Flores
Sternick
Poosikian, LLC

ATTORNEYS AT LAW

220 GOFFLE ROAD, HAWTHORNE, NJ 07506

tel 973-423-2888 *fax* 973-423-3088

Edwin Flores

Michael A. Sternick
Member of NJ, NY & Texas Bar

Glenn Z. Poosikian
Member of NJ & DC Bar

Philip Tanis (1951-1984)

A15-3086

September 8, 2015

VIA LAWYERS SERVICE
AND REGULAR MAIL

Clerk, Haledon Borough
Municipal Building
510 Belmont Avenue
Haledon, NJ 07508

RE: OUR CLIENTS: Yannallie Soto,
Justin Velez, a minor,
Kassidy Velez, a minor,
Mildred Rosario

DATE OF ACC.: 8/21/2015

Dear Sir/Madam:

Pursuant to Title 59 of the New Jersey Statute, please be advised of the following claim(s):

1. Claimant are Yannallie Soto, Justin Velez, Kassidy Velez and Mildred Rosario, residing at 292 Prospect Terrace, Prospect Park, NJ 07508.

2. Notices are to be sent to Edwin Flores, Esq., at the above address.

3. The injuries and property damage occurred on August 21, 2015 at 9:53 p.m. on Haledon Avenue, Paterson, New Jersey. See copy of police report attached hereto.

4. The injuries involved will be provided since there are multiple injuries and the exact nature of same is presently unknown.

5. The entity involved is Borough of Haledon Police Department.

6. The amount claimed cannot be presently ascertained.

I enclose herewith Notice of Tort Claim forms for each of my above named clients.

Very truly yours,

FLORES STERNICK POOSIKIAN, LLC

EDWIN FLORES

EF:sdj
Enclosures

cc: Haledon Borough Police Department (w/encs.)
510 Belmont Avenue
Haledon, NJ 07508
VIA LAWYERS SERVICE
AND REGULAR MAIL

BOROUGH OF HALEDON
MUNICIPAL BUILDING
510 BELMONT AVENUE
HALEDON, NJ 07508

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name: Yannaliz Soto Telephone: ____

Address: 292 Prescott Terrace Date of Birth: 12/20/92

Prospect Park, NJ 07508 SSN: ____

ATTORNEY INFORMATION (if applicable)

Name: Flores Sternick Poosikian LLC Telephone: 973 423-2888

Address 220 Goffle Rd. FAX: 973-423-3088

Hawthorne, NJ 07506 File No.: ____

Send Notices to: x Claimant x Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of Haledon.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to:

Borough Administrator
Borough of Haledon
510 Belmont Avenue
Haledon, NJ 07508

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

   a. Any other name by which the Claimant has been known.

   None

   b. Address at the time of the incident giving rise to the claim.

   Same

   c. Marital Status [at the time of the incident and current]

   Single

   d. Identify each person residing with the claimant and the relation, if any, of the person to the Claimant.

   Yannallie Soto – daughter
   Mildred Rosario – mother
   Kassidy Velez – minor by Gail Soto
   Justin Velez – minor by Gail Soto

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, if any, of the person to the Claimant.

   TO BE Supplied

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

See attached police report #2015 080145

4. Provide the Claimant's complete version of the events that form the basis of the claim.

On 8/21/2015 at approx 9:53 pm Yannallie Soto was the operator of an auto owned by Milcred Rosario, proceeding on No. 8th St., Paterson, NJ. when while at the intersection of Haledon Avenue + while proceeding through a green traffic signal was struck by a motor vehicle owned by Haledon Borough and operated by Michael C. Palmer proceeding through a red traffic signal on Haledon Ave.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident that gave rise to the claim. Provide the full name and address of each individual.

To be supplied.

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

Haledon Borough due to negligence of Michael C. Palmer in operation of motor vehicle

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

N/A

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

N/A

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve (12) hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

None

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

None

11. If any photographs, sketches, charts or maps were made with respect to anything that is the subject matter of the claim, state the date thereof, the names and addresses of the persons making the same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps.

to be supplied

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof

witnesses were present at scene
names to be provided.

13. State the total amount of your claim and the basis on which you calculate the amount claimed.

personal injury claim cannot be evaluated at this time.
damage to vehicle is TOTAL LOSS

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

See police report attached

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

See Answer TO #6

PROPERTY DAMAGE CLAIMS

16. If your claim is for property damage, attach a description of the property damage and an estimate of the costs of repair. If your claim does not involve any claim for property damage, enter "None".

MB

If your claim is for property damage only, initial here and proceed directly to page 15 and sign the Certification.

_____

Initials

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

No

18. Describe in detail the nature, extent and duration of any and all injuries.

to be provided

19. Describe in detail any injury or condition claimed to be permanent.

to be provided

20. If confined to any hospitals, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

NOT CONFINED

21. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

St. Joseph's Hospital, Paterson, NJ.
8/21/15 –

22. If treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the nature of the treatment (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

TO BE PROVIDED

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

NONE

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

NONE

25. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery (b) the purpose thereof and the results anticipated or expected (c) the name and address of the doctor who recommended the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses to be incurred (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

TO BE PROVIDED

26. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

TO BE PROVIDED

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer (b) position held and the nature of the work performed (c) average weekly wages for the year prior to the injury (d) period of time lost from employment, giving dates (e) amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

No

28. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss (b) give a complete detailed computation of the loss (c) the nature and dates of loss.

