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

December 18, 2014

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:	*Krantz, Kevin J. v. Town of Hamburg and County of Erie*
Document Received:	Notice of Claim
Name of Claimant:	Kevin J. Krantz 90 Lake Street Hamburg, New York 14075
Claimant's attorney:	Daniel J. Chiacchia, Esq. Chiacchia & Fleming, LLP 5113 South Park Avenue Hamburg, New York 14075

Should you have any questions, please call.

Very truly yours,

MICHAEL A. SIRAGUSA
Erie County Attorney

By: Michelle Parker
Michelle Parker
First Assistant County Attorney

MMP:dld
Enc.

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

This paper received at the Erie County Attorney's Office from Dan Chiacchia on the 15 day of Dec, 2014 at 9:30 a.m./p.m.
Assistant County Attorney

In the Matter of the Claim of:

KEVIN J. KRANTZ,
90 Lake Street
Hamburg, New York 14075

Claimant,

-against-

NOTICE OF CLAIM

TOWN OF HAMBURG
6100 South Park Avenue
Hamburg, New York 14075

COUNTY OF ERIE
95 Franklin Street, Room 1634
Buffalo, New York 14202

Respondents.

FILED IN THE TOWN CLERK'S OFFICE HAMBURG, N.Y.
2014 DEC 12 PM 1 26
TOWN CLERK

TO: TOWN OF HAMBURG
6100 South Park Avenue
Hamburg, New York 14075

COUNTY OF ERIE
95 Franklin Street, Room 1634
Buffalo, New York 14202

PLEASE TAKE NOTICE, that KEVIN J. KRANTZ, has a claim against the Town of Hamburg and the County of Erie, and their officers, agents and/or employees, for damages incurred by the claimant as a result of the wrongful, negligent and/or careless acts and/or omissions of the respondents.

1. The claimant is KEVIN J. KRANTZ whose post office address is 90 Lake Street in the Town of Hamburg, New York 14075.

2. The name of the attorney for the claimant is CHIACCHIA & FLEMING, LLP, Daniel J. Chiacchia Esq., of counsel, whose post office address is 5113 South Park Avenue, Hamburg, New York, 14075, and telephone number (716) 648-3030.

3. On or about September 20, 2014 at around 8:27 p.m., Claimant, KEVIN J. KRANTZ, suffered grievous bodily injury when the motorcycle he was operating was rear ended by a vehicle on McKinley Parkway near its intersection with East Highland Parkway in the Town of Hamburg and County of Erie in the State of New York. The claimant was struck by a vehicle operated by Ashley Viengmay as claimant was attempting to execute a left turn into a retail plaza at or near 3860 McKinley Parkway where Five Guys restaurant is located. **See MV104 accident report attached hereto and made a part hereof.** As a result of the incident, claimant's physical injuries include, but are not limited to, injury to his right leg, head, face, tongue, pelvis, chest, neck and right wrist.

4. The Respondents, their officers, agents and/or employees were negligent in failing to monitor the roadways; failing to install a left-turn lane at or near the subject intersection and plaza; failing to perform proper traffic studies; failing to perform traffic studies that took into account the number of persons utilizing the plazas at the subject area and the number of drivers turning left into the plaza; failing to perform a follow-up study or studies after completion of the development located near said intersection relative to the need for the installation of a left turn

lane; failing to take appropriate measures to provide safe use of the subject roadways; failing to keep the intersection and surrounding area properly illuminated; failing to provide a safe roadway for travel and otherwise acting in a negligent manner.

5. That as a direct result of the negligence of the Respondents, Claimant has incurred damages in an amount to be determined after trial and/or after further analysis of the physical injuries of the Claimant and the cost of treating same.

6. This notice is made and served on behalf of said Claimant in compliance with the provisions of Section 50-e of New York State General Municipal Law and such other laws and statutes as are in the case made and provided.

PLEASE TAKE FURTHER NOTICE, that the Claimant demands payment of said claim, and unless said claim is paid within a reasonable time, it is the intention of the Claimant to commence suit against the Respondents.

