#10

NOTICE OF CLAIM
N.J.S.A. 59:1-1 Et Seq.

TO: Clerk, Borough of Carteret
61 Cooke Avenue
Carteret, NJ 07008

Clerk, Middlesex County
56 Paterson Street
New Brunswick, NJ 08901

---

1. **Name and address of claimant:**
John Pahler
83 Birch Street
Port Reading, NJ 07064

2. **Post Office Address to Which the Person Presenting the Claim Desires Notices To Be Sent:**
James Pagliuca, Esq.
Law Office of Gill & Chamas
655 Florida Grove Road, P.O. Box 760
Woodbridge, NJ 07095

3. **Date, Place and Circumstances of Occurrence Which Gave Rise to the Claim Asserted:**
On July 3, 2015 the Claimant was struck by the vehicle operated by Rakesh Kumar at the intersection of Daniel and Willow Streets in Carteret, NJ. Rakesh Kumar advised the investigating officer that "after he stopped at the stop sign, he then moved up past the stop sign because of the high hedges were blocking his view and then he proceeded into the intersection because he thought it was clear." The high hedges were located within the line of site triangle and may have been located on property owned by the Borough of Carteret and/or Middlesex County.

4. **Description of the Injury, Damage or Loss Incurred Known at This time:**
Spinal Column injuries with associated neck & back injuries

5. **Names of Public Entity, Employee(s) Causing Injuries/Damages:**
Borough of Carteret
County of Middlesex

6. **Estimated Amount of Present and Prospective Injury and Damage:**
$500,000

JAMES PAGLIUCA

Date: September 24, 2015

PITMAN MINDAS GROSSMAN LEE AND MOORE

A Professional Corporation

BRUCE M. PITMAN
MEMBER NJ AND NY BAR

PATRICK R. MINDAS
CERTIFIED BY THE SUPREME COURT OF NEW JERSEY AS A WORKERS' COMPENSATION TRIAL ATTORNEY

EDWARD H. LEE
CERTIFIED BY THE SUPREME COURT OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY

MARSHA M. MOORE
MEMBER NJ AND NY BAR

CHARLES M. GROSSMAN

COUNSEL

ALONA MAGIDOVA
MEMBER NJ AND NY BAR

BRENDAN H. MORRIS
MEMBER NJ AND NY BAR

150 MORRIS AVENUE
PO BOX 696
SPRINGFIELD, NEW JERSEY 07081
973-467-5100
(Fax) 973-564-7506

www.pitmanlaw.com

PLEASE REPLY TO SPRINGFIELD

NEWARK OFFICE
17 ACADEMY STREET
SUITE 903
NEWARK, NJ 07102
973-642-3336

NORTH WARD OFFICE
600 MT. PROSPECT AVE.
NEWARK, NJ 07104
973-481-0606
(FAX) 973-481-0066

OF COUNSEL
ANTHONY P. D'ALESSIO

JOEL L. PITMAN
(1961-2011)

February 12, 2015

Kathleen M. Barney, Township Clerk
Borough of Carteret
Municipal Bldg.
61 Cooke Ave
Carteret NJ 07008

RE: McMillan v. Borough of Carteret
D/A: 1/9/15

Dear Ms. Barney:

This is to advise you that I represent Roy McMillan of 720 Berkeley Avenue, Plainfield, New Jersey, for a claim against the Borough of Carteret. This Notice of Claim is being filed pursuant to N.J.S.A. 59:8-4. The required information is as follows:

1. Claimant's name and address are set forth above.

2. All notices should be sent to my office as set forth in the letterhead above.

3. The accident in question took place on January 9, 2015 at the RWJ Rahway Fitness & Wellness Center at Carteret, New Jersey. Claimant was injured when he was exiting the building and slipped and fell on ice/snow on the sidewalk in the front of the aforesaid building.

4. Claimant sustained injuries as follows: Right shoulder injury. Additional injuries to be supplied.

5. The name of the public entity involved is the Borough of Carteret. The names of the employees who may be negligent are unknown at this time.

Re: McMillan v. Borough of Carteret

6. We are unable to formulate an amount at this time, since the claimant has not yet been discharged from treatment.

I believe the above satisfies the requirements of N.J.S.A. 59:8-4. If more information is required or if you determine this Notice of Claim insufficient, please advise.

Thank you.

