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SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0220 538 533

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
CELIK	AHMET	

Phone No ☐ Cell ☐ Home | D.O.B. 04/30/97 | Sex ☑ Male ☐ Female

Mailing Address: 1159 BRIGHTON BEACH AVE

ID Number	ID Type
454 803 554	NYS DL

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

Date of Occurrence	Time of Occurrence	Precinct
05/09/26	01:50 ☑ AM ☐ PM	060

Place of Occurrence (☑ At ☐ In Front Of ☐ Opposite): 1151 BRIGHTON BEACH AVE

Borough: M☐ B☑ SI☐ Q☐ BX☐

Include the summons number above on all communications

HEARING DATE: 06/29/26 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: BROOKLYN (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
10-125	X 12 15

Mail-in Penalty	Max. Penalty	Property Removed
$25.00	$100.00	☐ Yes ☑ No

Details of Charge(s): At the place of occurrence the undersigned observed the defendant with an open glass bottle of FRANZ±SKNAPPS 12oz on a public sidewalk in plain view

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
DET DiC	060

Rank/Title	Name	Tax No.
DET.	Di Costanzo	956595

0220 538 533