

# NYCServ Violation Copy

Internet



0196257600



## 0668000003003004 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0196 257 600**  
ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                                      |                                                                |                                                                                                      |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Respondent Last Name<br><b>Gooding</b>                                                                                                                                                                                                               |                                                                | First<br><b>DARNELL</b>                                                                              | M.I.                                                                               |
| Phone No.<br><b>718-350-4359</b>                                                                                                                                                                                                                     | <input type="checkbox"/> Cell<br><input type="checkbox"/> Home | D.O.B.<br><b>05/22/07</b>                                                                            | Sex<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Mailing Address<br><b>188-14 104 Ave</b>                                                                                                                                                                                                             |                                                                |                                                                                                      |                                                                                    |
| ID Number                                                                                                                                                                                                                                            |                                                                | ID Type                                                                                              |                                                                                    |
| Race <input type="checkbox"/> White <input checked="" 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<br><b>04/07/2025</b>                                                                                                                                                                                                              |                                                                | Time of Occurrence<br><b>3:38</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |                                                                                    |
| Place of Occurrence ( <input checked="" type="checkbox"/> At <input type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)<br><b>FARMERS BLVD and 104 Ave</b>                                                                              |                                                                |                                                                                                      | Precinct<br><b>103</b>                                                             |

Include the summons number above on all communications.

HEARING DATE: **05/28/25** AT: **9:30** ☒ 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](http://www.nyc.gov/oath)

|                                                 |                                                                                |                                                                              |
|-------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Admin. Code | <input type="checkbox"/> Parks Rules: 56 RCNY                                  | OATH Code<br><b>19-190(B)</b>                                                |
| <input type="checkbox"/> Rules of City of NY    | <input type="checkbox"/> Traffic Rules: 34 RCNY <input type="checkbox"/> Other |                                                                              |
| Section/Rule<br><b>Failure to</b>               | Mail-in Penalty<br><b>\$250</b>                                                | Property <input type="checkbox"/> Yes<br>Removed <input type="checkbox"/> No |

Details of Charge(s):  
**Failure to yield causing injury**  
Factual Allegations

NYC Charter Section 104B and 104B-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 a 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. False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

|                            |                          |
|----------------------------|--------------------------|
| I/O Signature<br><b>Po</b> | Command<br><b>103</b>    |
| Rank/Title<br><b>Po</b>    | Tax No.<br><b>977293</b> |
| Name<br><b>Muller</b>      |                          |



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