Very truly yours,

EDWARD H. LEE
edhlee@pitmanlawfirm.com

EHL:laz
Regular & C.M.R.R.

Cc: Roy McMillan

#3

LAW OFFICES
RABB HAMILL, P.A.
A Professional Corporation
284 Amboy Avenue
Woodbridge, New Jersey 07095-2804
(732) 636-9291
Fax (732) 634-0344
E-Mail: rabbhamill@gmail.com
Website: www.rabbhamillpa.com

William E. Rabb (1966-2013)

Edward K. Hamill
Laura A. Rabb
*Bruce M. Iverson**
*Ernest Blair ^***
*Alan G. Fidel****

* *Member NJ and PA Bar*
^ *Certified Civil Trial Attorney*
** *Member NJ and FL Bar*
****Member NJ and NY Bar*

March 31, 2015

Clerk, Borough of Carteret
61 Cooke Avenue
Carteret, NJ 07008

State of New Jersey
Dept. of Law & Public Safety
Hughes Justice Complex
25 W. Market Street
P.O. Box 080
Trenton, NJ 08625

NOTICE OF CLAIM FOR DAMAGES AGAINST PUBLIC ENTITY

Please be advised that the undersigned represents, Shalana Jones, Date of Birth: June 20, 1970, 1990, SS# 156-60-0807, who resides at 190 Irvington Street, in Somerset, County of Somerset, State of New Jersey.

On or about February 10, 2015, at approximately 5:40 a.m., Shalana Jones, was lawfully and properly stepping off curb in the parking lot in front of premises located at 100 Roosevelt Avenue, Apt. V3, in the Borough of Carteret, County of Middlesex, State of New Jersey, when she was caused to fall down on ice.

As a result of the fall, Ms. Jones suffered injuries her head, neck, back and left elbow. Ms. Jones is presently under the care of NJ Orthopedic Rehab & Pain Management, 477 Rahway Avenue, Woodbridge, NJ 07095.

Be advised that the amounts of damages are unliquidated at this time and will be forwarded pursuant to the applicable Rules of Court.

✓
4-6-15
Copy to mayor
atty &
B. Barrington
w/h

Re: Shalana Jones
D/A: February 10, 2015
Notice of Claim For Damages Against Public Entity

Notice of Claim is being filed against the Borough of Carteret and the State of New Jersey, for negligently and carelessly failing to maintain the sidewalk and driveway of the premises, which created a tripping hazard; for failure to make repairs and necessary and timely inspections of the sidewalk and driveway; for failure to warn pedestrians; and for other acts of negligence not specifically set forth herein.

It is requested that correspondence be directed to Rabb Hamill, P.A., 284 Amboy Avenue, Woodbridge, New Jersey 07095.

Rabb Hamill, P.A.

By _____
EDWARD K. HAMILL

EKH:np

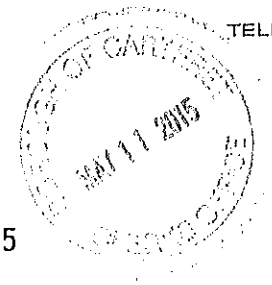
Borough of Carteret C.M -R.R.R
State of New Jersey C.M -R.R.R

ANDREW S. MAZE, ESQ., P.C.
ATTORNEY-AT-LAW
313 AMBOY AVENUE
WOODBRIDGE, NEW JERSEY 07095

MazeAndrew@aol.com
Member of NJ, MA & DC Bars

TELEPHONE: (732) 750-5000
FAX: (732) 750-2305

#5



May 6, 2015

VIA CERTIFIED & REGULAR MAIL
Clerk,
Borough of Carteret
61 Cooke Avenue
Carteret, NJ 07008

RE: Dayra Alejandro
Date of Loss: 4/4/15

NOTICE OF CLAIM FOR DAMAGES AGAINST PUBLIC ENTITY

Dear Sir/Madam:

Please be advised this firm represents Ms. Dayra Alejandro, who resides at 13 Warren Street, Carteret, NJ 07008. Date of Birth: 4/25/69, Social Security No.: 137-62-2841.

On April 4, 2015, Ms. Alejandro was lawfully and properly on property located at 33 Warren Street, Carteret, New Jersey, when she was caused to fall on a broken sidewalk and sustain injuries.

