NYCServ Violation Copy

Internet

0212219242

0307000003003098

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0212 219 242**

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
Barrie	Fatmata	

Phone No		D.O.B.	Sex
51 8 8880726	☐ Cell ☐ Home	11/11/80	☐ Male ☑ Female

Mailing Address: 1421 College Ave 2C, Bronx, NY, 10456

ID Number	ID Type
505 008 791	DL

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

Date of Occurrence	Time of Occurrence	Precinct
03/20/24	13:45 ☐ AM ☑ PM	43

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): E174st & Bronx River Ave

Borough: M☐ BK☐ SI☐ Q☐ BX☐

Include the summons number above on all communications

HEARING DATE: 05/09/2024 AT: 09:00 ☑ 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
19-190 (b)	

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

Details of Charge(s):

Failure to yield, physical injury Pedestrian hit in crosswalk walking

N/B

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
	43

Rank/Title	Name	Tax No.
PO	Bocalles	973235

0212 219 242