

# NYCServ Violation Copy

Internet



0211638543



**061600004004040**  
**SUMMONS TO APPEAR**  
**FOR CIVIL PENALTIES ONLY**  
 SUMMONS NUMBER: **0211 638 543**  
 ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                                        |  |                                                                              |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|---------------------------|
| Respondent Last Name<br><b>Roth</b>                                                                                                                                                                                                                    |  | First<br><b>Shmuel</b>                                                       | M.I.<br><b>B</b>          |
| Phone No.<br><b>929 813 0787</b>                                                                                                                                                                                                                       |  | Cell<br><input checked="" type="checkbox"/> Home<br><input type="checkbox"/> | D.O.B.<br><b>05/24/02</b> |
| Sex<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                                                                                     |  |                                                                              |                           |
| Mailing Address<br><b>10 Stephens Pl #222 Spring Valley, NY 10977</b>                                                                                                                                                                                  |  |                                                                              |                           |
| ID Number<br><b>738 461 934</b>                                                                                                                                                                                                                        |  | ID Type<br><b>Driver License NY</b>                                          |                           |
| Race<br><input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific Is. |  |                                                                              |                           |
| Date of Occurrence<br><b>02/08/25</b>                                                                                                                                                                                                                  |  | Time of Occurrence<br><b>08:02 AM</b>                                        |                           |
| Place of Occurrence ( <input type="checkbox"/> At <input type="checkbox"/> In Front Of <input checked="" type="checkbox"/> Opposite)<br><b>1208 42nd Brooklyn, NY</b>                                                                                  |  | Precinct<br><b>66</b>                                                        |                           |

Include the summons number above on all communications

HEARING DATE: **03/31/25** AT: **02:00** ☒ 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: **Brooklyn** (See back for address) (844) 628-4692 [www.nyc.gov/oath](http://www.nyc.gov/oath)

|                                                 |                                                                                |                                                                                         |
|-------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Admin. Code | <input type="checkbox"/> Parks Rules: 56 RCNY                                  | OATH Code<br><b>061C</b>                                                                |
| <input type="checkbox"/> Rules of City of NY    | <input type="checkbox"/> Traffic Rules: 34 RCNY <input type="checkbox"/> Other |                                                                                         |
| Section/Rule<br><b>19-190 (b)</b>               |                                                                                | Property <input type="checkbox"/> Yes<br>Removed <input checked="" type="checkbox"/> No |
| Mail-in Penalty                                 | Max. Penalty<br><b>\$250</b>                                                   |                                                                                         |

Details of Charge(s):  
**Right of Way - Failure to Yield**  
**Physical Injury**

NYC Chapter 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. 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<br><b>[Signature]</b> |                       | Command<br><b>066</b>    |
| Rank/Title<br><b>PO</b>             | Name<br><b>McNish</b> | Tax No.<br><b>971/36</b> |



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