None to date

29. If you are claiming lost wages state (a) the date that the employment began (b) the name and address of the employer (c) the position held and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

NONE

DOCUMENT REQUEST: Produce all documents identified in your answers to the above questions.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Signature of Claimant Dated: 9/3/2015

New Jersey Police Crash Investigation Report

1 Case Number	2015-080145
2 Police Dept of	PATERSON
Code	1608
3 Station/Precinct	PATROL B4 109
4 Date of Crash (mm dd yy)	08 21 15
5 Day of Week	Su M Tu W Th F Sa
6 Time (use 2400 hrs)	2153
7 Municipality Code	1608
8 Total Killed	—
9 Total Injured	04
10 Crash Occurred On	HALEDON AVE (Road Name)
At Intersection with	NORTH 8TH ST
Feet / Miles	
N E S W of	S
11 Speed Limit	25
12 Route No. / Suffix	
13 Milepost	
14 / 15	
16	
17 Cross Road Name	
18 Speed Limit	
19 Ramp To: / From:	
20 Route/Name	
21 Latitude	
22 Longitude	

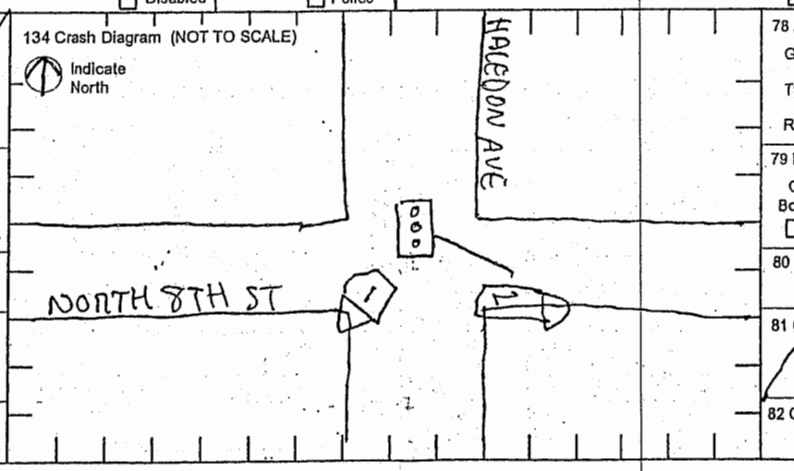
Vehicle 1 (V1)

23 Veh No	V1
24 Policy No.	30343282
25 Ins Code	961
Parked / Ped / Pedalcyclist / Resp to Emergency / Hit & Run	
26 Driver's First Name / Initial / Last Name	YANNALLIE / / SOTO
29 Sex	F
27 Number and Street	292 PROSPECT TERRACE
30 Eyes	GRN
28 City / State / Zip	PROSPECT PARK / NJ / 07508
31 State / 32 Drivers License No	NJ S6773 178906 162926
33 DOB (mm dd yy)	12 20 92
34 Expires (mm yy)	08 15
35 Owner's First Name / Initial / Last Name (Same As Driver)	MILDRED / / ROSARIO
36 Number and Street	292 PRESCOTT TERRACE
37 City / State / Zip	PROSPECT PARK / NJ / 07508
38 Make	HON
39 Model	ACC
40 Color	GY
41 Year	2003
42 Plate No.	C75FAN
43 State	NJ
44 VIN	1HGCM72653A001785
45 Expires	03 16
46 Vehicle Removed To	Driven / Left at Scene / [X] Towed / Impound / Disabled
47 Authority	Owner / [X] Driver / Police
48 Alcohol/Drug Test	Given: No / Yes / Refused; Type: Breath / Blood / Urine; Results: 0.___ %; Pending
49 Hazardous Material	On Board / Spill / Name or Placard No.
50 Carrier No.	USDOT / Other *
51 Commercial Vehicle Weight	≤ 10,000 lbs / 10,001 - 26,000 lbs / ≥ 26,001 lbs
52 Carrier name	

Vehicle 2 (V2)

53 Veh No	V2
54 Policy No.	SELF-INSURED 13-91
55 Ins Code	
Parked / Ped / Pedalcyclist / Resp to Emergency / Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHAEL / C / PALMER
59 Sex	M
57 Number and Street	510 BELMONT AVE
60 Eyes	BRN
58 City / State / Zip	HALEDON / NJ / 07508
61 State / 62 Drivers License No	NJ P0309 154463 108875
63 DOB (mm dd yy)	08 28 87
64 Expires (mm yy)	
65 Owner's First Name / Initial / Last Name (Same As Driver)	HALEDON / / BOROUGH
66 Number and Street	510 BELMONT AVE
67 City / State / Zip	HALEDON / NJ / 07508
68 Make	FORD
69 Model	PKM
70 Color	BLK
71 Year	2014
72 Plate No.	1065MG
73 State	NJ
74 VIN	1FAHP2MK2EG101146
75 Expires	02 16
76 Vehicle Removed To	Driven / Left at Scene / [X] Towed / Impound / Disabled
77 Authority	Owner / Driver / [X] Police
78 Alcohol/Drug Test	Given: No / Yes / Refused; Type: Breath / Blood / Urine; Results: 0.___ %; Pending
79 Hazardous Material	On Board / Spill / Name or Placard No.
80 Carrier No.	USDOT / Other *
81 Commercial Vehicle Weight	≤ 10,000 lbs / 10,001 - 26,000 lbs / ≥ 26,001 lbs
82 Carrier name	

