

NYCServ Violation Copy

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0200069825



051800007007037
SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY
 SUMMONS NUMBER: **0200 069 825**
 ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name FEDER		First PAUL	M.I.
Phone No. 718 216 1282		Cell ☒ Cell ☐ Home	D.O.B. 07/11/55
Mailing Address 943 PARK AVE, LAKEWOOD, NJ 08701		Sex ☒ Male ☐ Female	
ID Number E21296190007552		ID Type NJ DL	
Race ☒ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence 10/20/24		Time of Occurrence 04:15	
Place of Occurrence I/O 19 AVE 250 ST		Precinct 66	

Include the summons number above on all communications

HEARING DATE: **12/09/24** AT: **08:00** ☒ 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 **19-190(B)** OATH Code **D161**

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

Details of Charge(s): **AT TPO I/O is informed by Sorah Talas 347-486-1820 that she did observe above driver strike pedestrian in crosswalk resulting in injury.**

NYC Charter Section 104b and 104b-4 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. **967632**



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