

NYCServ Violation Copy

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0196455060



096600004004004 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0196 455 060**
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name JOACHIM		First GERALD	M.I. L
Phone No. 347 898 0671		☐ Cell ☐ Home	D.O.B. 06/07/72
Mailing Address 559 E 29 ST BROOKLYN NY		Sex ☒ Male ☐ Female	
ID Number 658 897 214	ID Type C.D.L NYC		
Race ☐ White ☒ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence 01/29/26		Time of Occurrence 08:25	
Place of Occurrence ☐ At ☒ In Front Of ☐ Opposite		Precinct 90	

Include the summons number above on all communications

HEARING DATE: **03/20/26** AT: **08:00** ☒ 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: **9 BOND ST, BROOKLYN** (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 **D161L**

Mail-in Penalty **250** Max. Penalty **250** Property ☐ Yes
Removed ☐ No

Details of Charge(s): **AT TPO MOTORIST DID MAKE A LEFT TURN INTO MONTROSE AVE FROM UNION AVE COLLIDING WITH PEDESTRIAN IN THE CROSSWALK**
Factual Allegations

NYC Charter Section 1048 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 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 **[Signature]** Command **90**
Rank/Title **PO** Name **SARKISYAN** Tax No. **964280**



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