

County of Hudson



HUDSON COUNTY
LAW DEPARTMENT
2015 OCT 17 PM 3 59

THIS CLAIM FORM MUST BE FILED WITHIN NINETY (90) DAYS OF ACCIDENT OR OCCURRENCE OR YOU MAY FORFEIT YOUR RIGHTS. (N.J.S.A.59:8-1, et seq.)

CLAIM FOR DAMAGES AGAINST THE COUNTY OF HUDSON

Forward completed form to:

Hudson County Law Department
Attn: Investigation Unit
Administration Annex
567 Pavonia Avenue
Jersey City, New Jersey 07306

1. CLAIMANT

CASTILLO TISH September 29, 1968
Last Name First M.I. Date of Birth

112 GIFFORD AVENUE
Street Address Mailing Address

JERSEY CITY NEW JERSEY 07304
City State Zip Code City State Zip Code

[REDACTED]
Social Security Number Marital Status: MARRIED

0 [REDACTED]
Number of Dependents Home Phone No. Work Home No.

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

LAW OFFICE OF RANDY P. DAVENPORT, ESQ. 1139 E. JERSEY STREET, SUITE 219
Name Mailing address

ELIZABETH NJ 07201
City State zip code

Relationship to Claimant: Attorney-at-law [X] or
Relationship

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

JULY 18, 2016

APPROXIMATELY 10:23 A.M.

Date

Time

A.M./P.M.

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

JERSEY CITY

Municipality

HUDSON COUNTY ADMINISTRATIVE
PARKING LOT
CORNER OF PAVONIA & SUMMIT AVES.

Exact Location

JERSEY CITY

NJ

07306

City

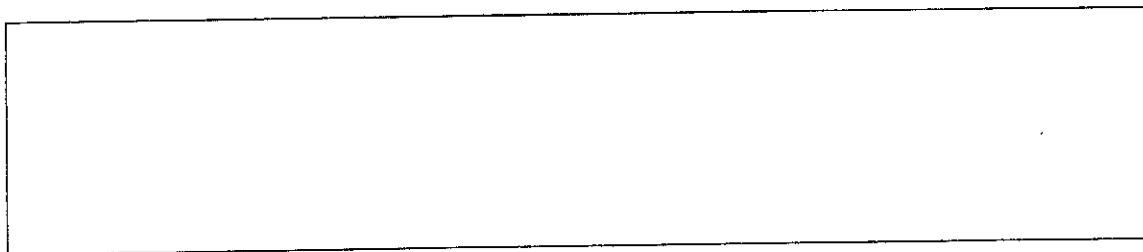
State

Zip Code

DESCRIPTION OF ACCIDENT

AS DIRECTOR CASTILLO ENTERED THE HUDSON COUNTY ADMINISTRATIVE PARKING
LOT, SHERIFF OFFICER VIZO FALSELY ACCUSED DIRECTOR CASTILLO OF USING A
HAND-HELD WIRELESS TELEPHONE WHILE OPERATING A MOTOR VEHICLE. DIRECTOR
CASTILLO DENIED OFFICER VIZO'S ALLEGATION. DURING THIS INCIDENT OFFICER VIZO
CALLED DIRECTOR CASTILLO A FUCKING LIAR AND WROTE HER A TICKET FOR USING A
CELL PHONE WHILE OPERATING A MOTOR VEHICLE. UPON INFORMATION AND BELIEF
OFFICER VIZO ALSO FILLED OUT AN INCIDENT REPORT IN WHICH HE FALSELY ACCUSED
DIRECTOR CASTILLO CALLING HIM A WHITE MOTHER FUCKER AND ATTRIBUTED OTHER
FALSE STATEMENTS TO DIRECTOR CASTILLO. THE COUNTY OF HUDSON FAILED TO
PROPERLY INVESTIGATE THIS MATTER AND ISSUED A SHAM DISCIPLINARY
ACTION SUSPENDING DIRECTOR CASTILLO FOR THREE DAYS. WHEN DIRECTOR
CASTILLO WAS ADVISED OF DISCIPLINARY ACTION SHE WAS ADVISED BY THE COUNTY
ADMINISTRATOR THAT POLITICAL PRESSURE WAS EXERTED FOR THE SUSPENSION TO
BE IMPOSED. AS A RESULT OF DEFENDANT'S CONDUCT AND DEFAMATORY
STATEMENTS DIRECTOR CASTILLO HAS SUFFERED GREAT DAMAGE TO HER NAME, AND
REPUTATION. FURTHER DIRECTOR CASTILLO WAS CONSTRUCTIVELY TERMINATED
RESULTING IN THE LOSS OF SUBSTANTIAL INCOME, WAGES, BENEFITS, ETC.

