NYCServ Violation Copy

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0218904620

0886000004004041

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 904 620

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
Melville-Welch	JERMAIN	

Phone No	D.O.B.	Sex
3473986325 ☐ Cell ☐ Home	03/04/1996	☑ Male ☐ Female

Mailing Address: 249 GUYONA ST BROOKLYN

ID Number: 495 159234 ID Type: driver license

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

Date of Occurrence	Time of Occurrence	Precinct
10/21/2025	17:30 ☐ AM ☑ PM	077

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): Albany ave i/o pacific st

Borough: M☐ BK☑ SI☐ Q☐ BX☐

Include the summons number above on all communications

HEARING DATE: 12/11/25 AT: 9:00 ☑ 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: Brooklyn (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	
18-190(B)	016	

Mail-in Penalty	Max. Penalty	Property Removed
$100		☐ Yes ☑ No

Details of Charge(s): AT T/P/O defendant did not yield to crosswalk, motorist 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
	077

Rank/Title	Name	Tax No.
PO	LAYNE	948658

0218 904 620