PETER J. DE FRANK^*, *Partner*

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^ *NJ, NY & CT Bar*
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* *Certified Civil Trial Attorney*

DLG
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Jennifer Radke, *Paralegal*
Melissa Wilson, *Paralegal*
Katie Garcia, *Paralegal*
Tricia Salazar, *Paralegal*

July 3, 2024

Via Hand Delivery, Certified Mail, R.R.R. and Regular Mail
City of Paramus
Paramus Borough Hall
1 W. Jockish Square
Paramus, NJ 07652

Re: Our Client: Karim Maasarani
Date of Accident: April 10, 2024

Dear Sir/Madam:

Please be advised that this law firm represents Karim Maasarani for personal injuries resulting from an accident which occurred on April 10, 2024 in Paramus, New Jersey.

Your offices have advised that you do not have a specific form of Tort Claims Notice. Pursuant to State Statute Title 59, attached please find a copy of Tort Claims Notices being served on behalf of Mr. Maasarani on the following entities: City of Paramus; Paramus Police Department; State of New Jersey; and the County of Bergen.

Please be guided accordingly.

Very Truly Yours,

/s/ Peter De Frank

PETER DEFRANK

PD/tas
cc: Paramus Police Department (Via Hand Delivery)

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST THE STATE OF NEW JERSEY

FORWARD TO: TORT AND CONTRACT UNIT
DEPARTMENT OF THE TREASURY, BUREAU OF RISK MGMT.
PO BOX 620
TRENTON, NEW JERSEY 08625
PHONE: (609) 292-4347

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT

1. CLAIMANT:

Maasarani	Karim	M.
LAST NAME	FIRST	MIDDLE

492 Tether Lane, Paramus, NJ 07652	
ADDRESS	MAILING ADDRESS IF OTHER THAN ADDRESS

201-450-1119	08/03/1987	145-88-5040
Telephone	DATE OF BIRTH	SOCIAL SECURITY NUMBER

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

DeFrank Law Group
NAME

MAILING ADDRESS

986 McBride Avenue, Woodland Park, NJ 07424 — ADDRESS
973-404-7500 — TELEPHONE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW ☑ **OR**

EXPLAIN RELATIONSHIP

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT :

4/10/2024	12:27 p.m.	Route 17 N.,and Century Rd, Paramus, NJ 07652
DATE	**TIME**	EXACT LOCATION OF THE OCCURRENCE

4. DESCRIBE THE ACCIDENT OR OCCURENCE.

See police report attached hereto.
Claimant was involved in motor-vehicle accident on Route 17 on Date whereby his vehicle was struck by a vehicle driven by April L. Spano. Upon information and belief there was a prior motor vehicle collision ahead on the North Bound side. The Paramus police department has to date refused to provide the report for this incident. With this claims notice, Plaintiffs provides notice of potential claims against public entities for preservation of potential claims. This includes, but is not limited to, improper response to the additional motor vehicle collision as referenced such as response time, improper directing of traffic, failing to shut down lanes, improper notice to oncoming drivers, failure to provide proper warning equipment and any other act/omission as it relates to duties and responsibilities to individuals on the roadway after a motor vehicle collision.

5. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ABOVE ACCIDENT OR OCCURRENCE.

See police report attached hereto.

6. STATE THE NAMES AND ADDRESSES OF EACH STATE AGENCY OR AGENCIES AND EACH STATE EMPLOYEE WHOM YOU CLAIM CAUSED YOUR DAMAGES OR INJURIES.

County of Bergen - c/o County Counsel, One Bergen County Plaza, Rm 580, Hackensack, NJ 07601
City of Paramus - Paramus Borough Hall, 1 W. Jockish Square, Paramus, NJ 07652
Paramus Police Department - Paramus Mun Complex, 1 Carlough Drive, Paramus, NJ 07652
State of New Jersey - address above.

7. STATE THE NAME AND ADDRESS OFALLOTHER PERSONS, COMPANIES OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

See police report attached hereto.

8. BRIEFLY DESCRIBE THE INJURIES, DAMAGES AND LOSSES INCURRED BY YOU.

Spinal injuries, vascular injuries, and orthopedic/physical injuries, neurological injuries.
Plaintiff suffered a stroke as a result from injuries sustained in the impact.

