

NYCServ Violation Copy

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0206023456



0504000004004048 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0206 023 456
ENFORCEMENT AGENCY: Police Department

Respondent Last Name	First	M.I.
Gabner	Dominique	
Phone No	☐ Cell ☐ Home	DOB MM/DD/YY MM/08/91
377-04-1977		Sex ☒ Male ☐ Female
Mailing Address		
1278 E 70th St Apt 2 BK, NY 11231		
ID Number	ID Type	
106437845	D	
Race ☐ White ☒ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.		
Date of Occurrence	Time of Occurrence	☐ AM ☒ PM
MM/DD/YY 08/24/24	MM/DD/YY 08/24	
Place of Occurrence (☐ At ☒ Front Of ☐ Opposite)		Precinct
2112 Flatbush Ave		063

Include the summons number above on all communications

HEARING DATE: MM/DD/YY AT MM:PM
08/24/24 AT 09:00 AM

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	(See back for address)	(844) 628-4692 www.nyc.gov/oath
Brooklyn		
☒ Admin. Code	☐ Parks Rules: 56 RCNY	
☐ Rules of City of NY	☐ Traffic Rules: 34 RCNY	☐ Other
Section/Rule	Mail-in Penalty	Max. Penalty
19-190(b)	\$250	\$250
OATH Code	Property	Removed
D161	☐ Yes ☒ No	☒ No
Details of Charge(s): At tpo undersigned is informed by pedestrian Jalya Bekgrave whose address is known to the NYPD observed motorist failure to yield to pedestrian.		

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	
[Signature]	063	
Rank/Title	Name	Tax No.
PO	KONACONE	970642



0206 023 456