

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

DONALD M. REINARD, JR.,
Claimant

NOTICE OF CLAIM

-vs-

ERIE COUNTY WATER AUTHORITY,
Defendant

PLEASE TAKE NOTICE that DONALD M. REINARD, JR. hereby claims and demands from the above-named Defendant damages for personal injuries sustained by him and for medical and hospital expenses incurred and/or to be incurred together with permanent, disfiguring and debilitating injuries as a result of the negligent, careless and reckless acts and omissions of the above-named Defendant, its agents, servants, employees, appointees, designees, departments and/or divisions thereof, and in support thereof, the Claimant states the following:

1. The post office address of the Claimant is 1158 Townline Road, Alden, New York 14004; the name and post office address of Claimant's attorney is John J. Fromen, Jr., Esq., John J. Fromen, Attorneys at Law, P.C., 4367 Harlem Road, Snyder, New York 14226.

2. That the nature of this claim is for the negligent, careless and reckless acts or omissions of the above-named Defendant, its agents, servants, employees, appointees, designees, departments and/or divisions thereof, in leaving and abandoning a certain 2024 Kenworth dump truck registered to and owned by the Defendant and bearing New

York State registration plate number BH2339 in a stopped, stationary position facing southbound in the northbound lane of Townline Road at or near 2781 Townline Road without displaying or activating the dump truck's emergency flashers or other lights or signals, deploying orange traffic cones, barriers, flashers, flares, flags, protective tape, warning signs or other, similar devices to warn approaching motorists of the presence of the aforesaid dump truck which was stopped facing south in the northbound lane of Townline Road at or near 2781 Townline Road in the Town of Alden, County of Erie and State of New York, all of which caused and/or precipitated the happening of a collision between the aforesaid dump truck and a certain 2016 Jeep motor vehicle bearing New York State registration plate number HXZ3633, which vehicle was owned and being operated by the Claimant in a northerly direction on Townline Road, resulting in serious, permanent injuries to said Claimant as hereinafter set forth.

3. That said claim arose on the 16th day of October, 2024, at approximately 6:15 am on Townline Road at or near 2781 Townline Road in the Town of Alden, County of Erie and State of New York; that the manner in which said claim arose was that on the aforesaid date and time the Claimant was operating the aforementioned 2016 Jeep motor vehicle in a northerly direction on Townline Road at or near 2781 Townline Road when he was caused to come into collision with the aforesaid 2024 Kenworth dump truck registered to and owned by the Defendant and bearing New York State registration plate number BH2339 which was abandoned and in a stopped, stationary position facing southbound in the northbound lane of Townline Road at or near 2781 Townline Road, without its emergency flashers or other lights or signals being activated or displayed, and

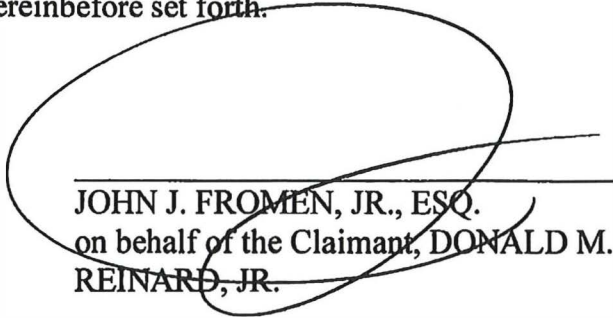
without having deployed orange traffic cones, barriers, flashers, flares, flags, protective tape, warning signs or other, similar devices to warn approaching motorists of the presence of the aforesaid dump truck in a stopped, stationary position in the northbound lane of travel as aforementioned; that as a result of said collision, the Claimant sustained serious permanent injury. A copy of the Police Collision Report prepared as a result of this incident is attached hereto as Exhibit A.

4. That so far as is now able to be determined, the Claimant has sustained multiple, extensive serious injuries to his head, neck, back, upper extremities, torso and lower extremities as a result of the aforesaid collision, the full degree and extent of which are still unknown at this time.

5. That by reason of the foregoing injuries, said Claimant became and will continue to be disabled and will continue to suffer great pain, discomfort, disfigurement, distress and psychological adjustment, and has and will require the services of physicians, surgeons, nurses, hospitals, therapy, prosthetic devices, manipulations and medicines and will continue to incur such expenses in the future; that as a result of the aforesaid injuries and the resulting permanent disabilities, said Claimant has been incapacitated from his activities of daily living and will continue to be incapacitated in the future, and as a result of the aforesaid injuries and permanent disabilities, the future activities and social and personal endeavors and hobbies of said Claimant and his enjoyment of life will be partially and/or totally impaired as a result thereof, all to the damage of the Claimant.

PLEASE TAKE FURTHER NOTICE that the Claimant requests payment of the claims and damages sustained by him as hereinbefore set forth.

DATED: Snyder, New York
January 10, 2025



JOHN J. FROMEN, JR., ESQ.
on behalf of the Claimant, DONALD M.
REINARD, JR.

