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

January 5, 2015

Ms. Karen McCarthy, Clerk
Erie County Legislature
92 Franklin Street. 4th Floor
Buffalo, New York 14202

Dear Ms. McCarthy:

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:	*Bellot, Shabasia H. v. County of Erie and City of Buffalo*
Document Received:	Notice of Claim
Name of Claimant:	Shabasia H. Bellot 350 French Street, Lower Buffalo, New York 14211
Claimant's attorney:	Scott T. Peloza, Esq. William Mattar, P.C. 6720 Main Street, Suite 100 Williamsville, New York 14221-5986

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.

This paper received at the
Erie County Attorney's Office
from Monique Geisling on
the 22 day of Dec, 2014
at 1:23 a.m./p.m.
Kelly Pfeinkuvosta
Assistant County Attorney

IN THE MATTER OF THE CLAIM OF:

SHABASIA H. BELLOT
350 French Street
Lower
Buffalo, NY 14211

Claimant,

-against-

NOTICE OF CLAIM

COUNTY OF ERIE
95 Franklin Street
Buffalo, NY 14202

CITY OF BUFFALO
1100 City Hall
65 Niagara Street
Buffalo, NY 14202

Respondents.

PLEASE TAKE NOTICE that **SHABASIA H. BELLOT**, hereby makes claim against **COUNTY OF ERIE, NEW YORK** and **CITY OF BUFFALO, NEW YORK** in support thereof Claimant alleges:

1. That the undersigned Claimant, SHABASIA H. BELLOT, residing at 350 French Street, Lower, Buffalo, New York 14211, by and through her attorney, WILLIAM MATTAR, P.C. (SCOTT T. PELOZA, Esq., Of Counsel), 6720 Main Street, Suite 100, Williamsville, NY 14221-5986, claims damages against the COUNTY OF ERIE, NEW YORK and CITY OF BUFFALO, NEW YORK, for personal injuries, pain and suffering, general and special damages, medical expenses, and property damages sustained by her.

2. That the said injuries were sustained by SHABASIA H. BELLOT on October 4, 2014 at approximately 4:04 A.M., on East Utica Street, in the City of Buffalo, Erie County, New York. A copy of the police report is attached hereto as **Exhibit A.**

3. On that date, the Claimant was a passenger in a vehicle traveling on East Utica Street, when the 2007 Chevrolet that was, upon information and belief, owned by Westok Auto Leasing and operated by Leon Nelson III hit a defect in the roadway on East Utica Street between Michigan Avenue and Masten Avenue in Buffalo, New York, contributing to the vehicle losing control and striking a tree. The defect was on East Utica Street between Michigan Avenue and Masten Avenue.

4. The roadway where this collision happened was hazardous due to the following defect(s):

a. depression in the pavement;

b. bump in the pavement; and/or

c. dent in the pavement.

5. Upon information and belief, the roadway on East Utica Street in the City of Buffalo, Erie County, New York was controlled, designed, constructed and maintained by agents, servants and/or employees of Respondents.

6. That the Claimant's damages and injuries occurred as a result of the negligence, carelessness, and reckless disregard for the safety of others including Claimant, SHABASIA H. BELLOT, by the Respondents, their servants, agents or employees in failing to adequately control, design, construct and/or maintain the roadway on East Utica Street in the City of Buffalo, Erie County, New York, along with other acts of negligence, carelessness, and recklessness.

7. That the aforesaid COUNTY OF ERIE and CITY OF BUFFALO by and through its agents, servants and employees had actual or constructive notice of the dangerous

condition and hazard on the roadway at East Utica Street in the City of Buffalo, Erie County, New York.

8. That as a result of the foregoing, the Claimant, SHABASIA H. BELLOT, sustained serious injuries. SHABASIA H. BELLOT sustained an L1 compression fracture, L5 anterior chip fracture and other injuries. The full extent of these injuries is unknown at this time. Upon information and belief, the aforementioned injuries are permanent and progressive in nature, and may require further medical treatment with all risks attendant thereto.

9. That as a result of the foregoing, the Claimant, SHABASIA H. BELLOT, sustained severe and serious permanent injuries including a "serious injury" and will seek damages for past, present and future pain and suffering, past, present and future mental and emotional distress, unreimbursed or uncompensated medical expenses, lost wages, change of lifestyle and a loss of enjoyment of life and every other item of like general damages as may properly be proven at a trial of this action.

10. That the said injuries were occasioned as a result of the negligence of the Respondents and through their agents, servants and employees and without any negligence on the part of the Claimant contributing thereto.

DATED: Williamsville, New York
December 17, 2014

WILLIAM MATTAR, P.C.

Scott T. Peloza, Esq.
Attorney for Claimant
Office and P.O. Address
6720 Main Street, Suite 100
Williamsville, NY 14221-5986
(716) 633-3535

VERIFICATION

STATE OF NEW YORK)
COUNTY OF ERIE) ss:

SHABASIA H. BELLOT, being duly sworn, deposes and says that she is the Claimant in the above-titled action, that she has read the foregoing Claim and knows the contents thereof, that the same is true to the knowledge of your deponent, except as to those matters alleged to be stated upon information and belief, and as to those matters, she believes them to be true.

