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September 13, 2016

via C.M.R.R.R.
7015 1520 0003 1142 5490
Borough of Lavallette
c/o Acting Clerk, Donnelly Amico
1306 Grand Central Avenue
Lavallette, New Jersey 08735

Re: Karen Quigley v. Borough of Lavallette, et al.
Date of Loss: May 1, 2016
Our File No.: 49507

Dear Mr. Amico:

As requested, and in furtherance of Claimant's initial Notice of Tort Claim, I enclose and serve upon you the Borough of Lavallette's Notice of Claim form on behalf of Ms. Karen Quigley, pursuant to N.J.S.A. 59:8-7, et seq.

Thank you for your attention to this matter.

Very truly yours,

SHEBELL & SHEBELL, LLC

THOMAS F. SHEBELL, III, ESQ.

TFS/CGT/cgt
Encl.

Z-42504

SECOND
NOTICE OF CLAIM FOR DAMAGES AGAINST BOROUGH OF LAVALLETTE

1. _____
2. _____
3. _____
4. _____

1. Claimant:

QUIGLEY, KAREN T
Last Name, First Middle

01/18/1971
Date of Birth

221 Jensen Avenue, Apt. C
Street Address

Mailing address if other than street address

Mamaroneck, NY 10543
City, State Zip Code

[redacted]
Social Security Number

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

2. THOMAS F. SHEBELL, III - SHEBELL & SHEBELL, L.L.C.
Name

655 SHREWSBURY AVENUE, SUITE 314
Mailing Address

SHREWSBURY, NJ 07702
City, State Zip Code

Relationship to claimant: Attorney At Law (X) or _____
Explain Relationship

The occurrence or accident which gave rise to this claim:

3a. May 1, 2016 (Date) 12:45 a.m. (Time)

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

Lavalette (Municipality) Rt. 35 & Guyer/President Avenues (Exact location of the occurrence)

c. Describe how the accident or occurrence happened: If a diagram will assist your explanation, please use the reverse side of this form.

Claimant was a pedestrian lawfully and carefully walking in a designated crosswalk when she was struck by an on-duty Lavallette Police Officer, Arthur Reece, who was operating a police cruiser without the benefit of headlights.

MULTSa

d. State the name and address of the Public Entity, or entities, that you claim caused your damage.

Borough of Lavallette; Lavallette Police Department; P.O. Arthur Reece, County of Ocean; State of New Jersey; John/Jane Doe(s), 1-25 fictitiously named police officers

State the names of the employees whom you claim were at fault, including any information that will assist in identifying and ocating them.

P.O. Arthur Reece; John/Jane Doe Police Officers, 1-25 (fictitiously named)

e. State, in detail, the negligence or wrongful acts of the Public Entity and public employees which caused your damages.

See attached "Addendum"

f. State the name and address of all witnesses to the accident or occurrence.

"Chad", last name unknown at this time. Upon information an belief, a statement was provided to the Ocean County Prosecutors Office.

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

Lavallette Police Department; Internal Affairs Department; and the Ocean County Prosecutors Office

4a. Claim For Damages (Check appropriate block.)

(x) Personal Injury ( ) Property Damage

( ) Other - Explain in detail _____

b. If you claim personal injury:

(1) Describe your injuries resulting from this accident or occurrence.

Facial fractures; fractured nose; lacerations of the face; lacerations of the legs; severe bruising, cuts, abrasions to all parts of the body; severe hematoma of the left leg; concussion and loss of consciousness at the scene. Plaintiff anticipates permanent disfigurement of the right leg.

(2) Do you claim permanent disability resulting from this injury?

(x) Yes ( ) No

If yes, describe the injuries believed to be permanent.

Claimant will rely upon treating and examining physicians and expert medical witnesses to establish the nature and extent of permanency. Claimant is still treating and reserves the right to amend and supplement this and all other answers upon continuing investigation and discovery

(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	Amt. of charges to date	Amount paid or payable by other sources such as insurance
JSUMC	1495 Hwy. 33, Neptune, NJ	05/01/2016	327,735.00	
Grenwich Hospital	Greenwich CT	05/19/2016		

(4) If you claim loss of wages or income as a result of the injury, state:

MacSteel, Inc.Int'l Name of Employer	333 WEstchester Ave, Suite S101 Address of Employer
Customer Service Representative Your Occupation	_____ Date You Became Employed
_____ Rate of Pay	_____ Dates of Absence From Work
+10,000.oo Total Lost Wages To Date	unknown at this time If Still Out, Expected Date of Retur

NOTE: If your claimed loss of income arises from self-employment or other than wages, attach a calculation showing the basis of your calculation of lost income.

