NYCServ Violation Copy

Internet

0218451622

0988000002002065

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 451 622

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
Johnson	Denise	

Phone No.		D.O.B.	Sex
9174800901	☑ Cell ☐ Home	03/05/1951	☐ Male ☑ Female

Mailing Address: 142-15 222nd Street Laurelton NY 11413

ID Number	ID Type
754952761	D

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

Date of Occurrence	Time of Occurrence	Precinct
02/13/26	08:21 ☐ AM ☑ PM	116

Place of Occurrence (☐ At ☑ In Front Of ☐ Opposite) Blvd: Merrick Blvd & Braoulle

Borough: M ☐ BK ☐ SI ☐ Q ☑ BX ☐

Include the summons number above on all communications

HEARING DATE: 4/6/26 AT: 09:30 ☑ 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 DOL

Section/Rule	OATH Code	
19-190(B)	1561L	
Mail-in Penalty	**Max. Penalty**	**Property Removed**
250	250	☐ Yes ☐ No

Details of Charge(s):
Failure to yield right of way. 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 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
		116
Rank/Title	**Name**	**Tax No.**
PO	Diaz	971038

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