STATE OF NEW YORK)
COUNTY OF ERIE) SS.:
TOWN OF AMHERST)

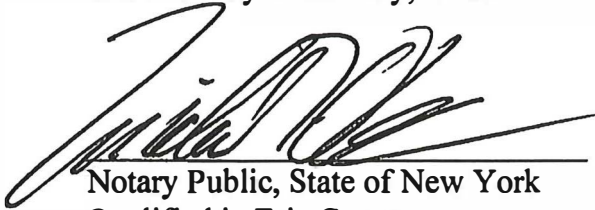
JOHN J. FROMEN, JR., ESQ., being duly sworn, deposes and says:

That your deponent is the attorney of record for the Claimant in the above-entitled action, and as such I am filing the within Notice of Claim on behalf of the Claimant, DONALD M. REINARD, JR.; that your deponent has read the foregoing Claim, Notice and Statement, and knows the contents thereof; that the same is true to his own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters your deponent believes the same to be true; the source of your deponent's knowledge and information is an investigation of this matter, documents and writings in your deponent's possession and actual conversations with the Claimant.



JOHN J. FROMEN, JR., ESQ.

Subscribed and sworn to before me
this 10th day of January, 2025.



Notary Public, State of New York
Qualified in Erie County
My commission expires 7/5/2027

MICHAEL T. O'CONNOR
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 07/05/ 27

EXHIBIT A

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
24-092616
R1EC44JLCCC9

AMENDED REPORT

19
60

1	Accident Date Month: 10, Day: 16, Year: 2024	Day of Week WEDNESDAY	Military Time 06:15	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
	Accident Reconstructed <input type="checkbox"/>									-

2	VEHICLE 1 State of Lic. NY				VEHICLE 2 State of Lic. NY				21
	License ID Number				License ID Number 480237885				64
	Driver Name - exactly as printed on license PARKED,				Driver Name - exactly as printed on license REINARD, DONALD M				
	Address (Include Number and Street)				Address (Include Number and Street) 1302 TOWN LINE RD 1A				
	City or Town Buffalo, State NY, Zip Code 14203				City or Town ALDEN, State NY, Zip Code 1400400				22

3	Date of Birth Month: 07, Day: 09, Year: 1988	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 07, Day: 09, Year: 1988	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	23
1.	Name - exactly as printed on registration erie;cty, water;auth;					Name - exactly as printed on registration REINARD, DONALD M					5

4	Address (Include Number and Street) 295 MAIN ST				Address (Include Number and Street) 1302 TOWN LINE RD 1A				24
5.	City or Town BUFFALO, State NY, Zip Code 14203				City or Town ALDEN, State NY, Zip Code 1400400				1.

5	Plate Number BH2339	State of Reg. NY	Vehicle Year & Make 2024 KW	Vehicle Type DUMP	Ins. Code 994	Plate Number HXZ3633	State of Reg. NY	Vehicle Year & Make 2016 JEEP	Vehicle Type SUBN	Ins. Code 639	1.
---	---------------------	------------------	-----------------------------	-------------------	---------------	----------------------	------------------	-------------------------------	-------------------	---------------	----

1.	Violation Section(s)	Violation Section(s)	25
----	----------------------	----------------------	----

6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
---	--	--	--	----

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 3.C 2 Box 2 - Most Damage 3.C 3.C Enter up to three more damage codes 2.C 3.C 4.C	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 3.C 2 Box 2 - Most Damage 3.C 3.C Enter up to three more damage codes 2.C 3.C 4.C	ACCIDENT DIAGRAM	1.
---	---	---	------------------	----

1.	Vehicle By: BACHS Towed To: BACHS	Vehicle By: TRANSIT TOWING Towed To: TRANSIT TOWING	See the last page of the MV-104A for the accident diagram.	27
----	--------------------------------------	--	--	----

1.	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28
----	--	--	----

29	Reference Marker	Coordinates (if available) Latitude/Northing: 42.92 Longitude/Easting: -78.57	Place Where Accident Occurred: County <u>ERIE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of <u>ALDEN</u> Road on which accident occurred <u>TOWNLIN RD</u> at 1) Intersecting street _____ (Route Number or Street Name) or 2) <u>250</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>walden ave</u> (Map Post, Nearest Intersecting Route Number or Street Name)
----	------------------	---	--

Accident Description/Officer's notes
V1 was parked partially in the northbound lane facing south (the wrong direction) broken down. The vehicle was left there after it broke down last night around 0100hrs while working on a water line issue in front of 2781 Townline Rd (United Precious Metals). The vehicle was left without any hazard flashers on or any roadway markers to warn on coming drivers of the obstruction in the lane. V2 was traveling north on Townline Rd at approx. 0615hrs and struck V1 because he did not see the truck parked in the roadway. A road closed (local traffic

