

NYCServ Violation Copy

Internet



0199132589



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SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY
 SUMMONS NUMBER: **0199 132 589**
 ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name Giralde		First Michael	M.I.
Phone No 616-652-9978	☒ Cell ☐ Home	D.O.B. 04/10/80	Sex ☒ Male ☐ Female
Mailing Address 616 Midwood st			
ID Number 850144360	ID Type NYS Driver License		
Race ☐ White ☒ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence 03/04/25	Time of Occurrence 12:25		☐ AM ☒ PM
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) Jackson ave + 44 drive		Precinct 108	

Include the summons number above on all communications

HEARING DATE: **04/23/25** AT: **0800** ☐ 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 **19-190B** OATH Code **D16L**

Mail-in Penalty **\$250** Max Penalty **\$250** Property Removed ☒ Yes ☐ No

Details of Charge(s): **AT TPO Driver was making a left turn south bound on 44 Drive and did not see pedestrian in crosswalk w/ signal failing to yield to pedestrian causing minor injury**

NYC Center Section 1048 and 1049-a and the Rules of the City of New York authorize the New York City 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; or 2) I witnessed 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 **108**
 Rank/Title **PO** Name **TOUSSAINT** Tax No. **97709**



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