9. THE AMOUNT OF THE CLAIM. $2,000,000.00

GIVE THE BASIS FOR THE CALCULATION OF THE ABOVE DAMAGES:

Stroke + Personal injuries + limitations

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

7/31/24

DATE

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

Peter DeFranK, ESq

☐ Fatal

New Jersey Police Crash Investigation Report

☐ Reportable ☑ Non-Reportable ☐ Change Report

Box	Value
96	01
97	01
98	01
99	02
100a	01
100b	04
101	02
102	01
103	01
104	02
105	01
106	--
107	--
108	01
109	04
110	01
111	01
112	--
113	--
114	--
115	--
116	01
117	01
118a	25
118b	--
119a	02
119b	--
120a	01
120b	--
121a	01
121b	--
122	01
123	01
124	04
125	04
126a	26
126b	--
126c	--
126d	--
126e	26
127a	26
127b	--
127c	--
127d	--
127e	26
128	26
129	06
130	06
131	12
132	12
133	03
134	03

1 Case Number: I-2024-015574

2 Police Dept. of: PARAMUS POLICE DEPARTMENT — Code: 01

3 Station/Precinct: --

10 Crash Occured On: N ROUTE 17 NB — Dir: N

11 Speed Limit: 50 — 12 Route No: 17 — Suffix: -- — 13 Milepost: -- --

14: .25 — 15: ☐ At Intersection with ☐ Feet ☑ Miles — 16 Road Name Dir: ☑ N ☐ S ☐ E ☐ W — of: CENTURY RD

18 Speed Limit: 50

19 Ramp: ☐ To: ☐ From: — 17 Cross Road Name/Route No.: -- — ☐ NB ☐ SB ☐ EB ☐ WB

20 Route Name/ Route No.: --

21 Latitude: -- . -- — 22 Longitude: -- . --

4 Date of Crash (mm dd yy)	5 Day of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured
04 10 24	Wed	12:27	0246	0	0

Vehicle 01

23 Veh #: 01 — 24 Policy No: F10603642-9 — 25 NJ Ins Code: 426

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run

26 Driver's First Name / Initial / Last Name: KARIM M MAASARANI — 29 Sex: M

27 Number & Street: 492 TETHER LANE

28 City: PARAMUS — State: NJ — Zip: 07652-1856

30 Eyes: 02 — DL Class: D — Restrictions: 1 — Endorsements: -- — 31 State: NJ

32 Drivers License No: M00034257408872 — 33 DOB (mm dd yy): 08 | 03 | 87 — 34 Expires (mm yy): 08 | 24

35 Owner's First Name / Initial / Last Name: ☑ Same As Driver KARIM M MAASARANI

36 Number & Street: 492 TETHER LANE

37 City: PARAMUS — State: NJ — Zip: 07652-1856

38 Make	39 Model	40 Color	41 Year	42 Plate No.	43 State
CHR	PAC	WHITE	2019	T40RRU	NJ

44 VIN: 2C4RC1BG9KR708769 — 45 Expires: 12 | 23

46 Vehicle Removed To: --

☑ Driven ☐ Left at Scene ☐ Towed Disabled ☐ Towed Impounded ☐ Towed Disabled & Impounded

47 Authority: ☑ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test — Given: ☑ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. % ☐ Pending

49 Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class: -- — Placard No.: --

50 Carrier No.: ☐ USDOT -- ☐ None ☐ MC/MX --

51 Commercial Vehicle Weight: ☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,001 lbs

52 Motor Carrier or Government Entity: --

Number & Street: --

City: -- State: -- Zip: --

Level of Autonomy: 150 – AVAILABLE: ☐ 0 ☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown; 151 – ENGAGED: ☐ 0 ☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

Vehicle 02

53 Veh #: 02 — 54 Policy No: F10155088-7 — 55 NJ Ins Code: 426

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run

56 Driver's First Name / Initial / Last Name: APRIL L SPANO — 59 Sex: F

57 Number & Street: 21 FORESTDALE ROAD

58 City: KINNELON — State: NJ — Zip: 07405-2558

60 Eyes: 02 — DL Class: D — Restrictions: 1 — Endorsements: -- — 61 State: NJ

62 Drivers License No: S70160557354702 — 63 DOB (mm dd yy): 04 | 07 | 70 — 64 Expires (mm yy): 04 | 26

65 Owner's First Name / Initial / Last Name: ☑ Same As Driver APRIL L SPANO

66 Number & Street: 21 FORESTDALE ROAD

67 City: KINNELON — State: NJ — Zip: 07405-2558

68 Make	69 Model	70 Color	71 Year	72 Plate No.	73 State
JEE	GRA	BK	2023	E48SHM	NJ

74 VIN: 1C4RJKAG7P8872666 — 75 Expires: 07 | 27

76 Vehicle Removed To: --

☑ Driven ☐ Left at Scene ☐ Towed Disabled ☐ Towed Impounded ☐ Towed Disabled & Impounded

