

RECEIVED:

In the Matter of the Claim of

cc
DPW
Shelton
Council
NOTICE OF CLAIM

RECEIVED BY DS

DATE 4/1/21

TIME 1:00 PM

#27-11

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

1. The name and post office address of each claimant and of his/her attorney is:

Claimant

Claimant's Attorney

Laura Garcia
(845) 750 5803
22 Washington ave.
Kingston n.y.

2. The nature of the claim:

Damage to personal vehicle

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

The incident occurred on March 29th, 2021, at about 11:27 a.m. p.m.

at (location) Elizabeth St. Kingston City

The items of damage or injuries claimed are:

damage to front bumper

The undersigned therefore present this claim and demand \$ _____ for adjustment and payment, and notify you that unless same is adjusted and paid within the time provided by law from the date of this presentation to you, it is the intention of the undersigned to commence an action thereon.

Dated: March 31 st, 2021
Kingston, New York

Laura Garcia

Signature

Laura Garcia

Print Name

Attorney(s) for Claimant(s)
Office and Post Office Address, Telephone Number

Individual Verification

State of New York, County of _____ ss.:

being duly sworn, deposes and says that deponent is the claimant in the within action; that he/she has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me this 31st
day of March, 2021.

Sherrill D. Marsh
Notary Public

SHERRILL D. MARSH
Notary Public, State of New York
Reg. #01MA6123376
Qualified in Dutchess County
Commission Expires 3/7/2025

Corporate Verification

State of New York, County of _____ ss.:

Being duly sworn, deposes and says that deponent is the _____ of _____ Corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes to be true.

This verification is made by deponent because said claimant is a _____ corporation, and deponent an officer thereof, to wit its _____ The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

Sworn to before me this _____
day of _____, 20____.

Notary Public

ACCIDENT INFORMATION EXCHANGE FORM

NY State Law requires that any accident resulting in a fatality, injury or damage to property of any person (including damage to your vehicle) or entity over \$1000 be reported by YOU to the Department of Motor Vehicles (DMV) within 10 days after an accident. Failure to report an accident or failure to give correct information is a misdemeanor and may result in the suspension/revocation of your driver's license (or operating privilege in NYS) and all vehicle certifications or registrations.

Report your Accident to DMV on DMV form MV-104 (Report of Motor Vehicle Accident). Police Accident Reports (DMV form MV-104A) DO NOT satisfy YOUR civilian reporting requirement.

Accident Report #	Local Codes	Date	Time	# of Veh.	Town, City, Road Name
SLP108D01JHQ	BL-03912-21	03/29/2021	11:27 AM	2	KINGSTON, CITY OF - 5601 ELIZABETH ST
Police Agency			Officer's Name/Badge ID#		
KINGSTON CITY POLICE DEPT. - 05501			SCHATZEL MARK S 172		

VEHICLE # 001

Operator's Name		Date of Birth	Address		
GARCIA JUAN A		02/13/1961	305 HURLEY AVE 14F		
City/State/Zip		Motorist I.D.#	Vehicle Year and Make		License Plate # and State
KINGSTON NY 12401-0000		531209413	2008 FORD		AW4684 NY
Vehicle Type	Insurance Code and Company		Vehicle Owner		
PICK	716 - U S SPECIALTY INS CO		KINGSTON,CITY;		
Vehicle Towed By			Vehicle Towed To		

Miscellaneous Notes

VEHICLE # 002

Operator's Name		Date of Birth	Address		
PARKED					
City/State/Zip		Motorist I.D.#	Vehicle Year and Make		License Plate # and State
			2006 NISS		GWL7499 NY
Vehicle Type	Insurance Code and Company		Vehicle Owner		
SUBN	100 - GEICO INDEMNITY COMPANY		GARCIA LAURA		
Vehicle Towed By			Vehicle Towed To		

Miscellaneous Notes

Please wait 14 days before contacting DMV to request a copy of your accident report.

If you want to purchase a copy of the police accident report, form MV-104A, complete DMV's "REQUEST FOR COPY OF ACCIDENT REPORT" form MV-198C and send it to DMV. The form and instructions are available at www.dmv.ny.gov or at your local DMV office.

THE FORM MV-104A MAY ALSO BE PURCHASED BY CONTACTING THE INVESTIGATING POLICE AGENCY.

KINGSTON CITY PD 1 GARRAGHAN DRIVE KINGSTON, NY 12401

To obtain a blank civilian Accident Report (Form MV-104), visit the DMV office nearest you

or

access forms online at www.dmv.ny.gov

CITY OF KINGSTON
Office of the City Clerk
Registrar of Vital Statistics
cityclerk@kingston-ny.gov

Steven T. Noble, Mayor
Elisa Tinti, City Clerk & Registrar



Deidre Sills, Deputy Clerk
Susan Mesches, Deputy Registrar

April 1, 2021

Ms. Ruth Morris
420 E. Main St.
Middletown, New York 10940

Dear Ms. Morris:

Enclosed please find a claim (#21-11). Enclosed is a claim for Laura Garcia, 22 Washington Ave., Kingston, NY for auto damage vs DPW.

If you have any questions, please contact me at (845) 334-3919.

Very truly yours,

Deidre M. Sills
Deputy City Clerk

cc: Corporation Counsel
Common Council
Andrea Shaut
DPW

