

# NYCServ Violation Copy

Internet



0214565450



## 0721000001001021 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0214 565 450  
ENFORCEMENT AGENCY: Police Department

|                                                                                                                                                                                                                                                     |                                                                                |                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Respondent Last Name                                                                                                                                                                                                                                | First                                                                          | M.I.                                                                                                                                                    |
| KERIAN                                                                                                                                                                                                                                              | MORGIN                                                                         | J                                                                                                                                                       |
| Phone No                                                                                                                                                                                                                                            | Cell<br><input type="checkbox"/> Home                                          | D.O.B.<br>Sex<br><input type="checkbox"/> Male<br><input checked="" type="checkbox"/> Female                                                            |
| 516-286-7468                                                                                                                                                                                                                                        |                                                                                | 10/16/95                                                                                                                                                |
| Mailing Address                                                                                                                                                                                                                                     |                                                                                |                                                                                                                                                         |
| 260 CORNWELL AVE, VALLEY STREAM, NY-11580                                                                                                                                                                                                           |                                                                                |                                                                                                                                                         |
| ID Number                                                                                                                                                                                                                                           | ID Type                                                                        |                                                                                                                                                         |
| 122309723                                                                                                                                                                                                                                           | NYS                                                                            |                                                                                                                                                         |
| 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                                                                                                                                                                                                                                  | Time of Occurrence                                                             | Precinct                                                                                                                                                |
| 05/30/25                                                                                                                                                                                                                                            | 09:03<br><input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | 083                                                                                                                                                     |
| Place of Occurrence ( <input type="checkbox"/> At <input type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)                                                                                                                           |                                                                                | Borough                                                                                                                                                 |
| N/E Starr St and Wilson Ave                                                                                                                                                                                                                         |                                                                                | M <input type="checkbox"/> BK <input checked="" type="checkbox"/> SI <input type="checkbox"/><br>Q <input type="checkbox"/> BX <input type="checkbox"/> |

Include the summons number above on all communications

HEARING DATE: 07/21/25 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: BROOKLYN (See back for address) (844) 628-4692  
www.nyc.gov/oath

|                                                 |                                                 |                                                                                            |
|-------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Admin. Code | <input type="checkbox"/> Parks Rules: 56 RCNY   |                                                                                            |
| <input type="checkbox"/> Rules of City of NY    | <input type="checkbox"/> Traffic Rules: 34 RCNY | <input type="checkbox"/> Other                                                             |
| Section/Rule                                    | Right of Way                                    | OATH Code                                                                                  |
| 19-190(B)                                       | Failure to Physically                           | D 16 L                                                                                     |
| Mail-in Penalty                                 | Max. Penalty                                    | Property<br>Removed <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| \$100.00                                        | \$250.00                                        |                                                                                            |

Details of Charge(s):  
AT TIPIO I/O in informed by  
Bryan, Sanchez he was crossing  
cross walk when cross sign on  
He was struck by vehicle on  
leg cause injuries.

NYC Charter Sections 104B and 104C-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 |
|               | 083     |
| Rank/Title    | Name    |
| PO            | KHAN    |
|               | Tax No. |
|               | 972043  |



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