

NYCServ Violation Copy

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0196677470



0582000003003001 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0196 677 470**
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name Felin		First Randher	M.I.
Phone No 917-650-1803		☒ Cell ☐ Home	D.O.B. 02/11/1989
Sex ☐ Male ☒ Female			
Mailing Address 138 Elliot Ave Yonkers, NY 10705			
ID Number 894 383 423		ID Type Driver License	
Race ☐ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence 12/10/24		Time of Occurrence 07:55	
Place of Occurrence (☐ At ☒ In Front Of ☐ Opposite) 652 Burke Ave		Precinct 047	

Include the summons number above on all communications

HEARING DATE: **01/30/25** AT: **0900** ☒ 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: **Bronx** (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
D 6 L

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

Details of Charge(s):
**At TPO I/0 is informed by Jorge AZABACHE
Cell 646 673 0904 whose address is known to
the NYPD that Jorge was struck by vehicle.
PO did not witness.**

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. 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've read 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.

Signature
[Signature] Command
047

Rank/Title
PO Name
FSPINOZA Tax No.
967863



0196 677 470