CRC

Claims Resolution Corporation, Inc.

City of Plainfield

515 Watchung Ave

Plainfield, NJ 07060

Attn: Karen Dabney, Personal Director

ACKNOWLEDGEMENT OF ASSIGNMENT

CLAIM INFORMATION

INSURED: City of Plainfield

CLAIMANT: Silva Danilo

OUR FILE#: CRC-00308-0006155

ADJUSTER: Trishonda Williams

LOSS DATE: 05/05/2016

LOSS TYPE: Police Professional

This assignment was received in our office on 05/27/2016

Thank you for the assignment.

We will handle the claim promptly.

Sincerely,

Trishonda Williams
Sr. Liability Analyst
Phone: (973) 731-5700 203
Fax: (973) 577-6746
twilliams@crctpa.com

SHEBELL & SHEBELL LLC
ATTORNEYS AT LAW

Raymond P. Shebell, Sr.
Thomas F. Shebell, III*

Danielle S. Chandonnet**
Michelle C. Shebell
Mark T. Apostolou, Jr.
John H. Sanders, II*†
Isabelle F. Britton**††
Rui O. Santos**

OF COUNSEL
Thomas F. Shebell, Jr.**
Philip G. Auerbach
Timothy J. McIlwain
Victor Rallo, Jr.

IN MEMORIAM
Thomas F. Shebell, Sr.
(1927-1986)

**Certified by the Supreme Court of NJ as a Civil Trial Attorney*
***Member NJ & NY Bars*
† Licensed in Illinois
†† Licensed in Connecticut

MAIN OFFICE
(correspondence address)

655 Shrewsbury Ave.
Suite 314
Shrewsbury, NJ 07702

25 Monument St.
Freehold, NJ 07728

2020 New Rd.
Suite A
Linwood, NJ 08221

T 732.663.1122
F 732.663.1144

www.Shebell.com

May 25, 2016

Via C.M.R.R.R.
City of Plainfield
c/o Clerk, City of Plainfield
515 Watchung Avenue
Plainfield, NJ 07060

Re: Silva v. Thomas Williams / City of Plainfield, et al.
Date of Loss: 05/05/2016
Our File No.: 49533

Dear Sir/Madam:

I enclose and serve upon you Notice of Claim on behalf of Danilo Silva, pursuant to N.J.S.A. 59:8-7, et seq. Kindly forward the enclosed to your City insurance carrier and/or risk management office for handling.

Thank you for your attention to this matter.

Very truly yours,

JOHN H. SANDERS, II

JHS/CGT/cgt
Encl.

NOTICE OF CLAIM

A. CLAIMANT INFORMATION:

Name(s): Danilo Silva
Address: Union County Correctional, 15 Elizabethtown Plaza, Elizabeth, NJ
DOB: 03/29/1981
SSN: 766-70-4252
Telephone: (908) 531-4359

B. ATTORNEY INFORMATION (if applicable):

Name: John H. Sanders, II, Esq.
Firm: Shebell & Shebell, LLC
Address: 655 Shrewsbury Avenue, Shrewsbury, NJ 07702
Telephone: (732) 663-1122
Fax: (732) 663-1144

C. DATE, TIME, PLACE:

May 5, 2016, Plainfield Police Department, 200 East 4th Street, Plainfield, NJ

D. CIRCUMSTANCES:

On May 5, 2016, Claimant, Danilo Silva, was caused to sustain serious, permanent and disabling injuries when he was negligently, recklessly and/or willfully and wantonly, assaulted by on-duty Plainfield Police Officer, Thomas Williams.

Police Officer Thomas Williams, in either a negligent, and/or a reckless and willful manner, and in complete disregard for the Civil Rights of the claimant, while in a holding cell at the Plainfield Police Department, brutally assaulted claimant without justification and departed from the applicable standard of care, thereby causing him to be seriously injured.

Police Officer Thomas Williams, in concert with others, acted under color of law and their official capacity. Police Officer Thomas Williams, deprived claimant of his Civil Rights, pursuant to 42 U.S.C. § 1983, and secured by the Fourth and Fourteenth Amendments, including his right to be secure in his person and free from the use of unreasonable force.

Claimant was not engaged in any act that would necessitate, warrant or justify the use of the level of force exercised by Police Officer Williams, and, as such, violated 42 U.S.C. § 1983. Pursuant to 42 U.S.C. § 1983, the Claimant alleges violation of his Civil Rights to due process and to be protected which is secured by the Fourth and Fourteenth Amendment and seeks relief pursuant to 42 U.S.C. § 1983, and the Tort Claims Act, N.J.S.A. 59:8-7, et seq., as applicable to the common laws governing assault, battery, pain and suffering, and intentional infliction of emotional distress. Claimant asserts both compensatory and punitive damages.

