



# COUNTY OF UNION

## Part C - GOVERNMENT RECORDS REQUEST RESPONSE

Requestor: Lina Kenna

Request Date: 6/29/12  
item 5 - Notices of Claim

- Document(s) provided: 1 efile pages, at a total cost of: 0
- Special Service Charge imposed - Reason: \_\_\_\_\_, cost: \_\_\_\_\_
- Document(s) have been inspected by the requestor on the date shown below: \_\_\_\_\_ documents, \_\_\_\_\_ total pages
- Document(s) not provided (see below)

The document(s) you have requested that are checked below are NOT being provided because the document(s) are considered privileged or are otherwise exempt from public access, as provided by applicable law:

- Privileged or Protected Category**
- Advisory, Consultative or Deliberative material
  - Autopsy Photos / Video
  - Attorney-Client Privilege Information
  - Computer Security Information
  - Criminal Investigatory Records
  - Credit Card Numbers
  - Domestic Security (Sabotage or Terrorism)
  - Grievance Information with public employer
  - Drivers' License Numbers
  - Electronic Surveillance Materials
  - Emergency or Security Information or Procedures
  - Employee Sexual Harassment Complaints
  - Fingerprint Cards
  - Individual's Medical, Financial, or Tax records
  - Insurance Communications
  - Investigation in Progress
  - Labor Negotiation Information (strategy or positions)
  - Personnel or Pension Records
  - Photographs of Crime Scene
  - Proprietary Information
  - Reasonable Expectation of Privacy
  - Resumes of unsuccessful applicants
  - Safety of persons or the public
  - Security Measures and Surveillance Techniques
  - Social Security Numbers
  - Test Questions, Scoring Keys, or other Exam Data
  - Victim records
  - Record has been destroyed/not retained pursuant to:
  - Other

- Authority for Denial or Redaction**
- N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-1.1, et seq.
  - Executive Order 21 (McGreevey)
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 2A:156A-19
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-1.1, et seq.
  - Executive Order 9 (Hughes)
  - Executive Order 26 (McGreevey)
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-3.a
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-10
  - Executive Order 9 (Hughes)
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-1.1, et seq.
  - Executive Order 26 (McGreevey)
  - Executive Order 69 (Whitman)
  - N.J.S.A. 47:1A-1.1, et seq.
  - N.J.S.A. 47:1A-1.1, et seq.
  - Executive Order 26 (McGreevey)
  - N.J.S.A. 47:1A-1.1; N.J.S.A. 2A:82-46b
  - Records Retention and Disposition Schedule

You have a right to appeal this decision that the documents requested are not accessible. You may take your appeal to the Government Records Council (GRC) or to the New Jersey Superior Court as provided by N.J.S.A. 47:1A-6 and 7. Please see the attached "Part D - Procedures to Challenge Denial of Access to Government Records" and GRC information.

Date: 7/19/12

[Signature]  
County Official

### ACKNOWLEDGMENT

I hereby acknowledge that I have received copies of, or have been permitted to view/inspect, the documents requested except for any documents specifically listed above on which a determination has been made that the documents could not be provided in accordance with applicable law. If any documents have not been provided, I have received information as to the procedures for an appeal of the determination.

Date: \_\_\_\_\_

Requestor's Signature \_\_\_\_\_

\* Redaction to SS#, Home addresses, Home/cell phone #, Driver's License # and HIPPA information, pursuant to OPRA NJSA 47:1A-1 et seq. to these Tort Claims Notices and Attachments

**CLNAME:** Brown

**CFNAME:** Mary

**GROUP:** Juvenile/County employee

**INFANT:** Y/No

**D/O/B:**

**D/L:** 4/30/12

**D/N:** 6/13/12

**TIMELY:** Yes

**CESQ:** Matthew Rinaldo

**IHESQ:** RLC

**LOSS:** Loss of employment

**DEMAND:**

**RESERVE:**

**LOCATION:** Juvenile Detention, Linden, NJ

**DESCRIPTION:** laid off -- claiming age discrimination

---

**RECOMMENDATION:** review

---

**COMMENTS:**

---

---

---

---

UNION COUNTY COUNSEL  
RECEIVED

JUN 13 2012

ADMINISTRATION BUILDING  
ELIZABETH, NJ

PHONE (732) 388-9300

FAX (732) 388-9301

# RINALDO AND RINALDO

*Counsellors at Law*

ANTHONY D. RINALDO, SR. (1907-1976)

MATTHEW T. RINALDO

60 WALNUT AVENUE, SUITE 150

CLARK, NEW JERSEY 07066-1647

GRANT S. ELLIS

June 11, 2012

**VIA HAND DELIVERY, REGULAR & CERTIFIED MAIL, RRR**

Union County Administration Building

10 Elizabethtown Plaza

Elizabeth, New Jersey 07207

**ATTN: County Manager Alfred J. Faella, MPA**

**VIA HAND DELIVERY, REGULAR & CERTIFIED MAIL, RRR**

Union County Administration Building

10 Elizabethtown Plaza

Elizabeth, New Jersey 07207

**ATTN: James E. Pellettiere, MPA, Clerk of the Board**

**Re: Mary Brown v. County of Union, et als.  
William Karafel v. County of Union, et als.  
Gail Opacity v. County of Union, et als.  
Date of Accident/Incident: 04/30/12  
NOTICE OF TORT CLAIM**

To the Union County Board of Freeholders:

Enclosed please find three notices of tort claim in the statutory form as well as in Union County's form with an attached rider.

Additionally, enclosed please find the following documents:

- 2/5/2012 email from Tina Matlock
- 3/15/2012 Notice of Layoff or Demotion from Alfred J. Faella


- 3/15/2012 Union County Juvenile Detention Memorandum from Chief A. Rodriguez re: new employee
- 3/15/2012 layoff letter from Alfred J. Faella to Mary E. Brown
- 3/15/2012 layoff letter from Alfred J. Faella to William G. Karafel, Jr.
- 3/15/2012 layoff letter from Alfred J. Faella to Gail Opacity
- 4/2/2012 email from Matthew DiRado
- 4/7/2012 letter from Mary E. Brown to Gregory Lyons
- 4/10/2012 letter from Gail Opacity to Gregory Lyons
- 4/13/2012 email from William Karafel to Alfred Faella
- 4/13/2012 email from Matthew DiRado to William Karafel
- 4/16/2012 letter from Joe M. Hill, Jr. to Mary Brown
- 4/16/2012 letter from Joe M. Hill, Jr. to William Karafel
- 4/16/2012 letter from Joe M. Hill, Jr. to Gail Opacity
- 4/19/2012 letter from William Karafel to Gregory Lyons
- N.J.A.C. 13:92
- Collective Bargaining Agreement between County of Union and Teamsters Local 102, January 1, 2009 through December 31, 2012
- Memorandum of Agreement: Teamsters Local 102 Jail Professionals & County of Union, 10/13/2009
- Gail Opacity prior layoff correspondence
- William G. Karafel, Jr., statement of earnings

To conserve paper, only one copy of the above documents has been provided. Further copies are available upon written request.

Because no claimant is currently treating for personal injuries resulting from the torts that are the subject of these notices of tort claim, no HIPAA forms are provided. However, HIPAAs will be provided upon written request if there is some indication given why they are still necessary.

Please be guided accordingly.

Very truly yours,  
**RINALDO AND RINALDO, ESQS.**



Matthew T. Rinaldo

MTR:gse  
Enclosures

# RINALDO AND RINALDO

*Counsellors at Law*

ANTHONY D. RINALDO, SR. (1907-1976)  
MATTHEW T. RINALDO

60 WALNUT AVENUE, SUITE 150  
CLARK, NEW JERSEY 07066-1647

PHONE (732) 388-9300  
FAX (732) 388-9301

GRANT S. ELLIS

June 11, 2012

UNION COUNTY COUNSEL  
RECEIVED  
JUN 13 2012  
ADMINISTRATION BUILDING  
ELIZABETH, NJ

**VIA HAND DELIVERY, REGULAR & CERTIFIED MAIL, RRR**

Union County Administration Building  
10 Elizabethtown Plaza  
Elizabeth, New Jersey 07207

**ATTN: County Manager Alfred J. Faella, MPA**

**VIA HAND DELIVERY, REGULAR & CERTIFIED MAIL, RRR**

Union County Administration Building  
10 Elizabethtown Plaza  
Elizabeth, New Jersey 07207

**ATTN: James E. Pellettiere, MPA, Clerk of the Board**

**Re: Mary Brown v. County of Union, et als.  
Date of Accident/Incident: 04/30/12  
NOTICE OF TORT CLAIM**

To the Union County Board of Freeholders:

We represent Mary Brown for injuries sustained during the course of her employment as a teacher, and, accordingly, act on her behalf.

**This letter will serve as the Notice of Claim on behalf of our client, Mary Brown, according to the provisions of the New Jersey Tort Claims Act, N.J.S.A. 59:1-1 et seq.**

Additionally, enclosed please find a notice of tort claim form for Union County and attached rider.

**a. The name and post office address of the claimant:**

Mary Brown  
[REDACTED]  
[REDACTED]

**b. The post-office address to which the person presenting the claim desires notices to be sent:**

Matthew T. Rinaldo, Esq.  
Rinaldo and Rinaldo, Esqs.  
60 Walnut Avenue, Suite 150  
Clark, New Jersey 07066

**c. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:**

This Notice is based on the noticed layoff and forced retirement of Mary Brown ("Claimant"). Claimant was noticed for layoff effective May 1, 2012, and consequently was forced to retire effective April 30, 2012.

Claimant's layoff was for reasons forbidden by law, that is, due to Claimant's age. Claimant was not the only senior individual laid off, and, in fact, all three county teachers, Mary Brown (age 63), Gail Opacity (age 64), and William Karafel (age 60), were noticed of their impending layoff and forced to retire. All three of these individuals had over 25 years of experience working for the County of Union, were laid off.

The cited reasons of economy and efficiency were pretextual. The layoffs, in fact, reduce the teaching staff below mandated levels.

Please note that Title 59 does not apply to Federal or statutory causes of action, and this notice is for your convenience only.

