NYCServ Violation Copy

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SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0217 938 610

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
PALACIOS ERAS	HERNAN	A

Phone No		D.O.B.	Sex
929-322-7370	☑ Cell ☐ Home	02 05 2002	☑ Male ☐ Female

Mailing Address: 10312 53RD AVE FL1 CORONA, NY

ID Number	ID Type
961104333	LEARNER PERMIT NY CLASS D

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

Date of Occurrence	Time of Occurrence	Precinct
11 12 2025	10 : 17 ☑ AM ☐ PM	109

Place of Occurrence: ☑ At ☐ In Front Of ☐ Opposite) KISSENA BLVD & BOOTH MEMORIAL AVE

Borough: M ☐ BK ☐ SI ☐ Q ☑ BX ☐

Include the summons number above on all communications

HEARING DATE: 01 / 02 / 26 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: 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
19-176 2 (B)	D 0 2

Mail-in Penalty	Max. Penalty	Property Removed
500	500	☐ Yes ☐ No

Details of Charge(s):

OPERATING A MOTORIZED SCOOTER IN NYC.

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
	109

Rank/Title	Name	Tax No.
PO	SINGH	949513

0217 938 610