

NYCServ Violation Copy

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0209396817



086400008008015 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0209 396 817
ENFORCEMENT AGENCY: Police Department

Respondent Last Name SHER		First GEORGE	M.I. R
Phone No 917 968 9287		☒ Cell ☐ Home	D.O.B. 01/11/52
Sex ☒ Male ☐ Female			
Mailing Address 24 AMARON LANE			
ID Number 418 217 692		ID Type N4DL	
Race ☒ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence 10/24/25		Time of Occurrence 02:15	
		☐ AM ☒ PM	
Place of Occurrence (☐ At ☒ In Front Of ☐ Opposite)			Precinct
272 GIEGERICHI Place			123

Include the summons number above on all communications

HEARING DATE: **11/24/25** 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: _____ (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 **19-190 B**

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

Details of Charge(s):

Filed to yiled Right of
Way physical injury

Factual Allegations

NYC Charter Section 104b and 104b-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings. 1) 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 **PO [Signature]** Command **123**

Rank/Title **PO** Name **Hanna** Tax No. **974123**



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