NYCServ Violation Copy

Internet

0218475218

0681000006006044

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 475 218

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
Malik	Saleh	

Phone No		D.O.B.	Sex
929-844-9038	☐ Cell ☐ Home	02/06/05	☐ Male ☐ Female

Mailing Address: 3608 29 st Apt 6B, Queens

ID Number	ID Type
534-411440	Driver license

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

Date of Occurrence	Time of Occurrence	Precinct
4/17/25	12:30 ☐ AM ☑ PM	114

Place of Occurrence (☑ At ☐ In Front Of ☐ Opposite): Astoria Blvd & Crescent st

Borough: M ☐ BK ☐ SI ☐ Q ☑ BX ☐

Include the summons number above on all communications

HEARING DATE: 06/06/25 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

Section/Rule	OATH Code
19-190(B)	016L

Mail-in Penalty	Max. Penalty	Property Removed
	$1250	☐ Yes ☐ No

Details of Charge(s):
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.**
P.O	Jimenez	974442

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