MARTIN F. KRONBERG, P.C.
Counsellors at Law
2401 MORRIS AVENUE
UNION, N. J. 07083

December 22, 2016

MARTIN F. KRONBERG
GREGORY F. KRONBERG

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(732) 297-2900

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VIA UPS/RM
Borough of Carteret
61 Cooke Avenue, Room 201
Carteret, NJ 07008

Attention: Tort Claims Administrator

RE: Client: Brenda Coley
Date of Accident: December 12, 2016

Dear Sir/Madam:

Please be advised that this office has been retained to represent Brenda Coley for injuries sustained as a result of an accident occurring on December 12, 2016. Pursuant to N.J.S.A. 59:8-4, please be advised as follows:

(A) Name & Address of Client: Brenda Coley, 36J Mravlag Manor, Elizabeth, NJ 07202

(B) Name & Address of Attorney: Martin F. Kronberg, Esq., 2401 Morris Avenue, Union, NJ 07083

(C) Date of Accident & Location: December 12, 2016, crosswalk in Carteret, NJ adjacent to Amazon warehouse (awaiting police report).

(D) Description of Injuries: Broken right ankle requiring hardware, neck and facial injuries and multiple contusions.

(E) Responsible Parties: Agent, servants and/or employees of Borough of Carteret including crossing guard adjacent to Amazon warehouse.

(F) Amount of Damages Claimed: $ To be supplied; the full extent of the claimant's injuries cannot be determined at the present time.

If you have any questions regarding this matter, please feel free to call upon me.

Very truly yours,

Martin F. Kronberg

MFK/bhg

Law Offices of
Richard M. Wiener, LLC

November 4, 2016

VIA TELEFAX, REGULAR U.S. MAIL &
CERTIFIED U.S. MAIL/RETURN RECEIPT REQUSTED
Article No. 7104 3490 0000 7872 9997

Borough of Carteret
Memorial Municipal Building
61 Cooke Avenue
Carteret, NJ 07008
Telefax 732-541-8925

RE:	**My Clients**	:	**Larry Burt and Marian Burt, parents and natural guardians of Nicholas Cody Burt, a minor**
	Date of Incident	:	**August 6, 2016**

Dear Sir/Madam:

Please be advised that I represent Larry Burt and Marian Burt, parents and natural guardians of Nicholas Cody Burt, a minor, in claims for civil rights violations, bodily injuries and other damages sustained by Nicholas as the result of his August 6, 2016 encounter with Carteret police officer, Joseph Reiman. Kindly accept the following as a formal Notice of Claim pursuant to N.J.S.A. 59:8-4.

a. The name and post office address of the claimant(s):

Larry Burt and Marian Burt, parents and natural guardians of
Nicholas Cody Burt, a minor
592 Roosevelt Avenue
Carteret, NJ 07008

b. The post-office address to whom the person presenting the claim desires notices to be sent:

Richard M. Wiener, Esq.
Law Offices of Richard M. Wiener, LLC
161 Washington Street, Suite 400
Conshohocken, PA 19428

c. **The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:**

On August 6, 2016, Carteret police officer, Joseph Reiman was responding to a parking dispute at or near the residence located at 592 Roosevelt Avenue, Carteret, NJ, when, without reasonable basis or provocation, he physically assaulted Nicholas Cody Petro (age 17, born 01/07/1999) and applied a choke hold to Nicholas, causing him to suffer physical pain, bodily injury and substantial fear for his own safety and well-being.

d. **A general description of the injury, damage or loss incurred so far as it may be known at the time of presentation of the claim:**

Due to the improper actions of the Carteret police department and Carteret police officers, including police officer, Joseph Reiman, Nicholas suffered violations of his constitutional rights, including their rights as guaranteed by the Fourth Amendment to the United States Constitution. Additionally, Nicholas has sustained physical and emotional trauma as a result of being assaulted.

e. **The name or names of the public entity, employee or employees causing the injury, damage or loss, if known:**

Carteret police officers, including Joseph Reiman and other officers and supervisors whose names are unknown to the claimants.

f. **The amount claimed as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of presentation of the claim, together with the basis of computation of the amount claimed:**

To be determined.