**d. A general description of the injury, damage or loss incurred so far as it may be known at the time of presentation of the claim:**

Claimant lost employment, and has suffered substantial losses in earnings and job benefits, and has suffered, and continues to suffer, humiliation, embarrassment, mental and emotional distress, and discomfort.

A more accurate and comprehensive statement of damages will be calculated and supplied at a later date.

**e. The name or names of the public entity, employee or employees causing the injury, damage or loss, if known:**

Known involved entities are:

- ▣ County of Union
- ▣ County of Union Department of Human Services
- ▣ County of Union Juvenile Detention Center

Known involved executive and supervisory employees are:

- ▣ Alfred J. Faella, MPA, County Manager
- ▣ Gregory Lyons, Superintendent, Juvenile Detention Center

**f. The amount claimed as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed:**

- ▣ Wage Loss: **\$700,000**, based on Claimant's wages of approximately \$70,000 per year and an estimated 10 years until Claimant's retirement.
- ▣ Medical expenses and other consequential expenses: To be determined. Claimant is not presently treating, but this eventuality is not foreclosed.



- Personal Injury, pain and suffering, loss of reputation, humiliation, anxiety, depression, other emotional distress, and dignitary: **\$100,000**, based on the fundamental rights infringed. This number is subject to modification as the full extent of Claimant's injuries are manifested.
- Punitive: **To be awarded**, as determined in accordance with N.J.S.A. 2A:15-5.9 et seq., and especially N.J.S.A. 2A:15-5.14.
- Counsel fees and prejudgment interest for civil rights claims: **To be awarded**, as determined by the expense in prosecuting and trying the action.

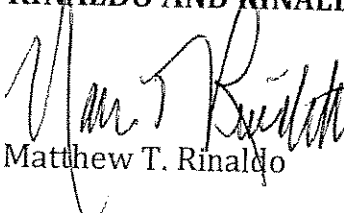
Total: **\$800,000**, plus punitive damages and counsel fees, etc.

A more accurate and comprehensive statement of damages will be calculated and supplied at a later date as investigation continues.

Medical reports, hospital records, treating physicians, office notes and reports, experts' reports, and itemized bills as well as any liability reports will be supplied, if applicable, when available and as discovery and investigation in this matter progresses. Claimant reserves the right to utilize all of the above, in whole or in part, in connection with this Claim.

Please be guided accordingly.

Very truly yours,  
**RINALDO AND RINALDO, ESQS.**



Matthew T. Rinaldo

MTR:gse  
Enclosures

# CLAIM FOR DAMAGES AGAINST UNION COUNTY

IF CLAIM IS BEING MADE FOR SPOUSE OR CHILDREN,  
SEPARATE TORT CLAIM FORMS MUST BE SUBMITTED.

UNION COUNTY COUNSEL  
RECEIVED  
JUN 13 2012  
ADMINISTRATION BUILDING  
ELIZABETH, NJ

Forward To: Union County Counsel  
Administration Building  
Elizabeth, New Jersey 07207

1. Claimant:

Brown      Mary      E.      TBD  
Last Name,      First,      Middle      Date of Birth

[REDACTED]  
Street Address/Mailing Address

[REDACTED]      TBD  
City,      State      Zip Code      Social Security No.

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please state:

Name Matthew T. Rinaldo

Mailing Address 60 Walnut Ave., Suite 150

Clark      NJ      07066  
City,      State      Zip Code

Relationship to claimant: Attorney at Law () or

Explain Relationship

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

A. Date 4/30/2012 Time end of work day

B. Describe the location or place of the accident or occurrence

Linden      Juvenile Detention Center  
Municipality      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.

Please see rider

4. A. Claim for Damages (Check the appropriate block)

Personal Injury     Property Damage

Other - Explain in detail Please see rider

B. If you claim Personal Injury;

B1. Describe your injuries resulting from this accident or occurrence:

Please see rider

B2. Do you claim permanent disability resulting from this injury?

Please see rider  
 Yes     No

If yes, describe the injuries believed to be permanent.

B3. For each hospital, doctor or other practitioner rendering treatment, examination, or diagnostic service, state:

Please see rider

a. Name of Hospital, Doctor or other Facility

b. Address

c. Dates of treatment or services

d. Amount of charges to date

e. Amount paid or payable by other sources such as insurance

B4. If you claim loss of wages or income as a result of the injury, state

County of Union                      15 Elizabethtown Plaza, Elizabeth, NJ 07207  
Name of Employer                      Address of Employer  
Teacher                                      12/13/1981  
Your Occupation                              Date of Employment  
approx. 70,000/yr                      April 30, 2012 - present  
Rate of Pay                                      Dates of absence from work

Date returned to work N/A

NOTE: If your claim for loss of income arises from self-employment or other than taxes, attach a calculation showing the basis of your calculation of loss.

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

Please see rider

6. If you claim property damage: N/A

A. Describe the property damage:

B. The present location and time when the property may be inspected:

\_\_\_\_\_  
LOCATION                                      DATE                                      TIME

C. Date property was acquired.

\_\_\_\_\_

D. Cost of property.

E. Value of property at time of accident.

\_\_\_\_\_

F. Description of damage.

G. Has the damage been repaired?

If yes, by whom, when and cost of repair.

Repaired by

When

Costs of Repairs

H. Attach each estimate of repair costs to this form.

I. Set forth in detail the loss claimed by you for property damage.

7. A. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

Please see answer to 5

B. The amount of the claim.

Please see answer to 5

8. A. State the name and address of the County agency or agencies that you claim caused your damage.

Department of Human Services  
15 Elizabethtown Plaza, Elizabeth, NJ 07107

B. State the names of County employees whom you claim were at fault, including any information that will assist in identifying and locating them.

Please see rider

9. State the negligence or wrongful acts of the County agency and County employees which caused your damages.

Please see rider

10. State the name and address of any other persons against whom you are making a claim arising out of this accident and your theory of negligence or wrongful acts by them.

Please see rider

11. State the names and address of all witnesses to the accident or occurrence.

Please see rider

Name of Witness

Address

Name of Witness

Address

12. A. State the names of all police officers and police departments who investigated the accident and attach a copy of the police report, if any.

N/A

Name of Police Officer

Police Department

Name of Police Officer

Police Department

B. Copy of Police Report attached:

( ) Yes

() No

13. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice.

Please see rider

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

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

N/A

For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

_____ Name & Address of Ins. Co.	_____ Policy Number	_____ Benefits Paid or Payable
-------------------------------------	------------------------	-----------------------------------

_____ Name & Address of Ins. Co.	_____ Policy Number	_____ Benefits Paid or Payable
-------------------------------------	------------------------	-----------------------------------

15. Have you received or agreed to receive any money from anyone for the damages claimed herein.

( ) Yes      (✓) No

If so, set forth the details of such agreement.

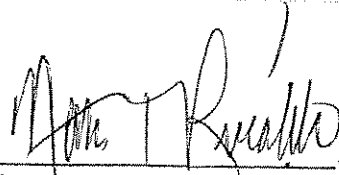
---

16. The following items must be submitted with this notice:

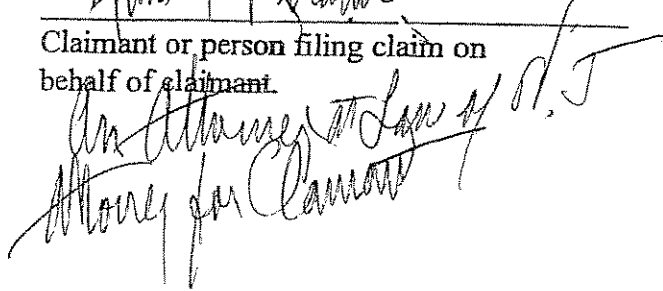
- A. Copies of itemized bills for each medical expense and other losses and expenses claimed.
- B. Full copies of all appraisals and estimates of property damage claims by you.
- C. Copies of all written reports of all expert witnesses and treating physicians.
- D. A letter from your employer verifying your lost wages. If self employed, a statement showing the calculation of your claimed lost income.
- E. Completed "Authorization for Release of Health Information", see attached form.

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 to me to be in existence at this time. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.

DATED: 6/11/2012



Claimant or person filing claim on behalf of claimant.



An Attorney at Law of N.J.  
Attorney for Claimant



# RINALDO AND RINALDO

*Counsellors at Law*

ANTHONY D. RINALDO, SR. (1907-1976)  
MATTHEW T. RINALDO

60 WALNUT AVENUE, SUITE 150  
CLARK, NEW JERSEY 07066-1647

PHONE (732) 388-9300  
FAX (732) 388-9301

GRANT S. ELLIS

June 11, 2012

## RIDER TO NOTICE OF TORT CLAIM FORM OF MARY BROWN

**3C Describe how the accident or occurrence happened; If a diagram will assist your explanation, please use the reverse side of this form.**

This Notice is based on the noticed layoff and forced retirement of Mary Brown ("Claimant"). Claimant was noticed for layoff effective May 1, 2012, and consequently was forced to retire effective April 30, 2012.

Claimant's layoff was for reasons forbidden by law, that is, due to Claimant's age. Claimant was not the only senior individual laid off, and, in fact, all three county teachers, Mary Brown (age 63), Gail Opacity (age 64), and William Karafel (age 60), were noticed of their impending layoff and forced to retire. All three of these individuals had over 25 years of experience working for the County of Union, were laid off.

The cited reasons of economy and efficiency were pretextual. The layoffs, in fact, reduce the teaching staff below mandated levels.

Please note that Title 59 does not apply to Federal or statutory causes of action, and this notice is for your convenience only.

**4A Other - Explain in detail**

This Notice is based on the noticed layoff and forced retirement of Mary Brown ("Claimant"). Claimant was noticed for layoff effective May 1, 2012, and consequently was forced to retire effective April 30, 2012.

Please see answer 3C for further details.

**4B1 Describe your injuries resulting from this accident or occurrence**

Though this is not currently applicable, Claimant reserves the right to amend and supplement this answer as the need for treatment manifests itself.

**4B2 Describe your injuries resulting from this accident or occurrence**

Though this is not currently applicable, Claimant reserves the right to amend and supplement this answer as permanent disability manifests itself.

**4B3 For each hospital, doctor or other practitioner rendering treatment, examination, or diagnostic service, state:**

Though this is not currently applicable, Claimant reserves the right to amend and supplement this answer as the need for treatment manifests itself.