D. THE INJURIES SUSTAINED:

Head and facial injuries; mouth, lip, jaw, and teeth injuries; back injuries; permanent scarring.

E. THE NAME(S) AND PUBLIC ENTITY(IES) OR EMPLOYEE(S) CAUSING THE INJURY:

Police Officer, Thomas Williams
Plainfield Police Officers on duty (names to be determined)
Plainfield Police Department
The City of Plainfield
County of Union

F. THE AMOUNT CLAIMED:

Cannot be determined at this time.

SHEBELL & SHEBELL, LLC
Counsel for Claimant, Danilo Silva

By: _____
JOHN H. SANDERS, II, ESQ.

Dated: May 25, 2016

Revised February 2014

Notice of Tort Claim Form

CITY OF PLAINFIELD
515 Watchung Avenue
Plainfield, New Jersey 07060

CLAIMANT INFORMATION:

Name: DANILO SILVA, #227063 Telephone: (908) 531-4359

Address: c/o Union County Correctional Date of Birth: 03/29/1981

15 Elizabethtown Plaza Social Security #: 766-70-4252

Elizabeth, NJ

ATTORNEY INFORMATION (If Applicable)

Name: John H. Sanders, Esq. Telephone: (732) 663-1122

Address: Shebell & Shebell, LLC Fax: (732) 663-1144

655 Shrewsbury Ave., Su. 314 File No.: 49533

Shrewsbury, NJ 07702

Send Notices to: ☐ Claimant ☒ Attorney ☐ Both

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 City of Plainfield.

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 the:

City Clerk
City of Plainfield
515 Watchung Avenue
Plainfield, New Jersey 07060

NOTE CAREFULLY: Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with the City of Plainfield. Failure to provide the information requested, including such responses as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable."

It you are unable to answer any questions because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

Please be aware that all sources of primary insurance coverage must be exhausted before the City of Plainfield is obligated to consider your claim.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the Township.

"Documents" shall refer to any written, photographic, or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the City of Plainfield along with any agent, official, or employee of the City of Plainfield against whom a claim is asserted by the Claimant.

NOTE: That the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or public employee. If the claim involves only property damage, the portion on personal injuries need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

INFORMATION ON THE CLAIMANT

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

- Any other name by which the claimant is known.
- Address at the time of the incident giving rise to the claim.
- Marital Status (at the time of the incident and current).
- Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

1) 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, of any of the persons to the Claimant.

INFORMATION ON ALL CLAIMS

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

May 5, 2016, Plainfield Police Department, 200 East 4th Street, Plainfield, NJ

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

On May 5, 2016, Claimant was caused to sustain serious, permanent and disabling injuries when he was negligently, recklessly and/or willfully and wantonly, assaulted by on-duty Plainfield Police Officer, Thomas Williams. Police Officer Thomas Williams, in either a negligent, and/or a reckless and willful manner, and in complete disregard for the Civil Rights of the claimant, brutally assaulted him without justification and departed from the applicable standard of care, thereby causing claimant to be seriously injured. ***SEE ATTACHED ADDENDUM

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

An inmate and other police officers were present and witnessed the entire incident, and will be identified through continued investigation and discovery.

4) State the name of all police officers and police departments who investigated the accident.

Assailant, P.O. Thomas Williams, as well as other Plainfield Police Officers on duty. Union County Prosecutors Office that performed an investigation; the City of Plainfield; Plainfield Police Department.

5) 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.

PO Thomas Williams
Plainfield Police Department
City of Plainfield
County of Union
John/Doe Police Officers (to be determined)
State of New Jersey

6) 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.

Not applicable.

7) 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.**

Not applicable.

8) If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve 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.

9) 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 payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your behalf, including doctors, hospitals or any person repairing damage to property.

Not applicable.

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

To be determined through the course of investigation and discovery.

11) 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; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

To be determined through the course of investigation and discovery.

12) State the total amount of your claim and the basis on which you calculated the amount claimed as of the date of presentation.

Can not be determined at this time.

13) State the amount claimed as of the date of the claim; include the estimated amount of any prospective injury, damage, or loss and the basis for computation of the amount claimed.

Can not be determined at this time.

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.

To be determined through the course of investigation and discovery.

15) Provide the names and addresses of all persons or entities against which 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. Are any of the losses or expenses claimed herein covered by any policy of insurance? ( ) No ( )Yes For each policy, state the name and address of the insurance company, policy number and benefits paid or payable.

See No. 4 above.

PROPERTY DAMAGE CLAIM

Note: If your claim is for property damage only, complete items 16-18 and proceed directly to the certification section on page 11 of this form.