(5) Set forth any and all other losses or damages claimed by you.

To be determined

c. If you claim property damage:

(1) Describe the property damage.

not applicable

(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. $500,000.00

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice? Yes

If yes, set forth the name and address of all persons and insurance companies against whom you have made such claims.

See response to 3(d).

7. Are any of the losses or expenses claimed herein covered by any policy of insurance? _____ For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

unknown at this time

8a. If this claim involves an automobile, please state:

(1) The name of the insurance company covering the automobile.

Self-insured, Borough of Lavallette

(2) The name of your local agent. _____

(3) Your policy number and dates of coverage (if other than automobile).

b. (1) State the name of your Homeowners', rental, or property insurance company.

n/a

(2) The name of your local insurance agent.

(3) Your policy number. _____

C. If you have any other form or kind of liability insurance, please state:

(1) The name or names of the insurance company.

(2) Type of liability coverage.

(3) The name of your local agent.

(4) The policy number or numbers.

9. Have you received, or agreed to receive, any money from anyone for the damages claimed herein? no If so, set forth the details of such agreement.

10. 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.

11. Please specify, if known, whether the claim arises out of any of the following activities of:

(1) Any construction project. no

(2) Any demolition project. no

(3) Any road or bridge project. no

(4) Other.

12. State whether the incident has occurred on ay sidewalk, street or bridge located in

See prior responses

13. If yes, please give exact location.

See prior responses

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 existen at this time. I am aware that if any statement made is willfully false, that I am subject to punishment provided by law.

Dated September 13, 2016

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMAN
THOMAS F. SHEBELL, III
Attorney-at-Law

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ADDENDUM

On Sunday, May 1, 2016, at approximately 12:45 a.m., Claimant, Karen Quigley, was a pedestrian who was walking in a lawful crosswalk, in the area of northbound Route 35 and Guyer Avenue, in Lavallette, New Jersey. At that time and location, Patrolman, Arthur Reece, was an on-duty police officer, employed by the Borough of Lavallette Police Department, operating a police cruiser, without the benefit of headlights when he struck Claimant, Karen Quigley, with his police cruiser causing her to sustain devastating and debilitating injuries.

Patrolman, Arthur Reece, operated his police cruiser on May 1, 2016, as an agent, servant, and employee of the Borough of Lavallette Police Department. While on patrol, Patrolman Reece struck and severely injured Karen Quigley, a pedestrian, while she lawfully walked across the roadway in a designated crosswalk. Patrolman Reece operated his police cruiser in a negligent manner, when he failed to have his headlights turned on, yield the right-of-way to pedestrian, Karen Quigley, as she was crossing at the crosswalk. Patrolman Reece failed to make reasonable and sufficient observations for pedestrian traffic at the location of the collision, and failed to maintain proper control of his vehicle, including any reasonable and appropriate evasive maneuvers, so as to avoid striking the Claimant, Karen Quigley. Patrolmen Reece knowingly failed to have his headlights turned on which is palpably unreasonable.

Additionally, the Borough of Lavallette, Lavallette Borough Police Department, Patrolman Arthur Reece, and other patrol units acting on behalf of the Borough of Lavallette, knew of their inherent duty to use caution when driving in or about a designated crosswalk area; knew of their duty to at all times have headlights activated, particularly at 12:45 a.m.; and Police Officer Reece, as well as the public entities named herein, jointly, individually and/or severally, allowed a dangerous and hazardous condition to exist. More specifically, the public entities negligently permitted and created a dangerous condition by failing to utilize the use of headlights so as to warn people, particularly, Claimant, Karen Quigley, of oncoming traffic when crossing in a designated cross-walk. Having had actual and/or constructive notice of the dangerous condition that existed at the crosswalk area(s), Officer Reece created a dangerous condition by his failure to illuminate his patrol cruiser.

At all times referenced, the City of Lavallette, the Lavallette Police Department, the County of Ocean, and the State of New Jersey, by and through its employees, representative and agents, failed to properly train, supervise, maintain, and/or correct its patrolmen, particularly, Police Officer Arthur Reece, of the use of the cruisers' luminaries before the date of this incident, is palpably unreasonable.