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

- Wage Loss: **\$700,000**, based on Claimant's wages of approximately \$70,000 per year and an estimated 10 years until Claimant's retirement.
- Medical expenses and other consequential expenses: To be determined. Claimant is not presently treating, but this eventuality is not foreclosed.
- Personal Injury, pain and suffering, loss of reputation, humiliation, anxiety, depression, other emotional distress, and dignitary: **\$100,000**, based on the fundamental rights infringed. This number is subject to modification as the full extent of Claimant's injuries are manifested.
- Punitive: **To be awarded**, as determined in accordance with N.J.S.A. 2A:15-5.9 et seq., and especially N.J.S.A. 2A:15-5.14.
- Counsel fees and prejudgment interest for civil rights claims: **To be awarded**, as determined by the expense in prosecuting and trying the action.

Total: **\$800,000**, plus punitive damages and counsel fees, etc.

A more accurate and comprehensive statement of damages will be calculated and supplied at a later date as investigation continues.

**8B State the names of County employees whom you claim were at fault, including any information that will assist in identifying and locating them.**

- ▣ Alfred J. Faella, MPA, County Manager
- ▣ Gregory Lyons, Superintendent, Juvenile Detention Center

**9. State the negligence or wrongful acts of the County agency and County employees which caused your damages.**

Claimant's layoff was for reasons forbidden by law, that is, due to Claimant's age. Claimant was not the only senior individual laid off, and, in fact, all three county teachers, Mary Brown (age 63), Gail Opacity (age 64), and William Karafel (age 60), were noticed of their impending layoff and forced to retire. All three of these individuals had over 25 years of experience working for the County of Union, were laid off.

Please see answer 3C for further details.

**10. State the name and address of any other persons against whom you are making a claim arising out of this accident and your theory of negligence or wrongful acts by them.**

Though this is not currently applicable, Claimant was not privy to the details of the layoff decision and reserves the right to amend and supplement this answer.

**11. State the name and address of all witnesses to the accident or occurrence.**

- ▣ Alfred J. Faella, MPA, County Manager, 10 Elizabethtown Plaza, Elizabeth, NJ 07207
- ▣ Gregory Lyons, Superintendent, Juvenile Detention Center, 1075 Edward Street, Linden, NJ 07036
- ▣ Mary Brown, [REDACTED]
- ▣ Gail Opacity, [REDACTED]
- ▣ William Karafel, [REDACTED]

- ☐ Chief A. Rodriguez, employee, Juvenile Detention Center
- ☐ Barbara Farley, Supervisor of Education, Juvenile Detention Center

**13. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice.**

Though this is not currently applicable, Claimant was not privy to the details of the layoff decision and reserves the right to amend and supplement this answer.

*M. T. Ruffalo*  
*Attorney for Claimant*

CLNAME: Opacity

CFNAME: Gail

GROUP: Juvenile/County employee

INFANT: Y/No      D/O/B:

D/L: 4/30/12      D/N: 6/13/12      TIMELY: Yes

CESQ: Matthew Rinaldo      IHESQ: RLC

LOSS: Loss of employment      DEMAND:      RESERVE:

LOCATION: Juvenile Detention, Linden, NJ

DESCRIPTION:      laid off – claiming age discrimination

---

RECOMMENDATION:      review

---

COMMENTS:

---

---

---

---

# RINALDO AND RINALDO

*Counsellors at Law*

ANTHONY D. RINALDO, SR. (1907-1976)

MATTHEW T. RINALDO

60 WALNUT AVENUE, SUITE 150  
CLARK, NEW JERSEY 07066-1647

PHONE (732) 388-9300

FAX (732) 388-9301

GRANT S. ELLIS

June 11, 2012

UNION COUNTY COUNSEL  
RECEIVED  
JUN 13 2012  
ADMINISTRATION BUILDING  
ELIZABETH, NJ

**VIA HAND DELIVERY, REGULAR & CERTIFIED MAIL, RRR**

Union County Administration Building

10 Elizabethtown Plaza

Elizabeth, New Jersey 07207

**ATTN: County Manager Alfred J. Faella, MPA**

**VIA HAND DELIVERY, REGULAR & CERTIFIED MAIL, RRR**

Union County Administration Building

10 Elizabethtown Plaza

Elizabeth, New Jersey 07207

**ATTN: James E. Pellettiere, MPA, Clerk of the Board**

**Re: Gail Opacity v. County of Union, et als.**

**Date of Accident/Incident: 04/30/12**

**NOTICE OF TORT CLAIM**

To the Union County Board of Freeholders:

We represent Gail Opacity for injuries sustained during the course of her employment as a teacher, and, accordingly, act on her behalf.

**This letter will serve as the Notice of Claim on behalf of our client, Gail Opacity, according to the provisions of the New Jersey Tort Claims Act, N.J.S.A. 59:1-1 et seq.**

Additionally, enclosed please find a notice of tort claim form for Union County and attached rider.

**a. The name and post office address of the claimant:**

Gail Opacity



**b. The post-office address to which the person presenting the claim desires notices to be sent:**

Matthew T. Rinaldo, Esq.  
Rinaldo and Rinaldo, Esqs.  
60 Walnut Avenue, Suite 150  
Clark, New Jersey 07066

**c. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:**

This Notice is based on the noticed layoff and forced retirement of Gail Opacity ("Claimant"). Claimant was noticed for layoff effective May 1, 2012, and consequently was forced to retire effective April 30, 2012.

Claimant's layoff was for reasons forbidden by law, that is, due to Claimant's age. Claimant was not the only senior individual laid off, and, in fact, all three county teachers, Mary Brown (age 63), Gail Opacity (age 64), and William Karafel (age 60), were noticed of their impending layoff and forced to retire. All three of these individuals had over 25 years of experience working for the County of Union, were laid off.

The cited reasons of economy and efficiency were pretextual. The layoffs, in fact, reduce the teaching staff below mandated levels.

Please note that Title 59 does not apply to Federal or statutory causes of action, and this notice is for your convenience only.

**d. A general description of the injury, damage or loss incurred so far as it may be known at the time of presentation of the claim:**

Claimant lost employment, and has suffered substantial losses in earnings and job benefits, and has suffered, and continues to suffer, humiliation, embarrassment, mental and emotional distress, and discomfort.

A more accurate and comprehensive statement of damages will be calculated and supplied at a later date.

**e. The name or names of the public entity, employee or employees causing the injury, damage or loss, if known:**

Known involved entities are:

- County of Union
- County of Union Department of Human Services
- County of Union Juvenile Detention Center

Known involved executive and supervisory employees are:

- Alfred J. Faella, MPA, County Manager
- Gregory Lyons, Superintendent, Juvenile Detention Center

**f. The amount claimed as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed:**

- Wage Loss: **\$700,000**, based on Claimant's wages of approximately \$70,000 per year and an estimated 10 years until Claimant's retirement.
- Medical expenses and other consequential expenses: To be determined. Claimant is not presently treating, but this eventuality is not foreclosed.



- Personal Injury, pain and suffering, loss of reputation, humiliation, anxiety, depression, other emotional distress, and dignitary: **\$100,000**, based on the fundamental rights infringed. This number is subject to modification as the full extent of Claimant's injuries are manifested.
- Punitive: **To be awarded**, as determined in accordance with N.J.S.A. 2A:15-5.9 et seq., and especially N.J.S.A. 2A:15-5.14.
- Counsel fees and prejudgment interest for civil rights claims: **To be awarded**, as determined by the expense in prosecuting and trying the action.

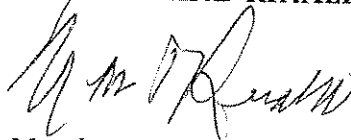
Total: **\$800,000**, plus punitive damages and counsel fees, etc.

A more accurate and comprehensive statement of damages will be calculated and supplied at a later date as investigation continues.

Medical reports, hospital records, treating physicians, office notes and reports, experts' reports, and itemized bills as well as any liability reports will be supplied, if applicable, when available and as discovery and investigation in this matter progresses. Claimant reserves the right to utilize all of the above, in whole or in part, in connection with this Claim.

Please be guided accordingly.

Very truly yours,  
**RINALDO AND RINALDO, ESQS.**



Matthew T. Rinaldo

MTR:gse  
Enclosures

**CLAIM FOR DAMAGES AGAINST UNION COUNTY**

IF CLAIM IS BEING MADE FOR SPOUSE OR CHILDREN,  
SEPARATE TORT CLAIM FORMS MUST BE SUBMITTED.

Forward To: Union County Counsel  
Administration Building  
Elizabeth, New Jersey 07207

UNION COUNTY COUNSEL  
RECEIVED  
JUN 13 2012  
ADMINISTRATION BUILDING  
ELIZABETH, NJ

1. Claimant:

Opacity Gail  
Last Name, First, Middle

10/7/1947  
Date of Birth

[Redacted]  
Street Address/Mailing Address

[Redacted]  
City, State Zip Code

[Redacted]  
Social Security No.

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please state:

Name Matthew T. Rinaldo

Mailing Address 60 Walnut Ave., Suite 150

Clark NJ 07066  
City, State Zip Code

Relationship to claimant: Attorney at Law () or

Explain Relationship

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

A. Date 4/30/12 Time end of work day

B. Describe the location or place of the accident or occurrence

Linden  
Municipality

Juvenile Detention Center  
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.

*Please see rider*

4. A. Claim for Damages (Check the appropriate block)

Personal Injury     Property Damage

Other - Explain in detail *Please see rider*

B. If you claim Personal Injury;

B1. Describe your injuries resulting from this accident or occurrence:

*Please see rider*

B2. Do you claim permanent disability resulting from this injury?

Yes    *Please see rider*  
 No

If yes, describe the injuries believed to be permanent.

B3. For each hospital, doctor or other practitioner rendering treatment, examination, or diagnostic service, state:

*Please see rider*

a. Name of Hospital, Doctor or other Facility

b. Address

c. Dates of treatment or services

d. Amount of charges to date

e. Amount paid or payable by other sources such as insurance



F. Description of damage.

G. Has the damage been repaired?

If yes, by whom, when and cost of repair.

