

OPRA

From: Jessica Connors
Sent: Wednesday, July 11, 2018 12:34 PM
To: OPRA
Subject: #18-630 Redaction List

Redaction List:

- 1) NJ Police Crash Investigation Report:
 - a. Date of Birth - exempt from public access pursuant to N.J.S.A. 47:1A-1. "A public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Burnette v. County of Bergen, 198 N.J. 408 (2009).
 - b. Driver's license number - exempt from public access pursuant to N.J.S.A. 47:1A-1.1 as personal identifying information.
 - c. Number of street address - exempt from public access pursuant to N.J.S.A. 47:1A-1. "A public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Burnette v. County of Bergen, 198 N.J. 408 (2009).
 - d. Insurance policy number - exempt from public access pursuant to N.J.S.A. 47:1A-1. "A public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Burnette v. County of Bergen, 198 N.J. 408 (2009).
- 2) Police Incident Report:
 - a. Date of Birth - exempt from public access pursuant to N.J.S.A. 47:1A-1. "A public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Burnette v. County of Bergen, 198 N.J. 408 (2009).
 - b. Number of street of address - exempt from public access pursuant to N.J.S.A. 47:1A-1. "A public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Burnette v. County of Bergen, 198 N.J. 408 (2009).
 - c. Victim injuries - exempt from public access pursuant to Executive Order No. 26 (McGreevey 2002) as Information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation.
- 3) Notice of Claim for Damages Against the City of Bayonne:
 - a. Page 1:
 - i. Date of Birth - exempt from public access pursuant to N.J.S.A. 47:1A-1. "A public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Burnette v. County of Bergen, 198 N.J. 408 (2009).
 - ii. Social security number - exempt from public access pursuant to N.J.S.A. 47:1A-1.1 as personal identifying information.
 - b. Page 2:
 - i. Victim's injuries and treatment information - exempt from public access pursuant to Executive Order No. 26 (McGreevey 2002) as information relating to medical history, diagnosis, treatment or evaluation.

- ii. Employer information - exempt from public access pursuant to Executive Order No. 26 (McGreevey 2002) as information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed.
 - c. Page 5: Rate of Pay - exempt from public access pursuant to Executive Order No. 26 (McGreevey 2002) as information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed.
 - d. Page 7: Insurance and ID number - exempt from public access pursuant to N.J.S.A. 47:1A-1. "A public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Burnette v. County of Bergen, 198 N.J. 408 (2009).
 - e. Attachments:
 - i. NJ Police Crash Investigation Report (see above redactions).
 - ii. HIPAA forms - exempt in its entirety from public access pursuant to Executive Order No. 26 (McGreevey 2002) as information relating to medical history, diagnosis, treatment or evaluation.
 - iii. Victim's Individual Income Tax return - exempt in its entirety from public access pursuant to Executive Order No. 26 (McGreevey 2002) as information in a personal income or other tax return.
- 4) Initial Notice of Claim for Damages Against the State of New Jersey:
- a. Section (1):
 - i. Date of Birth - exempt from public access pursuant to N.J.S.A. 47:1A-1. "A public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Burnette v. County of Bergen, 198 N.J. 408 (2009).
 - ii. Number of street address - exempt from public access pursuant to N.J.S.A. 47:1A-1. "A public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Burnette v. County of Bergen, 198 N.J. 408 (2009).
 - iii. Social security number - exempt from public access pursuant to N.J.S.A. 47:1A-1.1 as personal identifying information.
 - b. Section (3)(d)
 - i. Driver's license number - exempt from public access pursuant to N.J.S.A. 47:1A-1.1 as personal identifying information.
 - ii. Date of Birth - exempt from public access pursuant to N.J.S.A. 47:1A-1. "A public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." Burnette v. County of Bergen, 198 N.J. 408 (2009).
 - c. Section (4)(b)(1) injuries and Section (4)(b)(3) medical treatment information – exempt from public access pursuant to Executive Order No. 26 (McGreevey 2002) as information relating to medical history, diagnosis, treatment or evaluation.
 - d. Employer information - exempt from public access pursuant to Executive Order No. 26 (McGreevey 2002) as information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed.
 - e. NJ Police Crash Investigation Report – see above redactions.

Best Regards,

Jessica H. Connors, Esq.

Assistant City Attorney
City of Bayonne
Law Department
Direct: 201-858-6114
Office: 201-858-6091
Facsimile: 201-858-6092
Email: jconnors@baynj.org

Notice: This e-mail message and any attachment to this e-mail message contain information that may be legally privileged and confidential from the City of Bayonne, Law Department. If you are not the intended recipient, you must not review, transmit, convert to hard copy, copy, use or disseminate this e-mail or any attachments to it. If you have received this e-mail in error, please immediately notify us by return e-mail or by telephone at 201-858-6288 and delete this message. Please note that if this e-mail message contains a forwarded message or is a reply to a prior message, some or all of the contents of this message or any attachments may not have been produced by the City of Bayonne, Law Department. This notice is automatically appended to each e-mail message leaving the City of Bayonne, Law Department.