134 Crash Diagram (NOT TO SCALE)



135 Crash Description

DRIVER OF V1 WAS PROCEEDING DOWN NORTH 8TH ST APPROACHING THE GREEN LIGHT AT HALEDON AVE, AS SHE APPROACHED THE INTERSECTION, SHE NOTICED A POLICE CAR RESPONDING LIGHTS AND SIRENS TO AN EMERGENCY, SLAMMED ON THE BRAKES BUT COLLIDED. POLICE OFFICER OPERATING V2 STATED HE WAS RESPONDING TO AN EMERGENCY WHEN V1 PULLED INTO INTERSECTION. OFFICER APPLIED BRAKES BUT COLLIDED WITH V1 AND TRAFFIC SIGNAL

136 Damage To Other Property

Oper.	V1
137 Charge / Multiple Charges	39:4-91
138 Summons No.	011264
Oper.	
139 Charge / Multiple Charges	
140 Summons No.	
141 Officer's Signature	P.O. James S. Pla
142 Badge No.	4742
143 Reviewed By / Badge No.	0080
144 Case Status	Pending / Complete

Occupants

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	1	—	04	22	F	04	08	2	04	04	01	1608	YANNALLIE SOTO 12-20-92
B	V1	7	—	04	4	M	—	—	2	05	05	—	6605	JUSTIN VELEZ 04-15-11
C	V1	9	—	04	2	F	—	—	2	05	05	—	6605	KASSIDY VELEZ 03-30-13
D	V2	1	—	04	27	M	04	08	2	04	04	—	6605	MICHAEL PALMER 08-28-87
E														

BOROUGH OF HALEDON
MUNICIPAL BUILDING
510 BELMONT AVENUE
HALEDON, NJ 07508

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name: JUSTIN VELEZ, a minor By GUAL YANNALLIE SOTO Telephone: _____

Address: 292 PRESCOTT TERRACE Date of Birth: 4/15/11

PROSPECT PARK, NJ 07508 SSN: _____

ATTORNEY INFORMATION (if applicable)

Name: FLORES STERNICK POSILICO LLC Telephone: 973 423-2888

Address 220 GOFFLE RD. FAX: 973-423-3088

HAWTHORNE, NJ 07506 File No.: _____

Send Notices to: X Claimant X Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of Haledon.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to:

Borough Administrator
Borough of Haledon
510 Belmont Avenue
Haledon, NJ 07508

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

   a. Any other name by which the Claimant has been known.

   NONE

   b. Address at the time of the incident giving rise to the claim.

   Same

   c. Marital Status [at the time of the incident and current]

   Single

   d. Identify each person residing with the claimant and the relation, if any, of the person to the Claimant.

   Yannallie Soto – daughter
   MILAGROS ROSARIO – MOTHER
   KASSIDY VELEZ – MINOR BY GAIL SOTO
   JUSTIN VELEZ – MINOR BY GAIL SOTO

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, if any, of the person to the Claimant.

   TO BE SUPPLIED

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

See attached police report #2015 080145

4. Provide the Claimant's complete version of the events that form the basis of the claim.

on 8/21/2015 at approx 9:53 pm Yannallie Soto was the operator of an auto owned by Ricardo Rosario, proceeding on No. 8th St, Paterson, NJ. when while at the intersection of Haledon Avenue + while proceeding through a green traffic signal was struck by a motor vehicle owned by Haledon Borough and operated by Michael C. Palmer proceeding through a red traffic signal on Haledon Ave.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident that gave rise to the claim. Provide the full name and address of each individual.

To be supplied.

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

Haledon Borough due to negligence of Michael C. Palmer in operation of motor vehicle

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

N/A

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

N/A

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve (12) hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

None

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

None

11. If any photographs, sketches, charts or maps were made with respect to anything that is the subject matter of the claim, state the date thereof, the names and addresses of the persons making the same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps.

to be supplied

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof

witnesses were present at scene
names to be provided.

13. State the total amount of your claim and the basis on which you calculate the amount claimed.

personal injury claim cannot be evaluated at this time.
damage to vehicle is TOTAL LOSS

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

See police report attached

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

See Answer TO #6

PROPERTY DAMAGE CLAIMS

16. If your claim is for property damage, attach a description of the property damage and an estimate of the costs of repair. If your claim does not involve any claim for property damage, enter "None".

MB

If your claim is for property damage only, initial here and proceed directly to page 15 and sign the Certification.

_____

Initials

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

No

18. Describe in detail the nature, extent and duration of any and all injuries.

to be provided

19. Describe in detail any injury or condition claimed to be permanent.

to be provided

20. If confined to any hospitals, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

NOT CONFINED

21. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

St. Joseph's Hospital, Paterson, N.J.
8/21/15 –

22. If treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the nature of the treatment (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

TO BE PROVIDED

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

NONE

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

NONE

25. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery (b) the purpose thereof and the results anticipated or expected (c) the name and address of the doctor who recommended the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses to be incurred (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

TO BE PROVIDED

26. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

TO BE PROVIDED

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer (b) position held and the nature of the work performed (c) average weekly wages for the year prior to the injury (d) period of time lost from employment, giving dates (e) amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

No

28. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss (b) give a complete detailed computation of the loss (c) the nature and dates of loss.