As a result of the aforesaid, Ms. Alejandro went to Raritan Bay Medical Center, Perth Amboy, NJ. Please be advised that the amount of damages are unliquidated at this time, and will be forwarded pursuant to the applicable Rules of Court.

Notice of Claim is being filed against the Borough of Carteret for negligence in the maintenance of the aforesaid property, allowing a hazardous and dangerous condition to exist and for other acts of negligence, and for palpably unreasonable acts not specifically set forth herein.

It is hereby requested that correspondence be directed to my office.

Very truly yours,

ANDREW S. MAZE

ASM/dnc
7012 3460 0002 9791 0467

5-11-15 V
Copies to
Mayor,
Attorney +
B. Baumgartner.

NOTICE OF CLAIM
N.J.S.A. 59:1-1 et seq.

1. Name and Address of Claimant:

   Dayra Alejandro
   13 Warren Street, Carteret, NJ 07008

2. Post Office Address to which the person presenting the Claim desires Notices to be sent:

   Andrew S. Maze, Esq.
   313 Amboy Avenue
   Woodbridge, NJ 07095

3. Date, place, and circumstances of occurrence which gave rise to the claim asserted:

   On April 4, 2015, the claimant was on property located at 33 Warren Street, Carteret, New Jersey

4. Description of the injury, damage, or loss incurred known at th8is time:

   Claimant sustained injuries to her right leg (fracture) and left knee (sprain)

5. Name of public entity, employee(s) causing injuries/damages:

   Borough of Carteret

6. Estimated amount of present and prospective injury and damages:

   Unliquidated at this time

ANDREW S. MAZE, Esq.

May 6, 2015

#4

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST THE BOROUGH OF CARTERET

FOWARD TO:
Kathleen M. Barney
Clerk
Borough of Carteret
Municipal Building
61 Cooke Avenue
Carteret, NJ 07008

BOROUGH OF CARTERET
APR 30 2015
CLERKS OFFICE

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT

1. CLAIMANT:

Saintil	Ronald		01/28/1972
LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
58 Grady Avenue, Apt. A			
STREET ADDRESS			MAILING ADDRESS IF OTHER THAN STREET ADDRESS
Hamilton	NJ	08610	146-23-2219
CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER

2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.

Schwartz & Posnock		99 Corebett Way, Suite 203
NAME		MAILING ADDRESS
Eatontown	NJ	07724
CITY	STATE	ZIP CODE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW ☒ **OR** _____ EXPLAIN RELATIONSHIP

THE OCCURRENCE OR ACCIDENT WHICH GAVE RISE TO THIS CLAIM:

3a.

01/30/2015	Approx. 8:30 PM
DATE	TIME

b. **DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURENCE.**

Hamilton Township	58 Grady Avenue, Apt. A, Hamilton, NJ 08610
MUNICIPALITY	EXACT LOCATION OF THE OCCURRENCE

4-30-15
Copies to
Mayor,
Attorney
Police Chief &
B. Baumgartner,

c. **DESCRIBE HOW THE ACCIDENT OR OCCURENCE HAPPENED: IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, PLEASE USE THE REVERSE SIDE OF THIS FORM.**

Members of the Hamilton Township Police, the Borough of Carteret Police and various unknown or unidentified members of the Middlesex County Prosecutor's Office appeared at my residence on the date and time above and unlawfully and without cause or legal justification, entered my residence and arrested me without probable or other legal justification and took me into custody at the Hamilton Township Police Department. I was later transferred to the Middlesex County Adult Detention Center where I was unlawfully held for approximately 9 days until I was released from custody. MIDDLESEX

d. **STATE THE NAME AND ADDRESS OF THE BOROUGH AGENCY OR AGENCIES THAT YOU CLAIM CAUSED YOUR DAMAGE.**

Hamilton Tonwship Police Department, Joseph Mastropolo, a police officer in the Hamilton Township Police Department, Det. Thomas O'Connor of the Borough of Carteret Police Department. Investigator James Napp of the Middlesex County Prosecutor's Office. There were several other law enforcement officers on the scene who unlawfully entered my residence and who participated in or assisted in arresting me and taking me into custody without probably or legal justification. The true identity of these officers is currently unknown to me despite my attempts to ascertain their identities through the criminal discovery process and otherwise.

STATE THE NAMES OF BOROUGH EMPLOYEES WHOM YOU CLAIM WERE AT FAULT, INCLUDING ANY INFORMATION THAT WILL ASSIST IN INDENTIFYING AND LOCATING THEM.

