NYCServ Violation Copy

Internet

0217593669

0792000002002036

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0217 593 669

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
DJONDANG	KALLIBE	

Phone No	D.O.B.	Sex
917 283 1723 ☐ Cell ☐ Home	07/06/86	☐ Male ☐ Female

Mailing Address: 76 RALPH AVE

ID Number: 873 418 270 ID Type: NYSID

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

Date of Occurrence	Time of Occurrence	Precinct
07/15/2025	17:35 ☐ AM ☒ PM	081

Place of Occurrence (☐ At ☒ In Front Of ☐ Opposite): 254 RALPH AVE

Borough: M ☐ BK ☒ SI ☐ Q ☐ BX ☐

Include the summons number above on all communications

HEARING DATE: 09/04/2025 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: KINGS (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
RIGHT of WAY	D16K

Mail-in Penalty	Max. Penalty	Property Removed
100	100	☐ Yes ☒ No

Details of Charge(s): AT TPO undersigned observed Deft fail to yield to pedestrian.

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
P.O. Kalwa	80

Rank/Title	Name	Tax No.
PO	KALWA	965137

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