None to date

29. If you are claiming lost wages state (a) the date that the employment began (b) the name and address of the employer (c) the position held and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

NONE

DOCUMENT REQUEST: Produce all documents identified in your answers to the above questions.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Signature of Claimant Dated: 9/3/2015

New Jersey Police Crash Investigation Report

1 Case Number: 2015-080145
2 Police Dept of: PATERSON — Code: 1608
3 Station/Precinct: PATROL B4 109
4 Date of Crash: 08/21/15
5 Day of Week: Th
6 Time (use 2400 hrs): 2153
7 Municipality Code: 1608
8 Total Killed: —
9 Total Injured: 04
10 Crash Occurred On: HALEDON AVE — Road Name
At Intersection with NORTH 8TH ST — Dir: S of
Feet / Miles
11 Speed Limit: 25
12 Route No. / Suffix / 13 Milepost
14 / 15 / 16
17 Cross Road Name:
18 Speed Limit
19 Ramp: To: / From:
20 Route/Name
21 Latitude
22 Longitude

V1

23 Veh No: V1
24 Policy No.: 30343282
25 Ins Code: 961
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run

26 Driver's First Name: YANNALLIE — Initial — Last Name: SOTO — 29 Sex: F
27 Number and Street: 292 PROSPECT TERRACE — 30 Eyes: GRN
28 City: PROSPECT PARK — State: NJ — Zip: 07508
31 State: NJ — 32 Drivers License No: S6777 178906 62926 — 33 DOB mm dd yy: 12 20 92 — 34 Expires mm yy: 08 15

35 Owner's First Name: MILDRED — Initial — Last Name: ROSARIO
☐ Same As Driver
36 Number and Street: 292 PRESCOTT TERRACE
37 City: PROSPECT PARK — State: NJ — Zip: 07508

38 Make: HON — 39 Model: ACC — 40 Color: GY — 41 Year: 2003 — 42 Plate No.: C75FAN — 43 State: NJ
44 VIN: 1HGCM72653A001785 — 45 Expires: 03/16
46 Vehicle Removed To: ☐ Driven ☐ Left at Scene ☒ Towed ☐ Impound ☐ Disabled — 47 Authority: ☐ Owner ☒ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.__ % ☐ Pending
49 Hazardous Material: On Board ☐ Spill ☐ — Name or Placard No.
50 Carrier No. ☐ USDOT ☐ Other *
51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs
52 Carrier name

V2

53 Veh No: V2
54 Policy No.: SELF-INSURED 13-91
55 Ins Code
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run

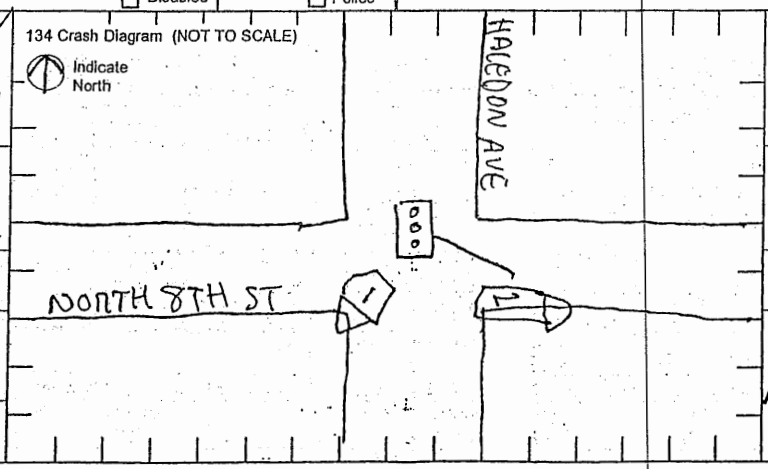
56 Driver's First Name: MICHAEL — Initial: C — Last Name: PALMER — 59 Sex: M
57 Number and Street: 510 BELMONT AVE — 60 Eyes: BRN
58 City: HALEDON — State: NJ — Zip: 07508
61 State: NJ — 62 Drivers License No: P0309 154463 108875 — 63 DOB mm dd yy: 08 28 87 — 64 Expires mm yy:

65 Owner's First Name: HALEDON — Initial — Last Name: BOROUGH
☐ Same As Driver
66 Number and Street: 510 BELMONT AVE
67 City: HALEDON — State: NJ — Zip: 07508

68 Make: FORD — 69 Model: PZM — 70 Color: BLK — 71 Year: 2014 — 72 Plate No.: 106SMG — 73 State: NJ
74 VIN: 1FAHP2MK2EG101146 — 75 Expires: 02/16
76 Vehicle Removed To: ☐ Driven ☐ Left at Scene ☒ Towed ☐ Impound ☐ Disabled — 77 Authority: ☐ Owner ☐ Driver ☒ Police

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.__ % ☐ Pending
79 Hazardous Material: On Board ☐ Spill ☐ — Name or Placard No.
80 Carrier No. ☐ USDOT ☐ Other *
81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs
82 Carrier name

134 Crash Diagram (NOT TO SCALE)



135 Crash Description

DRIVER OF V2 WAS PROCEEDING DOWN NORTH 8TH ST APPROACHING THE GREEN LIGHT AT HALEDON AVE. AS SHE APPROACHED THE INTERSECTION, SHE NOTICED A POLICE CAR RESPONDING LIGHTS AND SIRENS TO AN EMERGENCY, SLAMMED ON THE BRAKES BUT COLLIDED. POLICE OFFICER OPERATING V2 STATED HE WAS RESPONDING TO AN EMERGENCY WHEN V1 PULLED INTO INTERSECTION. OFFICER APPLIED BRAKES BUT COLLIDED WITH V1 AND TRAFFIC SIGNAL

136 Damage To Other Property

Oper. V1 — 137 Charge: 39:4-91 ☐ Multiple Charges — 138 Summons No.: 011264
Oper. — 139 Charge ☐ Multiple Charges — 140 Summons No.

