NYCServ Violation Copy

Internet

0218463420

0707000002002036

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 463 420

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
Pritsos	Antonis	N

Phone No		D.O.B.	Sex
718-683-1594	☑ Cell ☐ Home	03/02/91	☑ Male ☐ Female

Mailing Address: 30-13 45th street #7 Queens 11103

ID Number	ID Type
FLS 191 898	Driver License (NYS)

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

Date of Occurrence	Time of Occurrence	Precinct
05/14/25	02:24 ☐ AM ☑ PM	114

Place of Occurrence (☑ At ☐ In Front Of ☐ Opposite): 46 Street & 28 Avenue

Borough: M☐ BK☐ SI☐ Q● BX☐

Include the summons number above on all communications

HEARING DATE: 07/03/25 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	OATH Code
19-190(B)	D16L

Mail-in Penalty	Max. Penalty	Property Removed
		☐ Yes ☑ No

Details of Charge(s):
Right of way- Failure to Yield
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
	114

Rank/Title	Name	Tax No.
PO	Passang	973136

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