

VIRGINIA UNIFORM SUMMONS

AGENCY Case No. [REDACTED]

FAIRFAX COUNTY POLICE

CASE NO. [REDACTED]

HEARING DATE AND TIME

PROSECUTING ATTORNEY (NAME)

DEFENDANT'S ATTORNEY (NAME)

- NO ATTORNEY
ATTORNEY WAIVED

HE ACCUSED WAS THIS DAY:

- TRIED IN ABSENCE
PRESENT

HE ACCUSED PLEADED:

- NOT GUILTY
NOLO CONTENDERE
GUILTY PREPAYMENT

AND WAS TRIED AND FOUND BY ME:

- FINDING SUFFICIENT - DEFERRED
NOT GUILTY
GUILTY AS CHARGED
GUILTY OF

IN ADDITION I FIND THE ACCUSED WAS:

- DRIVING A COMMERCIAL M.V.
CARRYING HAZARDOUS MAT.
A CDL HOLDER

CAUSE OF THE OFFENSE:

- RESULTED IN A FATALITY
WAS IN A HWY. SAFETY COR.

I ORDER THE CHARGE DISMISSED

I ORDER A NOLLE PROSEQUI ON COMMONWEALTH'S MOTION

IMPOSE THE FOLLOWING SENTENCE:

- FINE CIVIL PENALTY OF \$ WITH \$ SUSPENDED
DRIVER'S LICENSE SUSPENDED EFFECTIVE IN FIFTEEN (15) DAYS IF FINES/COSTS/FORFEITURE/ PENALTY/RESTITUTION NOT PAID IN FIFTEEN (15) DAYS, § 48.2-395.
JAIL SENTENCE OF WITH SUSPENDED CONDITIONED UPON BEING OF GOOD BEHAVIOR AND KEEPING THE PEACE.
ON PROBATION FOR
DRIVER'S LICENSE SUSPENDED
CONSECUTIVE SUSPENSION UNDER §46.2-301 YES NO
RESTITUTION OF PAYABLE TO AS CONDITION OF SUSPENDED SENTENCE.

YOU ARE SUMMONED TO APPEAR IN THE FAIRFAX COUNTY

GENERAL DISTRICT COURT CRIMINAL

4110 Chain Bridge Road
Fairfax, Virginia 22030

Juvenile and Domestic Relations Court

4000 Chain Bridge Road
Fairfax, Virginia 22030

Other Jurisdiction

on 08 08 9:30 at 08 08 9:30
for violation of state county city town
law section 18.2-250.1 Describe charge: Possession of Marijuana

Commercial Motor Vehicle
Hazardous Materials
Resulted In Fatality
Highway Safety Corridor
VCC: NAR 3020 M9

I promise to appear at the time and place shown above. Signing this summons is not an admission of guilt. I certify that my current mailing address is as shown below.

[Signature] 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.

MAILING ADDRESS: SAME AS ABOVE AT RIGHT CHANGE FROM D. L.

P. O. BOX/STREET CITY/TOWN STATE ZIP

NAME LAST FIRST MIDDLE

RES. ADDRESS: RES. JURIS.

RACE SEX DOB HT WT HAIR EYES

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

CDL HOLDER YES NO

VEHICLE YEAR MAKE TYPE LICENSE NO. STATE

JURIS. OF OFF. DATE OF OFF. DATE OF VIO. A.M. P.M.

DIRECTION ACCIDENT WEA. ROUTE NO./STREET
E yes no X ch 655 618.01

LOCATION OF OFFENSE: Jermantown Rd/Elmendorf Dr

ARREST DATE ARREST LOCATION
5+

OFFICER CODE/BADGE #
K. Palizzi 338 2550

Table with 3 columns: Fee Name, Amount, Total. Includes 110/201 FINE, 114/129/237 CIVIL PENALTY, 460 FIXED TRAFFIC INFRACTION FEE, 461 FIXED MISDEMEANOR FEE, 462 FIXED MISDEMEANOR FEE-DRUGS, 121 TIA FEE, 244 C.H. SECURITY FEE, 120/217 CT. APPT. ATTY., 113 WITNESS FEE, TOTAL, 109 INTEREST CHARGE, TOTAL WITH INTEREST.

[Signature] JUDGE

APPEAL BOND \$ APPEAL NOTED ON APPEAL WITHDRAWN

0005205607

E. GALLANHE