

In the Matter of the Claim of Josephine Sweeney

X
RECEIVED
NOTICE OF CLAIM

DATE

TIME

24-65
CC: CC
AD
Addall
DPW
7/12/21
11:50 am

TO: Mayor Steven Noble, Kingston City Hall, 420 Broadway, Kingston, New York 12401

Elisa Tinti, City of Kingston Clerk/Registrar, Kingston City Hall, 420 Broadway, Kingston, New York 12401

Kevin Bryant, Kingston Corporation Counsel, Kingston City Hall, 420 Broadway, Kingston, New York 12401

PLEASE TAKE NOTICE that the claimant herein hereby makes claim and demand against you as follows:

1. *The name and post office address of each claimant and claimant's attorney is:*

Josephine Sweeney 152 Mill Road Stone Ridge, NY 12484	Derek J. Spada , Esq. Basch & Keegan, LLP 307 Clinton Avenue Kingston, NY 12401
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2. *The nature of the claim is:*

A personal injury matter arising from a fall. The claim also pertains to medical bills and expenses incurred by the claimant due to her injuries.

3. *The time when, the place where and the manner in which the claim arose:*

The incident occurred on May 11, 2021 in the late morning at Loughran Park, 50 Charlotte Street, Kingston, NY 12401. The incident occurred when the claimant fell on a pickleball court at Loughran Park. The surface of the pickleball court was deteriorated, cracked, pitted, dangerous, defective, contained various trip hazards, one of which caused the claimant to trip and fall. Photos of the area are attached.

4. *The items of damage or injuries claimed are:*

Fractured L2 vertebrae, fractured right wrist; underwent spinal surgery for fracture at L2; severe lower back pain; loss of range of motion throughout the lumbar spine; lumbar sprain/strain; severe pain in the right (dominant) wrist; loss of strength in the right wrist, arm and hand; loss of range of motion in the right wrist; misalignment of the bones in the right wrist; may require surgery to the right wrist; abdominal pain and injuries; injuries to the kidneys; underwent kidney surgery to address kidney stone shortly after the incident; severe abdominal pain and bloating; incurred medical bills for substantial medical treatment.

That said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Dated: June 28, 2021
Kingston, New York

DEREK J. SPADA, ESQ.
BASCH & KEEGAN, LLP
Attorneys for Claimant(s)
Office and P.O. Address
307 Clinton Avenue
P.O. Box 4235
Kingston, New York 12402
Tel: (845) 338-8884

State of New York}
County of Ulster } ss.:

I, Josephine Sweeney am the Claimant in the above-entitled action. I have read the foregoing Notice of Claim and know the contents thereof. The contents are true to my own knowledge except as to matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Sworn to before me this 28th
day of Jane, 2021.

Alana H. Hubbs
Notary Public

ALANA H. HUBBS
Notary Public, State of New York
No. 01HU6412104
Qualified in Ulster County
Commission Expires December 14, 2024

STATE OF NEW YORK, COUNTY OF

ss.: _____

I, the undersigned, an attorney admitted to practice in the courts of New York State,

**Certification
By Attorney**

certify that the within

has been compared by me with the original and found to be a true and complete copy.

**Attorney's
Affirmation**

state that I am

the attorney(s) of record for

action; I have read the foregoing

in the within

and know the contents thereof;

the same is true to my own knowledge, except as to the matters therein alleged to be on information and belief, and as to those matters I believe it to be true. The reason this verification is made by me and not by

Check Applicable Box

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

I affirm that the foregoing statements are true, under the penalties of perjury.

Dated:

STATE OF NEW YORK, COUNTY OF

ss.: _____

I, the undersigned, being duly sworn, depose and say: I am

**Individual
Verification**

in the action; I have read the foregoing

and know the contents thereof; the same is true to my own knowledge, except

**Corporate
Verification**

as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true.

the _____ of

a _____ corporation and a party in the within action; I have read the foregoing

and know the contents thereof; and the same is true to my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true. This verification is made by me because the above party is a corporation and I am an officer thereof.

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

Sworn to before me on

.....
The name signed must be printed beneath

STATE OF NEW YORK, COUNTY OF

ss.: _____

(If more than one box is checked—indicate after names type of service used.)

I, the undersigned, being sworn, say: I am not a party to the action, am over 18 years of age and reside at

On

I served the within

**Service
By Mail**

by mailing a copy to each of the following persons at the last known address set forth after each name below.

**Personal
Service on
Individual**

by delivering a true copy of each personally to each person named below at the address indicated. I knew each person served to be the person mentioned and described in said papers as *a party therein*:

**Service by
Electronic
Means**

by transmitting a copy to the following persons by FAX at the telephone number set forth after each name below E-MAIL at the E-Mail address set forth after each name below, which was designated by the attorney for such purpose, and by mailing a copy to the address set forth after each name.

**Oversight
Delivery
Service**

by dispatching a copy by overnight delivery to each of the following persons at the last known address set forth after each name below.

Sworn to before me on

.....
The name signed must be printed beneath