Det. Thomas O'Connor of the Carteret PD; Investigator James Napp of the Middlesex County Prosecutor's Office, and Officer Joseph Mastropolo of the Hamilton Township PD. In addition to the employees of Hamilton Township and the Borough of Carteret who are specifically identified in paragraph d above, there were several other members of law enforcement agencies including the Middlesex County Prosecutor's Office, the Carteret PD and the Hamilton Township PD who were involved in the unlawful entry of my residents and who arrested me without probable cause. The identity of these individuals can be easily ascertained by contacting Det. Thomas O'Connor of the Carteret PD and Officer Joseph Mastropolo of the Hamilton Township PD.

e. **STATE THE NEGLIGENCE OR WRONGFUL ACTS OF THE BOROUGH AGENCY AND BOROUGH EMPLOYEES WHICH CAUSED YOUR DAMAGES.**

These wrongful acts include but are not limited to unlawful entry onto private premises in violation of my 4th Amendment rights under the United States Constitution and my right to be free from unreasonable searches and seizures under the New Jersey Constitution; unlawful confiscation of my personal property (auto, computer, cell phone, clothing) without probable cause or due process of law, I was also subject to false arrest and false imprisonment in violation of my 4th Amendment rights under the United States Constitution and under the New Jersey Constitution. I was arrested without probable cause or without other legal justification and I was incarcerated for approximately 9 days without probable cause or other legal justification.

f. **STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ACCIDENT OR OCCURRENCE.**

To the best of my knowledge at this time, and in light of the fact that I have not been provided any discovery in connection with my criminal case, and despite having acted with due dilligence, I have been unable to ascertain the name of any other individuals who were eye witnesses to the unlawful conduct of the law enforcement officers described above. I intend to supplement this Notice of Claim form upon learning the identity of any eye witnesses who I have not identeified herein.

g. **STATE THE NAMES OF ALL POLICE OFFICERS AND POLICE DEPARTMENTS WHO INVESTIGATED THIS ACCIDENT.**

The police departments involved were the Hamilton Township Police Department, Borough of Carteret Police Department and the Middlesex County Prosecutor's Office. Specifically, at this point, I can identify Officer Joseph Matropolo of the Hamilton Township Police Department, Officer Thomas O'Connor of the Borough of Carteret Police Department, and Investigator James Napp of the Middlesex County Prosecutor's Office.

4a. **CLAIM FOR DAMAGES (CHECK APPROPRIATE BLOCK):**

☒ PERSONAL INJURY ☐ PROPERTY DAMAGE

☐ OTHER - EXPLAIN IN DETAIL

b. IF YOU CLAIM PERSONAL INJURY:

(1) DESCRIBE YOUR INJURIES RESULTING FROM THIS ACCIDENT OR OCCURRENCE.

I was unlawfully arrested and unlawfully removed from my residence and unlawfully incarcerated for approximately 9 days. This unlawful conduct caused me to experience extreme mental and physical suffering and anguish. I also suffered economic damages as a result.

(2) DO YOU CLAIM PERMANENT DISABILITY RESULTING FROM THIS INJURY:

☒ YES ☐ NO

IF YES, DESCRIBE THE INJURIES BELIEVED TO BE PERMANENT.

Upon information and belief, I believe that the emotional scars that I bear as a result of the unlawful conduct described above is permanent. My dignity was significanly offended, I was humiliated and subject to being treated like a criminal by the police who removed me from my residence while I was conducting myself in an entirely lawful manner. I was taken to the ~~Middlesex~~ MERCER County Jail and required to spend 9 days in custody until I was released.