If you require more information to investigate and/or evaluate this claim, please feel free to contact me.

Finally, I ask that you immediately produce and make available for my inspection any and all written reports and body cam footage regarding the subject incident and the

underlying parking dispute. Thank you for what I hope and anticipate will be your full cooperation in this regard.

Very truly yours,

Richard M. Wiener, Esq.

NOTICE OF TORT CLAIM
PURSUANT TO N.J.S.A. 59:8-

To: Department of Transportation
1035 Parkway Avenue
Trenton, NJ 08625

Borough of Carteret
Memorial Municipal Building
61Cooke Avenue
Carteret, NJ 07008

County Clerk
County of Middlesex
Administration Bldg., 4th Floor
75 Bayard Street
New Brunswick, NJ 08901

State of New Jersey
Department of Law and Public Safety
Hughes Justice Complex
25 West Market Street
Trenton, NJ 08625

Office of the Attorney General
Department of Law and Public Safety
25 West Market Street
Trenton, NJ 08625

1. **Claimant:** James Ellis – Date of Birth – September 8, 1969
Address: 210 North 15th Street, Apt. 3, East Orange, NJ 07017

Mailing address, if other than street address: N/A

Social Security Number: 144-64-1386

If notices and correspondence in connection with this claim are to be sent to a person other than claimant, complete Item #2.

2. **Name:** Michele Labrada, Esq.
Mailing Address: Garces, Grabler & LeBrocq, P.C.
235 Livingston Avenue
New Brunswick, NJ 08901

Relationship of Claimant: Client of Garces, Grabler & LeBrocq, P.C.

3. **The occurrence or accident which gave rise to this claim:**
   a. **Date:** January 17, 2018

   b. **Describe the location or place of the accident or occurrence:** Industrial Road and Roosevelt Avenue in Carteret, NJ
   Exact location of occurrence: Same as in 3b

   c. **Describe how the accident or occurrence happened: (If a diagram will assist your explanation, please use the reverse side of this form.)** On the above date, claimant was walking in the street due to construction impeding him from walking on the sidewalk, when he was struck by a motor vehicle being operated by Claude Pierre. See police report attached.

   d. **State the name and address of the agency or agencies that you claim caused your damage.** Department of Transportation, Borough of Carteret, County of Middlesex, State of New Jersey, including but not limited to its agents, servants and employees.

   e. **State the names of the employees whom you claim were at fault, including any information that will assist in identifying and locating them:** Not applicable.

   f. **State the negligence or wrongful acts of the agency and employees which caused your damages:** Not applicable.

   g. **State the name and address of all witnesses to the accident or occurrence.** Not applicable.

   h. **State the names of all police officers and police departments who investigated the accident.** Officer John Gozzolino, Badge Number 183, Sergeant Jerry Mitchell, Badge Number 127, and Officer C. Reiman of the Carteret Police Department.

4.

a. Claim for damages: Damages incurred include but are not limited to bodily injury, pain and suffering, and legal expenses for the claimant. The amount of this claim is unliquidated.

b. If you claim personal injury:

1. Describe your injuries resulting from this accident or occurrence: Facial burns, head, neck, back, both arms, right hand, right leg, and dizziness.

5. **Do you claim permanent disability resulting from this injury: If yes describe the injuries believed to be permanent:** To be determined.

6. **For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic services, state:**

   Name of Hospital, doctor, or other facility:
   University Hospital – UMDNJ, 150 Bergen Street, Newark, NJ 07103

   Dates of treatment or service: January 17, 2018

   Dr. Stephen L. Berger, D.C. (Chiropractor)
   134 Evergreen Place, Suite 501
   East Orange, NJ 07017

   Dates of treatment or service: To be provided.

   Amount of charges to date: To be provided.

   Amount paid or payable by other sources such as insurance; and the names, addresses, policy numbers and claim numbers of all insurance carriers.