Dated: Hamburg, New York
December 11, 2014

KEVIN J. KRANTZ
Claimant

Daniel J. Chiacchia, Esq.
CHIACCHIA & FLEMING, LLP
Attorneys for the Claimant
Office and Post Office Address
5113 South Park Avenue
Hamburg, New York 14075
Telephone: (716) 648-3030

VERIFICATION

STATE OF NEW YORK)
)ss.:
COUNTY OF ERIE)

KEVIN J. KRANTZ, being duly sworn, deposes and states:

1. That deponent is the Claimant in the instant cause.

2. That deponent has read the foregoing Notice of Claim and knows its contents.

3. That the same is true to deponent's personal knowledge except as to those matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes them to be true.

KEVIN J. KRANTZ

Sworn to before me this
11th day of December, 2014

Notary Public

Local Codes: 14-025940 / RSTH193J0G1T

☐ AMENDED REPORT

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene / Accident Reconstructed	Left Scene	Police Photos
9	20	2014	Saturday	20:27	3	3	0	☐ / ☐	☐	☐ Yes ☑ No

VEHICLE 1

VEHICLE 1- Driver License ID Number: 129201640 — State of Lic.: NY

Driver Name - exactly as printed on license: VIENGMAY, ASHLEY A

Address (Include Number and Street): 389 ROWLEY RD — Apt. No.:

City or Town: DEPEW — State: NY — Zip Code: 14043

Date of Birth: 7 / 6 / 1993 — Sex: F — Unlicensed: ☐ — No. of Occupants: 03 — Public Property Damaged: ☑

Name - exactly as printed on registration: VIENGMAY, PHOUANGMALY — Sex: U — Date of Birth: 4 / 18 / 1971

Address (Include Number and Street): 389 ROWLEY RD — Apt. No.: — Haz. Mat. Code: - — Released: ☐

City or Town: DEPEW — State: NY — Zip Code: 14043

Plate Number: ESN3541 — State of Reg.: NY — Vehicle Year & Make: 2006 MAZD — Vehicle Type: 4DSD — Ins. Code: 231

Ticket/Arrest Number(s): TH193J0BX5

Violation Section(s): 1129A

Check if involved vehicle is:
☐ more than 95 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: 2
Box 2 - Most Damage: 2
Enter up to three more damage codes: 3 / 4 / 5

Vehicle By: MILLERS
Towed To: MILLERS

VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2- Driver License ID Number: 504955966 — State of Lic.: NY

Driver Name - exactly as printed on license: KRANTZ, KEVIN J

Address (Include Number and Street): 90 LAKE ST APT 2 — Apt. No.:

City or Town: HAMBURG — State: NY — Zip Code: 14075

Date of Birth: 10 / 27 / 1985 — Sex: M — Unlicensed: ☐ — No. of Occupants: 01 — Public Property Damaged: ☐

Name - exactly as printed on registration: KRANTZ, KEVIN J — Sex: M — Date of Birth: 10 / 27 / 1985

Address (Include Number and Street): 90 LAKE ST APT 2 — Apt. No.: — Haz. Mat. Code: - — Released: ☐

City or Town: HAMBURG — State: NY — Zip Code: 14075

Plate Number: 77SB23 — State of Reg.: NY — Vehicle Year & Make: 2005 SUZI — Vehicle Type: MCY — Ins. Code: 036

Ticket/Arrest Number(s):

Violation Section(s):

Check if involved vehicle is:
☐ more than 95 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: 8
Box 2 - Most Damage: 8
Enter up to three more damage codes: 11 / 12 / 10

Vehicle By: MILLERS
Towed To: MILLERS

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End (1.) — Left Turn (3.) — Right Angle (4.) — Right Turn (5.) — Head On (7.)
Sideswipe (same direction) (2.) — Left Turn (6.) — Right Turn (8.) — Sideswipe (opposite direction) (9.)

ACCIDENT DIAGRAM

See the last page of the MV-104A for the accident diagram.

9.