SHABASIA H. BELLOT

Subscribed and sworn before me
this 17th day of December, 2014.

Notary Public

ARIENNE J. IRVING
Notary Public State of New York
No. 02IR6111557
Qualified in New York County
Commission Expires ~~June 14~~ Sept 7, 2016

EXHIBIT A

10-10-14 11:24 FROM-

Loc Code 1644

142770187 ☐ AMENDED REPORT

POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Incident Reconstructed ☐	Left Scene ☐	Police Photos ☒ Yes ☐ No
10	4	2014	SAT	0404	2	3	Ø			

VEHICLE 1

VEHICLE 1 - Driver License ID Number: E083611092 State of Lic.: OK

Driver Name - exactly as printed on license: NELSON, LEON III

Address (Include Number & Street): 105 WEST UNIVERSITY DRIVE Apt. No.: 55

City or Town: WEATHERFORD State: OK Zip Code: 73096

Date of Birth Month 05 Day 02 Year 1989 | Sex M | Unlicensed ☐ | No. of Occupants 3 | Public Property Damaged ☐

Name - exactly as printed on registration: WEST OK AUTO LEASING | Sex - | Date of Birth Month Day Year

Address (Include Number & Street): 121 S. STATE ST | Apt. No. | Haz. Mat. Code | Released ☐

City or Town: WEATHERFORD State: OK Zip Code: 73096

Plate Number: 178AOA | State of Reg.: OK | Vehicle Year & Make: 07 CHEV | Vehicle Type: LD | Ins. Code:

Ticket/Arrest Number(s):

Violation Section(s):

Check if involved vehicle is:
☐ more than 96 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact: 1
Box 2 - Most Damage: 17
Enter up to three more Damage Codes: 3 4 5

Vehicle Towed: By / To

VEHICLE 2

☒ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number: PARKED State of Lic.:

Driver Name - exactly as printed on license:

Address (Include Number & Street): Apt. No.:

City or Town: State: Zip Code:

Date of Birth Month Day Year | Sex | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐

Name - exactly as printed on registration: CHAMBERS, LINDA R | Sex F | Date of Birth Month 7 Day 3 Year 64

Address (Include Number & Street): 243 JOHNSON ST | Apt. No. | Haz. Mat. Code | Released ☐

City or Town: BUFFALO State: NY Zip Code:

Plate Number: GHY9471 | State of Reg.: NY | Vehicle Year & Make: 00 GMC | Vehicle Type | Ins. Code

Ticket/Arrest Number(s):

Violation Section(s):

Check if involved vehicle is:
☐ more than 96 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

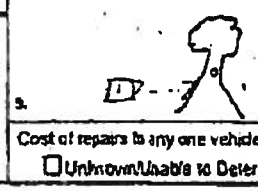
Box 1 - Point of Impact: 9
Box 2 - Most Damage: 9
Enter up to three more Damage Codes: 3 4 5

Vehicle Towed: By / To

Circle the diagram below that describes the accident, or draw your own diagram in space #3. Number the vehicles.

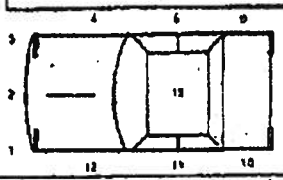
Rear End 1. | Left Turn 3. | Right Angle | Right Turn 5. | Head On 7.
Sideswipe (Same Direction) 2. | Left Turn 4. | Right Turn 6. | Sideswipe (Opposite direction) 8.

ACCIDENT DIAGRAM



VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to Determine ☐ Yes ☐ No

Reference Markers

Coordinates (if available): Latitude/Northing: Longitude/Easting:

Place Where Accident Occurred:
County ERIE ☐ City ☐ Village ☐ Town of BUFFALO
Road on which accident occurred 123 E UTICA (Route Number or Street Name)
at 1) intersecting street (Route Number or Street Name)
or 2) Feet ☐N ☐S ☐E ☐W of (Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes: ON ARRIVAL DITL V1 TRAVELING EAST BOUND ON E UTICA LOST CONTROL OF THE VEHICLE AND DID STRIKE A TREE CAUSING EXTENSIVE DAMAGE TO V1. DEBRIS FROM V1 DID STRIKE V2 CAUSING DAMAGE TO REAR DRIVER SIDE BUMPER WITNESS - KEVIN BARRETT 123 E UTICA 578-8278 - STANDING ON SIDEWALK

USE OTHER SIDE? N

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
ALL INVOLVED A	1	1	4	1	26	M	11	9	6	216	1405	LEON NELSON III	—
B	1	3	4	1	25	F	10	12	6	540	1405	DERRICK ALLIVIAS STOW	—
C	1	6	4	1	22	F	6	17	6	540	1405	SHARASIA BELLOT	—
D													
E													
F													

Officer's Rank and Signature: [signature] | Badge/ID No.: 17305 | NCIC No.: | Precinct/Post Troop/Zone: B | Station/Bureau Sector: B531 | Reviewing Officer: R3 | Date/Time Reviewed:

Print Name in Full: JAMES NIGHINGRACE - GRIFFIN