

# NYCServ Violation Copy

Internet



0218405110



## 0701000006006032 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0218 405 110**  
ENFORCEMENT AGENCY: **Police Department**

|                                                                                                                                                                                                                                                      |                                                                |                                                                       |                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Respondent Last Name<br><b>Xu</b>                                                                                                                                                                                                                    |                                                                | First<br><b>Pengfei</b>                                               | M.I.                                                                                                                                                               |
| Phone No<br><b>929 329 6931</b>                                                                                                                                                                                                                      | <input type="checkbox"/> Cell<br><input type="checkbox"/> Home | D.O.B.<br><b>03/12/91</b>                                             | Sex<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                 |
| Mailing Address<br><b>211-34 46 Rd, Queens NY 11361</b>                                                                                                                                                                                              |                                                                |                                                                       |                                                                                                                                                                    |
| ID Number<br><b>900083814</b>                                                                                                                                                                                                                        | ID Type<br><b>Driver License</b>                               |                                                                       |                                                                                                                                                                    |
| Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black <input type="checkbox"/> Am. Ind./Alaskan Native <input checked="" type="checkbox"/> Asian/Pacific. Is. |                                                                |                                                                       |                                                                                                                                                                    |
| Date of Occurrence<br><b>04/28/2025</b>                                                                                                                                                                                                              | Time of Occurrence<br><b>07:45</b>                             | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | Precinct<br><b>109</b>                                                                                                                                             |
| Place of Occurrence ( <input checked="" type="checkbox"/> At <input type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)<br><b>166 St 3 Francis Lewis Blvd</b>                                                                           |                                                                |                                                                       | Borough<br>M <input type="checkbox"/> BK <input type="checkbox"/> SI <input type="checkbox"/><br>Q <input checked="" type="checkbox"/> BX <input type="checkbox"/> |

Include the summons number above on all communications

HEARING DATE: **05/15/25** 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<br><b>19-190(B)</b>                                                        | OATH Code<br><b>D1612</b>    |
| Mail-in Penalty<br><b>\$250</b>                                                         | Max. Penalty<br><b>\$250</b> |
| Property Removed <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                              |

Details of Charge(s): **AT TPO respondent did not yield to pedestrian in marked crosswalk causing physical injury.**

OATH

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 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<br><b>PO KN</b> | Command<br><b>109</b>    |
| Rank/Title<br><b>PO</b>       | Name<br><b>DeJesus</b>   |
|                               | Tax No.<br><b>960435</b> |



0218 405 110