

RC2019003699 #7
#6

LEONARD LEGAL GROUP, LLC

ATTORNEYS AT LAW
165 WASHINGTON STREET

MORRISTOWN, NEW JERSEY 07960

(973) 984-1414

FAX NO. (973) 984-2599

WWW.LEONARDLAWYERS.COM

SCOTT G. LEONARD*
*CERTIFIED BY THE SUPREME
COURT OF NEW JERSEY AS A
CIVIL TRIAL ATTORNEY

FATIMA LEONARD

OF COUNSEL:
PAMELA ANEVSKI

841 FRANKLIN AVENUE, UNIT 6
FRANKLIN LAKES, NJ 07417

PLEASE REPLY TO MORRISTOWN

February 13, 2019

Via Certified Mail R/R/R
& Regular Mail

Town of Morristown
200 South Street
Morristown, New Jersey

Town of Morristown
Shade Tree Commission
420 W. Hanover Avenue
Morristown, New Jersey

State of New Jersey
Department of Law and Public Safety
Division of Law
Richard J. Hughes Justice Complex
Market & New Warren Streets
P.O. Box 116z
Trenton, New Jersey 08536-0116

Received

FEB 20 2019

Morristown Administration

County of Morris
Board of Freeholders
Administration & Records Bldg
Court Street
P.O. Box 900
Morristown, New Jersey 07963

RE: Our Client/Claimant: Janice Allen,
Executor of the Estate of Ethel Fasulo
Date of Accident: November 30, 2018

Dear Sir/Madam:

Please be advised our law firm represents Janice Allen, Executor of the Estate of

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Ethel Fasulo in connection with the above matter. Ethel Fasulo fell on a dangerous condition on the sidewalk located at or near 91 Maple Avenue, Morristown, New Jersey 07960 She sustained serious personal injuries which ultimately led to her death.

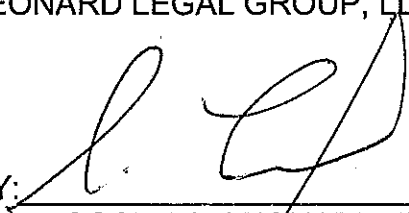
We are also enclosing a completed "Title 59 Notice".

Will you kindly have the appropriate claims representatives contact our office to discuss this claim.

In the event there are any other entity(ies) responsible for the subject area, please advise our office immediate.

If you have any questions, please do not hesitate in contacting our office.

Very truly yours,
LEONARD LEGAL GROUP, LLC

BY: 

SCOTT G. LEONARD, ESQ.

SGL/jh
Encl.

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TITLE 59 NOTICE OF CLAIM

Claimant: Ethel Fasulo, by her daughter, Janice Allen, Executor of Ethel Fasulo's Estate

Date of Birth: November 10, 1930

Soc. Sec. No.: [REDACTED]

Address: [REDACTED]

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

Name: Leonard Legal Group, LLC

Mailing Address: 165 Washington Street, Morristown, New Jersey 07960

Relationship to this claimant: Attorneys for Claimant.

The occurrence which gave rise to this accident:

Date: On or about November 30, 2018

Time: 3:45 P.M. (approx.)

Describe the location or place of the accident or occurrence:

At and/or in front of 91 Maple Avenue, Morristown, New Jersey 07960

Describe your accident facts:

Deceased Claimant, Ethel Fasulo, was exiting the Church of the Assumption, Maple Avenue (91 Maple Avenue, Morristown, NJ), when while walking in a careful and prudent manner fell on uneven and dangerous sidewalk, sustaining serious personal injuries while walking on the sidewalk.

Plaintiff alleges that the defendants, State of New Jersey, County of Morris, Township of Morristown, Morristown Shade Tree Commission, ABC Company (said named being

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fictitious), created and maintained a dangerous and hazardous condition, were negligent in their maintenance, construction, repair and inspection of the sidewalk, and failed to properly maintain the trees and/or roots in the subject area which created a hazard and trap and dangerous condition and acted palpably unreasonably.

