

NYCServ Violation Copy

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0220190439



075800005005039 SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0220 190 439**
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name Ulerio		First Monet	M.I.
Phone No. 929 278 9852	☒ Cell ☐ Home	D.O.B. 6/28/90	Sex ☐ Male ☒ Female
Mailing Address 236 East 28th St Apt 2E Bklyn NY			
ID Number	ID Type		

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

Date of Occurrence 07/06/25	Time of Occurrence 7:15	☐ AM ☒ PM	Precinct 079
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) De Kalb + Tompkins			Borough ☐ M ☒ B ☐ SI ☐ Q ☐ BX

Include the summons number above on all communications

HEARING DATE: **8/25/25** AT: **9:30** ☒ 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 19-190(B)	OATH Code D161L
Mail-in Penalty \$250	Max. Penalty \$250
Property Removed ☐ Yes ☒ No	

Details of Charge(s): **At tpo undersigned is informed by witness that he observed motorist failed to yield to bicyclist.**

NYC Charter Section 104b and 104b-e 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 herein.

I/O Signature [Signature]	Command 079
Rank/Title PO	Name Miller
Tax No. 980716	



0220 190 439