Department Of Police
BOROUGH of SPOTSWOOD
77 Summerhill Road
Spotswood, NJ 08884-1299
(732) 251-2121
Fax (732) 251-5910

FAX COVER SHEET

Date: 12/31/13

To: Mrs. Theresa Delaney McNiff

Fax Number: (732) 970-1011

Number of Pages (including this cover page): 11

If you do not receive all pages, Please call sender **IMMEDIATELY !!!**

SENDER: Chief Zalar

FROM: SPOTSWOOD POLICE DEPARTMENT

MESSAGE/SPECIAL INSTRUCTIONS:

CONFIDENTIALITY NOTICE

PELLETTIERI RABSTEIN & ALTMAN
COUNSELLORS AT LAW

100 Nassau Park Boulevard
Suite 111
Princeton, New Jersey 08543-5301
(609) 520-0900 • Fax (609) 452-8796
Email: pra@pralaw.com
www.pralaw.com

John A. Hartmann, III
Andrew M. Rockman
Bruce P. Miller
Edward Slaughter, Jr.
Neal S. Solomon
Gary E. Adams
E. Elizabeth Sweetser
Thomas R. Smith
Thomas G. McMahon
Jed S. Kadish
Lydia Fabbro Keephart
Jeffrey S. Monaghan
Andrew L.Watson
Frank M. Crivelli
Bruce H. Zamost
Kristen J. Vidas
Sherri L. Warfel

Nicole J. Huckerby
Elyse C. Herman
Kendall W. Medway
Kimberly A. Engan
Jennifer R. Haythorn
Donald C. Barbati
Barry Dratch
Alexandra M. Kachala
Christopher A. DeAngelo
Michael J. Paragano

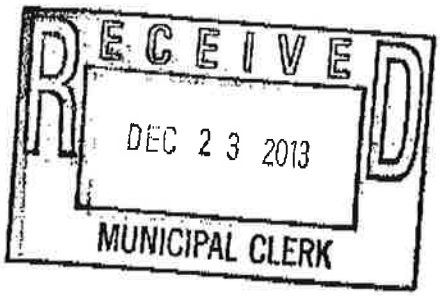
Counsel
Ira C. Miller
Anne P. McHugh
W. Barry Rank
Annamaria Arpala

Richard Altman (Retired)
George Pellettieri (1929-1980)
Ruth Rabstein (1934-2005)
George L. Pellettieri (1961-1973)
Mel Narol (1989-2002)
Arthur Penn (Retired)
Steven H. Morland, Jr. (2006-2012)

December 20, 2013

VIA CERTIFIED & REG MAIL

Borough of Spotswood
Municipal Building
Legal Department
77 Summerhill Road
Spotswood, NJ 08884



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 Borough of Spotswood, 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.

_____

Borough of Spotswood

NOTICE OF CLAIM

Forward to: Borough of Spotswood
Municipal Building
Legal Department
77 Summerhill Road
Spotswood, NJ 08884

1. Claimant:

Estate of Andrew Murnieks
Name

( )
Telephone Number

8 Hannah Drive
Street Address

Additional Address

Dayton, NJ 08810
City State Zip

5/24/85 135-84-6076
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.

Joel S. Kaelin
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

TERENCE G. VAN DZURA
ATTORNEY AT LAW
2G Auer Court
East Brunswick, NJ 08816

Telephone: 732-251-6300
Facsimile: 732-251-6366
Email: VanDzuraLaw@gmail.com

Borough of Helmetta
Attn: Sandra Bohinski, Clerk
51 Main Street
Helmetta, NJ 08828

July 30, 2019

Re: John Lallier v. Borough of Helmetta, et. al
D/I: 05.03.2019

Dear Ms. Bohinski:

Please take notice that pursuant to N.J.S.A. 59:8-4 et. seq., a claim is hereby made against the Borough of Helmetta, Borough of Spotswood, Spotswood Police Department and Officer [redacted]

Attached please find the Notice of Claim including all necessary information with regard to the same.

Kindly forward promptly to my office any claim forms which are required to be filed.

Thank you for your kind attention and anticipated cooperation in this regard.

Very Truly Yours,

Terence G. Van Dzura, Esq.

TGV/ss
cc: Borough of Spotswood

Spotswood Police Department

[redacted]
c/o Spotswood Police Department
77 Summerhill Road
Spotswood, NJ 08884-1233

NOTICE OF CLAIM

A. **The name and address of the claimant:**

John Lallier,

46 Main Street, Helmetta, NJ 08828

B. **The address to which notices are to be sent:**

Terence G. Van Dzura, Esq.

2G Auer Court, East Brunswick, NJ 08816

C. **The date, place and circumstances of the accident:**

On or about May 3, 2019, Claimant was standing on his front lawn when a Spotswood police car sped past with lights flashing and sirens on. Due to prior accidents on his property, claimant gave a hand signal to the officer to slow down. After responding to his call, the Officer returned to the Claimants house and confronted him, asking him "who do you think you are?". The claimant stated, "I'm an American Citizen". The Officer then pointed his finger in claimant's face and said, "You old timers in Helmetta, we're going to teach you a lesson. We're in charge now." As claimant tried to re-enter his house, officer grabbed him and flipped him over, causing his head, shoulders, and hip to hit the porch. Claimant is 64 years of age and has never been arrested.

D. The injuries sustained:

Claimant sustained multiple trauma including, but not limited to, head, shoulder, and hip pains as well as a dramatic rise in blood pressure and post traumatic stress disorder. Claimant also alleges violation of his civil rights.

E. **The name of the public entity or employees causing the injury:**

[redacted] Spotswood Police Department, Borough of Helmetta, Borough of Spotswood.

F. **Amount claimed:**

Unliquidated claim for damages for personal injury

Date: 7/30/19

Terence G. Van Dzura, Esq.