NYCServ Violation Copy

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0212218930

0539000004004015

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0212 218 930

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
ARIF	MOHAMMED	

Phone No	D.O.B.	Sex
646 717-65 89 ☑ Cell ☐ Home	06/24/62	☑ Male ☐ Female

Mailing Address: 2544 MORGAN AVE, BX, NY 10469

ID Number	ID Type
510 999 022	E

Race ☐ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.

Date of Occurrence	Time of Occurrence	Precinct
10/21/2024	10:20 ☑ AM ☐ PM	043

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) WHEELER AVE & WESTCHESTER AVE

Borough: M☐ BK☐ SI☐ Q☐ BX☑

Include the summons number above on all communications

HEARING DATE: 12/02/2024 AT: 9:00 ☑ 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: BRONX (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	OATH Code
AC: 19-190(B)	0 6 L

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

Details of Charge(s):

Right of Way
Failure to Yield
Physical Injury

OATH

NYC Charter Section 1048 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.

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	Command
L.	043

Rank/Title	Name	Tax No.
PO	Polanco	972880

0212 218 930