NYCServ Violation Copy

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0215029917

1176000003003011

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0215 029 917

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
Duran	Brianna	

Phone No.		D.O.B.	Sex
2722080515	☐ Cell ☐ Home	10/05/05	☐ Male ☐ Female

Mailing Address: 2072 W Norwegian St Pottsville PA

ID Number	ID Type
35457566	Driver License

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

Date of Occurrence	Time of Occurrence	Precinct
09/26/2026	8:00 ☐ AM ☐ PM	048

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): East Tremont & 3rd Ave

Borough: M ☐ BK ☐ SI ☐ Q ☐ BX ☐

Include the summons number above on all communications

HEARING DATE: 9/14/26 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 ☐ Rules of City of NY ☐ Parks Rules: 56 RCNY ☐ Traffic Rules: 34 RCNY ☐ Other _____

Section/Rule	OATH Code
19-190(B)	D16

Mail-in Penalty	Max. Penalty	Property Removed
	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
[signature]	048

Rank/Title	Name	Tax No.
PO	Coglin	976624

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