

# NYCServ Violation Copy

Internet



0202880893



**0497000006006012**  
**SUMMONS TO APPEAR**  
**FOR CIVIL PENALTIES ONLY**  
SUMMONS NUMBER: **0202 880 893**  
ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                                      |                                                                           |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------|
| Respondent Last Name                                                                                                                                                                                                                                 | First                                                                     | M.I.               |
| Donaldson                                                                                                                                                                                                                                            | Kendall                                                                   | K                  |
| Phone No                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Cell<br><input type="checkbox"/> Home | D.O.B.<br>06/10/73 |
| Sex<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                                                                                   |                                                                           |                    |
| Mailing Address<br>1558 Unionport Road BX NY 10462                                                                                                                                                                                                   |                                                                           |                    |
| ID Number                                                                                                                                                                                                                                            | ID Type                                                                   |                    |
| 302 354 225                                                                                                                                                                                                                                          | Drivers License                                                           |                    |
| Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific. Is. |                                                                           |                    |
| Date of Occurrence<br>09/24/24                                                                                                                                                                                                                       | Time of Occurrence<br>07:35                                               |                    |
| Place of Occurrence (At <input checked="" type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)                                                                                                                                           |                                                                           | Precinct           |
| 23 Street + 44 Drive                                                                                                                                                                                                                                 |                                                                           | 108                |

Include the summons number above on all communications

HEARING DATE: 11/13/24 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: Queens (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 D 6 L

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

Details of Charge(s): At TPO Respondent failed to yield to a bicyclist in marked bike lane. A collision occurred resulting in injury.

NYC Charter Section 104b and 104b-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings. If 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 [Signature] Command 108

Rank/Title PO Name Ksepka Tax No. 967949



0202 880 893