1. Case Number: **2018-25849**
 2. Police Dept. of: **BAYONNE City 01**
 3. Station/Precinct: **HQ**
 10. Crash Occurred On: **AVENUE C**
 11. Speed Limit: **25**
 12. Route No. Suffix: **25**
 13. Milepost: **25**
 14. Feet Miles
 15. N E S W
 16. of: **WEST 27th STREET**
 18. Speed Limit: **25**
 19. Ramp: From: To: 17. Cross Road Name/Route No. NB EB SB WB

4. Date of Crash: **04/18/18**
 5. Day of Week: **Th**
 6. Time (use 2400 hrs.): **1724**
 7. Municipality Code: **0901**
 8. Total Killed: **01**
 9. Total Injured: **01**
 21. Latitude: **40.7111**
 22. Longitude: **-74.0758**
 23. Veh. #: **P1**
 24. Policy No.: **VI**
 25. NJ Ins. Code: **VI**
 53. Veh. #: **VI**
 54. Policy No.: **VI**
 55. NJ Ins. Code: **VI**

26. Driver's First Name: **MARIAM SALAM**
 27. Number & Street: **BROADWAY, APT. #3**
 28. City: **BAYONNE**
 29. Sex: **F**
 30. Eyes: **BR**
 31. State: **NJ**
 56. Driver's First Name: **BRIAN A FEUER**
 57. Number & Street: **630 AVENUE C**
 58. City: **BAYONNE**
 59. Sex: **M**
 60. Eyes: **BR**
 61. State: **NJ**

32. Driver's License Number: **---**
 33. DOB: **---**
 34. Expires: **---**
 62. Driver's License Number: **---**
 63. DOB: **---**
 64. Expires: **---**

35. Owner's First Name: **---**
 36. Number & Street: **---**
 37. City: **---**
 65. Owner's First Name: **BAYONNE CITY**
 66. Number & Street: **630 AVENUE C MUNICIPAL BLDG**
 67. City: **BAYONNE**

38. Make: **FORD**
 39. Model: **P2M**
 40. Color: **BAW**
 41. Year: **15**
 42. Plate No.: **13553MG**
 43. State: **NJ**
 44. VIN: **1FAH P2MKX FG106578**
 45. Expires: **01-21**
 68. Make: **FORD**
 69. Model: **P2M**
 70. Color: **BAW**
 71. Year: **15**
 72. Plate No.: **13553MG**
 73. State: **NJ**
 74. VIN: **1FAH P2MKX FG106578**
 75. Expires: **01-21**

46. Vehicle Removed to: Driven Towed Disabled Towed Disabled & Impounded Left at Scene Towed Impounded
 47. Authority: Owner Driver Police
 76. Vehicle Removed to: Driven Towed Disabled Towed Disabled & Impounded Left at Scene Towed Impounded
 77. Authority: Owner Driver Police

48. Alcohol Drug Test: Given: No Yes Refused
 Type: Breath Blood Urine
 Results: **0** % Pending
 49. Hazardous Material: None On Board Spill
 Hazard Class:
 Placard No.:
 50. Carrier No.: USDOT MC/MX None
 51. GVWR / GCWR (trucks & buses only): ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.
 78. Alcohol Drug Test: Given: No Yes Refused
 Type: Breath Blood Urine
 Results: **0** % Pending
 79. Hazardous Material: None On Board Spill
 Hazard Class:
 Placard No.:
 80. Carrier No.: USDOT MC/MX None
 81. GVWR / GCWR (trucks & buses only): ≤ 10,000 lbs. 10,001 - 26,000 lbs. ≥ 26,001 lbs.

52. Motor Carrier or Government Entity: **CITY OF BAYONNE POLICE**
 Number & Street: **630 AVENUE C**
 City: **BAYONNE**
 State: **NJ**
 Zip: **07002**

135. Damage to Other Property: Yes (If Yes, describe) No

Oper. ---	136. Charge ---	137. Summons No. ---	Oper. ---	138. Charge ---	139. Summons No. ---
Oper. ---	140. Charge ---	141. Summons No. ---	Oper. ---	142. Charge ---	143. Summons No. ---

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A	P1	---	---	83	55	F	11	8502	---	---	---	---	---	# 26, 27, 28
B	VI	1	01	---	45	M	---	01	11	04	---	---	---	# 56, 57, 58
C														
D														

