

NYCServ Violation Copy

Internet



0200069816



056800006006016
SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY
 SUMMONS NUMBER: **0200 069 816**
 ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name BAKHARONOV	First AKBAROV	M.I.
Phone No. 929 9339595	☒ Cell ☐ Home	D.O.B. MM/DD/YY MM/DD/YY
Sex ☒ Male ☐ Female		
Mailing Address 1636 43 ST Bklyn NY 11204 A		
ID Number 390 896 800	ID Type NYS DL class D	
Race ☒ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific Is.		
Date of Occurrence MM/DD/YY MM/DD/YY	Time of Occurrence MM/DD/YY MM/DD/YY	
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) TPO 39ST & 13 AVE		Precinct 66

Include the summons number above on all communications

HEARING DATE: **01/26/25** 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 **9-190B** OATH Code **D16 L**

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

Details of Charge(s): **At TPO to is informed by above that while making a left turn at location respondent did strike pedestrian causing injury.**

NYC Charter Sections 104B 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 **PO** Command **66**

Rank/Title **PO** Name **NOLAN** Tax No. **967630**



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