

NYCServ Violation Copy

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0218272836



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SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY
 SUMMONS NUMBER: **0218 272 836**
 ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name GRINDI		First DAVID	M.I. M
Phone No N/A	☐ Cell ☐ Home	D.O.B. 05/20/86	Sex ☒ Male ☐ Female
Mailing Address 430 EAST 17TH ST BROOKLYN, NY 11230			
ID Number 437 188 904	ID Type NYS DRIVER'S LICENSE		
Race ☒ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence 05/26/25	Time of Occurrence 07:37	☐ AM ☒ PM	Precinct 70
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) W/B AVE @ 1/0 EAST 18TH ST			Borough ☒ M ☐ BK ☐ SI ☐ Q ☐ X

Include the summons number above on all communications

HEARING DATE: **05/15/25** AT: **9:00** ☒ 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: **BROOKLYN** (See back for address) (844) 628-4692
www.nyc.gov/oath

☒ Admin. Code	☐ Parks Rules: 58 RCNY	OATH Code D 6 L
☐ Rules of City of NY	☐ Traffic Rules: 34 RCNY ☐ Other	
Section/Rule 19-190(b) Fail to yield physical injury	Mail-in Penalty \$250	Property Removed ☐ Yes ☒ No

Details of Charge(s): **Right of way - Fail to yield physical**

injury. - At + po 1/0 is informed by David Grindi whose address is 430 East 17th St that he was driving in the W/B direction of Ave 0 when the pedestrian, in which he observed in the cross walk was crossing and he did not stop and hit the pedestrian causing injury to head

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 substance 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.

I/O Signature 		Command 70
Rank/Title PO	Name LECONTE	Tax No. 9165260



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