ORIGINAL

INCIDENT REPORT

1. DEPARTMENT BAYONNE POLICE DEPARTMENT		2. MARK CODE 0901	3. PHONE NUMBER 201-858-6900	4. UCR	21. PROSECUTOR'S CASE #	22. DEPT. CASE # 2018-25849
5. CRIME/INCIDENT POLICE INFORMATION (City Vehicle Involved In A Motor Vehicle Crash)			6. STATUTE 670	COUNTS 1	21. VICTIM (FIRST, MIDDLE LAST) City of Bayonne	
DATE AND TIME 17:24		8. HOUR 4	9. DAY 4/18/2018	10. DATE	27. VICTIM'S ADDRESS (CITY, STATE, ZIP) 630 Avenue C Bayonne NJ 07002	24. D.O.B.
13. CRIME/INCIDENT LOCATION 27th Street and Avenue C		14. MUNICIPALITY Bayonne		15. COUNTY Hudson	16. CODE 0901	25. SEX
17. TYPE OF PREMISES Street		18. WEAPONS/TOOLS		29. PERSON REPORT CRIME/INCIDENT P.O. R. Lynch #251		30. DATE 4-18-2018
32. MODUS OPERANDI/HOW COMMITTED City Vehicle Involved In Motor Vehicle Crash.		31. ADDRESS 630 Avenue C, Bayonne, New Jersey 07002		33. REGISTRATION NUMBER AND STATE 13553MG NJ		34. TIME 17:24
35. VEHICLE - MODEL P2M	36. YEAR 2015	37. MAKE FORD	38. BODY TYPE 4 DR	39. COLOR BK / WT	40. SERIAL NUMBER OR IDENTIFICATION 1FAHP2MKXFG106578	
41. VALUE STOLEN PROPERTY \$0	42. CURRENCY \$0	43. JEWELRY \$0	44. FURS \$0	45. CLOTHING \$0	46. AUTO. \$0	47. MISCELLANEOUS \$0
48. TOTAL VALUE STOLEN \$0	49. TOTAL VALUE RECOVERED \$0	50. TELETYPE ALARM GA#		51. TECHNICAL SERVICE	52. TECHNICIAN AND AGENCY	
53. WEATHER Clear	54. DV FORMS SUBMITTED? <input type="radio"/> Yes <input checked="" type="radio"/> No	55. VICTIM/WITNESS SUBMITTED? <input type="radio"/> Yes <input checked="" type="radio"/> No		56. NCIC NIC ENTRY #	57. EVIDENCE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> RETAINED <input type="checkbox"/> PHOTOGRAPHED <input type="checkbox"/> DESTROYED	
58. DISPOSITION <input type="checkbox"/> ARREST PENDING <input type="checkbox"/> TELETYPE PENDING <input type="checkbox"/> EVIDENCE PENDING	59. CHEM. LAB #	60. BALLISTICS LAB #	61. INV. SUMMARY #	62. NUM. ARRESTED 0	63. ADULT 0	64. JUVENILE 0
65. STATUS CRIME Excep. Cleared	66. STATUS CASE Closed	67. UCR STATUS	68. DATE CLEARED	69. NAME: Lynch, Ramond PO P251		
70. ADDRESS OF ARRESTED/SUMMONED						
71. AGE						
72. SEX						
73. RACE						
74. DOB						

I responded to the area of 27th Street and Avenue C, on a report of a Bayonne City Police vehicle that had struck a pedestrian, which I monitored on my police radio.

Upon my arrival, I observed a pedestrian, later identified as Ms. Mariam Salam (DOB [REDACTED] 1962) of [REDACTED] Broadway, Apartment #3, Bayonne, New Jersey 07002, sitting on the roadway approximately thirty(30) feet south of the Avenue C intersection, in the center of the southbound lanes. P.O. Feuer was checking on Ms. Salam and I assisted him until members of the Bayonne Fire Department and McCabe Ambulance took over.

Ms. Salam was transported to the Bayonne Medical Center by McCabe Ambulance and was being attended to by [REDACTED] at the time of this report.

P.O. B. Feuer #202 was driving Police Unit #43 (NJ registration 13553MG) in route to a unrelated motor vehicle crash involving two(2) motor vehicles, one(1) of which was smoking, in the area of 18th Street & Avenue C. P.O. Feuer stated that he had his vehicle's overhead lights and siren on at the time of his response. He stated that he was navigating traffic on West 27th Street as he approached the intersection Avenue C where he observed the traffic light to be green and the intersection to be clear. At that time, he slowed down and started to make a left hand turn onto Avenue C southbound. As he did so, Bayonne City Fire Department units were exiting 630 Avenue C with their overhead lights and sirens activated. P.O. Feuer stated that he turned his attention to the Fire Department units to ensure that that the intersection was safe. P.O. Feuer stated he believed the intersection to be safe and proceeded through. At that point he observed a pedestrian in

75. NAME/RANK (PRINT OR TYPE) Lynch, Ramond PO P251		76. PAGE 1 OF 2	77. REVIEWED BY SPIERS, JOSPEH LT. L54	Initials: [Signature]	Source: HQ
78. OTHER OFFICER ON SCENE FEUER, BRIAN PO. 202		Original Report Date: 4/18/2018		Adjustment Review:	
SIGNATURE [Signature]		Adjustment Date:			

ORIGINAL

CONTINUATION PAGE

1. DEPARTMENT BAYONNE POLICE DEPARTMENT	2. MUN. CODE 0901	3. PHONE NUMBER 201-858-6900	4. UCR	21. PROSECUTOR'S CASE #	22. DEPT. CASE # 2018-25849
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the crosswalk. P.O. Feuer stated he attempted to slow his vehicle, but he was unable to stop before striking her. He further stated that he struck her in the crosswalk, approximately in the area of the double yellow lines. It was daylight hours, the vehicular traffic was moderate, the weather was clear, and the roadway was dry at the time of this incident.

