Law Offices

FUSCO & MACALUSO PARTNERS, L.L.C.

A Partnership of Professional Corporations

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Trenton Office
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Trenton, NJ 08625
(609) 559-1222
Please direct all replies to Passaic Office

Newark Office
51 Rector Street – Suite 205
Newark, NJ 07105
(973) 622-1699
Please direct all replies to Passaic Office

November 13, 2019

Via Regular & Certified Mail CMRRR7018036000049491491
Township of Green Brook
111 Greenbrook Road
Green Brook, NJ 08812
Attention: Township Clerk

Via Regular & Certified Mail CMRRR7018036000049491507
Somerset County
20 Grove St,
Somerville, NJ 08876
Attention: County Clerk

Via Regular & Certified Mail CMRRR7018036000049491514
State of New Jersey
Office of the Attorney General
25 Market Street
Trenton, NJ 08625
Attention: Legal Department

Via Regular & Certified Mail CMRRR7018036000049491477
Green Brook Police Department
109 Greenbrook Rd
Green Brook Township, NJ 08812
Attention: Legal Department

Via Regular & Certified Mail CMRRR7018036000049491033
Somerset County Prosecutors Office
20 Grove Street
P.O. Box 3000
Somerville, NJ 08876
Attention: Legal Department

Via Regular & Certified Mail CMRRR7018036000049491040
State Trooper- Red Line Barracks
1722 US-206
Southampton Township, New Jersey 08088
Attention: Legal Department

Via Regular & Certified Mail CMRRR7018036000049491057
State Trooper-Cranford Barracks
278 Prospect Plains Road
Cranbury, NJ 08512
Attention: Legal Department

Via Regular & Certified Mail CMRRR7018036000049491590
TD Bank
1000 Washington Ave,
Green Brook Township, NJ 08812
Attention: Legal Department

Re: Thomas Mathews, Adriana Rivera
Date of Incident: 09/13/2019
Our File No.: 215830, 215831

Dear Sir/Madam:

Please be advised that this office represents the above-named individual for injuries she sustained as a result of negligence.

This claim is being made to your department in accordance with the ninety (90) day rule prescribed by law governing municipalities. (N.J.S. 59:8-1 et. seq.)

NAME(S) AND ADDRESS OF CLAIMANT(S)

Thomas Mathews
544 Old York Road
Flemington, New Jersey 08822

Adriana Rivera
544 Old York Road
Flemington, New Jersey 08822

DATE, PLACE, AND CIRCUMSTANCES:

On August 8, 2019 claimants, Thomas Mathews and Adriana Rivera were at TD bank picking up official bank checks for a closing on a house. On September 13, 2019, Greenbrook Police Department, negligently issued a TraxFlyer with pictures of Thomas Mathews, State Trooper, and Adriana Rivera and released the pictures to all law enforcement alleging fraudulent activity at the bank. On October 28, 2019, Somerset County Prosecutors office came to the house while Mathews was at work and interrogated Ms. Rivera. During her interrogation, she provided them with proper documentation and did not allow her to use her cellphone. Following this, it was deemed that both Thomas Mathews and Adriana Rivera did not participate in any fraudulent behavior. Due to the negligence; carelessness of the Township of Green Brook and/or Somerset County and/or State of New Jersey and/or Green Brook Police Department and/or Somerset County Prosecutors Office and/or State Trooper- Red Line Barracks and/or State Trooper-Cranford Barracks and/or ABC Corp. 1-10 (fictitious name), DEF Maintenance Co. 1-10 (fictitious name), John Doe 1-10 (fictitious name), the claimants, Thomas Mathews and Adriana Rivera were caused to sustain serious and permanent injuries.

INJURIES:

Claimants, Thomas Mathews and Adriana Rivera were caused to sustain serious and permanent injuries including, but not limited to psychological damages including anxiety and/or fear of retribution.