Repaired by

When

Costs of Repairs

H. Attach each estimate of repair costs to this form.

I. Set forth in detail the loss claimed by you for property damage.

7. A. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

Please see answer to 5

B. The amount of the claim.

Please see answer to 5

8. A. State the name and address of the County agency or agencies that you claim caused your damage.

Department of Human Services  
15 Elizabethan Plaza, Elizabeth, NJ 07207

B. State the names of County employees whom you claim were at fault, including any information that will assist in identifying and locating them.

Please see rider

9. State the negligence or wrongful acts of the County agency and County employees which caused your damages.

Please see rider

10. State the name and address of any other persons against whom you are making a claim arising out of this accident and your theory of negligence or wrongful acts by them.

Please see rider

11. State the names and address of all witnesses to the accident or occurrence.

Please see rider

Name of Witness

Address

Name of Witness

Address

12. A. State the names of all police officers and police departments who investigated the accident and attach a copy of the police report, if any.

N/A

Name of Police Officer

Police Department

Name of Police Officer

Police Department

B. Copy of Police Report attached:

Yes

No

13. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice.

Please see rider

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

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

N/A

For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

Name & Address of Ins. Co.	Policy Number	Benefits Paid or Payable
----------------------------	---------------	--------------------------

Name & Address of Ins. Co.	Policy Number	Benefits Paid or Payable
----------------------------	---------------	--------------------------

15. Have you received or agreed to receive any money from anyone for the damages claimed herein.

( ) Yes      (✓) No

If so, set forth the details of such agreement.

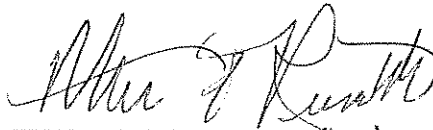
---

16. The following items must be submitted with this notice:

- A. Copies of itemized bills for each medical expense and other losses and expenses claimed.
- B. Full copies of all appraisals and estimates of property damage claims by you.
- C. Copies of all written reports of all expert witnesses and treating physicians.
- D. A letter from your employer verifying your lost wages. If self employed, a statement showing the calculation of your claimed lost income.
- E. Completed "Authorization for Release of Health Information", see attached form.

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 to me to be in existence at this time. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.

DATED: 6/11/2012



Claimant or person filing claim on  
behalf of claimant.

*an attorney at Law of D*  
*Attorney for Claimant*



# RINALDO AND RINALDO

*Counsellors at Law*

ANTHONY D. RINALDO, SR. (1907-1976)

60 WALNUT AVENUE, SUITE 150  
CLARK, NEW JERSEY 07066-1647

PHONE (732) 388-9300

FAX (732) 388-9301

GRANT S. ELLIS

June 11, 2012

## RIDER TO NOTICE OF TORT CLAIM FORM OF GAIL OPACITY

**3C Describe how the accident or occurrence happened: If a diagram will assist your explanation, please use the reverse side of this form.**

This Notice is based on the noticed layoff and forced retirement of Gail Opacity ("Claimant"). Claimant was noticed for layoff effective May 1, 2012, and consequently was forced to retire effective April 30, 2012.

Claimant's layoff was for reasons forbidden by law, that is, due to Claimant's age. Claimant was not the only senior individual laid off, and, in fact, all three county teachers, Mary Brown (age 63), Gail Opacity (age 64), and William Karafel (age 60), were noticed of their impending layoff and forced to retire. All three of these individuals had over 25 years of experience working for the County of Union, were laid off.

The cited reasons of economy and efficiency were pretextual. The layoffs, in fact, reduce the teaching staff below mandated levels.

Please note that Title 59 does not apply to Federal or statutory causes of action, and this notice is for your convenience only.

**4A Other - Explain in detail**

This Notice is based on the noticed layoff and forced retirement of Gail Opacity ("Claimant"). Claimant was noticed for layoff effective May 1, 2012, and consequently was forced to retire effective April 30, 2012.

Please see answer 3C for further details.

**4B1 Describe your injuries resulting from this accident or occurrence**

Though this is not currently applicable, Claimant reserves the right to amend and supplement this answer as the need for treatment manifests itself.

**4B2 Describe your injuries resulting from this accident or occurrence**

Though this is not currently applicable, Claimant reserves the right to amend and supplement this answer as permanent disability manifests itself.

**4B3 For each hospital, doctor or other practitioner rendering treatment, examination, or diagnostic service, state:**

Though this is not currently applicable, Claimant reserves the right to amend and supplement this answer as the need for treatment manifests itself.

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

- Wage Loss: **\$700,000**, based on Claimant's wages of approximately \$70,000 per year and an estimated 10 years until Claimant's retirement.
- Medical expenses and other consequential expenses: To be determined. Claimant is not presently treating, but this eventuality is not foreclosed.
- Personal Injury, pain and suffering, loss of reputation, humiliation, anxiety, depression, other emotional distress, and dignitary: **\$100,000**, based on the fundamental rights infringed. This number is subject to modification as the full extent of Claimant's injuries are manifested.
- Punitive: **To be awarded**, as determined in accordance with N.J.S.A. 2A:15-5.9 et seq., and especially N.J.S.A. 2A:15-5.14.
- Counsel fees and prejudgment interest for civil rights claims: **To be awarded**, as determined by the expense in prosecuting and trying the action.

Total: **\$800,000**, plus punitive damages and counsel fees, etc.

A more accurate and comprehensive statement of damages will be calculated and supplied at a later date as investigation continues.

**8B State the names of County employees whom you claim were at fault, including any information that will assist in identifying and locating them.**

- ☐ Alfred J. Faella, MPA, County Manager
- ☐ Gregory Lyons, Superintendent, Juvenile Detention Center

**9. State the negligence or wrongful acts of the County agency and County employees which caused your damages.**

Claimant's layoff was for reasons forbidden by law, that is, due to Claimant's age. Claimant was not the only senior individual laid off, and, in fact, all three county teachers, Mary Brown (age 63), Gail Opacity (age 64), and William Karafel (age 60), were noticed of their impending layoff and forced to retire. All three of these individuals had over 25 years of experience working for the County of Union, were laid off.

Please see answer 3C for further details.

**10. State the name and address of any other persons against whom you are making a claim arising out of this accident and your theory of negligence or wrongful acts by them.**

Though this is not currently applicable, Claimant was not privy to the details of the layoff decision and reserves the right to amend and supplement this answer.

**11. State the name and address of all witnesses to the accident or occurrence.**

- ☐ Alfred J. Faella, MPA, County Manager, 10 Elizabethtown Plaza, Elizabeth, NJ 07207
- ☐ Gregory Lyons, Superintendent, Juvenile Detention Center, 1075 Edward Street, Linden, NJ 07036
- ☐ Mary Brown, [REDACTED]
- ☐ Gail Opacity, [REDACTED]
- ☐ William Karafel, [REDACTED]

Chief A. Rodriguez, employee, Juvenile Detention Center

Barbara Farley, Supervisor of Education, Juvenile Detention Center

**13. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice.**

Though this is not currently applicable, Claimant was not privy to the details of the layoff decision and reserves the right to amend and supplement this answer.

*Sam R. Burtis*  
*Attorney for Claimant*

CLNAME: Karafel

CFNAME: William

GROUP: Juvenile/County employee

INFANT: Y/No      D/O/B:

D/L: 4/30/12      D/N: 6/13/12      TIMELY: Yes

CESQ: Matthew Rinaldo      IHESQ: RLC

LOSS: Loss of employment      DEMAND:      RESERVE:

LOCATION: Juvenile Detention, Linden, NJ

DESCRIPTION: laid off – claiming age discrimination

---

RECOMMENDATION: review

---

COMMENTS:

---

---

---

---

# RINALDO AND RINALDO

*Counsellors at Law*

ANTHONY D. RINALDO, SR. (1907-1976)

MATTHEW T. RINALDO

GRANT S. ELLIS

60 WALNUT AVENUE, SUITE 150  
CLARK, NEW JERSEY 07066-1647

PHONE (732) 388-9300

FAX (732) 388-9301

UNION COUNTY COUNSEL  
RECEIVED  
JUN 13 2012  
ADMINISTRATION BUILDING  
ELIZABETH, NJ

June 11, 2012

**VIA HAND DELIVERY, REGULAR & CERTIFIED MAIL, RRR**

Union County Administration Building

10 Elizabethtown Plaza

Elizabeth, New Jersey 07207

**ATTN: County Manager Alfred J. Faella, MPA**

**VIA HAND DELIVERY, REGULAR & CERTIFIED MAIL, RRR**

Union County Administration Building

10 Elizabethtown Plaza

Elizabeth, New Jersey 07207

**ATTN: James E. Pellettiere, MPA, Clerk of the Board**

**Re: William Karafel v. County of Union, et als.**

**Date of Accident/Incident: 04/30/12**

**NOTICE OF TORT CLAIM**

To the Union County Board of Freeholders:

We represent William Karafel for injuries sustained during the course of his employment as a teacher, and, accordingly, act on his behalf.

**This letter will serve as the Notice of Claim on behalf of our client, William Karafel, according to the provisions of the New Jersey Tort Claims Act, N.J.S.A. 59:1-1 et seq.**

Additionally, enclosed please find a notice of tort claim form for Union County and attached rider.

**a. The name and post office address of the claimant:**

William Karafel



**b. The post-office address to which the person presenting the claim desires notices to be sent:**

Matthew T. Rinaldo, Esq.  
Rinaldo and Rinaldo, Esqs.  
60 Walnut Avenue, Suite 150  
Clark, New Jersey 07066

**c. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:**

This Notice is based on the noticed layoff and forced retirement of William Karafel ("Claimant"). Claimant was noticed for layoff effective May 1, 2012, and consequently was forced to retire effective April 30, 2012.

Claimant's layoff was for reasons forbidden by law, that is, due to Claimant's age. Claimant was not the only senior individual laid off, and, in fact, all three county teachers, Mary Brown (age 63), Gail Opacity (age 64), and William Karafel (age 60), were noticed of their impending layoff and forced to retire. All three of these individuals had over 25 years of experience working for the County of Union, were laid off.

The cited reasons of economy and efficiency were pretextual. The layoffs, in fact, reduce the teaching staff below mandated levels.