P.O. B. Feuer sustained no injuries as a result of the crash.


Police Unit #43 did not sustain any damage and was brought back to Police Headquarters where it was taken out of service.

A NJTR-1 Crash Investigation Report was submitted to the Police Desk.

Director R. Kubert and Deputy Chief P. Nevins were notified of this incident.

ORIGINAL

73. NAME/RANK (PRINT OR TYPE) Lynch, Ramond PO P251	76. PAGE 2 OF 2	77. REVIEWED BY SPIERS, JOSPEH LT. L54	Initials: <i>JS</i>	Source: HQ
78. OTHER OFFICER ON SCENE FEUER, BRIAN PO. 202		Original Report Date: 4/18/2018	Adjustment Review:	

SIGNATURE 

R+F
CCI LAW
INSUR
CLAIMS

LAW OFFICES OF MICHAEL S. LAMONSOFF, PLLC

Michael S. Lamonssoff, Esq.^{oo}
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Also Admitted In
oE.D.N.Y.
oS.D.N.Y.
o NJ Federal Court
*Also admitted in New Jersey
^Also admitted in Massachusetts

ALL CORRESPONDENCE TO
NEW YORK OFFICE
www.mslegal.com

June 12, 2018

Via Certified Mail RRR 70173040000109360195
CITY OF BAYONNE
CITY OF BAYONNE POLICE DEPARTMENT
630 Avenue C
Bayonne, New Jersey 07002
Attention: Claims Department

Claimant: Mariem Salama
Accident Location: Avenue C at or about West 27th Street, Bayonne City,
New Jersey
Date of Accident: April 18, 2018
Our File # 27600

Dear Sir/Madam:

Please be advised that this firm represents the above-named claimant in all claims resulting from injuries and/or damages as a result of the negligence of City of Bayonne, City of Bayonne Police. Enclosed herewith please find a Notice of Claim for Damages against City of Bayonne, City of Bayonne Police.

Please make note of our representation in this matter and direct all further communications and inquiries to our offices. Please advise us of the name of the adjuster and of the claim number assigned.

Thank you for your anticipated cooperation.

Very truly yours,
[Signature]
STACEY HASKEL, ESQ.

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2018 JUN 14 A 11:42

THIS CLAIM MUST BE FILED WITHIN 90 DAYS OF THE ALLEGED INCIDENT

NOTICE OF CLAIM FOR DAMAGES AGAINST THE CITY OF BAYONNE

Date of Claim 05/29/18

1. CLAIMANT:

Salama, Mariem
Last Name First Middle

[REDACTED] 962
Date of Birth

[REDACTED] Broadway # 3
Street Address

Mailing Address if other than Street address.

Bayonne NJ 07002
City State Zip Code

City State Zip Code

[REDACTED]
Social Security Number

Marital Status

Number of Dependents

Home Phone No.

Work Phone No.

Cellular Phone No.

Email Address

If notices and correspondence in connection with this claim are to be sent to a person other than claimant, complete Item # 2.

2. Law offices of Michael S. Lamonsoff, 32 Old Slip, 8th FL
Name Street Address

New York NY 10005
City State Zip Code

212-962-1020 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. April 18, 2018
Date

5:24 pm
Time A.M. / P.M.

Describe the location or place of the accident or occurrence. (Indicate exact location of the occurrence)

Bayonne City
Municipality

Avenue C at West 27th St
Exact Location

Bayonne NJ 07002
City State Zip Code

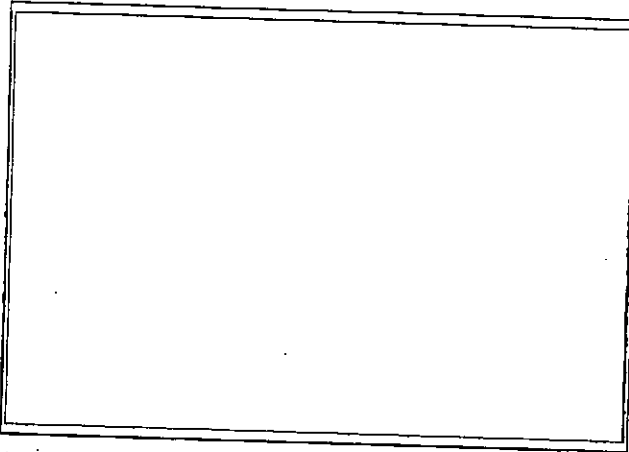
b. Describe how the accident or occurrence happened:

Claimant was a pedestrian crossing Avenue C in the crosswalk when was struck by Bayonne City Police vehicle

Police report is attached

c. Draw a diagram (in the space provided at the right) showing the street plan at the location of the accident.

Label all intersecting streets, indicate "North" by an arrow and show the direction of each vehicle before and after contact.



Indicate house numbers where applicable. Mark "X" exactly the spot of the occurrence and state the distance in feet from nearest intersecting streets. If spot is not otherwise identifiable, indicate public property.