   Horizon NJ Health
   210 Silvia Street
   Ewing Township, NJ 08628
   Member ID No.:YHZ71101333
   Claim No: to be provided.

7. **If you claim loss of wage or earnings, state:** None
   a. Name and address of employer.
   b. Dates out of work.
   c. Weekly salary
   d. Amount of wages claimed.
   e. If any portion of salary was paid or you receive and disability or sick pay, state the total amount received and the name, address and claim or policy number of the payor.

8. **Set forth any and all other losses or damages claimed by you:** Note applicable.

9. **Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?** No.

   If yes, set forth the name and address of all persons and insurance

companies against whom you have made such claims and provide all claim numbers, telephone numbers and names of all claims adjusters handling same.

10. **Are any of the losses or expenses claimed herein covered by any policy of insurance.** No

    For each such policy, state the name and address of the insurance company, policy number, claim number and benefits paid or payable.

11. **Have you received or agreed to receive any monies from anyone for the damages claimed herein. If yes, state their name, address, claim number, the total consideration involved and attach copies of all written documents involved.** None.

12. **The following items must be submitted with this Notice:**

    a. Copies of itemized bills for each medical expense and other losses and expenses claimed. Itemized bills to be provided.

    b. Full copies of all appraisals and estimates of property damage claimed by you. None.

    c. Copies of all written reports of all expert witnesses and treating physicians. To be provided.

    d. A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculations of your claimed lost income. Not applicable.

    e. Sign date and return medical and hospital authorization attached hereto.

Michele Labrada, Esq.
On behalf of the Claimant

DATED: February 13, 2018

Certified Mail, RRR NJDOT - 9590 9402 2939 7094 4361 85
Borough of Carteret - 9590 9402 2939 7094 4361 78
County Clerk - 9590 9402 2939 7094 4361 61
State of NJ - 9590 9402 2939 7094 4361 54
Attorney General - 9590 9402 2939 7094 4361 23

and Regular Mail

October 1, 2013

TO: Carteret Police Department
230 Roosevelt Avenue
Carteret, NJ 07008

Borough of Carteret
ATTN: Kathleen M. Barney, Borough Clerk
61 Cooke Avenue
Carteret, NJ 07008

Police Officer Anthony J. Macco
30 Liberty Street
Carteret, NJ 07008

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

A. CLAIMANT:	Casayndra H. Basarab 48 Grant Avenue Carteret, NJ 07008
B. NOTICE TO BE SENT TO:	ATTENTION: Raul I. Gonzalez, Esq. Wysoker, Glassner, Weingartner, Gonzalez & Lockspeiser, P.A. 340 George Street New Brunswick, NJ 08901 (732) 545-3231
C. INCIDENT:	On September 7, 2013 claimant Casayndra Basarab was operating her motor vehicle eastbound on Roosevelt Avenue at its intersection with Pershing Avenue in Carteret, New Jersey. Police officer Anthony J. Macco was operating his police car on Pershing Avenue, at the above-stated intersection, when he ran a red light and crashed into claimant's motor vehicle.
D. INJURY:	Left shoulder pain, chest pain, right hand pain, back pain, pain in the arms and pain in wrists.
E. RESPONDENTS:	Carteret Police Department Borough of Carteret Police Officer Anthony J. Macco

F. AMOUNT CLAIMED: $500,000.00

WYSOKER, GLASSNER, WEINGARTNER, GONZALEZ & LOCKSPEISER, P.A.

By_____
Raul I. Gonzalez, on behalf of claimant
Casayndra H. Basarab

Ginarte O'Dwyer González Gallardo & Winograd LLP

JOSEPH A. GINARTE*
JOHN D. O'DWYER ▵
RICHARD M. WINOGRAD 1□
MANUEL GONZALEZ ▵
MICHAEL A. GALLARDO □
ADAM J. KLEINFELDT □
GLENN VERCHICK □
BARRY D. WEIN ▵
ELLEN RADIN ▵ 2
MARK MAURER □
LEWIS ROSENBERG ◊ 2
STEVEN R. PAYNE □ ○
STUART L. KITCHNER +
NICHOLAS L. KROCHTA ▵
BRUNO K. BRUNINI *
PATRICK M. QUINN +
JAMES P. KRUPKA ▵
MATTHEW V. VILLANI ▵
ANTONIO L. CRUZ ▵ 2
DOREEN E. WINN □ 2
REBECCA NATHANSON □
NICHOLAS BLATTI +
JESSICA A. WOODHOUSE +
JENELLE L. HUBBARD □
RONALD J. MORGAN ▵
TIMOTHY NORTON +

