NYCServ Violation Copy

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SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0207 641 510

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
ALBARRAN	IVETTE	

Phone No		D.O.B.	Sex
(917) 417-4971	☑ Cell ☐ Home	04/01/70	☐ Male ☑ Female

Mailing Address: 114-86 CROSS ISLAND PARKWAY CAMBRIA HTS NY 11411

ID Number	ID Type
392 135 559	NYS DRIVERS LICENSE

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

Date of Occurrence	Time of Occurrence	
08/10/26	05:01	☑ AM ☐ PM

Place of Occurrence (☑ At ☐ In Front Of ☐ Opposite): LINDEN BLVD @ 235 ST

Precinct: 105

Include the summons number above on all communications

HEARING DATE: 04/30/26 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		OATH Code
19-190(B) FAILURE TO YIELD - PHYSICAL INJURY		D 16 L
Mail-in Penalty	**Max. Penalty**	**Property Removed**
250 USC	250 USC	☐ Yes ☑ No

Details of Charge(s):

Factual Allegations

AT TPO I/O IS INFORMED BY IVETTE ALBARRAN (CELL 917-417-4971, WHOSE ADDRESS IS KNOWN TO THE NYPD (LISTED ADDRESS) THAT RESPONDENT DID FAIL TO YIELD TO PEDESTRIAN AND STRUCK PEDESTRIAN, CAUSING INJURY TO HIP AND BACK

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
		105
Rank/Title	**Name**	**Tax No.**
PO	AVDYLI	977751

0207 641 510