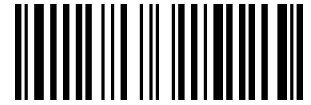


NYCServ Violation Copy

Internet



0211756720



058600006006007
SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY
 SUMMONS NUMBER: **0211 756 720**
 ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name GOGOBERISHVILI		First GIORGI	M.I.
Phone No 3473301599	☒ Cell ☐ Home	D.O.B. 08/27/94	Sex ☒ Male ☐ Female
Mailing Address 3100 Brighton 7th 56 Brooklyn NY 11235			
ID Number 820 450 382	ID Type NYS Drivers License		
Race ☒ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence 12/20/24	Time of Occurrence 03:23		☒ AM ☐ PM
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) Park Row and Beekman St		Precinct 001	

Include the summons number above on all communications

HEARING DATE: **02/10/25** 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: **Manhattan** (See back for address) **(844) 628-4692**
www.nyc.gov/oath

☒ Admin. Code	☐ Parks Rules: 56 RCNY	OATH Code D 6 L
☐ Rules of City of NY	☐ Traffic Rules: 34 RCNY ☐ Other	
Section/Rule 19-190 (b)	Mail-in Penalty 250	Max. Penalty 250
	Property Removed ☐ Yes ☒ No	

Details of Charge(s): **Right of way - failure to yield, physical injury. Motorist made a right turn striking a pedestrian causing injury.**

NYC Charter Section 104b and 104b-9 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 Kalamb	Command 001
Rank/Title P.O.	Name ORLANDO
	Tax No. 972839



0211 756 720