(3) FOR EACH HOSPITAL, DOCTOR OR OTHER PRACTITIONER RENDERING TREATMENT, EXAMINATION OR DIAGNOSTIC SERVICES, STATE:

NAME OF HOSPITAL, DOCTOR OR OTHER FACILITY	ADDRESS	DATES OF TREATMENT OR SERVICE	AMOUNT OF CHARGE TO DATE	AMT. PAID OR PAYABLE BY OTHER SOURCE SUCH AS INSURANCE
Dr. Lucia Borvil	Tenton, NJ	Feb & March 2015		N/A
Dr. Paul Pierrop	Hamilton, NJ	Feb. 2015		N/A

(4) IF YOU CLAIM LOSS OF WAGE OR INCOME AS A RESULT OF THE INJURY STATE:

Makortiz & Sons Construction	33 Merlin Dr., Lakewood, NJ 08701
NAME OF EMPLOYER	ADDRESS OF EMPLOYER
Construction	Approx. October 2014
YOUR OCCUPATION	DATE YOU BECAME EMPLOYED
17.00 per hour	Terminated as Result of Police Confiscating My Auto
RATE OF PAY	DATE OF ABSENCE FROM WORK
Unknown	None
TOTAL LOSS WAGES TO DATE	IF STILL OUT, EXPECTED DATE OF RETURN

NOTE: IF YOUR CLAIMED LOSS OF INCOME ARISES FROM SELF-EMPLOYMENT OR OTHER THAN WAGE, ATTACH A CALCULATION SHOWING THE BASIS OF YOUR CALCULATION OF LOST INCOME.

(5) SET FORTH ANY AND ALL OTHER LOSSES OR DAMAGE CLAIMED BY YOU.

To be supplied.

C. IF YOU CLAIM PROPERTY DAMAGE:

(1) DESCRIBE THE PROPERTY DAMAGED.

(2) THE PRESENT LOCATION AND TIME WHEN THE PROPERTY MAY BE INSPECTED.

(3) DATE PROPERTY ACQUIRED.

(4) COST OF PROPERTY $

(5) VALUE OF PROPERTY AT TIME OF ACCIDENT: $

(6) DESCRIPTION OF DAMAGE.

(7) HAS THE DAMAGE BEEN REPAIRED? IF SO, BY WHOM, WHEN AND COST OF REPAIRS.

(8) ATTACH EACH ESTIMATE OF REPAIR COSTS TO THIS FORM.

(9) SET FORTH IN DETAIL THE LOSS CLAIMED BY YOU FOR PROPERTY DAMAGE.

d. SET FORTH IN DETAIL ALL OTHER ITEMS OF LOSS OR DAMAGES CLAIMED BY YOU AND THE METHOD BY WHICH YOU MADE THE CALCULATION.

5. THE AMOUNT OF THE CLAIM. $ 1 Million

6. HAVE YOU MADE A CLAIM AGAINST ANYONE ELSE FOR ANY OF THE LOSSES OR EXPENSES CLAIMED IN THIS NOTICE?

No. For full disclosure I am making a claim for losses against the Hamilton Township Police Department, the Middlesex County Prosecutor's Office and the Carteret Police Department and all individuals named herein.

IF YES, SET FORTH THE NAME AND ADDRESS OF ALL PERSONS AND INSURANCE COMPANIES AGAINST WHOM YOU HAVE MADE SUCH CLAIMS:

N/A

7. ARE ANY OF THE LOSSES OR EXPENSES CLAIMED HEREIN COVERED BY ANY POLICY OF INSURANCE?

Unknown to me at this time.

FOR EACH SUCH POLICY, STATE THE NAME AND ADDRESS OF THE INSURANCE COMPANY, POLICY NUMBER AND BENEFITS PAID OR PAYABLE

Unknown.

8. HAVE YOU RECEIVED OR AGREED TO RECEIVE ANY MONEY FROM ANYONE FOR THE DAMAGES CLAIMED HEREIN?

☐ YES ☒ NO

IF YES, SET FORTH THE DETAIL OF SUCH AGREEMENT.

9. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS NOTICE:

(1) COPIES OF ITEMIZED BILLS FOR EACH MEDICAL EXPENSE AND OTHER LOSSES AND EXPENSES CLAIMED.

(2) FULL COPIES OF ALL APPRAISALS AND ESTIMATES OF PROPERTY DAMAGE CLAIMED BY YOU.

(3) COPIES OF ALL WRITTEN REPORTS OF ALL EXPERT WITNESSES AND TREATING PHYSICIANS.

