

NYCServ Violation Copy

Internet



0204781601



080800007007022
SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY
SUMMONS NUMBER: **0204 781 601**
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name		First	M.I.
Pierrette		Jean	
Phone No	☒ Cell ☐ Home	D.O.B.	Sex ☒ Male ☐ Female
347-873-0581		08/18/84	
Mailing Address			
8820 129 St Richmond Hill, NY 11418			
ID Number	ID Type		
788224812	Class E		
Race ☐ White ☒ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence	Time of Occurrence		☐ AM ☒ PM
08/10/25	09:05		
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite)			Precinct
E 100 Street and 3 Avenue			023
Include the summons number above on all communications			

HEARING DATE: 10/06/25 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: Manhattan (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	Property ☐ Yes Removed ☒ No
\$250	

Details of Charge(s):

Right of way, Failure to Yield,
Physical Injury

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
Marion Medina	023
Rank/Title	Tax No.
P.O.	972795
Name	
Medina	



0204 781 601