- (A) Draw a diagram of the area of the incident. Label all intersecting streets, indicate "North" by an arrow. Indicate house numbers where applicable. Mark "X" at exactly the spot of the occurrence and state the distance in feet from the nearest intersecting streets. If spot is not otherwise identifiable, indicate public property.



- (B) State the name and address of the County agency or agencies that you claim caused you damage/injury.

HUDSON COUNTY SHERIFF'S DEPARTMENT

257 CORNELISON AVENUE, JERSEY CITY, NJ 07302

- (C) State the names of the County employees who you claim were at fault, including any information that will assist in identifying and locating them.

SHERIFF OFFICER VIZO, SHERIFF FRANK SCHILLARI, COUNTY ADMINISTRATOR

ABRAHAM ANTUN AND LT DAVID ALAMO.

- (D) State the negligence or wrongful acts of the County agency and County employees which caused your damage.

SEE ANSWER IN DESCRIPTION OF ACCIDENT ABOVE

- (E) State the name and address of all witnesses to the occurrence.

UNDERSHERIFF BRUCE LAMPARELLO, 257 CORNELISON AVE., JERSEY CITY, NJ

07302, LIEUTENANT DAVID ALAMO, 257 CORNELISON AVE., JERSEY CITY, NJ 07302

PARKING LOT ATTENDANT, ABRAHAM ANTUN,

LT. SHARONDA MURELL,

- (F) State the name and address of all police officers and police departments who investigated the incident.

HUDSON COUNTY SHERIFF'S DEPARTMENT

SUPERVISOR LT. ALAMO, 257 CORNELISON AVE., JERSEY CITY, NJ 07302

UNDERSHERIFF LAMPARELLO

4. Claim for damages (check appropriate box):

{ } Personal Injury

{ } Property Damage

{X} Other

- (A) If you claim Personal Injury:

1). Describe your injuries resulting from this incident.

2). Do you claim permanent disability resulting from this injury? X (Yes/No)

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

a). Name and address of hospital and/or doctor.

TO BE PROVIDED

b). Date(s) of treatment.

c). Amount of charges to date.

d). Amount paid or payable by other sources such as insurance.

4). If you claim lost wages or income, as a result of injury, state:

Name and Address of Employer

Your Occupation and Date Employed at this job

| | |
|--------------------------|---|
| | |
| Total Lost Wages to Date | If still out of Work, Expected Date to Return |

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

(5) Set forth any and all losses claimed by you. _____

(B). If you claim Property Damages:

(1). Describe the property damaged. _____

(2) The location and time when property may be inspected

(3) Date property acquired. _____

a). Cost of property _____

b). Value of property at time of accident. _____

c). Description of Damage. _____

d). Attach each estimate of repair costs to this form.

e). Set forth in detail the list claimed by you for property damage.

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

g). The total amount of the claim
 \$20 MILLION _____

(C) If Other, explain in detail:

5. Have you made a claim against anyone (including insurance companies) for any of the losses or expenses claimed in this notice? NO (Yes/No)

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

6. Are any of the losses or expenses claimed herein covered by any policy of insurance? NO (Yes/No)

If so, for each policy, state the name and address of the insurance company, policy number and benefits paid or payable.

7. Have you received or agreed to receive any money from anyone for the damages claimed here? NO (Yes/No)

If so, set forth the details of such agreement.

8. The following items must be submitted with this notice.

- (a) Copies of itemized bills for each medical expense or other losses and expenses claimed.
- (b) Full copies of appraisals and estimated of property damage claimed by you.
- (c) Copies of all written reports of all expert witnesses and treating physicians.
- (d) A letter from your employer verifying you lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

I hereby certify that the foregoing statement 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, I am subject to

Dated: 10/17/16


Claimant or Person Filing on Behalf of Claimant

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Randy P. Davenport, Esq.
ATTORNEY-AT-LAW