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May 11, 2017

VIA FACSIMILE (609) 296-5352
AND FEDEX OVERNIGHT DELIVERY

Municipal Clerk
Township of Little Egg Harbor
665 Radio Road
Little Egg Harbor, New Jersey 08087

Re: Death of Patrick Fennell – Notice of Tort Claim

Dear Sir/Madam:

Please find enclosed herewith a Notice of Tort Claim regarding the death of Patrick Fennell. If you have any questions or wish to discuss this matter further, please do not hesitate to contact the undersigned.

Very truly yours,

Matthew S. Adams

MSA/cak

Enclosure

NOTICE OF TORT CLAIM

TO: Municipal Clerk
Township of Little Egg Harbor
665 Radio Road
Little Egg Harbor, NJ 08087

TAKE NOTICE that the following claim is hereby presented under the New Jersey Tort Claims Act pursuant to N.J.S.A. 59:8-4:

1. Claimant(s): Linda Fennell, 35 Sycamore Drive Little Egg Harbor, NJ 08087, D.O.B. 11/01/1985 SS# 085-52-9862;

   Address: Mary Anne Heino, 90 Applegrove Lane Carlisle, MA 01471, D.O.B. 02/11/1960 SS# 063-56-5250;

   Date of Birth: Honora Fennell, 31 Spice Bush Lane Tuxedo Park, NY 10987,D.O.B. 04/18/1957 SS# 120-50-9459;

   Social Security No.: Kevin Fennell, 68 Riverside Drive Ridgefield, CT 06877, D.O.B. 05/15/1962 SS# 101-58-2503; and

   Theresa Ravalese, 75 Hunter Drive, West Hartford, CT 06877, D.O.B. 08/18/1963 SS# 115-60-2815.

2. Notices and correspondence in connection with this case are to be sent to:

   Matthew Adams, Esq.
   Fox Rothschild LLP
   75 Market Street
   Morristown, New Jersey 07960-5122

   Relationship to Claimant: Attorney

3. Date of occurrence or accident which gave rise to this claim:

   a. On July 16, 2016, Patrick Fennell was shot and killed in the woods behind his home in the Township of Little Egg Harbor. Members of the Little Egg Harbor Police, along with members of other police agencies, were on the scene and in the vicinity of Mr. Fennell when he was shot and killed by police. The alleged circumstances of Mr. Fennell's wrongful killing were disclosed to Claimants' counsel and to the public for the first time in a press release issued by the Office of the Attorney General, Division of Criminal Justice on February 13, 2017 (available online at: http://nj.gov/oag/newsreleases17/pr20170216c.html). Based on the newly-released information, it appears that the conduct of the members of the Little Egg Harbor Police on the scene contributed, directly and indirectly, to Mr. Fennell's death.

   b. Describe the location or place of the accident or occurrence:

      In the vicinity of the home of Patrick Fennell located at
      35 Sycamore Drive
      Little Egg Harbor, New Jersey 08087

   c. Describe how the accident or occurrence happened:

      On Saturday, July 16, 2016, Patrick Fennell was shot and killed in the woods behind his home in the Township of Little Egg Harbor. The shooting was not legally justified. Officers of the Little Egg Harbor Township Police Department, among officers from other agencies, were on the scene and in the vicinity of Mr. Fennell when he was wrongfully shot and killed by police. The actions and omissions of the members of the Little Egg Harbor Police Department on the scene contributed, directly and indirectly, to Patrick Fennell's death. Claimants are Mr. Fennell's widow and surviving family members who intend to bring various claims against the Township of Little Egg Harbor for the actions and omissions of its agents, employees, and representatives.

d. State names and address of all witnesses:

Linda Fennell, 35 Sycamore Drive, Little Egg Harbor, NJ 08087, responding officers from multiple police agencies, including but not limited to, the responding members of the Little Egg Harbor Police Department and the responding members of the Ocean County SWAT Team.

e. State the names of all police officers and police departments who investigated the accident:

The officers and representatives of: the Ocean County Prosecutor's Office; the Ocean County Regional SWAT Team; the Little Egg Harbor Police Department; and the State of New Jersey, Department of Law and Public Safety, Office of the Attorney General, Shooting Response Team. Claimants reserve their right to amend/add as any new person or entity may become known.

4. **a.** State the names and addresses of each agency and each employee whom you claim caused your damage or injuries: Please see document attached.

b. State the name and addresses of all other persons, companies or governmental agencies who you claim are responsible for your injuries or damages: Please see document attached.

5. Amount of damages: in excess of $10 million dollars

6. State the amount claimed by you: in excess of $10 million dollars

I hereby certify that the foregoing statements made by me are true. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.

Fox Rothschild LLP
by Matthew S. Adams, Esq.
Attorney for Claimants

Claimant or person filing claim on behalf of claimant

Dated: 5/11/2017

Notice of Tort Claim- attachment

4. a. State the names and addresses of each agency and each employee whom you claim caused you damage or injuries:

The officers and representatives of: the Ocean County Prosecutor's Office; the Ocean County Regional SWAT Team; the Little Egg Harbor Police Department; and the State of New Jersey, Department of Law and Public Safety, Office of the Attorney General, Shooting Response Team. Claimants reserve their right to amend/add as any new person or entity may become know.

b. State the name and addresses of all other persons, companies or governmental agencies who you claim are responsible for your injuries or damages:

See 4a above.

