

NYCServ Violation Copy

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0198868488



090200004004006 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY.

SUMMONS NUMBER: **0198 868 488**
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name Boehrich	First Amelia	M.I.
Phone No 917 273 0618	☒ Cell ☐ Home	D.O.B. 09/24/49
Sex ☐ Male ☒ Female		
Mailing Address 4 Gold Ave SE NY 10312		
ID Number 410038941	ID Type D.L.	
Race ☒ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.		
Date of Occurrence 11/05/2025	Time of Occurrence 09:10 ☒ AM ☐ PM	
Place of Occurrence (At ☐ In Front Of ☐ Opposite) C/O Ambay Road I/O Richmond		Precinct 122

Include the summons number above on all communications

HEARING DATE: **12/29/25** 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: **Staten Island** (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 Right of way	OATH Code 19 190 1D
Mail-in Penalty	Max. Penalty
Property ☐ Yes Removed ☐ No	

Details of Charge(s):
At T/P/O above listed resp. did strike ped with veh. while per was walking in crosswalk. Ped sustained lacerations lacerations left h.p. Aided was taken to STUN for further evd.

NYC Chapter Section 1048 and 1049-a and the Rules of the City of New York authorizes 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 B misdemeanor pursuant to Section 210.45 of the Penal Law.

I/O Signature DO	Command 122
Rank/Title D.O.	Name Milone
	Tax No. 955197



0198 868 488