77 Authority: ☑ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test — Given: ☑ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. % ☐ Pending

79 Hazardous Material: ☐ None ☐ On Board ☐ Spill — Hazard Class: -- — Placard No.: --

80 Carrier No.: ☐ USDOT -- ☐ None ☐ MC/MX --

81 Commercial Vehicle Weight: ☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,001 lbs

82 Motor Carrier or Government Entity: --

Number & Street: --

City: -- State: -- Zip: --

Level of Autonomy: 152 – AVAILABLE: ☐ 0 ☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown; 153 – ENGAGED: ☐ 0 ☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Unknown

Other

135 Damage To Other Property: ☐ Yes (If yes, describe) ☑ No — --

Oper	136 Charge	137 Summons No	Oper	138 Charge	139 Summons No
--	--	--	--	--	--

Oper	140 Charge	141 Summons No	Oper	142 Charge	143 Summons No
--	--	--	--	--	--

Occupants

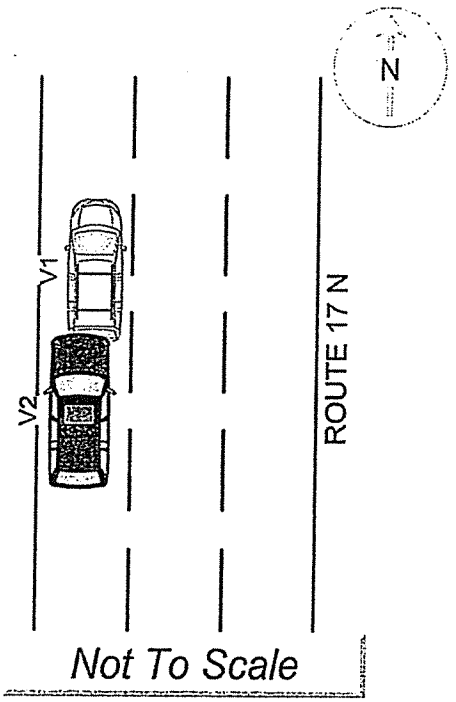
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Address of Occupants - If Deceased, Date & Time of Death	
A	01	01	01	05	36	M	--	--	--	04	04	06	--	MAASARANI, KARIM M 492 TETHER LANE, PARAMUS NJ 07652-1856	--
B	01	03	01	05	35	F	--	--	--	04	04	06	--	RUSTON, AALA 492 TETHER LANE, PARAMUS BORO NJ 07652	--
C	02	01	01	05	54	F	--	--	--	04	04	06	--	SPANO, APRIL L 21 FORESTDALE ROAD, KINNELON NJ 07405-2558	--
D	--	--	--	--	--	--	--	--	--	--	--	--	--	-- --	--

New Jersey Police Crash Investigation Report	Case Number I-2024-015574	PAGE 2 OF 2

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Address of Occupants If Deceased, Date & Time of
E	--	--	--	--	--	--	--	--	--	--	--	--	--	-- -- --
F	--	--	--	--	--	--	--	--	--	--	--	--	--	-- -- --
G	--	--	--	--	--	--	--	--	--	--	--	--	--	-- -- --
H	--	--	--	--	--	--	--	--	--	--	--	--	--	-- -- --
I	--	--	--	--	--	--	--	--	--	--	--	--	--	-- -- --
J	--	--	--	--	--	--	--	--	--	--	--	--	--	-- -- --

144 Crash Diagram

Show North by Arrow (Not to Scale)



145 Crash Description

DRIVER V1 REPORTED TRAVELLING NORTH ON ROUTE 17, IN THE LEFT LANE, WHEN STRUCK FROM BEHIND BY V2. DRIVER V1 STATED HE HAD CHANGED LANES FROM THE CENTER LANE TO THE LEFT LANE AND DROVE APPROXIMATELY 100 FEET IN THE LEFT LANE PRIOR TO BEING STRUCK BY V2.

DRIVER V2 REPORTED TRAVELLING NORTH ON ROUTE 17, IN THE LEFT LANE, WHEN V1 "CUT [HER] OFF". DRIVER V2 REPORTED TO HAVE SLAMMED ON HER BREAKS BUT WAS UNABLE TO STOP HER VEHICLE IN TIME TO AVOID COLLISION.