Please "X" if attaching a picture or photograph.

d. If you allege that a dangerous condition contributed to your injury or damages, indicate the exact location of said condition with reference to fixed object on the above diagram. Indicate said condition by "circling" it on the above diagram. Please "circle" if attaching a picture or photograph.

e. State the name address of the City agency or agencies that you claim caused your damage/injury.

City of Bayonne Police, 630 Avenue C, Bayonne NJ 07002

f. State any names of the City employees who you claim were at fault, including any information that will assist in identifying and locating them.

Police Officer Brian A. Feuer

g. State the negligence or wrongful acts of the City agency and City employees which caused your damages.

Said occurrence and the injuries sustained by claimant were due to the negligence of the City of Bayonne Police Department, its agents, servants and/or employees in the ownership, maintenance and control of their motor vehicle with total disregard for the health, safety of others, in failing to avoid contact with the claimant, in failing to timely utilize brakes, in operating said motor vehicle at a fast and excessive rate of speed, in failing to adequately instruct the driver of the motor vehicle, in failing to properly supervise the operator of the motor vehicle, in having negligent and improper hiring practices and procedures, in failing to properly investigate employees, and potential employees and otherwise careles, reckless and negligent

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

Unknown at the present time

i. State the names of all police officers and police departments who investigated the accident or occurrence.

Bayonne City Police ; Police Officer Badge # 0251

j. Submit a copy of Police Report or Central Complaint number.

Police Report (Case #2018-25849) is annexed hereto

4. a. Claim for damages (check appropriate block)

Personal Injury () Property Damage
() Other - Explain in detail _____

b. If you claim personal injury:

(1) Describe your injuries resulting from this accident or occurrence.

[REDACTED]

(2) Do you claim permanent disability resulting from this injury?

Yes () No

If yes, describe the injuries believed to be permanent.

S/A/A

(3) For each hospital, doctor or other practitioner rendering treatment, examination, or diagnostic service, state:

Name of hospital, Doctor or other facility.	Address	Dates of treatment or services.	Amount of charges to date.	Amount paid or payable by other sources such as insurance.
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[REDACTED]	Bayonne, NJ 07002	4/18/18 - 4/27/18		
[REDACTED]	Jersey City, NJ	4/27/18 - present		

(4) If you claim loss of wages or income, as result of injury, state

[REDACTED]	[REDACTED]	Jersey City NJ 07302
Name of Employer	Address of Employer	

Teacher Aid
Your Occupation

[Redacted]
Rate of Pay

4/18/18 - present
Total Lost Wages to Date

2/14/18
Date You Became Employed at this Job

4/18/18 - present
Dates of Absence from Work

unknown at the present time
If still out of Work, Expected Date of Return.

Note: If you claimed loss of income arises from self-employment or other than wages, attach a calculation showing the basis of your calculation of lost income.

(5) Set forth any and all other losses or damages claimed by you:
To be provided if applicable

c. If you claim property damage: N/A

(1.) Describe the property damaged: N/A

(2) The present location and time when the property may be inspected.
N/A

(3) Date property acquired

(4) Cost of property \$

(5) Value of property at time of accident \$

(6) Description of damage

(7) Has the damage been repaired? () Yes () No N/A
If so by whom, when and costs of repairs

(8) Attach each estimate of repair costs to this form.

N/A

(9) Set forth in detail the loss claimed by you for property damage.

N/A

d. If you claim vehicle damage:

Description of your vehicle involved in accident.

N/A

Year _____ Make _____ Model _____ License Plate No. _____

Driver's Name _____ Lic. No. _____

Address _____

State _____ Zip Code _____

Owner's Name and Address _____

Insurance Co. _____ Policy No. _____

Insurance Co. Address _____

Damages to Vehicle _____

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

f. The amount of the claim _____

5. Have you made a claim against anyone (including insurance companies) 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.

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

1. Case Number: 05 2018-25849 10. Crash Deburred On: AVENUE C S 11. Speed Limit: 25 12. Route No. 13. Speed Limit: 25

2. Police Dept. of: 01 BAYONNE CITY 01 30. All Intersections with: Feat Mkes of WEST 27th STREET 16. Speed Limit: 25

3. Station Precinct: 07 413 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 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1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. <

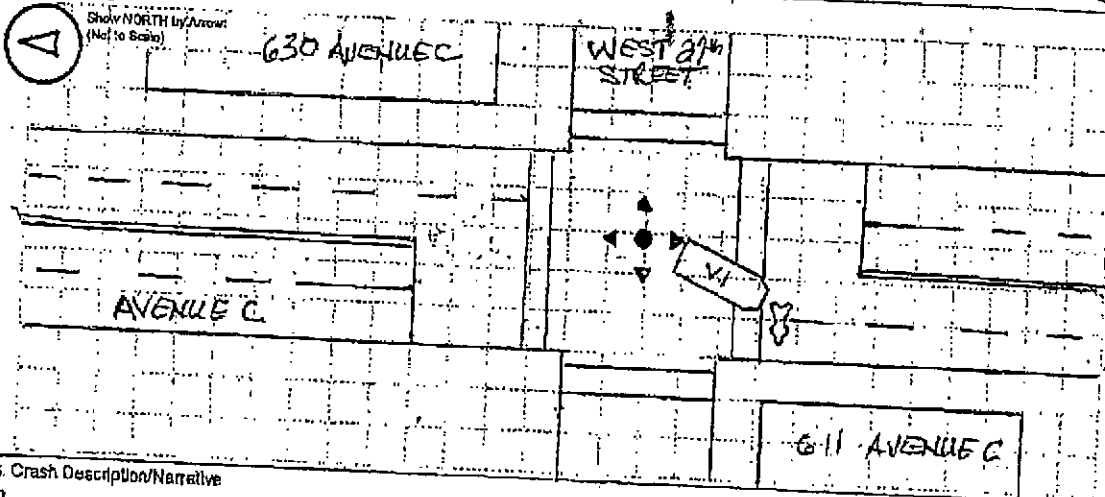
New Jersey Police
Crash Investigation Report

