NYCServ Violation Copy

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0200424997

0797000004004005

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0200 424 997

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
FIGUEROA	EDWIN	

Phone No.		D.O.B.	Sex
347 225 3272	☐ Cell ☐ Home	08/26/67	☑ Male ☐ Female

Mailing Address: 8 W FARMS SQUARE #3B BRONX, NY 10460

ID Number	ID Type
864 911 556	NYS COMM. DRIVERS LIC.

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

Date of Occurrence	Time of Occurrence	
07/24/25	12:20	☐ AM ☑ PM

Place of Occurrence (☑ At ☐ In Front Of ☐ Opposite): S/E C/O E229 ST + LACONIA AVE

Precinct: 047

Include the summons number above on all communications

HEARING DATE: 09/15/25 AT: 09:30 ☑ 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: BRONX (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 OATH, DGL

Section/Rule	OATH Code	
RIGHT OF WAY-FAILURE TO YIELD, PHYS. INJURY	19	190 (B)

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

Details of Charge(s): AT TIME AND PLACE OF OCCURRENCE ABOVE LISTED RESPONDENT WAS WORKING AS SCHOOL BUS DRIVER WHEN BUS DID HIT 1 FEMALE PEDESTRIAN CAUSING INJURY TO LEFT LEG.

Factual Allegations

OATH

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 Pellerano	047

Rank/Title	Name	Tax No.
PO	PELLERANO, E	953226

0200 424 997