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SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0200 435 878**

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
MORRIS	IRENE	

Phone No		D.O.B.	Sex
6462995868	☒ Cell ☐ Home	MM/DD/67	☐ Male ☐ Female

Mailing Address: 1189 SHERIDAN AVE #4A BX, NY

ID Number	ID Type
902137657	NYS DL

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

Date of Occurrence	Time of Occurrence	
MM/DD/2024	HH:MM	☒ AM ☐ PM

Place of Occurrence (☒ At ☐ In Front Of ☐ Opposite)	Precinct
E161 ST & JEROME AVE	044

Include the summons number above on all communications

HEARING DATE: 08 / 18 / 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: 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

Section/Rule	OATH Code
19-190 (B)	D 16 L

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

Details of Charge(s): OPERATOR OF THE VEHICLE FAILED TO EXCERCISE DUE CARE BY FAILING TO YIELD TO A PEDESTRIAN AT CROSSWALK AND DID STRIKE PEDESTRIAN CAUSING PHYSICAL INJURY, ACCIDENT REPORT # 2024-044-001379

Factual Allegations

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
	044

Rank/Title	Name	Tax No.
PO	BANGALORE	960091

0200 435 878