146 Officer's Signature	147 Badge No.	148 Reviewed By	Badge No.	149 Case Status
P.O. LOMBARDO, MATTHEW	0453	SERGEANT GLEASON,	0406	☐ Pending ☑ Complete

County of Bergen
Office of the County Counsel

One Bergen County Plaza, Room 580
Hackensack, NJ 07601
(201) 336-6950 / Fax (201) 336-6966

ıIMANT INFORMATION:

ıame: Karim M. Maasarani

Address: 492 Tether Lane
Paramus, NJ 07652

Telephone: 201-450-1119

Fax:

Date of Birth: 08/03/1987

ATTORNEY INFORMATION (If Applicable):

Name: DeFrank Law Group

Address: 9786 McBride Avenue
Woodland Park, NJ 07424

Telephone: 973-404-7500

Fax:

File No:

Send Notices to (circle one): Claimant X Attorney

GENERAL INSTRUCTIONS:- Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form is utilized by the County of Bergen for the reporting of claims.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents required shall be returned to the:

County Counsel
County of Bergen
One Bergen County Plaza, Room 580
Hackensack, NJ 07601

NOTE CAREFULLY: Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with the County of Bergen. Failure to provide the information requested, including such responses as "to be provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any questions because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the County.

"Documents" shall refer to any written, photographic, or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the County of Bergen along with any agent, official, or employee of the County of Bergen against whom a claim is asserted by the Claimant.

NOTE: That the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or public employee. If the claim involves only property damage, the portion on personal injuries need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant: 492 Tether Lane

Paramus, NJ 07652

Any other name(s) by which the claimant is known.

N/A

Address at the time of the incident giving rise to the claim.

492 Tether lane, Paramus, NJ 07652

Marital Status (at the time of the incident and current).

Married

Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

Aala Rustom-Chami, wife
Lana Maasarani, Daughter
Noor Maasarani, Son
Ibrahim Maasarani, Son
Laila Maasarani, Daughter
Zayb Maasarani, Son

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, of any of the persons to the Claimant.

492 Tether Lane, Paramus, NJ 07652

360 West Pleasantville Avenue, Hackensack, NJ 07601

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

4/10/2024 - 12:27 p.m.
Please see police report

4. Provide the Claimant's complete version of the events that form the basis of the claim.

Please see addendum attached hereto.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident that gave rise to the claim. Provide the full name and address of each individual.

County of Bergen, City of Paramus, Paramus Police Department, State of New Jersey including their agents, servants, and/or employees actions and omissions. Please see answer to #4 above for a non-exclusive list and descriptions of the requisite claims.

6. Identify all public entities or public employees (by name and position) alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

County of Bergen; City of Paramus; Paramus Police Department; State of New Jersey; their agents, servants and employees for failing to respond appropriately, take swift and reasonable action to shut down roads securely or provide warning as to a potential dangerous condition on Route 17 North. At this time, the name and/or identities of employees are unknown to us. If and when their identities are discovered, the information will be supplied.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition, and the manner in which you claim the condition cause the injury.

See answer to no. 6, above. See police report.

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. **Statements such as "should have known" and "Common knowledge" are insufficient.**

Please see answer to #4 above. Plaintiff provides notice of potential claims as described to which proper safety measures may have been required which caused a potentially dangerous condition to patrons on the raod through improper action/inaction as described.

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed, (b) the quantity thereof, (c) where consumed, (d) the names and addresses of all persons present.

Not applicable.

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your behalf, including doctors, hospitals or any person repairing damage to property.

Not applicable.

11. If any photographs, sketches, charts, or maps were made with respect to anything which is the subject matter of the Claim, state the date thereof, the names and addresses of the persons making the maps and of the persons who have present possession thereof. Attach copies of any photographs, sketched, charts or maps.

To be supplied upon receipt of same.

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; the date and place where said; and in who presence, giving names and addresses of any persons having knowledge thereof.

See police report.

13. State the total amount of your claim and the basis on which you calculated the amount claimed.

Current amount claimed is $2,000,000.00. This amount may be subject to change/modification.

14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.

To be supplied upon receipt of same.

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

County of Bergen; City of Paramus; Paramus Police Department; State of New Jersey; and their agents, servants and employees failed to respond appropriately, take swift and reasonable action to shut down roads securely or provide warning as to a potential dangerous condition on Route 17 North. Also, please see Police report.