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WWW.GINARTE.COM

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NEW YORK
UNION CITY
ELIZABETH
CLIFTON
PERTH AMBOY
QUEENS

1 CERTIFIED CIVIL TRIAL ATTORNEY
2 OF COUNSEL
+ ADMITTED TO NY
□ ADMITTED TO NJ & NY
* ADMITTED TO NJ, NY & DC
◊ ADMITTED TO NY & MA
▵ ADMITTED TO NJ
○ ADMITTED TO CALIFORNIA
Λ ADMITTED TO NJ & PA

ROGER GUARDA, CLAIMS MGR.

EDELMAN & EDELMAN
OF COUNSEL

October 23, 2014

Certified Mail, R.R.R. & Regular Mail: 7013 2250 1489 9378
Carteret Housing Authority
96 Roosevelt Avenue
Carteret, NJ 07008

Re: **Our Client:** **Raquel Vega**
Date of Accident: **8/4/2014**
Our File No.: **240892**

Dear Sir/Madam:

Enclosed herewith please find a Notice of Claim pursuant to N.J.S.A. 59:1-1 et seq. on behalf of Ms. Raquel Vega for injuries sustained on the above-captioned date.

Please forward all correspondence to this office as attorneys for Ms. Vega.

Thank you for your assistance in this matter.

Very truly yours,
Ginarte, O'Dwyer, Gonzalez, Gallardo & Winograd, LLP

By: James P. Krupka, Esq.

JPK/jr
Encl.

Carteret Department of Public Works Building; **Certified Mail, R.R.R. & Regular Mail: 7013 2250 0001 1489 9385**
City of Carteret, City Hall; **Certified Mail, R.R.R. & Regular Mail: 7013 2250 0001 1489 9395**
Middlesex County, County Clerk; **Certified Mail, R.R.R. & Regular Mail: 7013 2250 0001 1489 9408**
State of New Jersey; **Certified Mail, R.R.R. & Regular Mail: 7013 2250 0001 1489 9415**

Our File No.: 240892
RE: Raquel Vega

NOTICE OF CLAIM
Pursuant to Title 59:1-1

1. Name of Claimant(s): **Ms. Raquel Vega**

2. Date of Claim: **October 23, 2014**

3. Address of Claimant: **N-7 Essex Street, Carteret, NJ 07008**

4. D/Accident: **8/4/2014**

5. State exact location, giving address, where bodily injury or property damage loss was sustained; and furnish a detailed description of how the accident happened.

   Grassy area near garbage bins at Essex Street Public Housing Complex.

6. Send notices to: GINARTE, O'DWYER, GONZALEZ, GALLARDO & WINOGRAD, LLP
   352 New Brunswick Ave., Perth Amboy, NJ 08861
   Attn: James Krupka, Esq.

7. Furnish the name & address of the public entity and/or employee causing bodily injury or property damage.

   Carteret Housing Authority, Carteret Department of Public Works, City of Carteret, Middlesex County, State of New Jersey, their agents, servants or employees and any other public entity or employees, identified through continuing investigation.

8. Give general description of the injury, damages, or loss incurred:

   Broken right ankle with surgery.

9. The amount claimed (i.e. demand):

   a) Personal Injury- $1,000,000.00.
   b) Property damage- None.
   c) Lost wages- To Be Determined.
   d) Medical expenses-To Be Determined

I certify that all of the facts furnished above to support my claim are true to the best of my information, knowledge and belief.

James Krupka, Esq.