NYCServ Violation Copy

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0219920810

0637000006006082

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 920 810

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
Qui	MINXING	

Phone No		D.O.B.	Sex
	☐ Cell ☐ Home	16 / 07 / 77	☑ Male ☐ Female

Mailing Address: 13240 Sanford Ave Flushing Ny 1R

ID Number	ID Type
908 594 340	NysDL

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

Date of Occurrence	Time of Occurrence	Precinct
03 / 01 / 25	20 : 49 ☐ AM ☑ PM	109

Place of Occurrence (☑ At ☐ In Front Of ☐ Opposite): Barclay Ave & 149 st

Borough: M ☐ BK ☐ SI ☐ Q ☑ BX ☐

Include the summons number above on all communications

HEARING DATE: 04 / 21 / 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
AC 19 - 176.2(b)	D 6 2

Mail-in Penalty	Max. Penalty	Property Removed
500	500	☐ Yes ☑ No

Details of Charge(s):

At tpo def was observed riding unregisbered moped on NYC Street

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
	109

Rank/Title	Name	Tax No.
P.O	Lauderdale	977232

0219 920 810