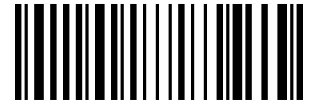


# NYCServ Violation Copy

Internet



0217060535



## 0372000010010079 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0217 060 535**  
ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                                      |                                                                           |                                                                       |                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Respondent Last Name<br><b>LOEFFIER</b>                                                                                                                                                                                                              |                                                                           | First<br><b>JACOB</b>                                                 | M.I.                                                                                                                                                            |
| Phone No<br><b>845-425-0544</b>                                                                                                                                                                                                                      | <input type="checkbox"/> Cell<br><input checked="" type="checkbox"/> Home | D.O.B.<br><b>10/02/77</b>                                             | Sex<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                              |
| Mailing Address<br><b>27 CARLTON RD MONSEY, NY 10952</b>                                                                                                                                                                                             |                                                                           |                                                                       |                                                                                                                                                                 |
| ID Number<br><b>536-826-508</b>                                                                                                                                                                                                                      | ID Type<br><b>DL</b>                                                      |                                                                       |                                                                                                                                                                 |
| Race <input checked="" type="checkbox"/> White <input 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>06/18/2024</b>                                                                                                                                                                                                              | Time of Occurrence<br><b>11 : 20</b>                                      | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | Precinct<br><b>066</b>                                                                                                                                          |
| Place of Occurrence ( <input type="checkbox"/> At <input checked="" type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)<br><b>52ST / NEWUTREE AVE</b>                                                                                   |                                                                           |                                                                       | Borough<br><input checked="" type="checkbox"/> M <input type="checkbox"/> BK <input type="checkbox"/> SI <input type="checkbox"/> Q <input type="checkbox"/> BX |

Include the summons number above on all communications

HEARING DATE: **08/08/24** 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: **Brooklyn** (See back for address) (844) 628-4692  
www.nyc.gov/oath

|                                                 |                                                                                |                                                                                         |
|-------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Admin. Code | <input type="checkbox"/> Parks Rules: 56 RCNY                                  | OATH Code<br><b>D 6 L</b>                                                               |
| <input type="checkbox"/> Rules of City of NY    | <input type="checkbox"/> Traffic Rules: 34 RCNY <input type="checkbox"/> Other |                                                                                         |
| Section/Rule<br><b>19-190(B)</b>                | Mail-in Penalty<br><b>250</b>                                                  | Property <input type="checkbox"/> Yes<br>Removed <input checked="" type="checkbox"/> No |

Details of Charge(s): **AT TPO 110 is informed by JOSEF Georges ATUBEL cell # 516-865-7278. whose address is known to the NYPD that JOSEF Georges A was crossing the street on crosswalk that is when he was struck by DEPT VEH.**

NYC Charter Section 104b and 104b-e 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>Atubel</b> | Command<br><b>066</b>    |
| Rank/Title<br><b>PO</b>        | Name<br><b>SADIQ</b>     |
|                                | Tax No.<br><b>964747</b> |



0217 060 535