NYCServ Violation Copy

Internet

0217954368

0597000005005007

SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0217 954 368

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
ZIGUN LI	ZIQUN	L

Phone No		D.O.B.	Sex
9293205166	☑ Cell ☐ Home	11/21/60	☑ Male ☐ Female

Mailing Address: 136-45 JEWEL AVE

ID Number	ID Type
655 971 970	NYSDL

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

Date of Occurrence	Time of Occurrence	Precinct
1/19/25	1:10 ☐ AM ☑ PM	110

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): KOSSUTH ST & CORNISH AVE

Borough: ☐ MN ☐ BK ☐ SI ☐ QN ☑ BX ☐

Include the summons number above on all communications

HEARING DATE: 3/5/25 AT: 9:30 ☑ 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)	D16L

Mail-in Penalty	Max. Penalty	Property Removed
$250		☐ Yes ☐ No

Details of Charge(s):

RIGHT OF WAY - FAILURE TO YIELD FOR PEDESTRIAN, 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
	110

Rank/Title	Name	Tax No.
PO	BESNICK	947645

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