NYCServ Violation Copy

Internet

0218297604

1176000005005008

SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 297 604
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
BAAH	David	M

Phone No		D.O.B.	Sex
718 812 6417	☑ Cell ☐ Home	8/23/83	☑ Male ☐ Female

Mailing Address: 3260 Cruger Ave Bronx NY 10467 Apt 10E

ID Number	ID Type
634 130 454	D

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

Date of Occurrence	Time of Occurrence	Precinct
04/27/16	10 : 55 ☑ AM ☐ PM	48

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): 2375 Southern Blvd n/o — Borough: M☐ BK☐ SI☐ Q☐ BX☑

Include the summons number above on all communications

HEARING DATE: 09/15/2016 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: Bronx (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)		
Mail-in Penalty	Max. Penalty	Property Removed ☐ Yes ☐ No

Details of Charge(s):
failed to yield to pedestrian

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 Ortiz Tomo		48
Rank/Title	**Name**	**Tax No.**
PO	Tomas Ortiz	970150

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