LIABILITY:

On August 8, 2019 claimants, Thomas Mathews and Adriana Rivera were at TD bank picking up official bank checks for a closing on a house. On September 13, 2019, Greenbrook Police Department, negligently issued a TraxFlyer with pictures of Thomas Mathews, State Trooper, and Adriana Rivera and released the pictures to all law enforcement alleging fraudulent activity at the bank. On October 28, 2019, Somerset County Prosecutors office came to the house while Mathews was at work and interrogated Ms. Rivera. During her interrogation, she provided them with proper documentation and did not allow her to use her cellphone. Following this, it was deemed that both Thomas Mathews and Adriana Rivera did not participate in any fraudulent behavior. Due to the negligence; carelessness of the Township of Green Brook and/or Somerset County and/or State of New Jersey and/or Green Brook Police Department and/or Somerset County Prosecutors Office and/or State Trooper- Red Line Barracks and/or State Trooper-Cranford Barracks and/or ABC Corp. 1-10 (fictitious name), DEF Maintenance Co. 1-10 (fictitious name), John Doe 1-10 (fictitious name), the claimants, Thomas Mathews and Adriana Rivera were caused to sustain serious and permanent injuries.

DAMAGES:

Due to the negligence, carelessness and recklessness of the aforementioned and the severity of the injuries inflicted, a demand is hereby made on behalf of the claimant in the amount of $1,000,000.

Please turn this letter over to your insurance carrier or legal representative and have them contact me at the earliest possible date.

Very truly yours,
FUSCO & MACALUSO PARTNERS, LLC.

Roy R. Macaluso, Esq.

RRM/pr
Enclosure.

NOTICE OF CLAIM

1.) CLAIMANT:

NAME: Thomas Mathews

ADDRESS: 544 Old York Road CITY: Flemington

STATE: New Jersey ZIP CODE: 08822

TELEPHONE: [redacted] SOCIAL SECURITY: Not Applicable

NUMBER OF DEPENDENT(S): To be supplied.

NAME: Adriana Rivera

ADDRESS: 544 Old York Road CITY: Flemington

STATE: New Jersey ZIP CODE: 08822

TELEPHONE: [redacted] SOCIAL SECURITY: Not Applicable

NUMBER OF DEPENDENT(S): To be supplied.

2.) NAME OF REPRESENTATIVE

IF NOTICE AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, PLEASE COMPLETE ITEM # 2

NAME: ROY R. MACALUSO

ADDRESS: 150 Passaic Avenue CITY: Passaic

STATE: New Jersey ZIP CODE: 07055

TELEPHONE: 973-779-1163

RELATIONSHIP, IF ANY: Attorney

3.) A) DATE AND TIME OF ACCIDENT OR OCCURRENCE WHICH GAVE RISE TO THIS CLAIM.

TIME: 03:00 P.M. DATE: September 13, 2019

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

MUNICIPALITY: Green Brook, Somerset County EXACT LOCATION: 544 Old York Road

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

On August 8, 2019 claimants, Thomas Mathews and Adriana Rivera were at TD bank picking up official bank checks for a closing on a house. On September 13, 2019, Greenbrook Police Department, negligently issued a TraxFlyer with pictures of Thomas Mathews, State Trooper, and Adriana Rivera and released the pictures to all law enforcement alleging fraudulent activity at the

bank. On October 28, 2019, Somerset County Prosecutors office came to the house while Mathews was at work and interrogated Ms. Rivera. During her interrogation, she provided them with proper documentation and did not allow her to use her cellphone. Following this, it was deemed that both Thomas Mathews and Adriana Rivera did not participate in any fraudulent behavior. Due to the negligence; carelessness of the Township of Green Brook and/or Somerset County and/or State of New Jersey and/or Green Brook Police Department and/or Somerset County Prosecutors Office and/or State Trooper- Red Line Barracks and/or State Trooper-Cranford Barracks and/or ABC Corp. 1-10 (fictitious name), DEF Maintenance Co. 1-10 (fictitious name), John Doe 1-10 (fictitious name), the claimants, Thomas Mathews and Adriana Rivera were caused to sustain serious and permanent injuries.