PROPERTY DAMAGE CLAIM

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None".

Not applicable.

Note: If your claim is for property damage only, initial here and proceed directly to the certification section on the next to the last page of this form.

° Initials: _____

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

This question is unanswerable in its present form as "Complaint" is not defined. Without waiving said issues/objections, please see Police report for a description as well as this and other notices of tort claims.

18. Describe in detail the nature, extent and duration of any and all injuries.

Spinal injuries, vascular injuries, and orthopedic/physical injuries, neurological injuries. Plaintiff suffered a stroke as a result from injuries sustained in the impact.

19. Describe in detail any injury or condition claimed to be permanent.

Claimant is currently treating for his injuries. At this time, all injuries are to be considered permanent in nature.

20. If confined to any hospital, state name and address of each and the dates of admissions and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

Valley Hospital - 4 Valley Health Plaza, Paramus, NJ 07652
5/21/2024 - 5/25/2024

21. If x-rays were taken, state (a) the address of the place where each was taken, (b) the name and address of the person who took them, (c) the date when each was taken, (d) what each disclosed, (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

Valley Hospital - 4 Valley Health Plaza, Paramus, NJ 07652
5/21/2024 - 5/25/2024

22. If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates and places where treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor who treated or examined you, or whom you may have testify on your behalf.

Kessler Physical Therapy - 300 Market Street, Saddle Brook, NJ 07663
Records to be provided upon receipt of same.

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movement, hearing or sight, state in detail, the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

Stroke, paralysis, spinal disc injuries, orthopedic injuries, neurological damage.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

None known to claimant at this time.

25. If any treatments, operations or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation, or surgery, (b) the purpose thereof and the results anticipated or expected, (c) the name and address of the doctor who recommended the treatments, operations or surgery, (d) the name and address of doctor who will administer or perform the same, (e) the estimated medical expenses to be incurred, (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence, (g) all other losses or expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments, operation or surgery, please give an approximate date.

Claimant continues to actively treat for his injuries including therapy post stroke.

26. Itemize any and all expenses incurred for hospital, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

To be provided.

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer, (b) position held and the nature of the work performed, (c) average weekly wages for the year prior to the injury, (d) period of time lost from employment, giving dates, (e) amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, workers' compensation, disability income, social security and income continuation insurance.

a) Amzak Health - 295 Madison Avenue, New York, NY 10017
b) Investor - Private Equity
c) To Be Provided d) 5/21/2024 - Present e) To be Provided

28. If other loss of income, profit or earnings is claimed, state (a) total amount of loss, (b) give a complete detailed computation of the loss, (c) the nature and dates of the loss.

Not applicable.

29. If you are claiming lost wages state (a) the date that the employment began, (b) the name and address of the employer, (c) the position held and the nature of the work performed, (d) the average weekly wages. Attached copies of pay stubs or other complete payroll record for all wages received during the year.

To Be provided.

DOCUMENT REQUEST: Provide all documents identified in your answers to the above questions. If not identified above, also provide:

a) copies of all itemized bills for each medical expense and other loses and expenses claim;
b) full copies of appraisals and estimates of property damage claimed;
c) copies of all written reports of all treating or examining physicians or medical personnel (including emergency medical responders);
d) all reports of individuals proposed to be put forth as expert witnesses; and
e) if lost wages are claimed, a letter from your employer verifying lost wages. If self employed, provide a statement showing the calculation of lost income.

CERTIFICATION: I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge. I am aware that if any of the above information provided is willfully false, I may be subject to punishment in a court of law.

Signature of Claimant : _____

STATE OF NEW JERSEY :
:
COUNTY OF Passaic :

SUBSCRIBED and sworn to before me this 3rd day of July, 2024

_____
Notary Public
My Commission expires: 5-30-27
Com 2421372

Addendum

#4

Claimant was involved in motor-vehicle accident on Route 17 on Date whereby his vehicle was struck by a vehicle driven by April L. Spano. Upon information and belief there was a prior motor vehicle collision ahead on the North Bound side. The Paramus police department has to date refused to provide the report for this incident. With this claims notice, Plaintiffs provides notice of potential claims against public entities for preservation of potential claims. This includes, but is not limited to, improper response to the additional motor vehicle collision as referenced such as response time, improper directing of traffic, failing to shut down lanes, improper notice to oncoming drivers, failure to provide proper warning equipment and any other act/omission as it relates to duties and responsibilities to individuals on the roadway after a motor vehicle collision.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