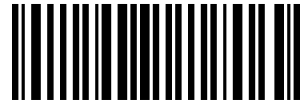


NYCServ Violation Copy

Internet



0219230101



0602000004004073

SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 230 101
ENFORCEMENT AGENCY: Police Department

Respondent Last Name Espinal	First Carlos	M.I.
Phone No.	☐ Cell ☐ Home	D.O.B. 10/27/1981 Sex ☐ Male ☐ Female
Mailing Address 3333 Broadway A 10A NY NY 10031		
ID Number	ID Type	
Race ☐ White ☐ Black ☒ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.		
Date of Occurrence 1/25/25	Time of Occurrence ☒ AM ☐ PM 00:07	Precinct 52
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) University & W Kings bridge		Borough M ☐ BK ☐ SI ☐ Q ☐ BX ☒

Include the summons number above on all communications

HEARING DATE: **3/17/25** 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: **BRONX** (See back for address) (844) 628-4692
www.nyc.gov/oath

☐ Admin. Code	☐ Parks Rules: 56 RCNY	☐ Other
☐ Rules of City of NY	☐ Traffic Rules: 34 RCNY	
Section/Rule 10-125	OATH Code 125	
Mail-in Penalty 25	Max. Penalty 100	Property Removed ☐ Yes ☐ No

Details of Charge(s):

**open container
1202 8 tella**

OATH

NYC Charter Section 104b and 104b-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 PO [Signature]	Command 052
Rank/Title PO	Name W. [Signature]
	Tax No. 971262



0219 230 101