141 Officer's Signature: P.O. James
142 Badge No.: 4742
143 Reviewed By — Badge No.: 0080
144 Case Status: ☐ Pending ☐ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	1	—	04	12	F	04	08	2	04	04	01	1608	YANNALLIE SOTO 12-20-92
B	V1	7	—	04	4	M	—	—	2	05	05	—	6605	JUSTIN VELEZ 04-15-11
C	V1	9	—	04	2	F	—	—	2	05	05	—	6605	KASSIDY VELEZ 03-30-13
D	V2	1	—	04	27	M	04	08	2	04	04	—	6605	MICHAEL PALMER 08-28-87
E														

BOROUGH OF HALEDON
MUNICIPAL BUILDING
510 BELMONT AVENUE
HALEDON, NJ 07508

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name: Kassidy Velez, a minor by/al Yannellie Soto Telephone: _____

Address: 292 Prescott Terrace Date of Birth: 3/30/13

Prospect Park, NJ 07508 SSN: _____

ATTORNEY INFORMATION (if applicable)

Name: Flores Sternick Posillico LLC Telephone: 973 423 -2888

Address 220 Goffle Rd. FAX: 973-423-3088

Hawthorne, NJ 07506 File No.: _____

Send Notices to: X Claimant X Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of Haledon.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to:

Borough Administrator
Borough of Haledon
510 Belmont Avenue
Haledon, NJ 07508

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

   a. Any other name by which the Claimant has been known.

   NONE

   b. Address at the time of the incident giving rise to the claim.

   Same

   c. Marital Status [at the time of the incident and current]

   Single

   d. Identify each person residing with the claimant and the relation, if any, of the person to the Claimant.

   Yannallie Soto - daughter
   MILDRED ROSARIO - mother
   KASSIOY VELEZ - MINOR BY GAL SOTO
   JUSTIN VELEZ - MINOR BY GAL SOTO

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, if any, of the person to the Claimant.

   TO BE SUPPLIED

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

See attached police report #2015 080145

4. Provide the Claimant's complete version of the events that form the basis of the claim.

on 8/21/2015 at approx 9:53 pm Yannallie Soto was the operator of an auto owned by Mildred Rosario, proceeding on No. 8th St., Paterson, NJ. when while at the intersection of Haledon Avenue + while proceeding through a green traffic signal was struck by a motor vehicle owned by Haledon Borough and operated by Michael C. Palmer proceeding through a red traffic signal on Haledon Ave.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident that gave rise to the claim. Provide the full name and address of each individual.

To be supplied.

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

Haledon Borough due to negligence of Richard C. Palmer in operation of motor vehicle

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

N/A

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

N/A

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve (12) hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

None

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

None

11. If any photographs, sketches, charts or maps were made with respect to anything that is the subject matter of the claim, state the date thereof, the names and addresses of the persons making the same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps.

to BE supplied

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof

witnesses were present at scene
names to be provided.

13. State the total amount of your claim and the basis on which you calculate the amount claimed.

personal injury claim cannot be evaluated at this time.
damage to vehicle is TOTAL LOSS

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

See police report attached

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

See Answer TO #6

PROPERTY DAMAGE CLAIMS

16. If your claim is for property damage, attach a description of the property damage and an estimate of the costs of repair. If your claim does not involve any claim for property damage, enter "None".

MB

If your claim is for property damage only, initial here and proceed directly to page 15 and sign the Certification.

_____

Initials

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

No

18. Describe in detail the nature, extent and duration of any and all injuries.

to be provided

19. Describe in detail any injury or condition claimed to be permanent.

to be provided

20. If confined to any hospitals, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

NOT CONFINED

21. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

St. Joseph's Hospital, Paterson, NJ.
8/21/15 –

22. If treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the nature of the treatment (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

TO BE PROVIDED

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

NONE

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

NONE

25. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery (b) the purpose thereof and the results anticipated or expected (c) the name and address of the doctor who recommended the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses to be incurred (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

TO BE PROVIDED

26. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

TO BE PROVIDED

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer (b) position held and the nature of the work performed (c) average weekly wages for the year prior to the injury (d) period of time lost from employment, giving dates (e) amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

No

28. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss (b) give a complete detailed computation of the loss (c) the nature and dates of loss.

None to date

29. If you are claiming lost wages state (a) the date that the employment began (b) the name and address of the employer (c) the position held and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

NONE

DOCUMENT REQUEST: Produce all documents identified in your answers to the above questions.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

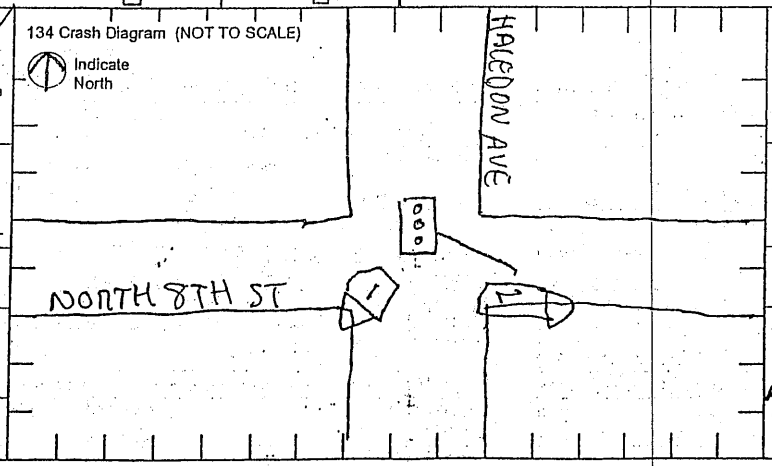
Signature of Claimant Dated: 9/3/2015

New Jersey Police Crash Investigation Report

1 Case Number: 2015-080145	10 Crash Occurred On: HALEDON AVE (Road Name)	11 Speed Limit: 25	
2 Police Dept of: PATERSON — Code: 1608	At Intersection with / Feet / Miles; N / E / S / W of: NORTH 8TH ST	12 Route No. / Suffix / 13 Milepost / 18 Speed Limit	
3 Station/Precinct: PATROL B4 109	14 15 16	17 Cross Road Name: / 19 To: Ramp / From: / 20 Route/Name / 21 Latitude / 22 Longitude	NB / SB / EB / WB
4 Date of Crash: mm 08 dd 21 yy 15	5 Day of Week: Su M Tu W Th F Sa	6 Time (use 2400 hrs): 2153	7 Municipality Code: 1608
		8 Total Killed: —	9 Total Injured: 04

