

# NYCServ Violation Copy

Internet



0211899463



## 0520000002002004 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0211 899 463**  
ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                                      |                                                                |                                                                       |                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Respondent Last Name<br><b>Pertsuliani</b>                                                                                                                                                                                                           |                                                                | First<br><b>Jambou</b>                                                | M.I.                                                                                                                                                                                     |
| Phone No                                                                                                                                                                                                                                             | <input type="checkbox"/> Cell<br><input type="checkbox"/> Home | D.O.B.<br><b>02/14/69</b>                                             | Sex<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                       |
| Mailing Address<br><b>128 Bay 25th St Brooklyn NY 11214</b>                                                                                                                                                                                          |                                                                |                                                                       |                                                                                                                                                                                          |
| ID Number<br><b>135 487 471</b>                                                                                                                                                                                                                      | ID Type<br><b>NYS DL</b>                                       |                                                                       |                                                                                                                                                                                          |
| Race <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>10/31/2024</b>                                                                                                                                                                                                              | Time of Occurrence<br><b>08:29</b>                             | <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM | Precinct<br><b>005</b>                                                                                                                                                                   |
| Place of Occurrence <input checked="" type="checkbox"/> At <input type="checkbox"/> In Front Of <input type="checkbox"/> Opposite<br><b>E Broadway &amp; Bowery</b>                                                                                  |                                                                |                                                                       | Borough<br><input checked="" type="checkbox"/> M <input type="checkbox"/> BK <input type="checkbox"/> SI <input type="checkbox"/> Q <input type="checkbox"/> BX <input type="checkbox"/> |

Include the summons number above on all communications

HEARING DATE: **12/20/24** AT: **\_\_\_\_\_** ☐ AM ☐ PM

**You must respond by the above date.**  
**See the BACK OF THIS SUMMONS to learn about your options.**

### 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: 58 RCNY  
☐ Rules of City of NY ☐ Traffic Rules: 34 RCNY ☐ Other \_\_\_\_\_

|                                                                                      |                              |
|--------------------------------------------------------------------------------------|------------------------------|
| Section/Rule<br><b>19-190(A)</b>                                                     | OATH Code<br><b>D-161K</b>   |
| Mail-in Penalty<br><b>\$100</b>                                                      | Max. Penalty<br><b>\$100</b> |
| Property Removed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |

Details of Charge(s):

**At TPO, u/s observed deflt traveling N/B on Bowery turning R/B onto E Broadway fail to yield to pedestrian.**

OATH

NYC Charter Section 104b and 104b-n 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.

☐ Unless otherwise indicated on the back, at the time and place of occurrence, I did personally serve a true copy of the Summons on the Respondent named therein.

|                         |                          |
|-------------------------|--------------------------|
| I/O Signature<br>       | Command<br><b>005</b>    |
| Rank/Title<br><b>PO</b> | Name<br><b>Lin</b>       |
|                         | Tax No.<br><b>969904</b> |



0211 899 463