NYCServ Violation Copy

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0199938146

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SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0199 938 146

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
McLEOD	SHARON	D

Phone No		D.O.B.	Sex
917 518 9502	☒ Cell ☐ Home	04/22/83	☐ Male ☒ Female

Mailing Address: 260 LENOX RD APT 6G

ID Number	ID Type
317 841 324	NYS DL

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

Date of Occurrence	Time of Occurrence	
05/20/25	07:43	☒ AM ☐ PM

Place of Occurrence (☒ At ☐ In Front Of ☐ Opposite)	Precinct
I/O NOSTRAND AVE + LENOX RD	067

Include the summons number above on all communications

HEARING DATE: 07/10/25 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: BROOKLYN (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	OATH Code	
19-190(B)	D 6 L	

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

Details of Charge(s):
AT TPO RESPONDENT DID FAIL TO YIELD TO PEDESTRIAN IN CROSSWALK CAUSING PHYSICAL INJURY.

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
PO		067

Rank/Title	Name	Tax No.
PO	MONAGHAN	969613

0199 938 146