Please note that Title 59 does not apply to Federal or statutory causes of action, and this notice is for your convenience only.

**d. A general description of the injury, damage or loss incurred so far as it may be known at the time of presentation of the claim:**

Claimant lost employment, and has suffered substantial losses in earnings and job benefits, and has suffered, and continues to suffer, humiliation, embarrassment, mental and emotional distress, and discomfort.

A more accurate and comprehensive statement of damages will be calculated and supplied at a later date.

**e. The name or names of the public entity, employee or employees causing the injury, damage or loss, if known:**

Known involved entities are:

- County of Union
- County of Union Department of Human Services
- County of Union Juvenile Detention Center

Known involved executive and supervisory employees are:

- Alfred J. Faella, MPA, County Manager
- Gregory Lyons, Superintendent, Juvenile Detention Center

**f. The amount claimed as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed:**

- Wage Loss: **\$700,000**, based on Claimant's wages of approximately \$70,000 per year and an estimated 10 years until Claimant's retirement.
- Medical expenses and other consequential expenses: To be determined. Claimant is not presently treating, but this eventuality is not foreclosed.



- ❑ Personal Injury, pain and suffering, loss of reputation, humiliation, anxiety, depression, other emotional distress, and dignitary: **\$100,000**, based on the fundamental rights infringed. This number is subject to modification as the full extent of Claimant's injuries are manifested.
- ❑ Punitive: **To be awarded**, as determined in accordance with N.J.S.A. 2A:15-5.9 et seq., and especially N.J.S.A. 2A:15-5.14.
- ❑ Counsel fees and prejudgment interest for civil rights claims: **To be awarded**, as determined by the expense in prosecuting and trying the action.

Total: **\$800,000**, plus punitive damages and counsel fees, etc.

A more accurate and comprehensive statement of damages will be calculated and supplied at a later date as investigation continues.

Medical reports, hospital records, treating physicians, office notes and reports, experts' reports, and itemized bills as well as any liability reports will be supplied, if applicable, when available and as discovery and investigation in this matter progresses. Claimant reserves the right to utilize all of the above, in whole or in part, in connection with this Claim.

Please be guided accordingly.

Very truly yours,  
**RINALDO AND RINALDO, ESQS.**



Matthew T. Rinaldo

MTR:gse  
Enclosures

**CLAIM FOR DAMAGES AGAINST UNION COUNTY**

IF CLAIM IS BEING MADE FOR SPOUSE OR CHILDREN,  
SEPARATE TORT CLAIM FORMS MUST BE SUBMITTED.

UNION COUNTY COUNSEL  
RECEIVED  
JUN 13 2012  
ADMINISTRATION BUILDING  
ELIZABETH, NJ

Forward To: Union County Counsel  
Administration Building  
Elizabeth, New Jersey 07207

1. Claimant:

Karafel William G.  
Last Name, First, Middle

7/14/1951  
Date of Birth

[Redacted]  
Street Address/Mailing Address

[Redacted]  
City, State Zip Code

[Redacted]  
Social Security No.

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please state:

Name Matthew T. Rinakto

Mailing Address 60 Walnut Ave., Suite 150

Clark NJ 07066  
City, State Zip Code

Relationship to claimant: Attorney at Law  or

Explain Relationship

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

A. Date 4/30/2012 Time end of work day

B. Describe the location or place of the accident or occurrence

Linden  
Municipality

Juvenile Detention Center  
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.

Please see rider

4. A. Claim for Damages (Check the appropriate block)

Personal Injury     Property Damage

Other - Explain in detail Please see rider

B. If you claim Personal Injury;

B1. Describe your injuries resulting from this accident or occurrence:

Please see rider

B2. Do you claim permanent disability resulting from this injury?

Yes

No

Please see rider

If yes, describe the injuries believed to be permanent.

B3. For each hospital, doctor or other practitioner rendering treatment, examination, or diagnostic service, state:

Please see rider

a. Name of Hospital, Doctor or other Facility

b. Address

c. Dates of treatment or services

d. Amount of charges to date

e. Amount paid or payable by other sources such as insurance

B4. If you claim loss of wages or income as a result of the injury, state

County of Union

15 Elizabethan Plaza, Elizabeth, NJ 07207

Name of Employer

Address of Employer

Teacher

7/10/1976

Your Occupation

Date of Employment

approx. 70,000/yr.

April 30, 2012 - present

Rate of Pay

Dates of absence from work

Date returned to work N/A

NOTE: If your claim for loss of income arises from self-employment or other than taxes, attach a calculation showing the basis of your calculation of loss.

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

Please see rider

6. If you claim property damage: N/A

A. Describe the property damage:

B. The present location and time when the property may be inspected:

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

C. Date property was acquired.

\_\_\_\_\_

D. Cost of property.

E. Value of property at time of accident.

\_\_\_\_\_

F. Description of damage.

G. Has the damage been repaired?

If yes, by whom, when and cost of repair.

Repaired by

When

Costs of Repairs

H. Attach each estimate of repair costs to this form.

I. Set forth in detail the loss claimed by you for property damage.

7. A. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

Please see answer to 5

B. The amount of the claim.

Please see answer to 5

8. A. State the name and address of the County agency or agencies that you claim caused your damage.

Department of Human Services  
15 Elizabethtown Plaza, Elizabethtown NJ 07207

B. State the names of County employees whom you claim were at fault, including any information that will assist in identifying and locating them.

Please see rider

9. State the negligence or wrongful acts of the County agency and County employees which caused your damages.

Please see rider

10. State the name and address of any other persons against whom you are making a claim arising out of this accident and your theory of negligence or wrongful acts by them.

Please see rider

11. State the names and address of all witnesses to the accident or occurrence.

Please see rider

Name of Witness

Address

Name of Witness

Address

12. A. State the names of all police officers and police departments who investigated the accident and attach a copy of the police report, if any.

N/A

Name of Police Officer

Police Department

Name of Police Officer

Police Department

B. Copy of Police Report attached:

( ) Yes (✓) No

13. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice.

Please see rider

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

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

N/A

For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

<u>Name &amp; Address of Ins. Co.</u>	<u>Policy Number</u>	<u>Benefits Paid or Payable</u>
<u>Name &amp; Address of Ins. Co.</u>	<u>Policy Number</u>	<u>Benefits Paid or Payable</u>

15. Have you received or agreed to receive any money from anyone for the damages claimed herein.

( ) Yes      (✓) No

If so, set forth the details of such agreement.

---

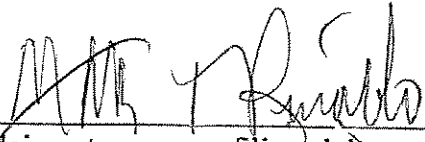
---

16. The following items must be submitted with this notice:

- A. Copies of itemized bills for each medical expense and other losses and expenses claimed.
- B. Full copies of all appraisals and estimates of property damage claims by you.
- C. Copies of all written reports of all expert witnesses and treating physicians.
- D. A letter from your employer verifying your lost wages. If self employed, a statement showing the calculation of your claimed lost income.
- E. Completed "Authorization for Release of Health Information", see attached form.

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 to me to be in existence at this time. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.

DATED: 6/11/2012

  
\_\_\_\_\_  
Claimant or person filing claim on  
behalf of claimant.

*Attorney at Law of N.J.*  
*Attorney for Claimant*



# RINALDO AND RINALDO

*Counsellors at Law*

ANTHONY D. RINALDO, SR. (1907-1976)  
MATTHEW T. RINALDO

60 WALNUT AVENUE, SUITE 150  
CLARK, NEW JERSEY 07066-1647

PHONE (732) 388-9300  
FAX (732) 388-9301

GRANT S. ELLIS

June 11, 2012

## RIDER TO NOTICE OF TORT CLAIM FORM OF WILLIAM KARAFEL

### **3C Describe how the accident or occurrence happened: If a diagram will assist your explanation, please use the reverse side of this form.**

This Notice is based on the noticed layoff and forced retirement of William Karafel ("Claimant"). Claimant was noticed for layoff effective May 1, 2012, and consequently was forced to retire effective April 30, 2012.

Claimant's layoff was for reasons forbidden by law, that is, due to Claimant's age. Claimant was not the only senior individual laid off, and, in fact, all three county teachers, Mary Brown (age 63), Gail Opacity (age 64), and William Karafel (age 60), were noticed of their impending layoff and forced to retire. All three of these individuals had over 25 years of experience working for the County of Union, were laid off.

The cited reasons of economy and efficiency were pretextual. The layoffs, in fact, reduce the teaching staff below mandated levels.

Please note that Title 59 does not apply to Federal or statutory causes of action, and this notice is for your convenience only.

### **4A Other - Explain in detail**

This Notice is based on the noticed layoff and forced retirement of William Karafel ("Claimant"). Claimant was noticed for layoff effective May 1, 2012, and consequently was forced to retire effective April 30, 2012.

Please see answer 3C for further details.

**4B1 Describe your injuries resulting from this accident or occurrence**

Though this is not currently applicable, Claimant reserves the right to amend and supplement this answer as the need for treatment manifests itself.

**4B2 Describe your injuries resulting from this accident or occurrence**

Though this is not currently applicable, Claimant reserves the right to amend and supplement this answer as permanent disability manifests itself.

**4B3 For each hospital, doctor or other practitioner rendering treatment, examination, or diagnostic service, state:**

Though this is not currently applicable, Claimant reserves the right to amend and supplement this answer as the need for treatment manifests itself.

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

- Wage Loss: **\$700,000**, based on Claimant's wages of approximately \$70,000 per year and an estimated 10 years until Claimant's retirement.
- Medical expenses and other consequential expenses: To be determined. Claimant is not presently treating, but this eventuality is not foreclosed.
- Personal Injury, pain and suffering, loss of reputation, humiliation, anxiety, depression, other emotional distress, and dignity: **\$100,000**, based on the fundamental rights infringed. This number is subject to modification as the full extent of Claimant's injuries are manifested.
- Punitive: **To be awarded**, as determined in accordance with N.J.S.A. 2A:15-5.9 et seq., and especially N.J.S.A. 2A:15-5.14.
- Counsel fees and prejudgment interest for civil rights claims: **To be awarded**, as determined by the expense in prosecuting and trying the action.