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
	A	2.0	L.C	4	L.C	36	M	-	-	-	-	-	REINARD, DONALD M
B													
C													
D													
E													
F													
	Officer's Rank and Signature DEPUTY <i>[Signature]</i>	Badge/ID No. 0371	NCIC No. 01400	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer PARISI, A	Date/Time Reviewed 10/24/2024 14:48						
	Print Name In Full R ROETZER												

Local Codes
24-092616
R1EC44JLCCC9

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

AMENDED REPORT

19

1	Accident Date Month: 10, Day: 16, Year: 2024	Day of Week WEDNESDAY	Military Time 06:15	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--------------------------	------------------------	----------------------	------------------	-----------------	--	-------------------------------------	---

2	VEHICLE 1				VEHICLE 2			
Driver Name: [Redacted]				Driver Name: [Redacted]				
Address: [Redacted]				Address: [Redacted]				
City/Town: [Redacted]				City/Town: [Redacted]				

3	Date of Birth: [Redacted]	Sex: [Redacted]	Height: [Redacted]	Weight: [Redacted]	Date of Birth: [Redacted]	Sex: [Redacted]	Height: [Redacted]	Weight: [Redacted]
---	---------------------------	-----------------	--------------------	--------------------	---------------------------	-----------------	--------------------	--------------------

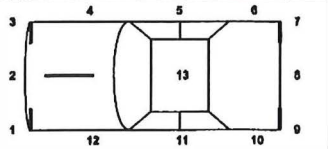
4	Address: [Redacted]	City/Town: [Redacted]	State: [Redacted]	Zip Code: [Redacted]	Address: [Redacted]	City/Town: [Redacted]	State: [Redacted]	Zip Code: [Redacted]
---	---------------------	-----------------------	-------------------	----------------------	---------------------	-----------------------	-------------------	----------------------

5	Vehicle Number: [Redacted]	State of Reg: [Redacted]	Vehicle Year & Make: [Redacted]	Vehicle Type: [Redacted]	Plate Number: [Redacted]	State of Reg: [Redacted]	Vehicle Year & Make: [Redacted]	Vehicle Type: [Redacted]
---	----------------------------	--------------------------	---------------------------------	--------------------------	--------------------------	--------------------------	---------------------------------	--------------------------

6	Violation Section: [Redacted]	Violation Section: [Redacted]
---	-------------------------------	-------------------------------

7	<p>Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.</p>
---	---

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



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 _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)
------------------	--	---

Accident Description/Officer's notes
 only) sign was placed on Townline Rd at Westwood Rd Nothbound but the driver of V2 exited his driveway (1302 Townline Rd) headed north which is located after where that sign was indicating the closure. Heavy front end damage to both vehicles. Both Towed.

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 DEPUTY Print Name In Full: R ROETZER	Badge/ID No. 0371	NCIC No. 01400	Prclnc/Post Troop/Zone	Station/Beat Sector	Reviewing Officer PARISI, A	Date/Time Reviewed 10/24/2024 14:48
---	----------------------	-------------------	------------------------	---------------------	--------------------------------	---

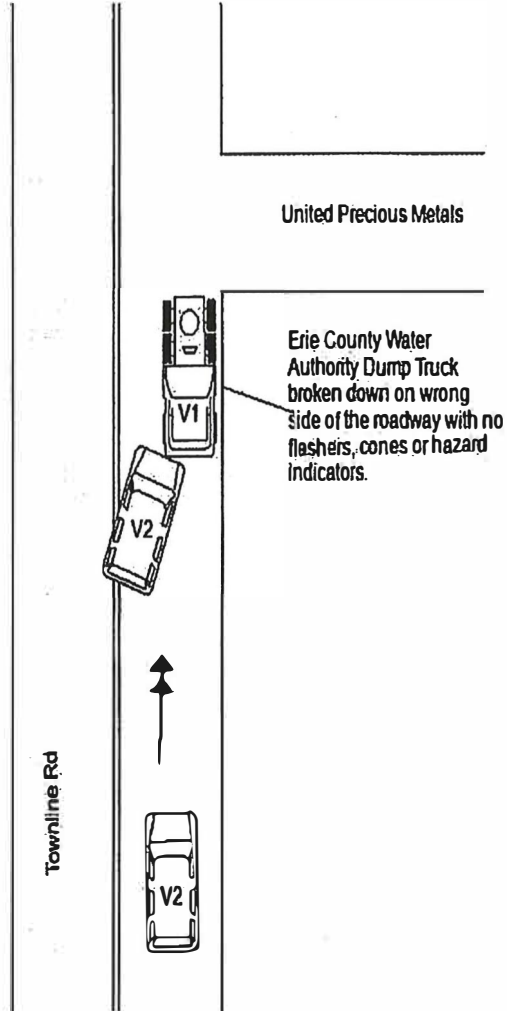
USE COVER SHEET
N

Local Codes 24-092616
R1EC44JLCCC9

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 10	Day 16	Year 2024	WEDNESDAY	06:15	2	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
								Accident Reconstructed	<input type="checkbox"/>	



ERIE COUNTY WATER AUTH
14 JAN '25 AM 10:40