Plaintiff also alleges that the defendants failed to properly maintain the subject sidewalk and allowed a dangerous condition to exist. Plaintiff reserves the right to amend this notice upon additional information.

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

Town of Morristown
200 South Street
Morristown, NJ 07960

Morristown Shade Tree Commission
420 W. Hanover Avenue
Morristown, New Jersey

State of New Jersey
Department of Law and Public Safety
Division of Law
Richard J. Hughes Justice Complex
Market & New Warren Streets
P.O. Box 116
Trenton, New Jersey 08625-0116

County of Morris
Board of Freeholders
Administration & Records Bldg
Court Street
P.O. Box 900
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State the names of Municipal employees whom you claim were at fault, including the department they are employed with:

Servants Agent's were employees of the following entities:

(The names of said Governmental or Municipal employees are not presently known to claimant).

State in detail each and every negligent or wrongful act of the Municipality and Municipal employees which caused your damage of injury:

See accident facts referred to above.

State the name and address of all witnesses to this accident:

To be supplied.

Please indicate if this is a claim for:

Bodily Injury ☒ (X)

Property Damage ☐ ()

Other () **Violation of Civil Rights.**

Explain:

If you claim bodily injury describe your injuries resulting from this accident or occurrence:

The deceased claimant, Ethel Fasulo, sustained a fractured pelvis; a fractured left wrist and other injuries which ultimately led to her death. Plaintiff reserves the right to amend this notice upon additional information.

Do you claim permanent disability resulting from this injury:

The permanent injuries resulted in the death of the Claimant.

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If yes, describe the injuries believed to be permanent:

See above.

State the name, address, dates of treatment, type of treatment and amount of charges given by any hospital, doctor or other practitioner rendering medical care or diagnostic services:

The deceased claimant received treatment at St. Barnabas Hospital, Livingston, New Jersey, Urgent Care at Florham Park, New Jersey, Summit Medical Group, Florham Park, New Jersey & Atrium Post Acute Care of Livingston, new Jersey.

State the amount paid or payable by other collateral sources such as health insurance and attach all medical reports and bills incurred to date:

To be supplied.

If you claim loss of income as a result of the injury, state the name and address of the employer, your occupation, rate of pay, dates of absence from work and what amount was paid by your employer. Attach loss income verification from your employer:

None.

If your loss of income arises from self employment, attach a calculation indicating the basis of your loss of income along with your last complete year of income tax records.

To be supplied.

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

To be supplied.

If you claim property damage:

Not applicable.

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Describe the property damage:

Not applicable.

The present location and time when the property can be inspected:

Not applicable.

Date property acquired:

Not applicable.

Cost of property:

Not applicable.

Value of property:

Not applicable.

Description of damage:

Not applicable.

Has the damage been repaired: Not applicable.

If so, by whom, when and the cost of replacement (attach receipts):

Not applicable.

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 supplied.

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Attach all available receipts which verify the cost of items claimed.

The total amount of your claim:

The amount of the claim at present, without prejudice, for pain and suffering, and/or out-of-pocket expenses and/or permanency (based on an unliquidated amount and subject to revision at a later date) is \$1,000,000.00.

Have you made claim against anyone else for any of the losses or expense claimed in this notice:

Yes, see above.

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

To Be Supplied.

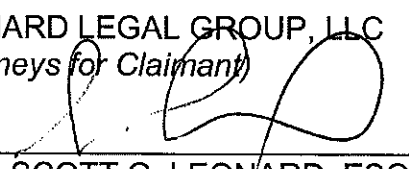
State the amount paid by this source: None to date.

Copies of all appraisals and estimates of property damage should be attached with this notice.

Not applicable.

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

LEONARD LEGAL GROUP, LLC
(Attorneys for Claimant)

By: 
SCOTT G. LEONARD, ESQ.

SGL/jh

CC: Janice Allen, executor for the Estate of Ethel Faruso