

NYCServ Violation Copy

Internet



0211660489



055300007007037
SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY
 SUMMONS NUMBER: **0211 660 489**
 ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name FELIZ BIERKA		First BIERKA		M.I. N
Phone No. 347 984 3179		☒ Cell ☐ Home	D.O.B. 5/17/91	Sex ☐ Male ☒ Female
Mailing Address 445 LINCOLN RD 1819 Flatbush Ave				
ID Number 888931005		ID Type D		
Race ☐ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.				
Date of Occurrence 11/14/14		Time of Occurrence 1:19:00 ☐ AM ☒ PM		
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) Utica Ave I/O Maple Street			Precinct 71	

Include the summons number above on all communications

HEARING DATE: **01/15/15** AT: **09:30** ☒ 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: _____ (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 **19-120 (3)** OATH Code **151612**

Mail-in Penalty **\$250.00** Max. Penalty **\$250.00** Property Removed ☐ Yes ☒ No

Details of Charge(s): **Failure to yield to -**

Right of way Physical Injury OATH

NYC Charter Section 104B 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 71
Rank/Title PO	Name MORALEZ
	Tax No. 973610



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