Total: **\$800,000**, plus punitive damages and counsel fees, etc.

A more accurate and comprehensive statement of damages will be calculated and supplied at a later date as investigation continues.

**8B State the names of County employees whom you claim were at fault, including any information that will assist in identifying and locating them.**

- ▣ Alfred J. Faella, MPA, County Manager
- ▣ Gregory Lyons, Superintendent, Juvenile Detention Center

**9. State the negligence or wrongful acts of the County agency and County employees which caused your damages.**

Claimant's layoff was for reasons forbidden by law, that is, due to Claimant's age. Claimant was not the only senior individual laid off, and, in fact, all three county teachers, Mary Brown (age 63), Gail Opacity (age 64), and William Karafel (age 60), were noticed of their impending layoff and forced to retire. All three of these individuals had over 25 years of experience working for the County of Union, were laid off.

Please see answer 3C for further details.

**10. State the name and address of any other persons against whom you are making a claim arising out of this accident and your theory of negligence or wrongful acts by them.**

Though this is not currently applicable, Claimant was not privy to the details of the layoff decision and reserves the right to amend and supplement this answer.

**11. State the name and address of all witnesses to the accident or occurrence.**

- ▣ Alfred J. Faella, MPA, County Manager, 10 Elizabethtown Plaza, Elizabeth, NJ 07207
- ▣ Gregory Lyons, Superintendent, Juvenile Detention Center, 1075 Edward Street, Linden, NJ 07036
- ▣ Mary Brown, [REDACTED]
- ▣ Gail Opacity, [REDACTED]
- ▣ William Karafel, [REDACTED]

- Chief A. Rodriguez, employee, Juvenile Detention Center
- Barbara Farley, Supervisor of Education, Juvenile Detention Center

**13. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice.**

Though this is not currently applicable, Claimant was not privy to the details of the layoff decision and reserves the right to amend and supplement this answer.

*Wm T. R...*  
*Attorney for Claimant*

CLNAME: Cifello

CFNAME: Brian

GROUP: Other

INFANT: Y/No

D/O/B:

D/L: 3/30/12

D/N: 6/8/12

TIMELY: YES

CESQ: Robert Stanicki

IHESQ: RLC

LOSS: BI

DEMAND:

RESERVE:

LOCATION: St. Georges Avenue, Linden, NJ

DESCRIPTION: c, on motorcycle, collided with another motorcycle

---

RECOMMENDATION: noc to c - deny

---

---

COMMENTS:

---

---

---

---

# NOTICE OF CLAIM

1. Brian C. Cifello [REDACTED] [REDACTED]  
*Name of Claimant* *Street Address* *City, State, Zip Code*  
May 11, 1981 [REDACTED] [REDACTED]  
*Date of Birth* *Home Tel. Number* *Social Security Number*

UNION COUNTY COUNSEL  
RECEIVED  
JUN - 8 2012  
ADMINISTRATION BUILDING  
ELIZABETH, NJ

2. *If it is requested that notice be sent to a person other than claimant, state:*  
Robert R. Stanicki, Esq. 1435 Raritan Road Clark, N.J. 07066  
*Name of Person* *Mailing Address* *City, State, Zip Code*  
(732) 388-2121 (732) 388-0330 Attorney  
*Telephone Number* *Fax Number* *Relationship to Claimant*

3. (a) *Date and location of the accident or occurrence:*  
March 30, 2012 E. St. Georges Avenue and  
*Date* Wheatsheaf Road Linden, New Jersey  
*Location* *City or Town, State*

(b) *Describe the accident or occurrence:*  
Claimant was travelling eastbound on St. Georges Avenue (State Road 27) in Linden, NJ on his motorcycle when another vehicle struck the motorcycle. See police report, attached. A contributing factor to the accident was a depression in the roadway. Upon information and belief, State, County and/or Municipal agencies and/or employees, and/or contractors hired by the State, County and/or Municipality either caused the dangerous condition directly or failed to properly maintain the roadway, failed to abate the dangerous condition and failed to provide notice of the dangerous condition.

(c) *State the names and addresses of all eyewitnesses:*  
Leon Natkie, [REDACTED] was driving the other vehicle involved in the accident. Claimant reserves the right to amend the list of witnesses upon completion of further discovery.

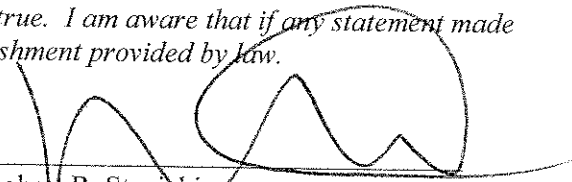
4. (a) *State the name and address of each State agency and each State employee whom you claimed caused your damages or injuries.*  
City of Linden, 301 North Wood Avenue, Linden, NJ 07036; County of Union, 2 North Broad Street, Elizabeth, NJ, 07207, State of New Jersey, Office of the Attorney General, CN-080, Trenton, NJ, New Jersey Department of Transportation, 1035 Parkway Avenue, Trenton, NJ 08625. Claimant reserves the right to amend this list upon completion of further discovery.

(b) *State the name and address of all other persons, companies, or governmental agencies that you claim are responsible for your injuries or damages.*  
In addition to the governmental entities listed above, Leon Natkie, [REDACTED] Claimant reserves the right to amend this list upon completion of further discovery.

5. *Briefly describe the injury, damages and losses incurred by you:*  
[REDACTED] wages and medical expenses. Claimant reserves the right to amend the list of damages upon further discovery.

6. *State the amount claimed by you*  
\$15,000,000.00

*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.*

  
Robert R. Stanicki  
*Attorney for Claimant*

Date: June 6, 2012

**MACKEVICH, BURKE & STANICKI**  
COUNSELLORS AT LAW

1435 RARITAN ROAD  
P.O. BOX 919  
CLARK, NEW JERSEY 07066-0919

(732) 388-2121  
FAX (732) 388-0330  
www.mbslawyers.com

JAMES E. MACKEVICH  
ROBERT R. STANICKI  
\_\_\_\_\_  
JASON L. PRESSMAN

JAMES M. BURKE  
1952-2007

June 28, 2012  
**VIA HAND DELIVERY**

UNION COUNTY COUNSEL  
RECEIVED  
JUN 28 2012

ADMINISTRATION BUILDING  
ELIZABETH, NJ

Rosalba L. Comas,  
Second Deputy County Counsel  
County of Union  
Administration Bldg. – Elizabethtown Plaza  
Elizabeth, NJ 07207

*RE: Brian Cifello vs. Leon Natkie, et. als.  
Date of Accident: 3/30/12*

Dear Ms. Comas:

Pursuant to your request, enclosed please find County of Union's Tort Claim form in connection with the above matter.

If you require any additional information, please contact the undersigned.

Very truly yours,

**MACKEVICH, BURKE & STANICKI**

  
Robert R. Stanicki  
Email: [rstanicki@mbslawyers.com](mailto:rstanicki@mbslawyers.com)

RRS:bar:Enclosure

# CLAIM FOR DAMAGES AGAINST UNION COUNTY

IF CLAIM IS BEING MADE FOR SPOUSE OR CHILDREN,  
SEPARATE TORT CLAIM FORMS MUST BE SUBMITTED.

Forward To: Union County Counsel  
Administration Building  
Elizabeth, New Jersey 07207

1. Claimant:

Cifello Brian C.  
Last Name, First, Middle

5/11/81  
Date of Birth

[REDACTED]  
Street Address/Mailing Address

[REDACTED]  
City, State Zip Code

[REDACTED]  
Social Security No.

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please state:

Name ROBERT STANICKI, ESQ.

Mailing Address 1435 RAVITAN ROAD, CLARK, N.J.  
07066

City, State Zip Code

Relationship to claimant: Attorney at Law ( ) or

Explain Relationship

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

A. 3/30/12 Approximate 5:59 P.M.  
Date Time

B. Describe the location or place of the accident or occurrence

LINDEN  
Municipality

E. ST. GEORGES AVE / WHEATSTONE  
Exact location of the occurrence ROAD



C. Describe how the accident or occurrence happened: If a diagram will assist your explanation, please use the reverse side of this form.

SEE POLICE REPORT ATTACHED

4. A. Claim for Damages (Check the appropriate block)

- Personal Injury     Property Damage
- Other - Explain in detail \_\_\_\_\_

B. If you claim Personal Injury;

B1. Describe your injuries resulting from this accident or occurrence:

[REDACTED]

[REDACTED]

[REDACTED]

SUCH OTHER INJURIES THAT SHALL BE RECALLED WITH ADDITIONAL TESTING

B2. Do you claim permanent disability resulting from this injury?

- Yes     No

If yes, describe the injuries believed to be permanent.

ALL INJURIES NOTED ABOVE ARE PERMANENT IN NATURE.

B3. For each hospital, doctor or other practitioner rendering treatment, examination, or diagnostic service, state:

a. Name of Hospital, Doctor or other Facility

SEE ATTACHED LIST.

b. Address

c. Dates of treatment or services

STILL UNDER ACTIVE TREATMENT

d. Amount of charges to date

UNKNOWN

e. Amount paid or payable by other sources such as insurance

ALL MEDICAL BILLS HAVE BE SUBMITTED TO HEALTH INSURANCE CARRIER

B4. If you claim loss of wages or income as a result of the injury, state

LINDEN BOARD OF EDUCATION  
 Name of Employer Address of Employer 2 EAST G. B BOND STREET  
TEACHER TO DATE OF ACCIDENT  
 Your Occupation Date of Employment LINDEN, N. J.  
\$8,000.00  
 Rate of Pay Dates of absence from work  
DATE OF ACCIDENT TO PRESENT

Date returned to work STILL OUT OF WORK

NOTE: If your claim for loss of income arises from self-employment or other than taxes, attach a calculation showing the basis of your calculation of loss.

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

6. If you claim property damage:

A. Describe the property damage:

N/A

PROPERTY DAMAGE CLAIM SETTLED

B. The present location and time when the property may be inspected:.

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

C. Date property was acquired.

\_\_\_\_\_

D. Cost of property.

E. Value of property at time of accident.

\_\_\_\_\_

F. Description of damage.

G. Has the damage been repaired?

If yes, by whom, when and cost of repair.

