NYCServ Violation Copy

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SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0220 915 779

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	MI
LAVEY	DAVID	

Phone No		D.O.B.	Sex
347-282-3179	☑ Cell ☐ Home	11/04/95	☐ Male ☐ Female

Mailing Address: 58 RONNI DR. EAST MEADOW, NY 11554

ID Number	ID Type
125 341 064	D

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

Date of Occurrence	Time of Occurrence	Precinct
01/10/26	01:06 ☐ AM ☑ PM	067

Place of Occurrence (☑ At ☐ In Front Of ☐ Opposite): CLARENDON RD & E 25 ST

Borough: M ☐ BK ☑ SI ☐ Q ☐ BX ☐

Include the summons number above on all communications

HEARING DATE: 03/02/26 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: 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
19-190(8)	D16L

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

Details of Charge(s):

AT TPO UNDERSIGNED IS INFORMED BY PEDESTRIAN THAT THEY DID OBSERVE THE MOTORIST FAIL TO YIELD TO PEDESTRIAN CAUSING 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
Maura Cummings	067

Rank/Title	Name	Tax No.
PO	CUMMINGS	981195

0220 915 779