

# NYCServ Violation Copy

Internet



0196253530



## 0974000002002001 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0196 253 530**  
ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                           |                                          |                    |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------|-----------------------------------------------------------------------------|
| Respondent Last Name                                                                                                                                                                                                                      |                                          | First              | M.I.                                                                        |
| MIANO                                                                                                                                                                                                                                     |                                          | CHRISTOPHER        | J                                                                           |
| Phone No                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Cell | D.O.B.             | Sex                                                                         |
| 631 449 8281                                                                                                                                                                                                                              | <input type="checkbox"/> Home            | MM/DD/YY           | <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Mailing Address                                                                                                                                                                                                                           |                                          |                    |                                                                             |
| 131 E 1 <sup>ST</sup> Street Deer Park NY 11729                                                                                                                                                                                           |                                          |                    |                                                                             |
| ID Number                                                                                                                                                                                                                                 | ID Type                                  |                    |                                                                             |
| 554 864 306                                                                                                                                                                                                                               | NYS DL CLASS C                           |                    |                                                                             |
| Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific. Is. |                                          |                    |                                                                             |
| Date of Occurrence                                                                                                                                                                                                                        |                                          | Time of Occurrence |                                                                             |
| 01/15/2010                                                                                                                                                                                                                                |                                          | 10:47              |                                                                             |
| Place of Occurrence ( <input type="checkbox"/> At <input type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)                                                                                                                 |                                          | Precinct           |                                                                             |
| S/E corner Liberty Ave & 170 Street                                                                                                                                                                                                       |                                          | 103                |                                                                             |

Include the summons number above on all communications

HEARING DATE: 03/04/2010 AT: 09:00 ☒ AM  
☐ PM

**You must respond by the above date.**  
**See the BACK OF THIS SUMMONS to learn about your options.**

**WARNING:** If you do not respond, you may be found automatically responsible and you may owe larger penalties. If you do not pay any imposed penalties, you may lose your ability to keep or get a City license, permit or registration. The City might also take further legal action against you. See the back for more information.

**Hearing Location:** Office of Administrative Trials and Hearings (OATH)

Borough: Queens (See back for address) (844) 628-4692  
www.nyc.gov/oath

☒ Admin. Code ☐ Parks Rules: 56 RCNY  
☐ Rules of City of NY ☐ Traffic Rules: 34 RCNY ☐ Other

Section/Rule 19-190(B) OATH Code D16 L

Mail-in Penalty Max. Penalty 250.00 Property ☐ Yes  
Removed ☒ No

Details of Charge(s): Right of Way Failed to Yield  
Physical Injury to Pedestrian. IN CROSSWALK  
Factual Allegations

NYC Charter Section 104b and 1049-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings. I, an employee of the agency named above, affirm under penalty of perjury that: 1) I personally observed the commission of the violation charged; 2) I verified the existence of the violation through review of Departmental records; or 3) I was informed of the commission of the violation by a reliable witness that is known to the Department. (Also statements made here) are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

|                    |               |
|--------------------|---------------|
| I/O Signature      | Command       |
| <u>[Signature]</u> | <u>103</u>    |
| Rank/Title         | Tax No.       |
| <u>P.O. MARIN</u>  | <u>956882</u> |



0196 253 530