(4) A LETTER FROM YOUR EMPLOYER VERIFYING YOUR LOST WAGES. IF SELF-EMPLOYED, A STATEMENT SHOWING THE CALCULATION OF YOUR CLAIMED LOST INCOME.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. THAT THE ATTACHED STATEMENTS, BILLS, REPORTS AND DOCUMENTS ARE THE ONLY ONES KNOWN TO ME TO BE IN EXISTENCE AT THIS TIME. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

April 30, 2015 — DATE

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

Borough of Carteret

ATTN DARA

NOTICE OF CLAIM

FORWARD TO: (fill in name of entity)

#9

1) CLAIMANT:

Bell Carolyn
Last First Middle

732-986-2858 (cell)
Area Code/Phone #

181 Pershing Ave
Street Address

Additional Address

Carteret NJ 07008
City State Zip Code

7/23/1959
D/O/B SS#

2) IF NOTICE AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, PLEASE COMPLETE ITEM #2:

Baron Andrew M. Esq.
Last First Middle

732-382-7373
Area Code/Phone.#

Kochanski Baron Golfy PC
Street Address

1215 Westfield Ave
Additional Address

Rahway NJ 07065
City State Zip Code

(Attorney)
D/O/B SS#

3) A) THE OCCURRENCE OR ACCIDENT WHICH GAVE RISE TO THIS CLAIM:

6/17/15
Date

Case concluded without guilty
Time

9:00 pm approximately

B) DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURRENCE:

Borough of Carteret
Municipality

Municipal Court
Exact Location

C. DESCRIBE HOW THE ACCIDENT OR OCCURRENCE HAPPENED. IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, PLEASE USE THE REVERSE SIDE OF THIS FORM:

Falsed improper arrest January 2015
Case tried & found not guilty - 6/12/15

D. STATE THE NAME AND ADDRESS OF THE MUNICIPALITY OR AGENCY THAT YOU CLAIM CAUSED YOUR DAMAGE:

Borough of Carteret 61 Cooke Avenue
Carteret, NJ 07008 -

E. STATE THE NAMES OF MUNICIPALITY'S EMPLOYEES WHOM YOU CLAIM WERE AT FAULT, INCLUDING ANY INFORMATION THAT WILL ASSIST IN IDENTIFYING THEM:

Various members of Borough Police Department
Municipal Prosecutor

F. STATE IN DETAIL EACH AND EVERY NEGLIGENT OR WRONGFUL ACT OF THE MUNICIPALITY EMPLOYEES WHICH CAUSED YOUR DAMAGE: upon information and belief supplied by Ms. Bird

Failure to Supervise, False Arrest
Malicious Prosecution

G. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ACCIDENT OR OCCURRENCE:

Unknown - Some witnesses
may be reflected on
the police reports associated with this
incident.
Court decision & police reports not available at this time

NOTE: IF YOUR CLAIMED LOSS OF INCOME ARISES FROM SELF-EMPLOYMENT OR OTHER THAN WAGE, ATTACH A CALCULATION ON THE BASIS OF YOUR CALCULATION OF LOSS INCOME.

5. *SET FORTH ANY AND ALL OTHER LOSSES OR DAMAGES CLAIMED BY YOU:*

unknown at this time

C. *IF YOU CLAIM PROPERTY DAMAGE:*

1. *DESCRIBE THE PROPERTY DAMAGED, IF VEHICLE, INCLUDE MAKE, MODEL, YEAR, COLOR, VEHICLE IDENTIFICATION NUMBER, LICENSE PLATE NUMBER, STATE, AND PARTS OF VEHICLE DAMAGED:*

unknown at this time.

2. *THE PRESENT LOCATION AND TIME THE PROPERTY CAN BE INSPECTED:*

N/A

3. *DATE PROPERTY WAS ACQUIRED:* _____

4. *COST OF PROPERTY:* _____

5. *VALUE OF PROPERTY AT THE TIME OF ACCIDENT:* _____

6. *DESCRIPTION OF DAMAGE:* _____

7. *HAS THE DAMAGE BEEN REPAIRED?* N/A

☐ YES ☐ NO

IF YES, BY WHOM, AND COST OF REPAIRS:

N/A

8. ATTACH EACH ESTIMATE OF REPAIR COST TO THIS FORM. N/A

9. SET FORTH IN DETAIL THE LOSS CLAIM BY YOU FOR PROPERTY DAMAGE:

D. SET FORTH IN DETAIL ALL OTHER ITEMS OF LOSS OR DAMAGES CLAIMED BY YOU AND THE METHOD BY WHICH YOU MADE THE CALCULATIONS:

N/A

5) THE AMOUNT OF THE CLAIM: $500,000.00

6) HAVE YOU MADE A CLAIM AGAINST ANYONE ELSE FOR ANY OF THE LOSSES OR EXPENSES OR EXPENSES CLAIMED IN THIS NOTICE?

