NYCServ Violation Copy

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SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 034 072

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
Chavez Rodriguez	Omar	

Phone No.		D.O.B.	Sex
3472084913	☒ Cell ☐ Home	04/05/89	☒ Male ☐ Female

Mailing Address: 230 Covert Street Apt. 1 Brooklyn NY 11207

ID Number	ID Type
506 863 416	NYS Learner permit

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

Date of Occurrence	Time of Occurrence	Precinct
05/20/2025	10:15 ☐ AM ☒ PM	081

Place of Occurrence (☒ At ☐ In Front Of ☐ Opposite): I/O Macdonough Street & Malcolm X Blvd

Borough: M ☐ BK ☒ SI ☐ Q ☐ BX ☐

Include the summons number above on all communications

HEARING DATE: 07/10/25 AT: 9:30 ☒ 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: 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
19-176(2b)	D 10 12

Mail-in Penalty	Max. Penalty	Property Removed
$ 500.00	$ 500.00	☐ Yes ☒ No

Details of Charge(s):
At TPO Defendant was observed operating motorcycle/moped without plates.

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
Pompilates	081

Rank/Title	Name	Tax No.
PO	PUPIALES	976703

0219 034 072