

NYCServ Violation Copy

Internet



0198983950



116700004004001
SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0198 983 950

ENFORCEMENT AGENCY: Police Department

Respondent Last Name		First		M.I.	
DAVIDOV		VICHESLAV			
Phone No.		Cell	D.O.B.	Sex	
347 249 0688			02/13/60	☒ Male ☐ Female	
Mailing Address					
2520 Batchelder Brooklyn					
ID Number			ID Type		
153646952			NYS DL		
Race ☐ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.					
Date of Occurrence			Time of Occurrence		
07/14/26			03:40 ☐ AM ☒ PM		
Place of Occurrence (☐ At ☒ In Front Of ☐ Opposite)				Precinct	
90-59 91 PL				110	

Include the summons number above on all communications

HEARING DATE: 09/02/26 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: QUEENS (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 Max. Penalty 250 Property Removed ☐ Yes ☒ No

Details of Charge(s): Right of Way

Failure to yield Factual Allegations OATH

NYC Charter Section 104b and 104b-e and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings. 1. an employee of the agency named above, affirm under penalty of perjury that: 1) 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 110

Rank/Title PO Name Sorina Tax No. 979521



0198 983 950