Case Number
2018-25849

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	53	54	55	56	57	58	59	60	61	62	63	64	65	Name & Address of Occupant if Deceased, Date & Time of Death	
E															
F															
G															
H															
I															
J															

144. Crash Diagram



145. Crash Description/Narrative

PEDESTRIAN 1 STATED THAT SHE WAS CROSSING AVENUE C FROM WEST TO EAST IN THE CROSSWALK JUST SOUTH OF WEST 27th STREET WHEN SHE WAS STRUCK BY VEHICLE 1. SHE STATED THAT SHE WAITED FOR THE LIGHT TO TURN RED PRIOR TO CROSSING.

OPERATOR OF VEHICLE 1 STATED THAT HE WAS RESPONDING TO AN EMERGENCY WITH HIS LIGHTS & SIREN ACTIVATED. AS HE APPROACHED THE INTERSECTION OF AVENUE C FROM WEST 27th STREET HE OBSERVED THE LIGHT TO BE GREEN AND THE INTERSECTION TO BE CLEAR. AS HE SLOWED TO MAKE A LEFT TURN HE OBSERVED FIRE DEPARTMENT VEHICLES EXITING 630 AVENUE C. AS HE PROCEEDED TO MAKE THE LEFT TURN HE OBSERVED A PEDESTRIAN IN THE CROSSWALK. HE ATTEMPTED TO SLOW HIS VEHICLE, BUT WAS UNABLE TO STOP PRIOR TO STRIKING THE PEDESTRIAN.

ORIGINAL

146. Officer Signature: *[Signature]* 147. Badge #: 257 148. Reviewer: *[Signature]* Badge #: 580 149. Case Status: Pending Complete

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

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

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

1. CLAIMANT:

Salama	Mariem	
LAST NAME	FIRST	MIDDLE
[REDACTED] Broadway, Apartment 3		
STREET ADDRESS		
Bayonne	NJ	07002
CITY	STATE	ZIP CODE

[REDACTED] 1962
DATE OF BIRTH
[REDACTED]
MAILING ADDRESS IF OTHER THAN STREET ADDRESS
[REDACTED]
SOCIAL SECURITY NUMBER

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

NAME		
CITY	STATE	ZIP CODE

MAILING ADDRESS

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW OR _____
 EXPLAIN RELATIONSHIP

THE OCCURRENCE OR ACCIDENT WHICH GAVE RISE TO THIS CLAIM:

3a. 4.18.18 on or about 5:24p.m.

DATE	TIME
------	------

b. DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURENCE.

Bayonne, NJ (Hudson County)
MUNICIPALITY

Intersection of Avenue C & West 27th St. Bayonne, NJ
EXACT LOCATION OF THE OCCURRENCE

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2018 JUN - 8 AM 9:50

c. DESCRIBE HOW THE ACCIDENT OR OCCURENCE HAPPENED: IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, PLEASE USE THE REVERSE SIDE OF THIS FORM.

Marlem Salama was crossing Avenue C in the crosswalk and was struck by a police vehicle. Also, see police report annexed hereto for facts incorporated herein.

d. STATE THE NAME AND ADDRESS OF THE STATE AGENCY OR AGENCIES THAT YOU CLAIM CAUSED YOUR DAMAGE.

City of Bayonne Police Department, 630 Avenue C, Bayonne NJ 07002
City of Bayonne, New Jersey

STATE THE NAMES OF STATE EMPLOYEES WHOM YOU CLAIM WERE AT FAULT, INCLUDING ANY INFORMATION THAT WILL ASSIST IN IDENTIFYING AND LOCATING THEM.

Brian A. Feller, Driver's License Number [REDACTED] JOB [REDACTED]
City of Bayonne Police Department
City of Bayonne, New Jersey

e. STATE THE NEGLIGENCE OR WRONGFUL ACTS OF THE STATE AGENCY AND STATE EMPLOYEES WHICH CAUSED YOUR DAMAGES.

City of Bayonne Police Department and it's employees, assigns, contractors, public employees, and public officials acted negligently, recklessly, with reckless disregard, unreasonably, and willfully (with willfull misconduct) in performance of their duties, in performance of their driving duties, in performance of their pursuit, in performance of their duties with respect to other individuals on the road and all failed to act with due regard for the safety of claimant and others on the road.