☐ YES ☒ NO

IF YES, SET FORTH THE NAMES AND ADDRESSES OF ALL PERSONS AND THE INSURANCE COMPANIES AGAINST WHOM YOU HAVE MADE SUCH CLAIMS:

7) *ARE ANY OF THE LOSSES OR EXPENSES CLAIMED HEREIN COVERED BY ANY POLICY OF INSURANCE?*

☐ YES ☒ NO

FOR EACH SUCH POLICY, STATE THE NAME AND ADDRESS OF THE INSURANCE COMPANY, POLICY NUMBER AND BENEFITS PAID OR PAYABLE:

8) *HAVE YOU RECEIVED OR AGREED TO RECEIVE ANY MONEY FROM ANYONE FOR DAMAGES CLAIMED HEREIN?*

☐ YES ☒ NO

IF YES, SET FORTH THE DETAILS OF SUCH AGREEMENT:

9) *THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS NOTICE:* N/A

1. COPIES OF ITEMIZED BILLS FOR EACH MEDICAL EXPENSE AND OTHER LOSSES AND EXPENSES CLAIMED.
2. FULL COPIES OF ALL APPRAISALS AND ESTIMATES OF PROPERTY DAMAGE CLAIMED BY YOU.
3. COPIES OF ALL WRITTEN REPORTS OF ALL EXPERT WITNESSES AND TREATING PHYSICIANS.
4. A LETTER FROM YOUR EMPLOYER VERIFYING YOUR LOST WAGES. IF SELF EMPLOYED, A STATEMENT SHOWING CALCULATIONS OF YOUR CLAIM LOST INCOME.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE, THAT THE ATTACHED STATEMENTS, BILLS, REPORTS AND DOCUMENTS ARE THE ONLY ONES KNOWN TO ME TO BE IN EXISTENCE AT THIS TIME. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, I AM SUBJECT TO PUNISHMENT AS PROVIDED BY LAW.

DATED: 9/10/15

[signature], Esq
Claimant or person filing on behalf of claimant

Andrew M. Bjorn, Esq
Print name as signed above
on behalf of Carolyn Bell

Borough of Carteret

ATTN DARA

NOTICE OF CLAIM

FORWARD TO: (fill in name of entity)

1) CLAIMANT:

Bell Carolyn
Last First Middle

732-986-2858 (cell)
Area Code/Phone #

181 Pershing Ave.
Street Address

Additional Address

Carteret NJ 07008
City State Zip Code

7/23/1959
D/O/B SS#

2) IF NOTICE AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, PLEASE COMPLETE ITEM #2:

Baron Andrew M. Esq.
Last First Middle

732-382-7373
Area Code/Phone #

Kochanski Baron + Galfy PC
Street Address

1275 Westfield Ave
Additional Address

Rahway NJ 07065
City State Zip Code

(Attorney)
D/O/B SS#

3) A) THE OCCURRENCE OR ACCIDENT WHICH GAVE RISE TO THIS CLAIM:

6/17/15
Date

Case cancelled without guilty
Time

9:00 pm approximately

B) DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURRENCE:

Borough of Carteret
Municipality

Municipal Court
Exact Location

C. DESCRIBE HOW THE ACCIDENT OR OCCURRENCE HAPPENED. IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, PLEASE USE THE REVERSE SIDE OF THIS FORM:

Falsed improper arrest January 2015
case tried & found not guilty - 6/12/15

D. STATE THE NAME AND ADDRESS OF THE MUNICIPALITY OR AGENCY THAT YOU CLAIM CAUSED YOUR DAMAGE:

Borough of Carteret 61 Cooke Avenue
Carteret, NJ 07008 -

E. STATE THE NAMES OF MUNICIPALITY'S EMPLOYEES WHOM YOU CLAIM WERE AT FAULT, INCLUDING ANY INFORMATION THAT WILL ASSIST IN IDENTIFYING THEM:

Various members of Borough Police Department
Municipal Prosecutor

F. STATE IN DETAIL EACH AND EVERY NEGLIGENT OR WRONGFUL ACT OF THE MUNICIPALITY EMPLOYEES WHICH CAUSED YOUR DAMAGE: upon information and belief supplied by Ms. Bell
Failure to Supervise, False Arrest
Malicious Prosecution

G. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ACCIDENT OR OCCURRENCE:

Unknown - Some witnesses
may be reflected on
the police reports associated with this
incident.
Court decision & police reports not available at this time.