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

Reference Marker — Coordinates (if available): Latitude/Northing — Longitude/Easting

Place Where Accident Occurred:
County: ERIE ☐ City ☐ Village ☑ Town of HAMBURG
Road on which accident occurred: MCKINLEY PKWY (Route Number or Street Name)
at 1) Intersecting street: (Route Number or Street Name)
or 2) 150 feet miles ☐ N ☑ S ☐ E ☐ W of E HIGHLAND PKWY (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes

Veh 2 stopped in traffic, n/b Mckinley Pkwy, in driving lane, waiting to make left turn into Five Guys Burgers, 3860 Mckinley Pkwy. Veh 1 traveling n/b Mckinley Pkwy in driving lane, failed to stop for veh 2, causing collision with same. Oper veh 2 ejected from motorcycle and landed in roadway. Initial collision caused motorcycle to continue traveling n/b Mckinley sideswiping veh 3 that was traveling s/b Mckinley Pwky in driving lane. Oper veh 2 was able to drag

USE COVER SHEET: N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
A	1	1	A	1	21	F	08	12	6			VIENGMAY, ASHLEY A	
B	1	3	A	1	20	F	-	-	-			TOM, OLIVIA	
C	1	6	4	1	20	F	01	12	6			ADAMSKI, CHELSEA	
D	2	1	6	3	28	M	11	12	6	12528ev	1405	KRANTZ, KEVIN J	
E	3	1	4	1	54	M	-	-	-			HEWES, TIMOTHY A	
F	3	3	4	1	54	F	-	-	-			HEWES, CAROL M	

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
PATROL — William E Stowell	0009	01465	1	19	WICKETT, G	9/22/2014 11:50

Print Name in Full: W STOWELL

Local Codes
14-025940
RSTH193J0G1T

☐ AMENDED REPORT

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene / Accident Reconstructed	Left Scene	Police Photos
9	20	2014	Saturday	20:27	3	3	0	☐ / ☐	☐	☐ Yes ☑ No

VEHICLE 3 | ☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 3- Driver License ID Number: 650417068 | State of Lic.: NY

Driver Name - exactly as printed on license: HEWES, TIMOTHY A

Address (Include Number and Street): 8850 BACKCREEK RD | Apt. No.:

City or Town: BOSTON | State: NY | Zip Code: 14025

Date of Birth Month	Day	Year	Sex	Unlicensed	No. of Occupants	Public Property Damaged
7	21	1960	M	☐	02	☐

Name - exactly as printed on registration: HEWES, TIMOTHY A | Sex: M | Date of Birth: 7 21 1960

Address (Include Number and Street): 8850 BACKCREEK RD | Apt. No.: | Haz. Mat. Code: - | Released ☐

City or Town: BOSTON | State: NY | Zip Code: 14025

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
AWC1318	NY	2014 CHEV	SUBN	328

Ticket/Arrest Number(s):

Violation Section(s):

VEHICLE 3 — Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 3 DAMAGE CODES

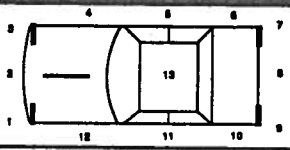
	1	2
Box 1 - Point of Impact	12	11
Box 2 - Most Damage		
Enter up to three more damage codes	3: 10	4:	5:

Vehicle By:
Towed To:

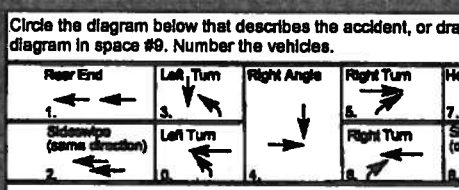
VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.



ACCIDENT DIAGRAM

9.

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

Reference Marker | Coordinates (if available): Latitude/Northing | Longitude/Easting

Place Where Accident Occurred:
County: ERIE ☐ City ☐ Village ☐ Town of
Road on which accident occurred (Route Number or Street Name)
at 1) Intersecting street (Route Number or Street Name)
or 2) feet miles ☐ N ☐ S ☐ E ☐ W of (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes

himself off of roadway onto grassy area. Oper veh 1 stated she was talking to her passengers and did not see Veh 2. She stated that she tried to stop at the last minute but could not avoid collision. PROPERTY DAMAGED BY VEHICLE #01- LIGHT POLE #143 NYSEG , WITNESS #1 MICHAEL BARTON , (814) 213-3344 WITNESS #2 JASON W MARTINELLI 3983 TAYLOR RD ORCHARD PARK, NY 14127 (716) 819-7523

