Law Offices

MATTHEW T. PRIORE
1000 Clifton Avenue
Clifton, New Jersey 07013
Tel: (973) 470-0700
Fax: (973) 470-0707

Member New Jersey and New York Bars

Paterson Office:
21 Lee Place
Paterson, NJ 07505

FAX/TELECOPIER COVER SHEET

TO: Clerk, Borough of Palisades Park

FAX #: (201) 944-6333

FROM: Law Offices of Matthew T. Priore

DATE: 5/25/18

RE: Robert DeVito, Jr.

COMMENTS: Enclosed please find a cover letter and completed Notice of Claim to be filed with your office today. Please feel free to contact my office should you have any questions or concerns. Thank you for your attention to this matter.

Number of Pages including cover sheet 8

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May 25, 2018

Via Regular Mail and Facsimile: (201) 944-6333
Clerk, Borough of Palisades Park
Palisades Park City Hall
275 Broad Avenue
Palisades Park, New Jersey 07650

Re: Robert DeVito, Jr.
Notice of Tort Claim

Dear Sir or Madam:

Please be advised that the undersigned represents Robert DeVito, Jr. Enclosed please find a completed Notice of Claim.

If you have any questions or need any more information, please do not hesitate to contact me. Thank you for your consideration in this matter.

Very truly yours,

Matthew T. Priore /s/

MATTHEW T. PRIORE

MTP/djm
Enclosure

NOTICE OF CLAIM

FORWARD TO: **BOROUGH OF PALISADES PARK**
PALISADES PARK CITY HALL
275 BROAD AVENUE
PALISADES PARK, NEW JERSEY 07650

1)
CLAIMANT: DeVito Robert [redacted]
LAST FIRST MIDDLE AREA CODE/PHONE #

[redacted]
STREET ADDRESS ADDITIONAL ADDRESS

[redacted] [redacted]
CITY STATE Z IP CODE D/O/B SS#

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

Matthew T. Priore, Esq. (973) 470-0700
LAST FIRST MIDDLE AREA CODE/PHONE #

Law Offices of Matthew T. Priore 1000 Clifton Avenue
STREET ADDRESS ADDITIONAL ADDRESS

Clifton NJ 07013 Attorney
CITY STATE Z IP CODE RELATION TO CLAIMANT

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

April 27, 2018 Approximately 10:00 a.m.
DATE TIME

B. DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURRENCE.

Palisades Park Police Station
MUNICIPALITY EXACT LOCATION

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

Councilman Henry Ruh, knowing that Claimant is an openly gay police officer, made derogatory comments about homosexuals in his presence. Specifically, he said "that faggot Matarazzo..." He then stopped, looked at Claimant and corrected himself, stating "I should say that pedophile Matarazzo," as if the words "faggot" and "pedophile" are interchangeable. In addition, Claimant's job has been threatened and he has been subjected to retaliation based upon political activity.

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

Councilman Henry Ruh, Borough of Palisades Park, ats agents, servants and employees

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

Councilman Henry Ruh, Borough of Palisades Park, its agents, servants and representatives.

F. STATE IN DETAIL EACH AND EVERY NEGLIGENT OR WRONGFUL ACT OF THE MUNICIPALITY AND/OR MUNICIPAL EMPLOYEES WHICH CAUSED YOUR DAMAGE.

Claimant was previously the subject of similar harassing and derogatory comments made by the former police chief Ben Ramos. I was then subjected to similar offensive comments by Councilman Ruh. In addition I was subjected to retaliation for political reasons.

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

Dispatcher Christopher Hargrave and Thomas Leto and other that may be revealed based upon continuing discovery and investigation.

H. IF VEHICLE ACCIDENT, STATE NAMES, ADDRESSES, AGE AND RELATIONSHIP TO INSURES OF ALL PASSENGERS IN YOUR VEHICLE.

N/A

N/A

I. STATE THE NAMES OF ALL POLICE OFFICERS AND POLICE DEPARTMENTS WHO INVESTIGATED THE ACCIDENT.

N/A

4) A. CLAIM FOR DAMAGES (CHECK APPROPRIATE BOX)

BODILY INJURY PROPERTY DAMAGE X OTHER EXPLAIN

B. IF YOU CLAIM LOSS OF WAGES OR INCOME AS A RESULT OF THE INJURY, STATE.

NAME OF EMPLOYER

ADDRESS

YOUR OCCUPATION

DATE EMPLOYED AT THIS JOB

RATE OF PAY

DATES OF ABSENCES FROM WORK

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

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

5) IF YOU CLAIM PROPERTY DAMAGE:

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

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

3. DATE PROPERTY WAS ACQUIRED.

4. COST OF PROPERTY.

5. VALUE OF PROPERTY AT TIME OF ACCIDENT.

6. DESCRIPTION OF DAMAGE.

7. HAS THE DAMAGE BEEN REPAIRED?

YES NO

IF YES, BY WHOM, AND COST OF REPAIR

8. ATTACH EACH ESTIMATE OF REPAIR COST TO THIS FORM.

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

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

1. THE AMOUNT OF THE CLAIM.

_____

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

YES NO

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

_____

_____

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

YES NO

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

_____

_____

_____

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

YES NO

IF SO, SET FORTH THE DETAILS OF SUCH AGREEMENT.

_____

_____

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

   I. 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 CALCULATIONS OF YOUR CLAIM LOST INCOME.

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

DATED: 5/24/18

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

Matthew T. Priore, Esq.
PRINT NAME AS SIGNED ABOVE

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."