

NYCServ Violation Copy

Internet



0216618647



0898000007007015
SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY
SUMMONS NUMBER: **0216 618 647**
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name Rivera	First Raymond	M.I.
Phone No 646-320-4610	☒ Cell ☐ Home	D.O.B. 01/20/1981
Sex ☒ Male ☐ Female		
Mailing Address 2395 1st Avenue		
ID Number 311 059 199	ID Type MSID	
Race ☐ White ☐ Black ☒ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.		
Date of Occurrence 11/01/2025	Time of Occurrence ☐ AM 04:30 ☒ PM	Precinct 023
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) E 107 3 Avenue		Borough ☒ MB ☐ BK ☐ SI ☐ Q ☐ BX

Include the summons number above on all communications

HEARING DATE: **12/22/2025** 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: **Manhattan** (See back for address) (844) 628-4692
www.nyc.gov/oath

☒ Admin. Code	☐ Parks Rules: 56 RCNY	OATH Code D 16 1L
☐ Rules of City of NY	☐ Traffic Rules: 34 RCNY ☐ Other	
Section/Rule 19-190 (B)		Property Removed ☐ Yes ☒ No
Mail-in Penalty	Max. Penalty	

Details of Charge(s):

Right of way - failure to yield
Physical injury to Pedestrian

OATH

NYC Charter Section 104b and 104b-g 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 023
Rank/Title PO	Name OBREGON
	Tax No. 977306



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