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

NOT APPLICABLE

a) Describe the property damage

_____

_____

_____

_____

b) The present location and the time when the property may be inspected

_____

c) Date property acquired _____

NOT APPLICABLE

d) Cost of property $ _____

e) Value of property at time of accident $ _____

f) Description of damage

_____
_____
_____
_____

g) Has the damage been repaired? ☐ No ☐ Yes If so, by whom, when and cost of repairs: _____ _____

h) Attach each estimate of repair costs to this form.

i) Set forth, in detail, the loss claimed by you for property damage:

_____
_____
_____
_____

17) Set forth, in detail, all other items of loss or damages claimed by you and the method by which you made the calculation:

_____
_____
_____
_____

18) The amount of the total claim: $_____

PERSONAL INJURY CLAIMS

19) 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.

The Plainfield Police Department.

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

Head and facial injuries; mouth, lip, jaw, and teeth injuries; back injuries; scarring.

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

all injuries claimed are deemed permanent in nature.

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

JFK Hospital, Edison, NJ

23) 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.

JFK Hospital, Edison, NJ

24) If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates and places where treatments were treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor whom you propose to have testify on your behalf.

JFK Hospital, Edison, NJ

25) 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 movement, 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.

To be determined.

26) 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.

Not applicable.

27) If any treatments, operations, 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 operations 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 expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments, operation or surgery, please give an approximate date.

To be determined

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

To be provided

29) 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, workers' compensation, disability income, social security and income continuation insurance.

Not applicable

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

Not applicable

31) 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 year.

Not applicable

32) Have you received, or agreed to receive, any money from anyone for the damage claimed herein? ☒ No ☐ Yes If so, set forth the details of such agreement.

33) Please specify, if known, whether the claim arises out of any of the following activities of:

a) Any Construction project _____

b) Any Demolition project _____

c) Any road or bridge project _____

d) Other _____

None of the above.

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

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.

Title 59

The Legislature recognizes the inherently unfair and inequitable results which occur in the strict application of the traditional doctrine of sovereign immunity. On the other hand the Legislature recognizes that while a private entrepreneur may readily be held liable for negligence within the chosen ambit of his activity, the area within which government has the power to act for the public good is almost without limit and therefore government should not have the duty to do everything that might be done. Consequently, it is hereby declared to be the public policy of this State that public entities shall only be liable for their negligence within the limitations of this act and in accordance with the fair and uniform principles established herein. All of the provisions of this act should be construed with a view to carry out the above legislative declaration. (L.1972, c. 45, s. 59:1-2.)

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

Signature
JOHN H. SANDERS, II, ESQ.

5/25/16
Date

To Whom It May Concern:

I hereby authorize any and all doctors, hospitals or other medical service facility to release to the:

_____

or its representatives, any and all records, reports and other information concerning the treatment of the claimant named herein.

ADDENDUM TO QUESTION #2

On May 5, 2016, Claimant, Danilo Silva, was caused to sustain serious, permanent and disabling injuries when he was negligently, recklessly and/or willfully and wantonly, assaulted by on-duty Plainfield Police Officer, Thomas Williams.

Police Officer Thomas Williams, in either a negligent, and/or a reckless and willful manner, and in complete disregard for the Civil Rights of the claimant, while in a holding cell at the Plainfield Police Department, brutally assaulted claimant without justification and departed from the applicable standard of care, thereby causing him to be seriously injured.

Police Officer Thomas Williams, in concert with others, acted under color of law and their official capacity. Police Officer Thomas Williams, deprived claimant of his Civil Rights, pursuant to 42 U.S.C. § 1983, and secured by the Fourth and Fourteenth Amendments, including his right to be secure in his person and free from the use of unreasonable force.

Claimant was not engaged in any act that would necessitate, warrant or justify the use of the level of force exercised by Police Officer Williams, and, as such, violated 42 U.S.C. § 1983. Pursuant to 42 U.S.C. § 1983, the Claimant alleges violation of his Civil Rights to due process and to be protected which is secured by the Fourth and Fourteenth Amendment and seeks relief pursuant to 42 U.S.C. § 1983, and the Tort Claims Act, N.J.S.A. 59:8-7, et seq., as applicable to the common laws governing assault, battery, pain and suffering, and intentional infliction of emotional distress. Claimant asserts both compensatory and punitive damages.

Peggy Page-brown

From: Stephen Daveggia <sdaveggia@nipgroup.com>
Sent: Monday, June 20, 2016 12:42 PM
To: David Minchello (DMinchello@decotiislaw.com); Peggy Page-brown
Subject: Silva, Danilo vs. City of Plainfield, NIP Claim # 2016082464
Attachments: Notice of Claim (D. Silva).pdf

Hi Dave, please see attached Notice of claim filed by John Sanders on behalf of Danilo Silva.
Who would you like me to assign for the pre-litigation investigation?