NOTICE OF TORT CLAIM

TO: Municipal Clerk
Township of Little Egg Harbor
665 Radio Road
Little Egg Harbor, NJ 08087

TAKE NOTICE that the following claim is hereby presented under the New Jersey Tort Claims Act pursuant to N.J.S.A. 59:8-4:

1. Claimant(s): Glenn Muso

   Address: 105 E. Schuylkill Rd
   Little Egg Harbor NJ 08087

   Date of Birth: 5/20/70

   Social Security No.:

2. Notices and correspondence in connection with this case are to be sent to:
   Glenn Muso
   105 E. Schuylkill Rd Little Egg Harbor NJ 08087
   Relationship to Claimant:
   Self

3. Date of occurrence or accident which gave rise to this claim:

   a. 8/15/17.

   b. Describe the location or place of the accident or occurrence:
   same 105 E. Schuylkill rd.

   c. Describe how the accident or occurrence happened:
   Arm of The Truck caught The rim of hoop have. Pictures.

d. State names and address of all witnesses:
~~A~~ Cpt Williams.

e. State the names of all police officers and police departments who investigated the accident: Daniel Ivancich.
Case# 17LE13768

4. a. State the names and addresses of each agency and each employee whom you claim caused your damage or injuries:
Garbage truck.

b. State the name and addresses of all other persons, companies or governmental agencies who you claim are responsible for your injuries or damages: N/A

5. Amount of damages: $ 250.00

6. State the amount claimed by you: $250.00

I hereby certify that the foregoing statements made by me are true. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.

Claimant or person filing claim on behalf of claimant

Dated: 8/31/17

NOTICE OF TORT CLAIM

TO: Municipal Clerk
Township of Little Egg Harbor
665 Radio Road
Little Egg Harbor, NJ 08087

TAKE NOTICE that the following claim is hereby presented under the New Jersey Tort Claims Act pursuant to N.J.S.A. 59:8-4:

1. Claimant(s): ~~Bryan~~ / Sharon Marcella

   Address: 67 Flax Isle Dr Little Egg Harbor N.J. 08087

   Date of Birth: 10/28/98

   Social Security No.: 152-04-4814

2. Notices and correspondence in connection with this case are to be sent to:
   Sharon Marcella

   Relationship to Claimant: Mom

3. Date of occurrence or accident which gave rise to this claim:

   a. 5/16/17

   b. Describe the location or place of the accident or occurrence:
   Great Bay Blvd.

   c. Describe how the accident or occurrence happened:
   Car hit a pothole and damaged front passenger tire.

d. State names and address of all witnesses:

Bryan Marcella SR
67 Flax Isle Dr
LEH NJ 08087

e. State the names of all police officers and police departments who investigated the accident:

Badge #1657

4. **a.** State the names and addresses of each agency and each employee whom you claim caused your damage or injuries:

was damaged by environmental/pothole issue

b. State the name and addresses of all other persons, companies or governmental agencies who you claim are responsible for your injuries or damages:

possibly township OR county road.

5. Amount of damages:

657.23

6. State the amount claimed by you:

657.23

I hereby certify that the foregoing statements made by me are true. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.

Sharon Marcella

Claimant or person filing claim on behalf of claimant

Dated: 6/15/17

NOTICE OF TORT CLAIM

TO: Municipal Clerk
Township of Little Egg Harbor
665 Radio Road
Little Egg Harbor, NJ 08087

TAKE NOTICE that the following claim is hereby presented under the New Jersey Tort Claims Act pursuant to N.J.S.A. 59:8-4:

1. Claimant(s): FRANCIS JASIONOWICZ — 609 903 5669

   Address: 118 OAK PINES BL-D
   Pemberton NJ — 08068

   Date of Birth:
   JAN 30, 1949

   Social Security No.:
   154 40 9985

2. Notices and correspondence in connection with this case are to be sent to:
   SAME

   Relationship to Claimant:

3. Date of occurrence or accident which gave rise to this claim:

   a. JUNE 1 2017

   b. Describe the location or place of the accident or occurrence:
   RT 539 1mile North of The Parkway

   c. Describe how the accident or occurrence happened:
   I WAS Driving North on 539 — Truck 3L was going South As he passed me a Rock from the Truck hit my windshield cracking it.

[redacted]

d. State names and address of all witnesses:

— None to my knowledge

e. State the names of all police officers and police departments who investigated the accident:

NONE

4. **a.** State the names and addresses of each agency and each employee whom you claim caused your damage or injuries: Gary Doan [redacted]
DPW.

b. State the name and addresses of all other persons, companies or governmental agencies who you claim are responsible for your injuries or damages:

SAME AS ABOVE

5. Amount of damages:

New windshield

6. State the amount claimed by you:

New windshield

I hereby certify that the foregoing statements made by me are true. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.

Claimant or person filing claim on behalf of claimant

Dated: 2 June 2017