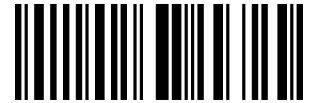


# NYCServ Violation Copy

Internet



0217767743



## 0389000004004047 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0217 767 743  
ENFORCEMENT AGENCY: Police Department

|                                                                                                                                                                                                                                           |  |                                                               |  |                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--|---------------------------------------------------------------|--|
| Respondent Last Name                                                                                                                                                                                                                      |  | First                                                         |  | M.I.                                                          |  |
| Hugh O'Kane Electric Company Inc.                                                                                                                                                                                                         |  |                                                               |  |                                                               |  |
| Phone No                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Cell <input type="checkbox"/> D.O.B. |  | Sex                                                           |  |
| 212 431 6007                                                                                                                                                                                                                              |  | <input type="checkbox"/> Home                                 |  | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Mailing Address                                                                                                                                                                                                                           |  |                                                               |  |                                                               |  |
| 30-40 48 <sup>TH</sup> AVE Long Island City N.Y. 11101                                                                                                                                                                                    |  |                                                               |  |                                                               |  |
| ID Number                                                                                                                                                                                                                                 |  | ID Type                                                       |  |                                                               |  |
| Veh N <sup>o</sup> 73229 MC (NY)                                                                                                                                                                                                          |  | For ID only.                                                  |  |                                                               |  |
| 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                                                    |
| 06/05/2004                                                                                      | 7:32               |                                                                    | 10                                                          |
| Place of Occurrence (At <input type="checkbox"/> In Front Of <input type="checkbox"/> Opposite) |                    |                                                                    | Borough                                                     |
| 12 AVE betw 40 <sup>TH</sup> ST & LINCOLN TUNNEL                                                |                    |                                                                    | MTX BK <input type="checkbox"/> SI <input type="checkbox"/> |
| Mon. He. WAS located on 12 AVE betw 40 <sup>TH</sup> ST & LINCOLN TUNNEL                        |                    |                                                                    |                                                             |
| but by DOT include the summons number above on all communications                               |                    |                                                                    |                                                             |
| The location st. on 12 AVE does not exist.                                                      |                    |                                                                    |                                                             |
| HEARING DATE: 11/19/24                                                                          |                    | AT: 9:30                                                           |                                                             |
|                                                                                                 |                    | <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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

|                                              |                                                            |                                                                   |
|----------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Admin. Code         | <input type="checkbox"/> Parks Rules: 56 RCNY              | <input type="checkbox"/> Other                                    |
| <input type="checkbox"/> Rules of City of NY | <input checked="" type="checkbox"/> Traffic Rules: 34 RCNY |                                                                   |
| Section/Rule                                 |                                                            | OATH Code                                                         |
| 2-07 (c) (4) (i)                             |                                                            | D 1 A                                                             |
| Mail-in Penalty                              | Max. Penalty                                               | Property <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2,000.00                                     | 3,000.00                                                   | Removed <input type="checkbox"/> No                               |

Details of Charge(s): ATTP/D: I observed the above Respondent opening an utility access codes being an emergency work (related problems) on a restricted access route Monday thru Friday 7am to 8pm without an authorization number.

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 |               | Command |
| T. M. Munez   |               | 055     |
| Rank/Title    | Name          | Tax No. |
| TEA IV        | Tatiana Munez | 353486  |



0217 767 743