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

Including, but not limited to:
State of New Jersey Office of the Attorney General— 25 Market Street Trenton, NJ 08625
Somerset County— 20 Grove St, Somerville, NJ 08876
Township of Green Brook— 111 Greenbrook Road, Green Brook,NJ08812
Green Brook Police Department—109 Greenbrook Road, Green Brook Township, NJ 08812
Somerset County Prosecutors Office— 20 Grove Street, PO Box 3000, Somerville, NJ 08876
State Trooper-Red Line Barracks—1722 US-206, Southampton Township, NJ 08088
State Trooper- Cranford Barracks— 278 Prospect Plains Road, Cranbury, NJ 07512
TD Bank—1000 Washington Avenue, Greenbrook Township, NJ 08812

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

To be supplied through ongoing discovery and investigation.

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

Allowing a dangerous and hazardous condition to exist; failure to maintain, inspect and keep a property or other premises free of hazards; failure to provide warning signs. Claimant reserves the right to further amend and supplement this answer upon retention of a liability expert.

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

To be supplied through ongoing discovery and investigation.

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

Not applicable

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

To be supplied through ongoing discovery and investigation.

4.) A) CLAIM FOR DAMAGES (check appropriate one)

___X___ Bodily Injury _____ Property Damage

_____ Other- Explain:

B) IF YOU CLAIM BODILY INJURY, DESCRIBE YOUR INJURIES RESULTING FROM THIS ACCIDENT OR OCCURRENCE.

Claimants, Thomas Mathews and Adriana Rivera were caused to sustain serious and permanent injuries including, but not limited to psychological damages including anxiety and/or fear of retribution.

C) DO YOU CLAIM PERMANENT DISABILITY RESULTING FROM THIS INJURY

___x___ YES _____ NO

D) IF YES, DESCRIBE THE INJURIES BELIEVED TO BE PERMANENT.

A physician's report will be forwarded upon receipt of same.

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

Name of Hospital or Doctor	Dates of Treatment	Amount of Charge to Date	Amount Paid or Payable by Other Insurance
To be supplied with a supplemental submission	To be supplied with a supplemental submission	To be supplied with a supplemental submission	To be supplied with a supplemental submission

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

Not applicable.

F) DID THIS ACCIDENT OCCUR IN THE COURSE OF EMPLOYMENT?

_____ YES ___X___ NO

G) NAME OF EMPLOYEE:
ADDRESS:
YOUR OCCUPATION:
DATE EMPLOYED AT THIS JOB:
DATES OF ABSENCES FROM WORK:
DATES OF LOST TIME:
RATE OF PAY:
TOTAL LOST WAGES TO DATE:

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 LOSS INCOME.

H) SET FORTH ANY AND ALL OTHER LOSSES OR DAMAGES CLAIMED BY YOU.

Upon retention of an expert witness, the undersigned law firm will forward a copy of same along with an amended notice of claim.

I) IF YOU CLAIM PROPERTY DAMAGE:

Not applicable.

1.) DESCRIBE THE PROPERTY DAMAGED IF VEHICLE, INCLUDE MAKE, MODEL, YEAR, COLOR, VEHICLE IDENTIFICATION NUMBER, LICENSE PLATE NUMBER, STATE, AND PARTS OF VEHICLE DAMAGED.

Not applicable.

2.) THE PRESENT LOCATION AND TIME WHEN THE PROPERTY CAN BE INSPECTED.

Not applicable.

3.) DATE PROPERTY WAS ACQUIRED.

Not applicable.

4.) COST OF PROPERTY.

Not applicable.

5.) VALUE OF PROPERTY AT TIME OF ACCIDENT.

Not applicable.

6.) DESCRIPTION OF DAMAGE.

Not applicable.

7.) HAS THE DAMAGE BEEN REPAIRED?

_____ YES _____ NO

IF YES, BY WHOM, AND COST OF REPAIRS.

