NYCServ Violation Copy

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0220189476

0886000004004074

SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0220 189 476

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
SAMUEL	Margaret	

Phone No		D.O.B.	Sex
3477467843	☐ Cell ☐ Home	10/20/67	☐ Male ☑ Female

Mailing Address: 1595 Park Pl Apt 6G

ID Number	ID Type
349 248 630	Driver License

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

Date of Occurrence	Time of Occurrence	Precinct
10/27/25	16:04 ☐ AM ☑ PM	073

Place of Occurrence (☐ At ☑ In Front Of ☐ Opposite): Ralph Ave & Sterling Street

Borough: M ☐ BK ☑ SI ☐ Q ☐ BX ☐

Include the summons number above on all communications

HEARING DATE: 12/15/25 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: Kings (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) failure to yield	19 190 B

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

Details of Charge(s):

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
P. [signature]	073

Rank/Title	Name	Tax No.
PO	Taylor	940931

0220 189 476