	V1	V2
23 Veh No	V1	V2
24 Policy No.	303343282	SELF-INSURED 13-91
25 Ins Code	961	
53 Veh No		V2
54 Policy No.		SELF-INSURED 13-91
55 Ins Code		
Parked / Ped / Pedalcyclist / Resp to Emergency / Hit & Run		
26 Driver's First Name / Initial / Last Name	YANNALLIE / SOTO	
29 Sex	F	
56 Driver's First Name / Initial / Last Name		MICHAEL / C / PALMER
59 Sex		M
27 Number and Street	292 PROSPECT TERRACE	
30 Eyes	GRN	
57 Number and Street		510 BELMONT AVE
60 Eyes		BRN
28 City / State / Zip	PROSPECT PARK / NJ / 07508	
58 City / State / Zip		HALEDON / NJ / 07508
31 State / 32 Drivers License No	NJ S67773 178906 62926	
33 DOB mm dd yy	12 20 92	
34 Expires mm yy	08 15	
61 State / 62 Drivers License No		NJ P0309 154463 108875
63 DOB mm dd yy		08 28 87
64 Expires mm yy		
35 Owner's First Name / Initial / Last Name (Same As Driver)	MILDRED / ROSARIO	
65 Owner's First Name / Initial / Last Name (Same As Driver)		HALEDON / BOROUGH
36 Number and Street	292 PRESCOTT TERRACE	
66 Number and Street		510 BELMONT AVE
37 City / State / Zip	PROSPECT PARK / NJ / 07508	
67 City / State / Zip		HALEDON / NJ / 07508
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	HON / ACC / GY / 2003 / C75FAN / NJ	
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State		FORD / P2M / BLK / 2014 / 106 51MG / NJ
44 VIN / 45 Expires	1HGCM72653A001785 / 03 16	
74 VIN / 75 Expires		1FAHP2MK2EG101146 / 02 16
46 Vehicle Removed To: Driven / Left at Scene / Towed / Impound / Disabled	Towed	
47 Authority: Owner / Driver / Police	Driver	
76 Vehicle Removed To: Driven / Left at Scene / Towed / Impound / Disabled		Towed
77 Authority: Owner / Driver / Police		Police
48 Alcohol/Drug Test: Given / Type / Results / Pending	Given: No; Type: Urine	
78 Alcohol/Drug Test: Given / Type / Results / Pending		Given: No; Type: Urine
49 Hazardous Material: On Board / Spill / Name or Placard No.		
79 Hazardous Material: On Board / Spill / Name or Placard No.		
50 Carrier No. / USDOT / Other		
80 Carrier No. / USDOT / Other		
51 Commercial Vehicle Weight	≤ 10,000 lbs	
81 Commercial Vehicle Weight		≤ 10,000 lbs
52 Carrier name		
82 Carrier name		

134 Crash Diagram (NOT TO SCALE)



135 Crash Description

DRIVER OF V1 WAS PROCEEDING DOWN NORTH 8TH ST APPROACHING THE GREEN LIGHT AT HALEDON AVE. AS SHE APPROACHED THE INTERSECTION, SHE NOTICED A POLICE CAR RESPONDING LIGHTS AND SIRENS TO AN EMERGENCY, SLAMMED ON THE BRAKES BUT COLLIDED. POLICE OFFICER OPERATING V2 STATED HE WAS RESPONDING TO AN EMERGENCY WHEN V1 PULLED INTO INTERSECTION, OFFICER APPLIED BRAKES BUT COLLIDED WITH V1 AND TRAFFIC SIGNAL

136 Damage To Other Property

Oper.	137 Charge	Multiple Charges	138 Summons No.	Oper.	139 Charge	Multiple Charges	140 Summons No.
V1	39:4-91		011264				

141 Officer's Signature: P.O. James [illegible]

142 Badge No.: 4742

143 Reviewed By / Badge No.: [illegible] 0080

144 Case Status: Pending / Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	1	—	04	22	F	04	08	2	04	04	01	1608	YANNALLIE SOTO 12-20-92
B	V1	7	—	04	4	M	—	—	2	05	05	—	6605	JUSTIN VELEZ 04-15-11
C	V1	9	—	04	2	F	—	—	2	05	05	—	6605	KASSIDY VELEZ 03-30-13
D	V2	1	—	04	27	M	04	08	2	04	04	—	6605	MICHAEL PALMER 08-28-87
E														

BOROUGH OF HALEDON
MUNICIPAL BUILDING
510 BELMONT AVENUE
HALEDON, NJ 07508

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name: MILDRED ROSARIO Telephone: _____

Address: 292 PRESCOTT TERRACE Date of Birth: _____

PROSPECT PARK, NJ 07508 SSN: _____

ATTORNEY INFORMATION (if applicable)

Name: FLORES STERNICK POOS, LOAN, LLC Telephone: 973 423 -2888

Address 220 GOFFLE RD. FAX: 973-423-3088

HAWTHORNE, NJ 07506 File No.: _____

Send Notices to: X Claimant X Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of Haledon.