CLAIMANT:
Name(s): Danilo Silva
Address: Union County Correctional, 15 Elizabethtown Plaza, Elizabeth, NJ
DOB: 03/29/1981
SSN: 766-70-4252

Telephone: (908) 531-4359

B. ATTORNEY INFORMATION
Name: John H. Sanders, II, Esq. Firm: Shebell & Shebell, LLC
Address: 655 Shrewsbury Avenue, Shrewsbury, NJ 07702
Telephone: (732) 663-1122
Fax: (732) 663-1144

C. DATE, TIME, PLACE: May 5, 2016, Plainfield Police Department, 200 East 4th Street, Plainfield, NJ

D. CIRCUMSTANCES: It is alleged that on May 5, 2016, Claimant, Danilo Silva, was caused to sustain serious, permanent and disabling injuries when he was negligently, recklessly and/or willfully and wantonly, assaulted by on-duty Plainfield Police Officer, Thomas Williams.

It is alleged that Police Officer Thomas Williams, in either a negligent, and/or a reckless and willful manner, and in complete disregard for the Civil Rights of the claimant, while in a holding cell at the Plainfield Police Department, brutally assaulted claimant without justification and departed from the applicable standard of care, thereby causing him to be seriously injured. Police Officer Thomas Williams, in concert with others, acted under color of law and their official capacity. Police Officer Thomas Williams, deprived claimant of his Civil Rights, pursuant to 42 U.S.C. 1983, and secured by the Fourth and Fourteenth Amendments, including his right to be secure in his person and free from the use of unreasonable force.

It is alleged that the Claimant was not engaged in any act that would necessitate, warrant or justify the use of the level of force exercised by Police Officer Williams, and, as such, violated 42 U.S.C. 1983. Pursuant to 42 U.S.C. 1983, the Claimant alleges violation of his Civil Rights to due process and to be protected which is secured by the Fourth and Fourteenth Amendment and seeks relief pursuant to 42 U.S.C. 1983, and the Tort Claims Act, N.J.S.A. 59:8-7, et-. as applicable to the common laws governing assault, battery, pain and suffering, and intentional infliction of emotional distress.

Claimant asserts both compensatory and punitive damages.

D. THE INJURIES SUSTAINED:

Head and facial injuries; mouth, lip, jaw, and teeth injuries; back injuries; permanent scarring.

E. THE NAME(S) AND PUBLIC ENTITY(IES) OR EMPLOYEE(S) CAUSING THE INJURY:
Police Officer, Thomas Williams
Plainfield Police Officers on duty (names to be determined) Plainfield Police Department
The City of Plainfield
County of Union

From: Stephen Daveggia
Sent: Friday, June 17, 2016 10:48 AM
To: 'Johnson, Tia 675'
Cc: James Renner
Subject: Silva, Danilo vs. City of Plainfield, New Loss

Tia, Please set up new claim

Member: City of Plainfield
Coverage: LEL
Claimant: Silva, Danilo
Date of Loss: 05/05/16

Claims Rep: Steve Daveggia
Manger: James Renner

TY.

From: Trishonda Williams [mailto:twilliams@crctpa.com]
Sent: Thursday, June 16, 2016 3:00 PM
To: Stephen Daveggia
Subject: FW: Notice of Claim (D. Silva)

Steve:

Please see attached, confirm receipt, confirm that you will be handling this matter and reporting to the Brit.

Thanking you in advance,

Shonda

From: Kim Cepeda [mailto:kim.cepeda@plainfieldnj.gov]
Sent: Wednesday, June 01, 2016 4:41 PM
To: Trishonda Williams <twilliams@crctpa.com>
Cc: Peggy Page-brown <peggy.page-brown@plainfieldnj.gov>; Kelly Shaw <kelly.shaw@plainfieldnj.gov>; Traci Dillingham <traci.dillingham@plainfieldnj.gov>
Subject: FW: Notice of Claim (D. Silva)

Good afternoon Ms. Williams:

Attached is a copy of the Notice of Claim received in the Office of the City Clerk on or about May 27, 2016. The claim is alleging personal injury due to an arrest on May 5, 2016.

Respectfully,

Kim Cepeda
Assistant Personnel Tech
City of Plainfield
Division of Personnel

From: Kelly Shaw
Sent: Friday, May 27, 2016 4:14 PM
To: Kim Cepeda
Cc: Peggy Page-brown
Subject: Notice of Claim (D. Silva)

Good afternoon,
Attached is a Notice of Claim received in the City Clerk's office on May 27.

Thanks,

Kelly Shaw
City of Plainfield
City Clerk's Office
Phone: (908) 753-3222
Fax: (908) 226-2564