Repaired by

When

Costs of Repairs

H. Attach each estimate of repair costs to this form.

I. Set forth in detail the loss claimed by you for property damage.

7. A. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

B. The amount of the claim.

8. A. State the name and address of the County agency or agencies that you claim caused your damage.

Any Agency respons. ble for the condition of the roadway on EAST ST. GEORGES AVE AND WHEATSHUF ROAD LINDEN, N.J.

B. State the names of County employees whom you claim were at fault, including any information that will assist in identifying and locating them.

TO BE DETERMINED SEE ALSO RESPONSE TO Q. 3.

9. State the negligence or wrongful acts of the County agency and County employees which caused your damages.

SEE RESPONSE TO Q 8.

10. State the name and address of any other persons against whom you are making a claim arising out of this accident and your theory of negligence or wrongful acts by them.

LEON NATKIE, [REDACTED]  
CARELESS DRIVING; RECKLESS DRIVING; IMPROPER LEFT TURN.

11. State the names and address of all witnesses to the accident or occurrence.

SEE POLICE REPORT ATTACHED  
Name of Witness Address

Name of Witness Address

12. A. State the names of all police officers and police departments who investigated the accident and attach a copy of the police report, if any.

SEE REPORT ATTACHED  
Name of Police Officer Police Department

Name of Police Officer Police Department

B. Copy of Police Report attached:

Yes ( ) No

13. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice.

SEE Q 10 ABOVE

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

LEON NATKIE IS INSURED BY PLYMOUTH ROCK ASSURANCE GROUP, P. O. BOX 702, LINCOLN, N.J. 07738

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

THE MEDICAL BILLS ARE BEING PAID BY HORIZON BLUE CROSS BLUE SHIELD OF N.J.

For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

<u>Hortons Blue Cross Blue Shield</u> Name & Address of Ins. Co. <u>P.O. Box 820</u> <u>NEWARK, N.J. 07101</u>	<u>NJY3H2N67541130</u> Policy Number	<u>MEDICAL BILLS</u> Benefits Paid or Payable
Name & Address of Ins. Co.	Policy Number	Benefits Paid or Payable

15. Have you received or agreed to receive any money from anyone for the damages claimed herein.

( ) Yes     (~~X~~) No

If so, set forth the details of such agreement.

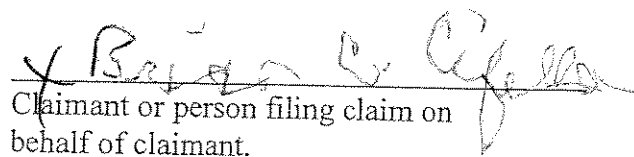
16. The following items must be submitted with this notice:

- A. Copies of itemized bills for each medical expense and other losses and expenses claimed.
- B. Full copies of all appraisals and estimates of property damage claims by you.
- C. Copies of all written reports of all expert witnesses and treating physicians.
- D. A letter from your employer verifying your lost wages. If self employed, a statement showing the calculation of your claimed lost income.
- E. Completed "Authorization for Release of Health Information", see attached form.

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 to me to be in existence at this time. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.

DATED:

6/28/12

  
Claimant or person filing claim on  
behalf of claimant.

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary.

Patient Name: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

My health information is to be released by the following physicians, hospitals, healthcare facilities and/or healthcare providers:

Name of Provider or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Name of Provider or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Name of Provider or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

The health information to be released (include specific description of injury and dates of treatment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My health information is to be released to:

The County of Union  
Office of County Counsel  
10 Elizabethtown Plaza  
Elizabeth, New Jersey 07207

The purpose of this disclosure is to allow the County of Union to evaluate the medical condition of the individual listed above in connection with their Tort Claim against the County. This information will be utilized by the County of Union to determine the validity and severity of any claimed medical condition for the purpose of potential settlement. The County reserves the right to have the disclosed health information evaluated by an outside physician or healthcare provider, as appropriate.

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose. I understand that authorizing disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that I may obtain a copy of the information to be used or disclosed. The County of Union may not condition treatment, payment, enrollment or eligibility for health benefits on whether or not this Release is executed. I understand that I may revoke this authorization at any time by notifying the County of Union, Office of County Counsel in writing; however, this revocation will not have any effect on actions taken prior to any revocation. If this authorization is not revoked, it will terminate one year from the date of my signature. This Release is intended to comply with the Privacy Regulations enacted under the *Health Insurance Portability and Accountability Act* (HIPAA). (45 C.F.R. 164.508).

Printed Name of Patient Authorizing this Release: BRIAN C. Cifello  
(Person making claim)

Date: 6/28/12

Signature: X Brian C. Cifello



## Medical Providers

---

University Hospital  
150 Bergen Street  
Newark, NJ 07103

Dr. John T. Capo  
UMDNJ  
90 Bergen Street, DOC Building, Suite 1200  
Newark, NJ 07103

Dr. Saad Chaudhary  
UMDNJ  
90 Bergen Street, DOC Building, Suite 1200  
Newark, NJ 07103

Dr. Ziad Sifri  
UMDNJ  
90 Bergen Street, DOC Building, Suite 7100  
Newark, NJ 07103

Kessler Institute for Rehabilitation  
1199 Pleasant Valley Way  
West Orange, NJ 07052

Page 1 of 2  Fatal **New Jersey Police Crash Investigation Report**  Reportable  Non-Reportable  Change Report

1 Case Number: 12017085 10 Crash Occurred On: E ST GEORGES AVE E 11 Speed Limit: 35 118a 25

2 Police Dept of: LINDEN, NJ Code: 01 12 Route No. 0027 13 Milepost: - - - - 118b -

3 Station/President: LINDEN 14 - 15 Miles of: N E S W of: WHEATSHEAF RD 18 Speed Limit: 25 119a -

4 Date of Crash: 03/30/12 5 Day of Week: Th 6 Time (Use 2400 hrs): 1759 7 Municipality Code: 2009 8 Total Killed: 00 9 Total Injured: 01 19 Ramp From: - 20 Route/Name: - 21 Latitude: - - - - 22 Longitude: - - - - 119b 04

23 Veh No: 01 24 Policy No: R-2900111988-2 25 Ins Code: 878 53 Veh No: 02 54 Policy No: PAA00001718436 55 Ins Code: 963 119c 08

26 Driver's First Name: BRIAN Initial: C Last Name: CIPELLO 29 Sex: M 56 Driver's First Name: LEON Initial: - Last Name: NATKIE 59 Sex: M 120 01

27 Number and Street: [REDACTED] 30 Eyes: 5 57 Number and Street: [REDACTED] 60 Eyes: 5 121 01

28 City: [REDACTED] State: [REDACTED] 58 City: [REDACTED] State: [REDACTED] 122 -

31 State: NJ 32 Drivers License No: [REDACTED] 33 DOB: 05/11/81 34 Expires: 05/12 61 State: NJ 62 Drivers License No: [REDACTED] 63 DOB: 05/20/25 64 Expires: 12/15 123 -

35 Owner's First Name: [REDACTED] Initial: [REDACTED] Last Name: [REDACTED] 65 Owner's First Name: [REDACTED] Initial: [REDACTED] Last Name: [REDACTED] 124 01

36 Number and Street: SAME 66 Number and Street: SAME 125 03

37 City: SAME State: [REDACTED] Zip: [REDACTED] 67 City: SAME State: [REDACTED] Zip: [REDACTED] 126 -

38 Make: SUZUKI 39 Model: GXSR 40 Color: BK 41 Year: 06 42 Plate No: 1JWS1 43 State: NJ 68 Make: BUICK 69 Model: RGL 70 Color: GY 71 Year: 94 72 Plate No: 2402BB 73 State: NJ 127 04

44 VIN: JS1GN7DA562115079 45 Expires: 06/12 74 VIN: 2G4WB55L5R1490632 75 Expires: 11/12 128a 26

46 Vehicle Removed To: [REDACTED] 47 Authority: [REDACTED] 76 Vehicle Removed To: [REDACTED] 77 Authority: [REDACTED] 128b -

48 Alcohol/Drug Test: Given: [X] No [ ] Yes [ ] Refused Type: [ ] Breath [ ] Blood [ ] Urine Results: 0 - % [ ] Pending 134 Crash Diagram (NOT TO SCALE) 78 Alcohol/Drug Test: Given: [X] No [ ] Yes [ ] Refused Type: [ ] Breath [ ] Blood [ ] Urine Results: 0 - % [ ] Pending 128c -

49 Hazardous Material: On Board [ ] Spill [ ] Name or Placard No. - 79 Hazardous Material: On Board [ ] Spill [ ] Name or Placard No. - 128d -

50 Carrier No. [ ] USDOT [ ] Other \* - 80 Carrier No. [ ] USDOT [ ] Other \* - 128e -

51 Commercial Vehicle Weight: [ ] ≤ 10,000 lbs [ ] 10,001 - 26,000 lbs [ ] ≥ 26,001 lbs 81 Commercial Vehicle Weight: [ ] ≤ 10,000 lbs [ ] 10,001 - 26,000 lbs [ ] ≥ 26,001 lbs 128f -

52 Carrier name: - 82 Carrier name: - 129a 26

135 Crash Description: Vehicle 1 was traveling East bound on E. St. George Ave in the right lane. Vehicle 2 was making a left turn on to Wheatsheaf Rd from West bound E. St. George Ave. Vehicle 1 struck vehicle 2. 129b -

