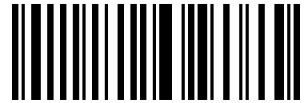


NYCServ Violation Copy

Internet



0206019651



050900005005052
SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY
 SUMMONS NUMBER: **0206 019 651**
 ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name BYNOE	First ROGER	M.I.
Phone No 917-600-3100	Cell ☒ Home ☐	D.O.B. 04/05/75 Sex ☒ Male ☐ Female
Mailing Address 917 E 103 RD ST BROOKLYN		
ID Number 508 596 093	ID Type DRIVER LIC	
Race ☐ White ☒ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.		
Date of Occurrence 10/18/12	Time of Occurrence ☐ AM ☒ PM 1:15	
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite)		Precinct
REMSEY AVE / CARROLL AVE CT		

Include the summons number above on all communications

HEARING DATE: **12/06/12** 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: **King's** (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 CB** OATH Code **16**

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

Details of Charge(s): **RIGHT OF WAY - FAILURE TO YIELD PHYSICIAN**
14542

NYC Charter Section 104b and 104c 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 **67**

Rank/Title **PO** Name **AGRECA** Tax No. **979309**



0206 019 651