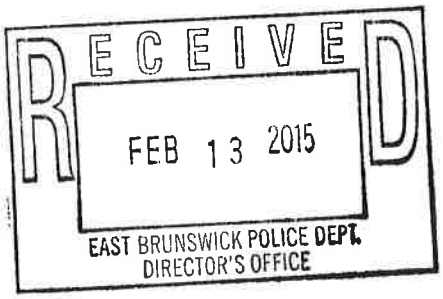
Emailed 2/13 N. Froio Z10705
John Barrecchia
ext 201

NOTICE OF CLAIM

Forward To:



Township of East Brunswick
East Brunswick Municipal Building
1 Jean Walling Civic Center Drive
East Brunswick, NJ 08816

East Brunswick Police Department
East Brunswick Municipal Building
1 Jean Walling Civic Center Drive
East Brunswick, NJ 08816

Deputy Chief William Krause, Jr.
Director of Public Safety
c/o East Brunswick Police Department
East Brunswick Municipal Building
1 Jean Walling Civic Center Drive
East Brunswick, NJ 08816

1. Claimant:

Soumas (Last) Anastasio (First) [redacted] (Telephone Number)

10 Renzi Rd. (Street Address) Raritan (City) NJ (State) 08869 (Zip Code)

[redacted] (Date of Birth) [redacted] (Social Security Number)

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

2.

Shelley L. Stangler, P.C. (Name)

155 Morris Avenue (Mailing Address)

Springfield, New Jersey 07081 (City State Zip Code)

(973) 379-2500 (Telephone Number)

Relationship to Claimant: Spouse ( ) or Attorney for Claimant (**X**)
Explain Relationship

3.
(a): The occurrence or accident which gave rise to this claim:

11/14/14 **around 11:30pm**

Date Time

(b): Describe the location or place of the accident or occurrence

East Brunswick Police Dept.
Municipality

Motel 6
244 Route 18
10 Edgeboro Road, I-95 at SR 18, Exit #9
East Brunswick NJ 08816
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 had reserved a few rooms for his subcontractors who were working on a job in Manhattan. They would commute back and forth to NYC daily. Claimant went to the motel to meet his men and review the job. He was in a parking spot in the hotel when 2 of his workers brought him some food from White Castle. Claimant and Sasha were sitting in his car while he is eating when a man opens the door and says "what are you doing here," and identifies himself as an East Brunswick detective. Claimant tells the officer that he did not doing anything and why are you bothering me and the officer reaches into the car to get claimant's phone. Then another officer comes over and asks claimant to get out of the car and to come to the back of the car. The officer tells claimant to "get your hands out of your pocket," then without warning or reason pushes claimant on the patrol car with great force, pulls him to the ground and steps on claimant's head. Claimant was told that he's resisting arrest and that the officers want to search the car. The officer(s) crushed claimant's head and fractured his jaw. Paraphanalia was found in the white castle garbage bag and claimant was arrested for resisting arrest, paraphanalia and prescription medication. The charges are pending.

(d): State the name and address of the Municipality or Agency that you claim caused your damage.

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State the names of Municipalities' employees who you claim were fault, including any information that will assist in identifying and locating them.

Officer John Doe
c/o East Brunswick Police Department
East Brunswick Municipal Building
1 Jean Walling Civic Center Drive
East Brunswick, NJ 08816

Officer Jane Doe
c/o East Brunswick Police Department
East Brunswick Municipal Building
1 Jean Walling Civic Center Drive
East Brunswick, NJ 08816

Identifies of individual officers unknown

(e): State in detail each and every negligent or wrongful act of the Municipality and Municipal employees which caused your damages.

Violation of civil rights; assault; battery; use of excessive force; Failure to properly establish and enforce police procedures; Failure to properly train, hire and supervise police officers; false arrest; malicious prosecution; allowing a pattern of misconduct to exist within the police force; Negligence; infliction of emotional distress.

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

Geraldo Mata
Charlie Schenck

(g): If vehicle accident, state the names, addresses, age and relationship to insured of all passengers in your vehicle.

N/A

(h): State the names of all police officers and police departments who investigated the accident.

Officer John Doe, Officer Jane Doe and unknown police officers involved in the arrest and booking of the claimant and any and all municipal employees responsible for the training, hiring and supervision of municipal employees and police officers

4.
(a): Claim for damages (check appropriate block)

(**XX**) Bodily Injury ( ) Property Damage ( ) Other-Explain

Violation of civil rights, infliction of mental distress, false arrest, malicious prosecution.

(b): If you claim Bodily Injury:

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

Fractured mandible left side with surgery; aggravation of prior injury to neck and, loss of two teeth, implants necessary.

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

(XX) Yes ( ) No

If yes, describe the injuries believed to be permanent:

Injuries described above.

(3) For each hospital, doctor or other practitioner rendering treatment, examination or diagnosis service, state: the name and addresses of hospital, doctor or other facility, dates of treatment, amount of charges to date and the amount paid or payable by other sources such as insurance

Hospital, Doctor or Facility	Address	Date (s) of Service	Amount Paid or payable other sources such as insurance
Robert Wood Johnson Univ. Hosp.	110 Rehill Avenue, Somerville, NJ 08876	TBS	TBS

Other TBS

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

Name of Employer
Self-employed
Your Occupation

Address of Employer

Date you became employed

Rate of Pay

Dates of absence from work

Total lost wages to date
TBS

If still out of work - expected date of return

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

TBS

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

TBS

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 the parts of the vehicle damages.)

(2) The present location and time when the property may be inspected.

(3) Date property acquired

(4) Cost of the 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 claim:

$750,000.00

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice? ( ) Yes (X) No

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

Are any of the losses or expenses claimed herein covered by any policy of insurance?

( ) Yes ( ) No unknown X

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

The following items must be submitted with this notice:

(1) Copies of itemized bills for each medical expense and other losses and expenses claimed.

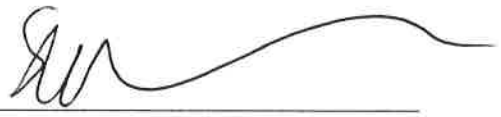
TBS
(2) Full copies of all appraisals and estimates of property damage claimed by you.

(3) Copies of all written reports of all expert witnesses and treating physicians.

TBS
(4) A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

I hereby certify that the foregoing statements made by me are true, and 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 statement made herein is willfully false, or fraudulent, that I am subject to punishment provided by law.

Dated: February 2, 2015



Shelley L. Stangler, Esq.
Claimant or person filing claim on behalf of claimant