

# NYCServ Violation Copy

Internet



0217042046



## 0531000007007083 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0217 042 046**  
ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                                      |                                                                           |                                                                       |                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Respondent Last Name<br><b>ADAMSON</b>                                                                                                                                                                                                               |                                                                           | First<br><b>CRYSTAL</b>                                               | M.I.                                                                                                                                                            |
| Phone No<br><b>929-713-6057</b>                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Cell<br><input type="checkbox"/> Home | D.O.B.<br><b>04/28/1979</b>                                           | Sex<br><input type="checkbox"/> Male<br><input checked="" type="checkbox"/> Female                                                                              |
| Mailing Address<br><b>26 Richmond Street Newark NJ 07103</b>                                                                                                                                                                                         |                                                                           |                                                                       |                                                                                                                                                                 |
| ID Number<br><b>A1794 14383 54792</b>                                                                                                                                                                                                                | ID Type<br><b>Drivers License</b>                                         |                                                                       |                                                                                                                                                                 |
| Race <input type="checkbox"/> White <input checked="" 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<br><b>11/05/2024</b>                                                                                                                                                                                                              | Time of Occurrence<br><b>02:27</b>                                        | <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM | Precinct<br><b>061</b>                                                                                                                                          |
| Place of Occurrence ( <input type="checkbox"/> At <input checked="" type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)<br><b>Avenue U &amp; Batchelder</b>                                                                             |                                                                           |                                                                       | Borough<br><input type="checkbox"/> M <input type="checkbox"/> BK <input checked="" type="checkbox"/> SI <input type="checkbox"/> Q <input type="checkbox"/> BX |

Include the summons number above on all communications

HEARING DATE: **12/21/2024** 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: \_\_\_\_\_ (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/Ruler<br><b>19-190(B)</b>                                                       | OATH Code<br><b>D 6 L</b>    |
| Mail-in Penalty<br><b>\$250</b>                                                         | Max. Penalty<br><b>\$250</b> |
| Property <input type="checkbox"/> Yes<br>Removed <input checked="" type="checkbox"/> No |                              |

Details of Charge(s):

**AT TPO Pedestrian was crossing in the crosswalk and had the right of way when the driver was making a left hand turn striking pedestrian causing minor injuries. Pedestrian removed to Coney Island hospital for further medical evaluation**

NYC Charter Section 104b and 104c-n 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<br><b>PO [Signature]</b> | Command<br><b>061</b>           |
| Rank/Title<br><b>PO</b>                | Name<br><b>Frantz Ziskalitz</b> |
|                                        | Tax No.<br><b>9761 24</b>       |



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