Not applicable.
(ATTACH EACH ESTIMATE OF REPAIR COST TO THIS FORM.)

8.) THE AMOUNT OF CLAIM: $1,000,000.

9.) HAVE YOU RECEIVED OR AGREED TO RECEIVE ANY MONEY FROM ANYONE FOR DAMAGES CLAIMED HEREIN?

_____ YES ___X___ NO

IF SO, SET FORTH THE NAMES AND ADDRESSES OF ALL PERSONS AND INSURANCE COMPANIES AGAINST WHOM YOU HAVE MADE SUCH CLAIM.

10.) OTHER PARTIES INVOLVED.

NAME: To be supplied at a later date.
ADDRESS: To be supplied at a later date.
TELEPHONE NO.: To be supplied at a later date.
HOW INVOLVED: To be supplied at a later date.

11.) IF THIS CLAIM INVOLVES AN AUTOMOBILE, PLEASE STATE:

Not applicable.

1.) THE NAME OF THE INSURANCE CARRIER COVERING THIS AUTO:

Not applicable.

a) THE NAME AND ADDRESS OF YOUR LOCAL INSURANCE AGENT.

Not applicable.

b) YOUR POLICY NUMBER AND DATES OF COVERAGE.

Not applicable.

2.) THE NAME OF YOUR HOMEOWNERS INSURANCE COMPANY.

Not applicable.

a) THE NAME OR NAMES OF YOUR LOCAL INSURANCE AGENT.

Not applicable.

b) YOUR POLICY NUMBER AND DATES OF COVERAGE.

Not applicable.

3) IF YOU HAVE ANY OTHER FORM OR KIND OF LIABILITY INSURANCE PLEASE STATE:

To be supplied through ongoing discovery and investigation.

a) THE NAME OR NAMES OF THE INSURANCE COMPANY.

To be supplied through ongoing discovery and investigation.

b) TYPE OF COVERAGE.

To be supplied through ongoing discovery and investigation.

c) THE NAME AND ADDRESS OF YOUR LOCAL INSURANCE AGENT.

To be supplied through ongoing discovery and investigation.

d) THE POLICY NUMBER OR NUMBERS.

To be supplied through ongoing discovery and investigation.

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS NOTICE

1. A COPY OF THE POLICE OR INCIDENT REPORT FILED.
2. A COPY OF THE DECLARATION SHEET OF YOUR AUTO INSURANCE POLICY SHOWING THE DEDUCTIBLES ON YOUR AUTOMOBILE.
3. AN ESTIMATE OF DAMAGES TO YOUR AUTOMOBILE/PROPERTY
4. COPIES OF ITEMIZED BILLS FOR EACH MEDICAL EXPENSE AND OTHER LOSSES AND EXPENSES CLAIMED.
5. COPIES OF ALL WRITTEN REPORTS OF ALL EXPERT WITNESSES.
6. REPORTS OF ALL ATTENDING PHYSICIANS AND MEDICAL SERVICES PROVIDERS SETTING FORTH THE NATURE AND EXTENT OF INJURY AND TREATMENT, ANY DEGREE OF TEMPORARY OR PERMANENT DISABILITY, THE PROGNOSIS, PERIOD OF HOSPITALIZATION, AND ANY DIMINISHED EARNING CAPACITY.
7. A LETTER FROM YOUR EMPLOYER VERIFYING YOUR LOST WAGES. IF SELF-EMPLOYED, STATEMENT SHOWING THE CALCULATION OF YOUR CLAIMED LOST WAGES.
8. ANY ACCIDENT OR INCIDENT REPORTS FILED IN REFERENCE TO THIS ACCIDENT.
9. SET FORTH IN DETAIL THE AMOUNT OF DAMAGES CLAIMED, AND THE METHOD BY WHICH YOU MADE THIS CALCULATION.

I hereby certify that the foregoing statements made by me are true. that the attached statements, bills, reports, and documents are the only ones known tome 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: November 18, 2019

Claimant or person filing on behalf of claimant — Roy R. Macaluso, Esq.