# NYCServ Violation Copy

Internet

0197829226

**0903000007007001**

**SUMMONS TO APPEAR**

**FOR CIVIL PENALTIES ONLY**

SUMMONS NUMBER: **0197 829 226**

ENFORCEMENT AGENCY: **Police Department**

| Respondent Last Name | First | M.I. |
|---|---|---|
| Gelb | Mordechai | |

| Phone No | | D.O.B. | Sex |
|---|---|---|---|
| | ☐ Cell ☐ Home | MM / DD / YYYY | ☑ Male ☐ Female |

Mailing Address: 24 Dorset Rd Spring Valley NY 10977

| ID Number | ID Type |
|---|---|
| 279385196 | D |

Race ☑ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.

| Date of Occurrence | Time of Occurrence | |
|---|---|---|
| MM / DD / 25 | HH : 01 | ☐ AM ☑ PM |

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): Varrestand Beach — Precinct: 001

**Include the summons number above on all communications**

HEARING DATE: 01 / 09 / 26 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: NY (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 | OATH Code |
|---|---|
| 19-190B | 016L |

| Mail-in Penalty | Max. Penalty | Property Removed |
|---|---|---|
| | $ 250 | ☐ Yes ☑ No |

Details of Charge(s): Factual Allegations

Driver did fail to yield the right of way causing physical injury to Ped.

OATH

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 | Command |
|---|---|
| | 001 |

| Rank/Title | Name | Tax No. |
|---|---|---|
| PO | TURNER | 965784 |

0197 829 226