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Borough Administrator
Borough of Haledon
510 Belmont Avenue
Haledon, NJ 07508

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

   a. Any other name by which the Claimant has been known.

   NONE

   b. Address at the time of the incident giving rise to the claim.

   Same

   c. Marital Status [at the time of the incident and current]

   Single

   d. Identify each person residing with the claimant and the relation, if any, of the person to the Claimant.

   Yannallie Soto - daughter
   MILDRED ROSARIO - MOTHER
   KASSIOY VELEZ - MINOR BY GRC SOTO
   JUSTIN VELEZ - MINOR BY GRC SOTO

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, if any, of the person to the Claimant.

   TO BE SUPPLIED

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

See attached police report #2015 080145

4. Provide the Claimant's complete version of the events that form the basis of the claim.

on 8/21/2015 at approx 9:53 pm Yannallie Soto was the operator of an auto owned by Micord Rosario, proceeding on No. 8th St., Paterson, NJ. when while at the intersection of Haledon Avenue + while proceeding through a green traffic signal was struck by a motor vehicle owned by Haledon Borough and operated by Michael C. Palmer proceeding through a red traffic signal on Haledon Ave.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident that gave rise to the claim. Provide the full name and address of each individual.

To be supplied.

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

Hoboken Borough due to negligence of Michael C. Palmer in operation of motor vehicle

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

N/A

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

N/A

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve (12) hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

None

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

None

11. If any photographs, sketches, charts or maps were made with respect to anything that is the subject matter of the claim, state the date thereof, the names and addresses of the persons making the same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps.

to be supplied

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof

witnesses were present at scene
names to be provided.

13. State the total amount of your claim and the basis on which you calculate the amount claimed.

personal injury claim cannot be evaluated at this time.
damage to vehicle is TOTAL LOSS

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

See police report attached

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

See Answer TO #6

PROPERTY DAMAGE CLAIMS

16. If your claim is for property damage, attach a description of the property damage and an estimate of the costs of repair. If your claim does not involve any claim for property damage, enter "None".

See attached estimate

If your claim is for property damage only, initial here and proceed directly to page 15 and sign the Certification.

MR
Initials

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

No

18. Describe in detail the nature, extent and duration of any and all injuries.

N/A

19. Describe in detail any injury or condition claimed to be permanent.

N/A

20. If confined to any hospitals, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

N/A

21. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

N/A

22. If treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the nature of the treatment (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

N/A

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

N/A

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

N/A

25. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery (b) the purpose thereof and the results anticipated or expected (c) the name and address of the doctor who recommended the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses to be incurred (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

N/A

26. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

N/A

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer (b) position held and the nature of the work performed (c) average weekly wages for the year prior to the injury (d) period of time lost from employment, giving dates (e) amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

N/A

28. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss (b) give a complete detailed computation of the loss (c) the nature and dates of loss.

To be supplied

29. If you are claiming lost wages state (a) the date that the employment began (b) the name and address of the employer (c) the position held and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

N/A

DOCUMENT REQUEST: Produce all documents identified in your answers to the above questions.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Mildred Rosario Dated: 9/3/2015

Signature of Claimant

New Jersey Police Crash Investigation Report

1 Case Number	2015-080145
2 Police Dept of	PATERSON
Code	1608
3 Station/Precinct	PATROL B4 109
10 Crash Occurred On	HALEDON AVE
Road Name	
Dir	
11 Speed Limit	25
12 Route No. / Suffix / 13 Milepost	
18 Speed Limit	
At Intersection with / Feet / Miles	
N E S W of:	NORTH 8TH ST
17 Cross Road Name	
19 To: Ramp From:	
20 Route/Name	
NB EB SB WB	
4 Date of Crash mm dd yy	08 21 15
5 Day of Week	Su M Tu W Th F Sa
6 Time (use 2400 hrs)	2153
7 Municipality Code	1608
8 Total Killed	1
9 Total Injured	04
21 Latitude	
22 Longitude	

