PELLETTIERI RABSTEIN & ALTMAN
COUNSELLORS AT LAW

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December 20, 2013

VIA CERTIFIED & REG MAIL

Township of Plainsboro
Municipal Center
Legal Department
641 Plainsboro Road
Plainsboro, NJ 08536

RE: Estate of Andrew Murnieks
Date of Incident: 11/20/13

Dear Sir or Madam:

This is to advise you that we have been retained by the Estate of Andrew Murnieks with respect to an incident that occurred on November 20, 2013. Mr. Murnieks was shot and killed by police officers on that date.

Kindly acknowledge receipt of this tort claim notice against the Township of Plainsboro, investigate the matter and communicate with us.

If you have adopted your own claim form pursuant to N.J.S.A. 59:8-6 and require its completion, please forward this form and we will complete it forthwith and return it to you.

We look forward to hearing from you in the near future.

Very truly yours,

PELLETTIERI, RABSTEIN AND ALTMAN

JED S. KADISH, ESQUIRE

JSK/lmm

On this day of _____, 2013, I hereby acknowledge receipt of Notice of Claim in the above matter.

_____

Township of Plainsboro

NOTICE OF CLAIM

Forward to: Township of Plainsboro
Municipal Center
Legal Department
641 Plainsboro Road
Plainsboro, NJ 08536

1. Claimant:

Estate of Andrew Murnieks — Name
( ) — Telephone Number

8 Hannah Drive — Street Address
Additional Address

Dayton, NJ 08810 — City State Zip
5/24/86 135-84-6076 — Date of Birth Social Security No.

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

Jed S. Kadish, Esq. — Name
Princeton, NJ 08540 — City State Zip

100 Nassau Park Boulevard — Address
(609) 520-0900 — Telephone Number

Suite 111 — Additional Address
Attorney — Relationship to Claimant

3. Accident:

A. The occurrence or accident which gave rise to this claim:

11/20/13 — Date
10:00 p.m. — Time

B. Describe the location or place of the accident or occurrence:

Dayton — Municipality
8 Hannah Drive, Dayton, NJ — 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.

Unknown officers forcibly entered the residence at 8 Hannah Drive in Dayton, New Jersey. During the ensuing forcible entry, Andrew Murnieks was shot and killed.

D. State the name and address of the municipality or agency that you claim caused your damage.

Unknown at this time

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

Unknown at this time

F. State in detail each and every negligent or wrongful act of the municipality and municipal employees which caused your damage.

Shot and killed Andrew Murnieks

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

Unknown at this time. Surgeon at Robert Wood Johnson Hospital at New Brunswick.

EMTs

H. If vehicle accident, state the names, addresses, age and relationship to insured of all passengers in your vehicle.

Not applicable

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

4. Claim for damages

A. Claim for damages (Check appropriate box)

__X__Bodily Injury __X__Property Damage ____Other

If other, explain:

B.

i. If you claim bodily injury - describe your injuries resulting from this accident or occurrence.

Death

ii. Do you claim permanent disability resulting from this injury?

__X__ Yes ____ No

If yes, describe the injuries believed to be permanent.

Death

iii. For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, please list, names, addresses, dates of treatment, charges for treatment and amounts paid or payable by other sources, i.e. Insurance:

Hospital/Doctor	Address	Date of Trmt	Amt. of bill
Robert Wood Johnson University Hospital	One Robert Wood Johnson Place, New Brunswick, NJ	11/20/13	Unknown

iv. If you claim loss of wages or income as a result of the injury, state:

Not applicable
Name of Employer

Your Occupation

Address

City State Zip

Date Employed at this Job

Rate of Pay

Dates of Absences from Work

Total Lost Wages to Date

If still out of work, expected date of return

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.

v. Set forth any and all other losses or damages claimed by you.

Loss of Social Security Disability

C. If you claim property damage:

i. Describe the property damage of vehicle, include, make, model, year, color, vehicle identification number, license plate number, state and parts of vehicle damaged.

Residence at 8 Hannah Drive was severely damaged. Damage includes front and back doors and damage to the interior of the residence.

ii. The present location and time when the property can be inspected.

8 Hannah Drive, Dayton NJ

iii. Date property acquired: To be determined

iv. Cost of the property: To be determined

v. Value of property at time of accident:

vi. Description of damage:

vii. Has the damage been repaired? _____ Yes __X__ No

If yes, by whom, and cost of repairs:

viii. Attach each estimate of repair costs to this form.

ix. Set forth in detail the loss claimed by you for property damage.

See iii (v) above

D. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

To be determined

5. The amount of the claim:

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

_X_ Yes ____ No

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

Mercer Insurance Company of New Jersey by United Fire Group

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.

Mercer Insurance Company of New Jersey by United Fire Group, Policy No. 80878733

8. Have you received or agreed to receive any money from anyone for damages claimed herein?

____ Yes XX___ No

If Yes, set forth the details of such agreement.

_____

_____

The following item 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 claim lost income. I hereby certify that the foregoing statements made by me are true, that the attached statement, bills, reports and documents are the only ones 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.

12/19/13
Date

Claimant or person filing on behalf of claimant.

Jack S. Kaolish
Print Name as Signed Above

AUTHORIZATION FOR MEDICAL REPORTS AND RECORDS

TO WHOM IT MAY CONCERN:

I hereby authorize any and all doctors, hospitals or other medical service facilities to release to _____ or its representatives any and all records, reports and other information concerning the treatment of the claimant named herein. Photostatic copies of the Authorization carry the same authority as the original.

_____ _____

Date Signature

(This must be signed by the claimant or parents of the claimants who are minors.)

_____

Print Name as Signed Above

AUTHORIZATION FOR INFORMATION ON EMPLOYMENT

TO WHOM IT MAY CONCERN

I hereby authorize _____ to release any and all information concerning my employment, past or present, including rate of pay, duties performed, dates of absences and reasons therefore. Photostatic copies of this Authorization carry the same Authority as the original.

_____ _____

Date Signature

(This must be signed by the claimant or parents of the claimants who are minors.)

_____

Print Name as Signed Above