NYCServ Violation Copy

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SUMMONS TO APPEAR

FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0222 739 560

ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name	First	M.I.
ALLSOPP	CLYDE	

Phone No		D.O.B.	Sex
3477351 4090	☑ Cell ☐ Home	12/18/1951	☑ Male ☐ Female

Mailing Address: 176 E 73RD Street

ID Number	ID Type
246020155	NYS Driver license

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

Date of Occurrence	Time of Occurrence	Precinct
8/16/2026	12 : 07 ☐ AM ☑ PM	073

Place of Occurrence (☐ At ☑ In Front Of ☐ Opposite): - Howard AV and Dumont AV

Borough: M ☐ BK ☑ SI ☐ Q ☐ BX ☐

Include the summons number above on all communications

HEARING DATE: 10/05/26 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
19-190 B		D 1 6 1C

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

Details of Charge(s): Right of Way 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
Soriano		073

Rank/Title	Name	Tax No.
PO	SORIANO	983840

0222 739 560