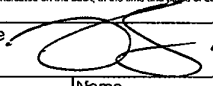


NYCServ Violation Copy

Internet



0215813483

		110000007007015	
SUMMONS TO APPEAR			
FOR CIVIL PENALTIES ONLY			
SUMMONS NUMBER:		0215 813 483	
ENFORCEMENT AGENCY: Police Department			
Respondent Last Name	First	M.I.	
Sinclair	Wayne	IA.	
Phone No	☐ Cell ☐ Home	D.O.B.	Sex ☒ Male ☐ Female
		2/11/75	
Mailing Address			
221 Leaf Ave.			
ID Number	ID Type		
043 924 155	D.		
Race ☐ White ☒ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence	Time of Occurrence	☒ AM ☐ PM	Precinct
5/19/26	08:15		069
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite)			Borough
Flatlands Ave. & E 85th St.			☐ M ☒ BK ☐ SI ☐ Q ☐ BX
Include the summons number above on all communications			
HEARING DATE: 07/09/26 AT: 09:30 ☒ 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	
☒ Admin. Code	☐ Parks Rules: 56 RCNY		
☐ Rules of City of NY	☐ Traffic Rules: 34 RCNY	☐ Other	
Section/Rule	OATH Code		
19-190(B)	D/6/L		
Mail-In Penalty	Max. Penalty	Property ☐ Yes Removed ☐ No	
\$250	\$250		
Details of Charge(s): At TPO dept Sinclair failed to yield to pedestrian.			
OATH			
NYC Charter Section 104b and 104b-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	
		069	
Rank/Title	Name	Tax No.	
P.O.	Staley	9871	
			
0215 813 483			