NOTICE OF CLAIM

THIS CLAIM FORM MUST BE FILED WITHIN NINETY (90) DAYS OF ACCIDENT/OCCURRENCE OR YOU MAY FORFEIT YOUR RIGHTS PURSUANT TO N.J.S.A. 59:1 ET SEQ.

FORWARD TO: Township of Plainsboro
Office of the Administrator
641 Plainsboro Road
Plainsboro, NJ 08536

1) CLAIMANT:

Propper, Ricky S. — Last, First, Middle
908-962-4912 — (Area Code) Phone#

18 N. Kinglet Dr. — Street Address
Additional Address

Cranbury NJ 08512 — City, State Zip Code
3/3/52 — D/O/B
055-42-8514 — 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:

Duff, Brian J. — Last, First, Middle
609-586-9000 — (Area Code) Phone#

2681 Quakerbridge Rd. — Street Address
Additional Address

Hamilton, NJ 08619 — City State Zip Code
D/O/B
SS#

3)

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

9-14-15 — Date
7:50 am — Time

B) DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURRENCE:

Plainsboro Twp. — Municipality
Middlesex County Jail

9-14-15 18 N. Kinglet Dr., Cranbury & Middlesex County Correction Center — Exact Location

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

Police were dispatched to claimant's residence and used excessive force causing injuries to claimant, Ricky Propper.

D) STATE THE NAME ADDRESS OF THE MUNICIPALITY OR AGENCY THAT YOU CLAIM CAUSED YOUR DAMAGE:

Plainsboro Township Police Department,
Middlesex County Adult Correctional Center
Middlesex County, State of New Jersey, CFG HealthSystems, LLC

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

Sgt. J. Jankowski, Ptl. Popaca, Ptl. Bolognese,
Ptl. Kowalczyk
TBD

F) STATE IN DETAIL EACH AND EVERY NEGLIGENT OR WRONGFUL ACT OF THE MUNICIPALITY EMPLOYEES WHICH CAUSED YOUR DAMAGE:

Use of excessive force
Failure to properly monitor Ricky Propper while in custody.

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

TBD

H) IF VEHICLE ACCIDENT, STATE THE NAMES, ADDRESS, AGE AND RELATIONSHIP TO INSURED OF ALL PASSENGERS IN YOUR VEHICLE:

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

Sgt. J. Jankowski, Ptl. Popaca, Ptl. Bolognese, Ptl. Kawalczyk - Plainsboro Police Dept. Middlesex County Sheriff's Dept and Middlesex County Dept. of Corrections

4)

A) CLAIM FOR DAMAGES (check appropriate box):

☒ BODILY INJURY ☐ PROPERTY DAMAGE ☐ OTHER EXPLAIN

Numerous internal, orthopedic, neurological and other injuries

B)

1) IF YOU CLAIM INJURY, DESCRIBE YOUR INJURIES RESULTING FROM THIS ACCIDENT OR OCCURRENCE:
Head injury, facial laceration, loss of fingers, internal injuries, psychological

2) DO YOU CLAIM PERMANENT DISABILITY RESULTING FROM THIS INJURY?
☒ YES ☐ NO

IF YES, DESCRIBE THE INJURIES BELIEVED TO BE PERMANENT.
Head injury, amputation, psychological

3) FOR EACH HOSPITAL, DOCTOR, OR OTHER PRACTITIONER RENDERING TREATMENT, EXAMINATION OR DIAGNOSTIC SERVICE, STATE:

| NAME & ADDRESS OF HOSPITAL, DOCTOR, OR OTHER FACILITY | DATES OF TREATMENT | AMOUNT OF CHARGE TO DATE | AMOUNT PAID OR PAYABLE BY OTHER INSURANCE |
|---|---|---|---|
| A) CFG Health Systems | 9-14-15 | TBD | |
| B) RWJ University Hospital | 9-16-15<br>9-28-15<br>10-6-15<br>10-17-15 | TBD | |
| C) | | | |
| D) | | | |

4) IF YOU CLAIM LOSS OF WAGES OR INCOME AS A RESULT OF THE INJURY, STATE:

Disabled
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 ON THE BASIS OF YOUR CALCULATION OF LOSS INCOME.

5) SET FORTH ANY AND ALL OTHER LOSSES OR DAMAGES CLAIMED BY YOU:

C) 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 THE PROPERTY CAN BE INSPECTED:

3) DATE PROPERTY WAS ACQUIRED:

4) COST OF PROPERTY:

5) VALUE OF PROPERTY AT THE TIME OF ACCIDENT:

6) DESCRIPTION OF DAMAGE:

7) HAS THE DAMAGE BEEN REPAIRED?
□YES □NO
IF YES, BY WHOM, AND COST OF REPAIRS:

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

9) SET FORTH IN DETAIL THE LOSS CLAIM 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 CALCULATIONS:

5) THE AMOUNT OF THE CLAIM:
TBD

6) 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 WHO YOU HAVE MADE SUCH CLAIMS:

Middlesex County Adult Correctional Center
Middlesex County, Middlesex County Sheriff's Dept
State of New Jersey
CFG Health Systems, LLC

7) 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:

Unknown

8) HAVE YOU RECEIVED OR AGREE TO RECEIVE ANY MONEY FROM ANYONE FOR DAMAGES CLAIMED HEREIN?

☐YES ☒NO

IF YES, SET FORTH THE DETAILS OF SUCH AGREEMENT:

9) **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 CALCULATIONS OF YOUR 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 ONE KNOWN TO ME TO BE IN EXISTENCE AT THIS TIME. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, I AM SUBJECT TO PUNISHMENT AS PROVIDED BY LAW.

DATED: 12/11/2015

Claimant or person filing on behalf of claimant

Brian J. Duff, Esq

Print name as signed above