

NYCServ Violation Copy

Internet



0220653667



0948000001001031
SUMMONS TO APPEAR
FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0220 653 667**
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name Gao		First Hua	M.I.
Phone No		☐ Cell ☐ Home	D.O.B. 07/27/71 Sex ☒ Male ☐ Female
Mailing Address 13843 62nd RD			
ID Number 251967681		ID Type NYS DL	
Race ☐ White ☐ Black ☐ Hisp. White ☐ Hisp. Black ☐ Am. Ind./Alaskan Native ☒ Asian/Pacific. Is.			
Date of Occurrence 01/17/26	Time of Occurrence ☒ AM ☐ PM 06:13	Precinct 109	
Place of Occurrence (☐ At ☐ In Front Of ☐ Opposite) 39-16 Prince St		Borough M ☐ BK ☐ SI ☐ Q ☒ BX ☐	

Include the summons number above on all communications

HEARING DATE: **03/09/26** AT: **9:00** ☐ 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: **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 **19-136(b)** OATH Code **D 10 15**

Mall-in Penalty **50** Max. Penalty **300** Property ☐ Yes
Removed ☐ No

Details of Charge(s):

**AA for doll was parked
on a public sidewalk**

OATH

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 therein.

I/O Signature **[Signature]** Command **109**

Rank **PO** Name **[Signature]** Tax No. **975902**



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