

NYCServ Violation Copy

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0209404562



0662000003003027 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0209 404 562**
ENFORCEMENT AGENCY: Police Department

Respondent Last Name CEDENO		First SEAN	M.I. A
Phone No. 929 500 6279		☒ Cell ☐ Home	D.O.B. 01/16/90
Mailing Address 167 Regis Dr, Staten Island, NY 10314		Sex ☒ Male ☐ Female	
ID Number 158 847 397	ID Type Driver license		
Race ☐ White ☒ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence 05/18/25		Time of Occurrence 16:00 ☐ AM ☒ PM	
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) Dongan hills Ave & Jefferson st			Precinct 122

Include the summons number above on all communications

HEARING DATE: **05/18/25** AT: **11:00** ☒ 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: **350 st marks PL, ST, NY 10301** (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(B)** OATH Code **D16**

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

Details of Charge(s): **AT TPO I/O is informed by**

Cedano, sean that motorist failed to yield pedestrian

NYC Charter Section 104B 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. 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 **[Signature]** Command **122**

Rank/Title **PO** Name **VARGHESE** Tax No. **976893**



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