NYCServ Violation Copy

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0216536733

0602000003003051

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0216 536 733

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
Lewis	Michael	D

Phone No		D.O.B.	Sex
646-305-7021	☑ Cell ☐ Home	9/10/72	☑ Male ☐ Female

Mailing Address: 3224 Gunther Ave

ID Number	ID Type
861 932 712	NYS DL

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

Date of Occurrence	Time of Occurrence	Precinct
1/28/2025	12:24 ☐ AM ☑ PM	47

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): E 224 ST & Bronxwood Ave

Borough: M☐ BK☐ SI☐ Q☐ BX☑

Include the summons number above on all communications

HEARING DATE: 3/19/25 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	
19-190(B)	D 6 L	

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

Details of Charge(s):

At TPO, def is being issued an OATH Summons for failure to yield right of way, causing injury to Ped struck.

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
	047

Rank/Title	Name	Tax No.
PO	Segura	976855

0216 536 733