MICHAEL A. SIRAGUSA
ERIE COUNTY ATTORNEY

COUNTY OF ERIE

MARK C. POLONCARZ
COUNTY EXECUTIVE
DEPARTMENT OF LAW

MICHELLE M. PARKER
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY C. TOTH
SECOND ASSISTANT COUNTY ATTORNEY

November 13, 2013

Mr. Robert M. Graber, Clerk
Erie County Legislature
92 Franklin Street. 4th Floor
Buffalo, New York 14202

Dear Mr. Graber:

In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	*Bailey, Vondlyn R. v. County of Erie*
Document Received:	Notice of Claim
Name of Claimant:	Vondlyn R. Bailey DIN 10G0291 Albion Correctional Facility 3595 State School Road Albion, New York 14411-9399
Claimant's attorney:	Claimant is proceeding *pro se*.

Should you have any questions, please call.

Very truly yours,

MICHAEL A. SIRAGUSA
Erie County Attorney

By: Michelle Parker
Michelle M. Parker
First Assistant County Attorney

MMP:dld
Enc.

Supreme Court of the State of New York
County of ERIE

NOV 12 2013

VONDULN R. BAILEY
Petitioner,

-against-

Notice of Claim

The County of ERIE
Respondent,

PLEASE TAKE NOTICE, that pursuant to Section 50(e) of the General Municipal Law, the undersigned VONDULN BAILEY, intends to file a claim against the County of ERIE.

The post office address of the claimant is: **Albion Correctional Facility 3595 State School Road, Albion, NY 14411.**

The claimant is submitting this notice of claim pro se.

The nature of the claim is as follows:

MEDICAL CLAIM

The time when, the place where, and the manner in which the claim arose are as follows:

The claim arose on 6/14/13 at ERIE COUNTY HOLDING CENTER

when the following events occurred: I WAS GIVEN THE MEDICATION LISINOPRIL WHICH CAUSED ME TO SWELL UP (MY MOUTH, TONGUE, & INNER ORGANS SHUTDOWN). I WAS KEPT AT ERIE COUNTY HOLDING CENTER FOR 7 DAYS & WAS THEN TRANSFERED TO ERIE COUNTY CORRECTIONAL. WHEN MY BODY STARTED TO SHUTDOWN I WAS SENT TO THE HOSPITAL BECAUSE I WENT UNCONSCIOUS AND I WOKE UP IN ICU.

As a result of the incident, the damages or injuries sustained by the claimant are as follows: WEIGHT LOSS, DIFFICULTY SWALLOWING, STOMACH PAINS, CONSTANT DIAHERRA.

Dated: NOVEMBER 7TH, 2013

Vondulin Bailey
Claimant

Verification

State of New York
ss.:
County of

VONDULAN BAILEY, being duly sworn, deposes and says, I am the claimant herein named; I have read the foregoing notice of intention to file a claim against the County of ERIE, and know its contents; the same is true to my own knowledge, except as to those matters stated to be alleged on information and belief, and as to those matters, I believe it to be true.

Vondlyn Bailey
Claimant

Sworn to before me
this 7TH day of NOVEMBER, 20 13.

Notary Public

ROBERT D LINDNER JR
NOTARY PUBLIC, STATE OF NEW YORK
NO 01LI6120359
QUALIFIED IN NIAGARA COUNTY
Commission Expires December 20, 2016