

NYCServ Violation Copy

Internet



0199500759



0974000002002004
SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY
 SUMMONS NUMBER: **0199 500 759**
 ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name Conde		First Youssouf	M.I.
Phone No. 347-818-4561	☒ Cell ☐ Home	D.O.B. 08/31/69	Sex ☒ Male ☐ Female
Mailing Address 439 Beach 54th St Apt 9E			
ID Number 393 353 218	ID Type NYSD		
Race ☐ White ☒ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence 01/16/26	Time of Occurrence 09:15		☒ AM ☐ PM
Place of Occurrence (☐ At ☒ In Front Of ☐ Opposite) 19-15 Nameoke Ave			Precinct 101

Include the summons number above on all communications

HEARING DATE: **3 / 9 / 26** AT: **9:30** ☒ 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 **D161K**

Mail-in Penalty **\$260** Max. Penalty **\$260** Property ☐ Yes
 Removed ☐ No

Details of Charge(s): **At above time and place listed:**
defendant did fail to yield to a pedestrian
in a marked crosswalk causing minor injuries.
 Factual Allegations

NYC Charter Section 104b and 104b-a 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, affirmatively sworn to by any third: 1) personally observed the commission of the violation charged; 2) I verified the existence of the violation through a review of Departmental records. I am 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 P. J. [Signature]	Command 101
Rank/Title PO	Tax No. 944676
Name Fairchild	



0199 500 759