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SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0198 116 490

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
MCDONALD	PATRICK	S

Phone No		D.O.B.	Sex
347 961 2451	☐ Cell ☐ Home	06/17/63	☑ Male ☐ Female

Mailing Address: 26 MEADOW LANN SI NY 10306

ID Number	ID Type
984 764 355	NYS DL CLASS D

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

Date of Occurrence	Time of Occurrence	
12 / 05 / 24	09 : 40	☑ AM ☐ PM

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): S/E/C/O WATCHOGUE RD & WILLOWBROOK RD

Precinct: 121

Include the summons number above on all communications

HEARING DATE: 03 / 04 / 25 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: 350 ST MARKS PL STATEN ISLAND

(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	
19-190(b)	D16L	
Mail-in Penalty	**Max. Penalty**	**Property Removed**
$250.00	$250.00	☐ Yes ☐ No

Details of Charge(s): AT T/P/O RESPONDENT WHILE MAKING A LEFT TURN DID STRIKE PEDESTRIAN IN CROSSWALK WHILE PEDESTRIAN WAS WALKING WITH SIGNAL, FAILING TO YIELD TO PEDESTRIAN.

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	Command
	121

Rank/Title	Name	Tax No.
PO	GABRIELE	953487

0198 116 490