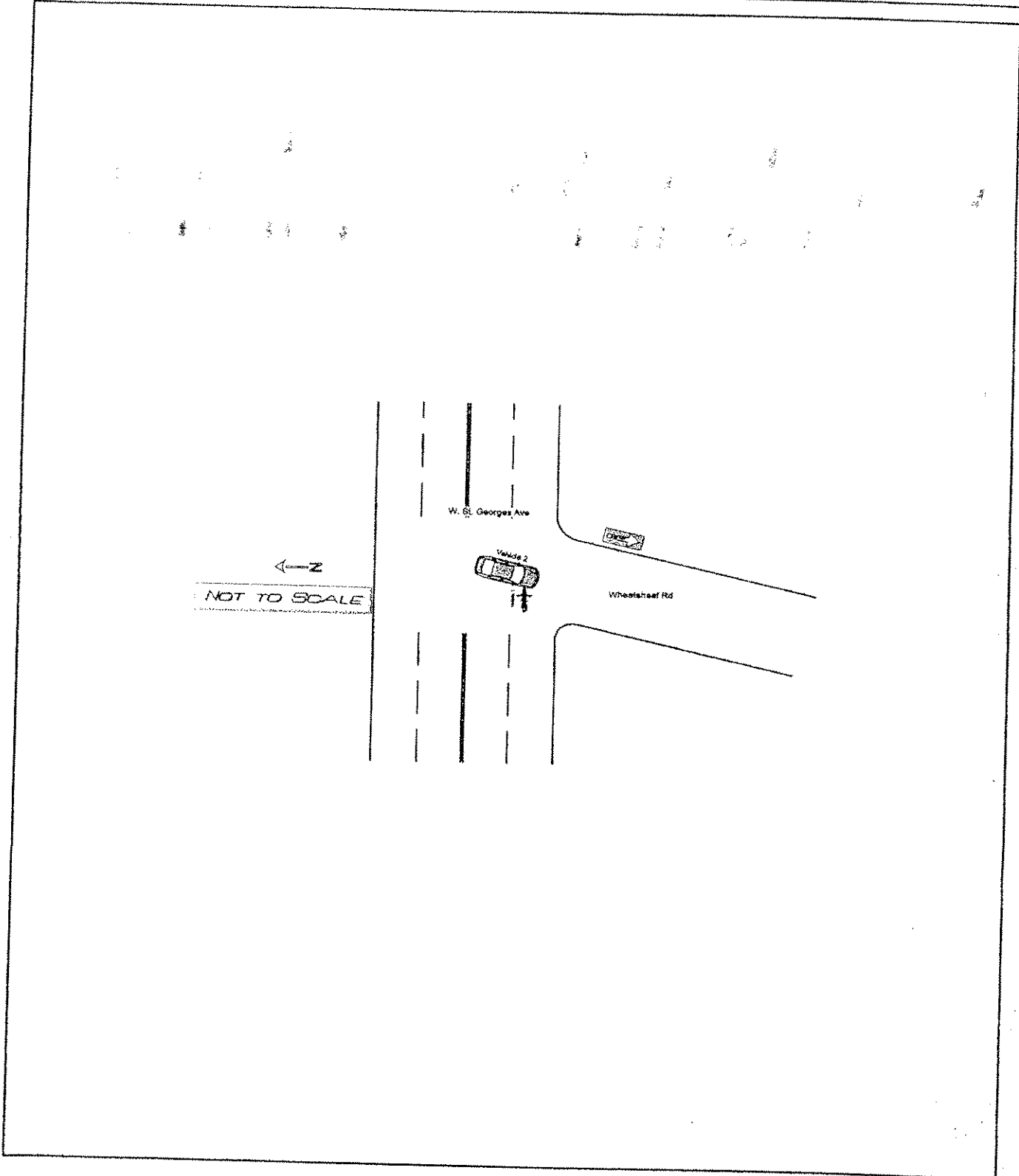
136 Damage To Other Property: - 129c -

137 Charge: [ ] Multiple Charges 138 Summons No. - Oper. 02 139 Charge: [X] Multiple Charges 140 Summons No. L131756 129d -

141 Officer's Signature: HAMMER, INV. PETER; 142 Badge No. 2001 143 Reviewed By: KAHANA, 1116 144 Case Status: [X] Pending [ ] Complete 130 12

A	01	01	03	02	30	M	01	03	2	06	06	-	5707	BRIAN C CIPELLO	[REDACTED]
B	02	01	01	-	86	M	-	-	1	09	01	-	-	LEON NATKIE	[REDACTED]
C															
D															
E															

<p>New Jersey Police Crash Investigation Report</p> <p>Motor Vehicle Crash Diagram</p>	<p>Police Dept: <u>LINDEN, NJ</u> Code: <u>01</u></p> <p>Station: <u>LINDEN</u> Case No: <u>12017085</u></p>
--	--



HAMMER, INV. PETER;

2001

MACKEVICH, BURKE & STANICKI  
COUNSELLORS AT LAW  
1435 RARITAN ROAD  
P.O. BOX 919  
CLARK, NEW JERSEY 07066-0919

TO:

Rosalba L. Comas,  
Second Deputy County Counsel  
County of Union  
Elizabethtown Plaza  
Elizabeth, NJ 07207

CLNAME: Green

CFNAME: Alquan

GROUP: UC Jail

INFANT: Y/No

D/O/B:

D/L: 6/10/12

D/N: 6/19/12

TIMELY: Yes

CESQ: pro se

IHESQ: RLC

LOSS: PL

DEMAND:

RESERVE:

LOCATION: UC Jail, Elizabeth, NJ

DESCRIPTION: returned from detention all items missing

---

RECOMMENDATION: memo to uc jail

---

---

COMMENTS:

---

---

---

---

# CLAIM FOR DAMAGES AGAINST UNION COUNTY

IF CLAIM IS BEING MADE FOR SPOUSE OR CHILDREN,  
SEPARATE TORT CLAIM FORMS MUST BE SUBMITTED.

UNION COUNTY COUNSEL

RECEIVED

JUN 19 2012

ADMINISTRATION BUILDING  
ELIZABETH, NJ

Forward To: Union County Counsel  
Administration Building  
Elizabeth, New Jersey 07207

1. Claimant:

Green Alvina W  
Last Name, First, Middle

2-9-88  
Date of Birth

[REDACTED]  
Street Address/Mailing Address

[REDACTED] [REDACTED] [REDACTED]  
City, State Zip Code

[REDACTED]  
Social Security No.

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please state:

Name

Mailing Address

City, State Zip Code

Relationship to claimant: Attorney at Law ( ) or

Explain Relationship

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

A. Date 6-10-2012 Time 3:00pm

B. Describe the location or place of the accident or occurrence

Elizabeth  
Municipality

Union County Jail  
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.

I was sent to detention and all my  
property is not mine it was mine, some items missing.

4. A. Claim for Damages (Check the appropriate block)

Personal Injury     Property Damage

Other - Explain in detail Property reimbursement

B. If you claim Personal Injury;

B1. Describe your injuries resulting from this accident or occurrence:

N/A

B2. Do you claim permanent disability resulting from this injury?

Yes     No

If yes, describe the injuries believed to be permanent.

N/A

B3. For each hospital, doctor or other practitioner rendering treatment, examination, or diagnostic service, state:

a. Name of Hospital, Doctor or other Facility

N/A

b. Address

N/A

c. Dates of treatment or services

N/A

d. Amount of charges to date

N/A

e. Amount paid or payable by other sources such as insurance

N/A

B4. If you claim loss of wages or income as a result of the injury, state

N/A  
Name of Employer Address of Employer

N/A  
Your Occupation Date of Employment

N/A  
Rate of Pay Dates of absence from work

Date returned to work

NOTE: If your claim for loss of income arises from self-employment or other than taxes, attach a calculation showing the basis of your calculation of loss.

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

N/A

6. If you claim property damage:

A. Describe the property damage:

A missing radio

B. The present location and time when the property may be inspected:

Union County Jail  
LOCATION

6-10-12  
DATE

3:00 pm  
TIME

C. Date property was acquired.

6-10-12

D. Cost of property.

\$ 28.60

E. Value of property at time of accident.

\$ 28.60



F. Description of damage.

missing

G. Has the damage been repaired?

If yes, by whom, when and cost of repair.

N/A  
Repaired by

N/A  
When

N/A  
Costs of Repairs

H. Attach each estimate of repair costs to this form.

I. Set forth in detail the loss claimed by you for property damage.

N/A

7. A. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

That was the only loss

B. The amount of the claim.

\$28.00

8. A. State the name and address of the County agency or agencies that you claim caused your damage.

Union County Jail

B. State the names of County employees whom you claim were at fault, including any information that will assist in identifying and locating them.

J. Wilson and E. Buzin

9. State the negligence or wrongful acts of the County agency and County employees which caused your damages.

Careless investigation and recovery of my property.

10. State the name and address of any other persons against whom you are making a claim arising out of this accident and your theory of negligence or wrongful acts by them.

N/A

11. State the names and address of all witnesses to the accident or occurrence.

B. Sargent

Name of Witness

Union County Jail

Address

Name of Witness

Address

12. A. State the names of all police officers and police departments who investigated the accident and attach a copy of the police report, if any.

N/A

Name of Police Officer

Police Department

Name of Police Officer

Police Department

B. Copy of Police Report attached:

( ) Yes (  ) No

13. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice.

No

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

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

Yes Summary Decision

For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

<u>N/A</u> Name & Address of Ins. Co.	_____ Policy Number	_____ Benefits Paid or Payable
_____ Name & Address of Ins. Co.	_____ Policy Number	_____ Benefits Paid or Payable

15. Have you received or agreed to receive any money from anyone for the damages claimed herein.

( ) Yes      (  ) No

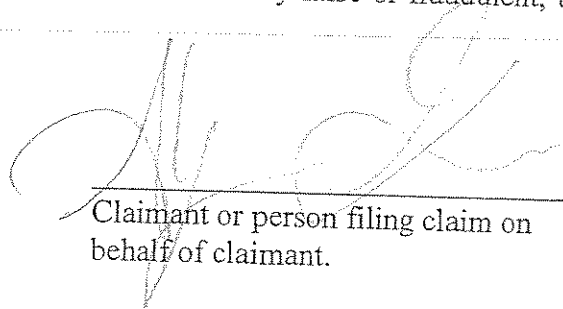
If so, set forth the details of such agreement.

16. The following items must be submitted with this notice:

- A. Copies of itemized bills for each medical expense and other losses and expenses claimed.
- B. Full copies of all appraisals and estimates of property damage claims by you.
- C. Copies of all written reports of all expert witnesses and treating physicians.
- D. A letter from your employer verifying your lost wages. If self employed, a statement showing the calculation of your claimed lost income.
- E. Completed "Authorization for Release of Health Information", see attached form.

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 to me to be in existence at this time. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.

DATED:

A handwritten signature in dark ink, appearing to be 'M. J. ...', is written over a horizontal line. The signature is cursive and somewhat stylized.

Claimant or person filing claim on behalf of claimant.