

Notice of Claim Instructions

If you wish to make a claim against the State of New Jersey, please read the following information:

The State of New Jersey is protected from Tort actions by State Statute Title 59, and more specifically, Chapter 9, Paragraph 2e. Simply stated, Title 59: 9-2e means that, if you have insurance to cover "physical damage" to your property, the money you are entitled to receive under such policy of insurance shall be deducted from your claim against the State.

To expedite settlement of your claim, we ask that you settle your physical damage with your physical damage insurance carrier.

You may submit a claim for your deductible by forwarding a copy of your estimate and a copy of the declaration sheet showing the amount of your physical damage deductible to the address listed below.

If you do not have "physical damage" coverage and wish to submit a claim, please forward an estimate for the damage, a copy of the declaration sheet from your insurance policy, and complete the enclosed Tort claim form.

Since all claims which are filed against the State of New Jersey must be filed within 90 days of their occurrence, we suggest that your documentation be sent via certified mail. Although this is not required, it will insure that you have proof of receipt by this office.

Please allow a minimum of 90 days for a reply to your claim submittals.

Mail your response to:

Dept. of Treasury
Bureau of Risk Management
P.O. Box 620
Trenton, NJ 08625
Attn.: Tort Claims Unit

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:

Susan Ivanitski o/b/o estate of Joseph P. Ivanitski

LAST NAME

FIRST

MIDDLE

**Address before Death:
New Jersey Veterans Memorial Home at Menlo Park
132 Evergreen Road
Edison, New Jersey 08837**

ADDRESS

**Susan A. Ivanitski
4101 Cedar Village Blvd.,
East Brunswick NJ 08816**

MAILING ADDRESS IF OTHER THAN ADDRESS

(973)-274-5200

Telephone

10/16/1951

DATE OF BIRTH

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.

Paul M. da Costa

NAME

Snyder Sarno D'Aniello Maceri & da Costa, LLC

MAILING ADDRESS

425 Eagle Rock Avenue, Suite 202, Roseland, NJ 07068

ADDRESS

973-274-5200

TELEPHONE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW OR

EXPLAIN RELATIONSHIP

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT :

03/13/2020

DATE

TIME

New Jersey Veterans Memorial Home at Menlo Park

EXACT LOCATION OF THE OCCURRENCE

4. DESCRIBE THE ACCIDENT OR OCCURENCE.

Joseph Ivanitski contracted COVID-19 and became gravely ill and then died on 4/12/2020 due to gross departures from the standards of nursing care and infection control at the New Jersey Veterans Memorial Home at Menlo Park. Said departures include but not limited to (1) the administration of the facility directing the facility staff not to use masks and gloves because it may scare the residents; (2) waiting over a month before isolating the residents who were confirmed or suspected of having COVID-19; (3) continuing to permits residents to congregate in the common areas even after the administration knew that it had COVID-19 positive residents and staff in the building; (4) permitting COVID-19 positive or presumptively positive staff to continue working in the building; (5) failing to timely test patients and staff for COVID-19; (6) prohibiting staff from gaining access to necessary personal protection equipment; and (7) recklessly endangering the safety and wellbeing of patients and staff by failing to timely and appropriately institute necessary infection prevention safety measures, including, but not limited to, infectious diseases outbreak plans. Subject to and without waiving above, to be supplied via expert testimony.

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

Employees of the New Jersey Veterans Memorial Home at Menlo Park, as well as Susan A. Ivanitski .

6. STATE THE NAMES AND ADDRESSES OF EACH STATE AGENCY OR AGENCIES AND EACH STATE EMPLOYEE WHOM YOU CLAIM CAUSED YOUR DAMAGES OR INJURIES.

Any all executives, administrators, directors, managers, physicians, employees, contractors and agents of the New Jersey Veterans Memorial Home at Menlo Park, including, but not limited to, Sean P. Van Lew, Sr., Elizabeth Schiff-Heedles, Vipul Mody, M.D., Kamala Kovacs, Scott Mueller and Dionne Bradley, R.N.

7. STATE THE NAME AND ADDRESS OF ALL OTHER PERSONS, COMPANIES OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

None to our knowledge.

8. BRIEFLY DESCRIBE THE INJURIES, DAMAGES AND LOSSES INCURRED BY YOU.

Wrongful death, physical and emotional pain and suffering, loss of enjoyment of life, respiratory distress and failure, air hunger, fever, sepsis, septic shock, and disability. In addition, loss of Decedent's guidance, counseling and companionship, out of pocket medical expenses and all health insurance liens.

9. THE AMOUNT OF THE CLAIM. 5,000,000.00

GIVE THE BASIS FOR THE CALCULATION OF THE ABOVE DAMAGES:

Unliquidated damages for pain, suffering, loss of enjoyment of life. Loss of guidance, counseling and companionship, out of pocket medical expenses and healthcare insurance liens.

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.

6/03/2020

DATE

Paul M. da Costa

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT