. *If* the form is mailed to the court, parent's or legal guardian's signature must be notarized.

SIGNATURE DATE

Sworn and subscribed before me this day.

☐ NOTARY PUBLIC ☐ CLERK ☐ MAGISTRATE DATE

CITY/COUNTY STATE

My commission expires:

IF PREPAYMENT IS MADE, ATTACH HERE.

YOU ARE SUMMONED TO APPEAR IN THE FAIRFAX COUNTY

☒ GENERAL DISTRICT COURT ☐ CRIMINAL
4110 Chain Bridge Road ☒ TRAFFIC
Fairfax, Virginia 22030

☐ Juvenile and Domestic Relations Court
4000 Chain Bridge Road
Fairfax, Virginia 22030

☐ Other Jurisdiction.....

on JUNE 26, 1992 at 0930 ☐ A.M. ☐ P.M.

for violation of ☐ state ☒ county ☐ city ☐ town

law section 82-46.2-825 ....Describe charge:

FAIL TO YIELD RIGHT OF WAY ON LEFT TURN

☐ Commercial Motor Vehicle ☐ Hazardous Materials

I promise to appear at the time and place shown above. Signing this summons is not an admission of guilt.

Loc Nguyen
signature

You must appear at trial (juveniles must appear with parent/legal guardian).

☐ You may avoid coming to court *only* if this block is checked and all instructions on DEFENDANT'S COPY are followed. Only call (SEE REVERSE) if more help is needed.

NAME: LAST	FIRST	MIDDLE
NGUYEN,	LOC	PHUOC

ADDRESS:

CITY/TOWN	STATE	ZIP
ANNANDALE	VA	22003

RACE	SEX	D.O.B. mo.	da.	yr.	HT. ft.	in.	WGT.	EYES	HAIR
A	M	02	24	31	5	4	120	BK	BK

DL/CDL# (If Criminal Offense or no License use SSN) STATE VA

V E H	YEAR	MAKE	TYPE	LICENSE NO.	YR.	STATE
	76	CHEV	4D		93	VA

JURIS. OF OFF.	DATE OF OFF.	DAY OF WK.	TIME A.M. P.M.
029	4-22-92	WED	3:40 P.M.

DIRECTION	ACCIDENT yes	ACCIDENT no	WEA.	ROUTE NO./STREET
SOUTH	☒		CLDY	RT

LOCATION OF OFFENSE: GRAHAM RD / ARLINGTON BLVD

ARREST DATE	ARREST LOCATION
4-22-92	SAME

OFFICER	CODE/BADGE #
D E COX	212

PRETRIAL WAIVER AND PREPAYMENT INSTRUCTIONS

1. Calculate the amount owed from PREPAYABLE FINES AND FEES SCHEDULE if given a copy of that schedule by the arresting officer. Otherwise:
   a. *Promptly* call the telephone number listed on reverse.
   b. If you hear a pre-recorded message, listen to the entire message. Otherwise, tell the person answering the telephone that you wish to waive trial and "prepay" the fine and costs, state the exact charge description and law section number (if any) written on the summons, and (if you wish to pay by personal check) ask if the court accepts personal checks.
   c. Write down the amount to be paid and any special instructions.
2. Sign and date the WAIVER OF TRIAL on this summons. Also complete "PROCEDURE IF MOTORIST IS A JUVENILE" if you are charged with a motor vehicle offense and are under age 18.
3. *Promptly* mail or deliver to the court this summons with payment attached. Payment must be received by the court before the trial date. Timely delivery by mail is at the sender's risk.

READ *NOTICE* ON REVERSE SIDE

NOTICE

- The final disposition of your case rests with the court and is a matter over which neither the arresting officer nor his department has any control.
- You are presumed innocent until proven guilty beyond a reasonable doubt.
- You have the right to hire a lawyer.
- You have the right to have the clerk subpoena witnesses on your behalf.
- You have the right to plead guilty or not guilty or nolo contendere to any charge placed against you.
- You have a right to appeal the judgement of the district court within ten (10) days after the trial.
- If you fail to enter a written or court appearance, you may be tried in your absence. If found guilty, the court will impose sentence; in addition, the Virginia Department of Motor Vehicles or the licensing authority which issued your driver's license will be notified of all convictions pertaining to the operation of a motor vehicle and your license may be subject to suspension until your court sentence is satisfied.
- If the offense involved the operation of a commercial motor vehicle or a vehicle carrying hazardous materials, the conviction may effect your right to operate such a vehicle in the future pursuant to the Virginia Commercial Driver's License Act or similar laws in other states.
- If your license is suspended or revoked, you will be required to pay a reinstatement fee to the Virginia Department of Motor Vehicles and comply with the applicable administrative reinstatement requirements of the Virginia Department of Motor Vehicles.

If you are charged with a traffic infraction for which you can waive trial and pre-pay the fine and costs and you wish to do so, call 246-2364 or one of the numbers listed below to determine the correct amount (if you are under 18 years of age, call 246-4990). NOTE:

1. You *must* send your copy of the summons with the pre-payment.
2. Your pre-payment must be *received 5 days prior* to the court date. Timely delivery by mail is at the Sender's risk.
3. You cannot pre-pay if the charge(s) result from an accident, the charge is reckless driving, or pre-payment is otherwise prohibited.
4. If a continuance is requested for an adult case scheduled in the General District Court, the request must be made at least four working days prior to the court date. Call the appropriate division to determine the procedures.

Make check payable to the Fairfax County District Court and mail to the appropriate address (indicated on front of summons). Do not send cash through the mail.

If further information is needed, Call:

MAGISTRATES

Fairfax Magistrates Office
(24 hours, 7 days) 246-2176

Mt. Vernon Magistrates Office
(24 hours, 7 days) 780-8580

COURTS

Pre-payment information (24 hours, 7 days) 246-2364

Fairfax County General District Court – Traffic Division
(Weekdays, 8:00 a.m.-3:00 p.m.) 246-2177

Fairfax County General District Court – Criminal Division
(Weekdays, 8:00 a.m.-3:00 p.m.) 246-3305

Juvenile and Domestic Relations Court
(Weekdays, 8:00 a.m.-4:00 p.m.) 246-4990

TDD For Hearing Impaired
(Weekdays, 8:00 a.m.-4:00 p.m.) 934-1296

The Police Officer who issued this summons is a salaried employee of The County of Fairfax, Virginia and does not receive any part of the fines and costs levied by the Courts.

(Rev. 1/

Pages Removed (S.S.)

1 page(s) was/were removed from the file of OFFICE - LEGAL + FINANCIAL 4-22-1992 CAR ACCIDENT NGUYEN PHUOC LOC (2-24-1931) (_____) due to containing Social Security numbers. The page(s) was/were copied with the Social Security numbers covered up. The copy/copies was/were placed back into the above mentioned file and the original(s) was/were placed into the Restricted/Reserved files.

-Anna Mallett
Date: MARCH 11, 2008