NYCServ Violation Copy

Internet

0217063670

0695000003003052

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0217 063 670

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
KLEINER	DOVID	Y

Phone No		D.O.B.	Sex
9172158527	● Cell ☐ Home	12/04/74	● Male ☐ Female

Mailing Address: 6014 Clover Rd Baltimore MD 21215

ID Number	ID Type
K-150149-955-924	DL

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

Date of Occurrence	Time of Occurrence	Precinct
04/29/25	14 : 00 ☐ AM ☑ PM	66

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): C/O 55 St & 19th Ave

Borough: M☐ BK● SI☐ Q☐ BX☐

Include the summons number above on all communications

HEARING DATE: 06/19/25 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

● 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
$150	$250	☐ Yes ● No

Details of Charge(s):

Above Def did strike pedestrian in crossWalk while crossing the street.

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
		066

Rank/Title	Name	Tax No.
PO	APonte	961020

0217 063 670