USE COVER SHEET N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17.BY	TO 18	Names of all Involved	Date of Death Only
A													
B													
C													
D													
E													
F													

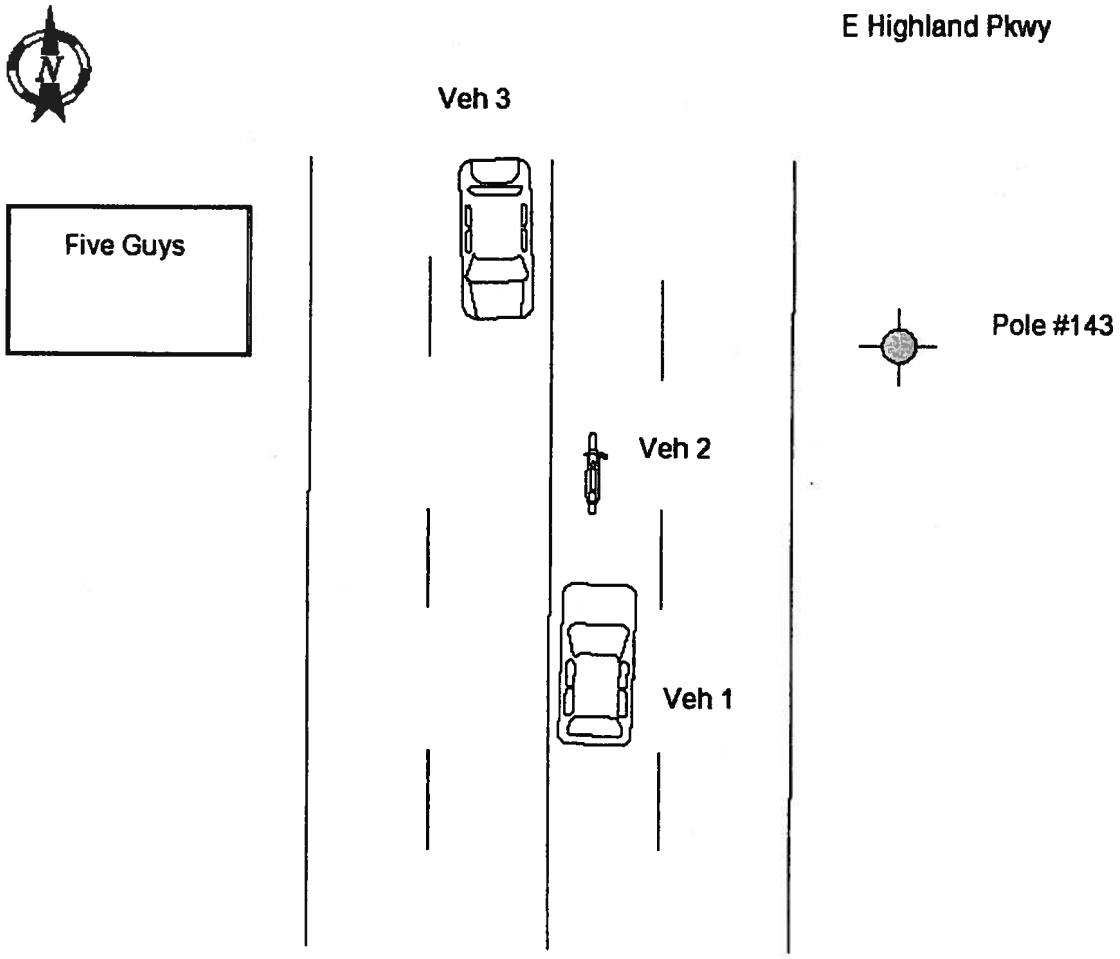
Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
PATROL [signature]	0009	01465	1	19	WICKETT, G	9/22/2014 11:50

Print Name in Full: W STOWELL

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes	
14-025940	
RSTH193J0G1T	☐ AMENDED REPORT

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene / Accident Reconstructed	Left Scene	Police Photos
9	20	2014	Saturday	20:27	3	3	0	☐ / ☐	☐	☐ Yes ☑ No