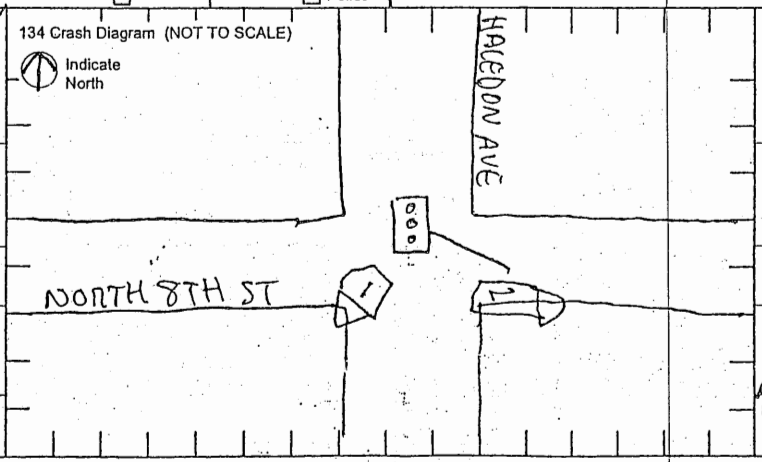
V1

23 Veh No	V1
24 Policy No.	30343282
25 Ins Code	961
Parked / Ped / Pedalcyclist / Resp to Emergency / Hit & Run	
26 Driver's First Name / Initial / Last Name	YANNALLIE / / SOTO
29 Sex	F
27 Number and Street	292 PROSPECT TERRACE
30 Eyes	GRN
28 City / State / Zip	PROSPECT PARK / NJ / 07508
31 State / 32 Drivers License No	NJ S67773 78906 62926
33 DOB mm dd yy	12 20 92
34 Expires mm yy	08 15
35 Owner's First Name / Initial / Last Name (Same As Driver)	MILDRED / / ROSARIO
36 Number and Street	292 PRESCOTT TERRACE
37 City / State / Zip	PROSPECT PARK / NJ / 07508
38 Make	HON
39 Model	ACC
40 Color	GY
41 Year	2003
42 Plate No.	C75FAN
43 State	NJ
44 VIN	1HGCM72653A001785
45 Expires	03 16
46 Vehicle Removed To: Driven / Left at Scene / Towed / Impound / Disabled	Towed
47 Authority: Owner / Driver / Police	Driver
48 Alcohol/Drug Test: Given / Type / Results	Given: No; Type: Urine; Results: 0.___ % Pending
49 Hazardous Material: On Board / Spill / Name or Placard No.	On Board
50 Carrier No. USDOT / Other	
51 Commercial Vehicle Weight	≤ 10,000 lbs
52 Carrier name	

V2

53 Veh No	V2
54 Policy No.	SELF-INSURED 13-91
55 Ins Code	
Parked / Ped / Pedalcyclist / Resp to Emergency / Hit & Run	
56 Driver's First Name / Initial / Last Name	MICHAEL / C / PALMER
59 Sex	M
57 Number and Street	510 BELMONT AVE
60 Eyes	BRN
58 City / State / Zip	HALEDON / NJ / 07508
61 State / 62 Drivers License No	NJ P0309 15446 31088 75
63 DOB mm dd yy	08 28 87
64 Expires mm yy	
65 Owner's First Name / Initial / Last Name (Same As Driver)	HALEDON / / BOROUGH
66 Number and Street	510 BELMONT AVE
67 City / State / Zip	HALEDON / NJ / 07508
68 Make	FORD
69 Model	P2M
70 Color	BLK
71 Year	2014
72 Plate No.	106 SIMG
73 State	NJ
74 VIN	1FAHP2MK2EG101146
75 Expires	02 16
76 Vehicle Removed To: Driven / Left at Scene / Towed / Impound / Disabled	Towed
77 Authority: Owner / Driver / Police	Police
78 Alcohol/Drug Test: Given / Type / Results	Given: No; Type: Urine; Results: 0.___ % Pending
79 Hazardous Material: On Board / Spill / Name or Placard No.	On Board
80 Carrier No. USDOT / Other	
81 Commercial Vehicle Weight	≤ 10,000 lbs
82 Carrier name	

134 Crash Diagram (NOT TO SCALE)



135 Crash Description

DRIVER OF V1 WAS PROCEEDING DOWN NORTH 8TH ST APPROACHING THE GREEN LIGHT AT HALEDON AVE. AS SHE APPROACHED THE INTERSECTION, SHE NOTICED A POLICE CAR RESPONDING LIGHTS AND SIRENS TO AN EMERGENCY, SLAMMED ON THE BRAKES BUT COLLIDED. POLICE OFFICER OPERATING V2 STATED HE WAS RESPONDING TO AN EMERGENCY WHEN V1 PULLED INTO INTERSECTION. OFFICER APPLIED BRAKES BUT COLLIDED WITH V1 AND TRAFFIC SIGNAL

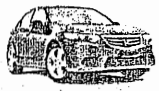
136 Damage To Other Property

Oper.	V1
137 Charge / Multiple Charges	39:4-91
138 Summons No.	011264
Oper.	
139 Charge / Multiple Charges	
140 Summons No.	
141 Officer's Signature	R.O. James
142 Badge No.	4742
143 Reviewed By / Badge No.	0080
144 Case Status: Pending / Complete	

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	V1	1	–	04	22	F	04	08	2	04	04	01	1608	YANNALLIE SOTO 12-20-92
B	V1	7	–	04	4	M	–	–	2	05	05	–	6605	JUSTIN VELEZ 04-15-11
C	V1	9	–	04	2	F	–	–	2	05	05	–	6605	KASSIDY VELEZ 03-30-13
D	V2	1	–	04	27	M	04	08	2	04	04	–	6605	MICHAEL PALMER 08-28-87
E														

LIC # 02237A

Renaissance Auto Works



Collision & Frame Experts * Paint Matching

41 Goffe Road, Hawthorne, NJ 07506 * Tel. (973) 423-5976 / Fax (973) 423-4540

NAME M. ROSARIO		PHONE:	DATE: 9/1/15
STREET 292 PRESCOTT TERRACE		CITY: PROSPECT PARK	
YEAR 03	COLOR GY	MAKE HONDA	MODEL: ACCORD
REGISTRATION No.	SERIAL No.	ODOMETER	ESTIMATE PREPARED BY
INSURANCE Co.		ADJUSTOR	

REPLACE	REPAIR	DESCRIPTION	PARTS	LABOR	REFINISH	SUBLET
		SEVERE FRONT ~~SEV~~ STRUCTUAL DAMAGE AND AIR BAG DEPLOYMENT AND YEAR OF VEHICLE IS DEEMD A TOTAL LOST				
		TOTALS				

The above is an estimate based on our inspection and does not cover any additional parts or labor which may be required after the work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above prices are not guaranteed. Quotations on parts and labor are current and subject to change.

AUTHORIZATION FOR REPAIR. You are hereby authorized to make the above repairs:

SIGNED: _____

DATE: _____

TOTAL PARTS	$
TOTAL LABOR	$
TOTAL REFINISH	$
TOTAL SUBLET	$
TAX	$
	$
TOTAL	$