NYCServ Violation Copy

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0404000006006070

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0209 367 611

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
WILLIAMS	PAGET	E

Phone No		D.O.B.	Sex
718 678 7506	☑ Cell ☐ Home	08/24/52	☐ Male ☐ Female

Mailing Address: 107 02 MERRICK, 7j, JAMAICA NY 11433

ID Number	ID Type
431490 719	Driver License

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

Date of Occurrence	Time of Occurrence	
08/26/24	10:50	☑ AM ☐ PM

Place of Occurrence (☑ At ☐ In Front Of ☐ Opposite)	Precinct
107 02 MERRICK BLVD	103

Include the summons number above on all communications

HEARING DATE: 09 / 05 / 24 AT: 08:30 ☑ 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)	D 6 L	
Mail-in Penalty	**Max. Penalty**	**Property Removed**
250	250	☐ Yes ☑ No

Details of Charge(s): AT TPO, Defendant was driving out parking out when pedestrian was walking on Sidewalk. Defendant Field to Yield and Struck the Pedestrian. LT Cruz on scene.

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.

PO Signature	Command
	103

Rank/Title	Name	Tax No.
PO	OSPINA	971593

0209 367 611