

# NYCServ Violation Copy

Internet



0217139708



## 0267000006006079 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0217 139 708**  
ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                           |                                                             |          |                                                                    |                                                                                                                      |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|
| Respondent Last Name                                                                                                                                                                                                                      |                                                             | First    |                                                                    | M.I.                                                                                                                 |          |
| HUGH O'KANE                                                                                                                                                                                                                               |                                                             | Electria |                                                                    | CO. INC.                                                                                                             |          |
| Phone No                                                                                                                                                                                                                                  | <input type="checkbox"/> Cell <input type="checkbox"/> Home |          | D.O.B.                                                             | Sex                                                                                                                  |          |
| 212-881-0741                                                                                                                                                                                                                              |                                                             |          | / /                                                                | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                        |          |
| Mailing Address                                                                                                                                                                                                                           |                                                             |          |                                                                    |                                                                                                                      |          |
| 30-40 48th Avenue Long Island City NY 11101                                                                                                                                                                                               |                                                             |          |                                                                    |                                                                                                                      |          |
| ID Number                                                                                                                                                                                                                                 | Company Vehicle                                             |          | ID Type                                                            | License Plate                                                                                                        |          |
| Plate # 6B927 NB NY                                                                                                                                                                                                                       |                                                             |          | DMV                                                                |                                                                                                                      |          |
| Race <input 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                                                                                                                                                                                                                        | Time of Occurrence                                          |          | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |                                                                                                                      | Precinct |
| 10/18/23                                                                                                                                                                                                                                  | 10:30                                                       |          |                                                                    |                                                                                                                      | 10 NY    |
| Place of Occurrence ( <input type="checkbox"/> At <input type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)                                                                                                                 |                                                             |          |                                                                    | Borough                                                                                                              |          |
| At Intersection W 43 Street + 41st Avenue                                                                                                                                                                                                 |                                                             |          |                                                                    | MA BK <input type="checkbox"/> SI <input type="checkbox"/><br>Q <input type="checkbox"/> BX <input type="checkbox"/> |          |

Include the summons number above on all communications

HEARING DATE: 4.23.24 AT: 830 ☐ 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  
☐ Rules of City of NY ☒ Traffic Rules: 34 RCNY ☐ Other

Section/Rule: 34 RCNY 2-07 (c)(4)(i) OATH Code: D11A

Mail-in Penalty: \$2000 Max. Penalty: \$3000 Property ☐ Yes ☐ No  
Removed ☐ No

Details of Charge(s): AT 11:10 I OBSERVED THE ABOVE RESPONDENT OPENED A UTILITY ACCESS COVER (A HOLE) ON A RESTRICTED ACCESS ROADWAY DOING EMERGENCY FIELD OPTIC WITHOUT AN AUTHORIZATION NUMBER MONDAY TO FRIDAY 7:00 AM TO 8:00 PM.

NYC Charter Section 104b and 104c 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: [Signature] Command: OSS

Rank/Title: 1st Lt Name: Ronan, Michael Tax No.: 345557



0217 139 708