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

Unknown at this time however claimant reserves the right to amend

g. STATE THE NAMES OF ALL POLICE OFFICERS AND POLICE DEPARTMENTS WHO INVESTIGATED THIS ACCIDENT.

Unknown at this time however after the accident, members of the City of Bayonne pllice department appeared at the scene

4a. CLAIM FOR DAMAGES (CHECK APPROPRIATE BLOCK):

PERSONAL INJURY PROPERTY DAMAGE

OTHER - EXPLAIN IN DETAIL

b. IF YOU CLAIM PERSONAL INJURY:

(1) DESCRIBE YOUR INJURIES RESULTING FROM THIS ACCIDENT OR OCCURRENCE.

Claimant suffered injuries, including but not limited to

[REDACTED]

(2) DO YOU CLAIM PERMANENT DISABILITY RESULTING FROM THIS INJURY:

YES NO

IF YES, DESCRIBE THE INJURIES BELIEVED TO BE PERMANENT.

Claimant's injuries are claimed to be permanent in nature

(3) FOR EACH HOSPITAL, DOCTOR OR OTHER PRACTITIONER RENDERING TREATMENT, EXAMINATION OR DIAGNOSTIC SERVICES, STATE:

NAME OF HOSPITAL, DOCTOR OR OTHER FACILITY	ADDRESS	DATES OF TREATMENT OR SERVICE	AMOUNT OF CHARGE TO DATE	AMT. PAID OR PAYABLE BY OTHER SOURCE SUCH AS INSURANCE
[REDACTED]	[REDACTED]	4.18.18 - 4.29.18		
[REDACTED]	[REDACTED]	4.29.18 to present		

(4) IF YOU CLAIM LOSS OF WAGE OR INCOME AS A RESULT OF THE INJURY STATE:

[REDACTED]

NAME OF EMPLOYER

Per Diem Teacher Aide

YOUR OCCUPATION

RATE OF PAY

pending

TOTAL LOSS WAGES TO DATE

[REDACTED] Jersey City, NJ 07302

ADDRESS OF EMPLOYER

February 14, 2018

DATE YOU BECAME EMPLOYED

4.19.18 to present

DATE OF ABSENCE FROM WORK

unknown at this time

IF STILL OUT, EXPECTED DATE OF RETURN

NOTE: IF YOUR CLAIMED LOSS OF INCOME ARISES FROM SELF-EMPLOYMENT OR OTHER THAN WAGE, ATTACH A CALCULATION SHOWING THE BASIS OF YOUR CALCULATION OF LOST INCOME.

(5) SET FORTH ANY AND ALL OTHER LOSSES OR DAMAGE CLAIMED BY YOU.

self employment wages, medical bills, out of pocket expenses and other costs related to this accident. The total cost is still
pending and claimant reserves the right to supplement this response.

C. IF YOU CLAIM PROPERTY DAMAGE:

(1) DESCRIBE THE PROPERTY DAMAGED.

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

(3) DATE PROPERTY ACQUIRED.

(4) COST OF PROPERTY

\$

(5) VALUE OF PROPERTY AT TIME OF ACCIDENT: \$

(6) DESCRIPTION OF DAMAGE.

(7) HAS THE DAMAGE BEEN REPAIRED?

IF SO, BY WHOM, WHEN AND COST OF REPAIRS.

(8) ATTACH EACH ESTIMATE OF REPAIR COSTS TO THIS FORM.

(9) SET FORTH IN DETAIL THE LOSS CLAIMED BY YOU FOR PROPERTY DAMAGE.

d. SET FORTH IN DETAIL ALL OTHER ITEMS OF LOSS OR DAMAGES CLAIMED BY YOU AND THE METHOD BY WHICH YOU MADE THE CALCULATION.

5. THE AMOUNT OF THE CLAIM. \$3,000,000.00

6. 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 NAME AND ADDRESS OF ALL PERSONS AND INSURANCE COMPANIES AGAINST WHOM YOU HAVE MADE SUCH CLAIMS:

7. ARE ANY OF THE LOSSES OR EXPENSES CLAIMED HEREIN COVERED BY ANY POLICY OF INSURANCE?

Unknown

FOR EACH SUCH POLICY, STATE THE NAME AND ADDRESS OF THE INSURANCE COMPANY, POLICY NUMBER AND BENEFITS PAID OR PAYABLE

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

YES NO

IF YES, SET FORTH THE DETAIL OF SUCH AGREEMENT.

9. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS NOTICE:

- (1) COPIES OF ITEMIZED BILLS FOR EACH MEDICAL EXPENSE AND OTHER LOSSES AND EXPENSES CLAIMED.
- (2) FULL COPIES OF ALL APPRAISALS AND ESTIMATES OF PROPERTY DAMAGE CLAIMED BY YOU.
- (3) COPIES OF ALL WRITTEN REPORTS OF ALL EXPERT WITNESSES AND TREATING PHYSICIANS.
- (4) A LETTER FROM YOUR EMPLOYER VERIFYING YOUR LOST WAGES. IF SELF-EMPLOYED, A STATEMENT SHOWING THE CALCULATION OF YOUR CLAIMED LOST INCOME.

