NYCServ Violation Copy

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0219966625

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SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 966 625

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
TORRES	CARMEN	

Phone No		D.O.B.	Sex
610 223 9148	☑ Cell ☐ Home	10/18/93	☐ Male ☑ Female

Mailing Address: 120 N 9th ST Apt 2R, Reading PA

ID Number	ID Type
35755183	NYS License

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

Date of Occurrence	Time of Occurrence	Precinct
1/08/25	10 : 44 ☐ AM ☑ PM	033

Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite): W 161 ST & Broadway

Borough: M☑ BK☐ SI☐ Q☐ BX☐

Include the summons number above on all communications

HEARING DATE: 12/29/25 AT: 09:00 ☑ 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: Manhattan (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	
19-190(B)	D 16 L	

Mail-in Penalty	Max. Penalty	Property Removed
$250	$250	☐ Yes ☑ No

Details of Charge(s):

Right of way failure to Yield Physical Injury

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
	033

Rank/Title	Name	Tax No.
PO	Celemin	973994

0219 966 625