

NYCServ Violation Copy

Internet



0219917253



0823000005005036 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0219 917 253**
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name Sit		First Victor	M.I.
Phone No 929-424-1027	☒ Cell ☐ Home	D.O.B. 12/27/97	Sex ☒ Male ☐ Female
Mailing Address 144-56 Roosevelt Ave 3B			
ID Number 488757960	ID Type NYS Drivers License		
Race ☐ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific. Is.			
Date of Occurrence 08/28/25	Time of Occurrence 2:25	☐ AM ☒ PM	Precinct 109
Place of Occurrence (☐ At ☒ In Front Of ☐ Opposite) 144-48 Roosevelt Ave			Borough M ☐ BK ☐ SI ☐ Q ☒ BX ☐

Include the summons number above on all communications

HEARING DATE: **10/17/25** AT **11:00** ☒ 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	OATH Code D 6 L
☐ Rules of City of NY	☐ Traffic Rules: 34 RCNY ☐ Other	
Section/Rule 19/90 B	Mail-in Penalty 250	Max. Penalty 250
	Property ☐ Yes Removed ☐ No	

Details of Charge(s):
Right away failure to yield
Physical Injury

OATH

NYC Charter Section 104B 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 PO Symister	Command 109
Rank/Title PO	Name Symister
	Tax No. 929535



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