NYCServ Violation Copy

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SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0217 806 472

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
Yhog	Rafael	

Phone No.		D.O.B.	Sex
718 307 9037	☐ Cell ☐ Home	03/08/1990	☑ Male ☐ Female

Mailing Address: 1729 Linden Street Apt 1R Queens NY

ID Number	ID Type
528396970	NYS Drivers License

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

Date of Occurrence	Time of Occurrence	Precinct
02/18/2025	7:45 ☐ AM ☑ PM	104

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): I/O Linden Street and St Nicholas Ave

Borough: M ☐ BK ☐ SI ☐ Q ☑ BX ☐

Include the summons number above on all communications

HEARING DATE: 04/09/25 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: Queens (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)	D16 K

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

Details of Charge(s):

Right of Way - Failure to Yield, Physical Injury

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
PO Gonzalez	104

Rank/Title	Name	Tax No.
PO	Gonzalez	970556

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