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 STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

6/16/18

DATE

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

Page 1 of 2 Fatal Reportable Non-Reportable Change Report

1. Case Number: 05
 2. Police Dept. Code: 01
 3. State Precinct: 412
 4. Date of Crash: 04/18/18
 5. Day of Week: Su M Tu We Th F Sa Su
 6. Time of Day: 07:00
 7. Municipality Code: 0901
 8. Total Injured: 0
 9. Total Fatal: 0

10. Crash Occurred On: AVENUE C
 11. Speed Limit: 30
 12. Route No. Suffix: S 1215
 13. Milepost: 21
 14. At Intersection with: WEST 27th STREET
 15. Direction: S of

16. Section Line: 215
 17. Cross Road Name/Route No.: WEST 27th STREET
 18. Direction: S of

19. From: [] To: []

20. Route Name/Route No.: []
 21. Latitude: []
 22. Longitude: []

23. Vehicle 1: 04
 24. Policy No.: []
 25. NJ Ins. Code: VI
 26. Driver's First Name: MARIAM SALAM
 27. Number & Street: BROADWAY, Apt #3
 28. City: BAYONNE NJ 07602
 29. Eyes: [] DL Class: [] Restrictions: [] Endorsements: []
 30. State: NJ
 31. Driver's License Number: []
 32. Driver's First Name: BRIAN A FEUER
 33. Number & Street: 630 AVENUE C
 34. City: BAYONNE NJ 07602
 35. Eyes: [] DL Class: [] Restrictions: [] Endorsements: []
 36. State: NJ
 37. Driver's License Number: []

38. Driver's First Name: []
 39. Number & Street: []
 40. City: []
 41. State: []

42. Make: FORD
 43. Model: P2M
 44. Color: BMLS
 45. Year: 13553MENS
 46. Plate No.: NJ
 47. VIN: 1FAHP2MKXFG1106578
 48. Expires: 01-21

49. Vehicle Removed for: []
 50. Vehicle Removed for: []

51. Authority: []
 52. Authority: []

53. Alcohol/Drug Test: []
 54. Alcohol/Drug Test: []

55. Hazardous Material: []
 56. Hazardous Material: []

57. Motor Carrier or Government Entity: []
 58. Motor Carrier or Government Entity: CITY OF BAYONNE POLICE
 59. Number & Street: 630 AVENUE C
 60. City: BAYONNE NJ 07602

61. Damage to Other Property: []

Oper.	138. Charge	137. Summary No.	Oper.	138. Charge	139. Summary No.
Oper.	140. Charge	141. Summary No.	Oper.	142. Charge	143. Summary No.
83	84	85	86	87	88
A	P1	8355	F	11	8502
B	VI	1	01	46	M
C					
D					

Homes & Addresses of Occupants
 If Deceased, Date & Time of Death

A 590 #26, 27, 28
 B #56, 57, 58

ORIGINAL

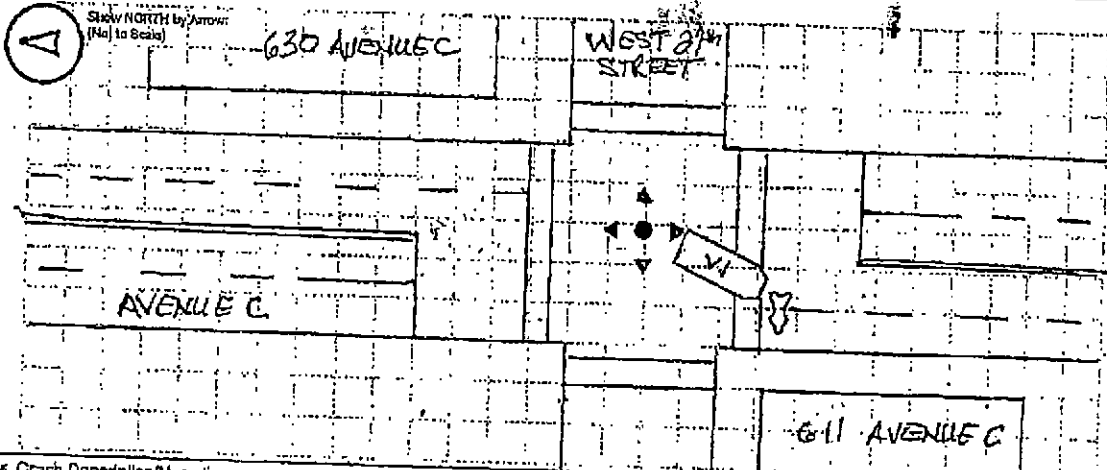
New Jersey Police
Crash Investigation Report

Case Number
2018-25849

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

144. Crash Diagram



145. Crash Description/Narrative

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ORIGINAL

146. Officer Signature: *[Signature]* Patch # 257

147. Badge # 0257

148. Reviewer: *[Signature]* Badge # 580

149. Case Status: Pending Complete

NJTP-1 (Rev. 04/17)