NOTE: IF YOUR CLAIMED LOSS OF INCOME ARISES FROM SELF-EMPLOYMENT OR OTHER THAN WAGE, ATTACH A CALCULATION ON THE BASIS OF YOUR CALCULATION OF LOSS INCOME.

5. SET FORTH ANY AND ALL OTHER LOSSES OR DAMAGES CLAIMED BY YOU:

unknown at this time

C. IF YOU CLAIM PROPERTY DAMAGE:

1. DESCRIBE THE PROPERTY DAMAGED, IF VEHICLE, INCLUDE MAKE, MODEL, YEAR, COLOR, VEHICLE IDENTIFICATION NUMBER, LICENSE PLATE NUMBER, STATE, AND PARTS OF VEHICLE DAMAGED:

unknown at this time.

2. THE PRESENT LOCATION AND TIME THE PROPERTY CAN BE INSPECTED:

N/A

3. DATE PROPERTY WAS ACQUIRED: _____

4. COST OF PROPERTY: _____

5. VALUE OF PROPERTY AT THE TIME OF ACCIDENT: _____

6. DESCRIPTION OF DAMAGE: _____

7. HAS THE DAMAGE BEEN REPAIRED? N/A

☐ YES ☐ NO

IF YES, BY WHOM, AND COST OF REPAIRS:

N/A

8. ATTACH EACH ESTIMATE OF REPAIR COST TO THIS FORM. N/A

9. SET FORTH IN DETAIL THE LOSS CLAIM BY YOU FOR PROPERTY DAMAGE:

D. SET FORTH IN DETAIL ALL OTHER ITEMS OF LOSS OR DAMAGES CLAIMED BY YOU AND THE METHOD BY WHICH YOU MADE THE CALCULATIONS:

N/A

5) THE AMOUNT OF THE CLAIM: $500,000.00

6) HAVE YOU MADE A CLAIM AGAINST ANYONE ELSE FOR ANY OF THE LOSSES OR EXPENSES OR EXPENSES CLAIMED IN THIS NOTICE?

☐ YES ☒ NO

IF YES, SET FORTH THE NAMES AND ADDRESSES OF ALL PERSONS AND THE INSURANCE COMPANIES AGAINST WHOM YOU HAVE MADE SUCH CLAIMS:

7) *ARE ANY OF THE LOSSES OR EXPENSES CLAIMED HEREIN COVERED BY ANY POLICY OF INSURANCE?*

☐ YES ☒ NO

FOR EACH SUCH POLICY, STATE THE NAME AND ADDRESS OF THE INSURANCE COMPANY, POLICY NUMBER AND BENEFITS PAID OR PAYABLE:

8) *HAVE YOU RECEIVED OR AGREED TO RECEIVE ANY MONEY FROM ANYONE FOR DAMAGES CLAIMED HEREIN?*

☐ YES ☒ NO

IF YES, SET FORTH THE DETAILS OF SUCH AGREEMENT:

9) *THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS NOTICE:* N/A

1. COPIES OF ITEMIZED BILLS FOR EACH MEDICAL EXPENSE AND OTHER LOSSES AND EXPENSES CLAIMED.
2. FULL COPIES OF ALL APPRAISALS AND ESTIMATES OF PROPERTY DAMAGE CLAIMED BY YOU.
3. COPIES OF ALL WRITTEN REPORTS OF ALL EXPERT WITNESSES AND TREATING PHYSICIANS.
4. A LETTER FROM YOUR EMPLOYER VERIFYING YOUR LOST WAGES. IF SELF EMPLOYED, A STATEMENT SHOWING CALCULATIONS OF YOUR CLAIM LOST INCOME.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE, THAT THE ATTACHED STATEMENTS, BILLS, REPORTS AND DOCUMENTS ARE THE ONLY ONES KNOWN TO ME TO BE IN EXISTENCE AT THIS TIME. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, I AM SUBJECT TO PUNISHMENT AS PROVIDED BY LAW.

DATED: 9/10/15

Claimant or person filing on behalf of claimant

Print name as signed above

on behalf of Carolyn Bell