



## **COMMON COUNCIL MEETING**

Common Council Chambers

Monday, April 6, 2015

6:30 p.m.

*5:00 Public Hearing regarding on a project  
to sell city owned property located at  
36 North Clover Street including the potential  
alienation of parkland commonly known as "Wheaton Park".*

- I. **ROLL CALL:**
  
- II. **REVIEW OF MINUTES:**
  
- III. **READING OF ITEMS** by the City Chamberlain of any resolutions not listed on the printed agenda.
  
- IV. **PUBLIC PARTICIPATION:** Three (3) minutes per person up to 45 minutes of public comment on any agenda and non-agenda items.
  
- V. **MAYOR'S COMMENTS:**
  
- VI. **CHAIRMAN'S COMMENTS AND PRESENTATIONS:**
  
- VII. **MOTIONS AND RESOLUTIONS:**
  1. **FROM CORPORATION COUNSEL ACKERMANN**, Resolution R15-25, introducing ordinance to amend zoning for 110 South Grand Avenue, declaring Lead Agency and setting a Public Hearing.
  2. **FROM CORPORATION COUNSEL ACKERMANN**, Resolution R15-18, regarding the redevelopment of vacant property located at 21 Hooker Avenue.

3. **FROM CHAIRMAN PETSAS AND COUNCILMEMBER PERRY**, Resolution R15-26, approving two appointments to the BAR (Assessment Review Board).

**VIII. ORDINANCES AND LOCAL LAWS:**

1. **FROM ASSISTANT CORPORATION COUNSEL AQEEL**, Ordinance O-15-4, amending Section 4-9 entitled "Removal of canine wastes; violation, penalty, exemption", to increase the fine.

**IX. PRESENTATION OF PETITIONS AND COMMUNICATIONS:**

1. **FROM CITY ADMINISTRATOR BUNYI**, a communication regarding a Financial Restructuring Board.
2. **FROM CITY ADMINISTRATOR BUNYI**, a communication regarding the proposed Enterprise Vehicle Fleet Management.
3. **FROM ASSISTANT CORPORATION COUNSEL AQEEL**, communication regarding the proposed Safe House Ordinance.
4. **FROM ANTHONY DALLEO**, a notice of property damage sustained on March 18, 2015.
5. **FROM LUCINA LOPEZ**, a notice of personal injury sustained on January 1, 2015.
6. **FROM SOCRATES ALICEA**, a notice of property damage sustained on February 2, 2015.
7. **FROM RONALD C. KING**, a notice of property damage sustained on February 11, 2015.
8. **FROM JAMES J. RANIERI, III**, a notice of property damage sustained on February 17, 2015.
9. **FROM TODD SACKETT AND LOUIS ROSSI**, a notice of intent for 167 Cedar Avenue to obtain a Liquor License.

**X. UNFINISHED BUSINESS:**

**XI. NEW BUSINESS:**

**XII. ADJOURNMENT:**

# The City of Poughkeepsie

New York

Paul Ackermann  
Corporation Counsel  
[packermann@cityofpoughkeepsie.com](mailto:packermann@cityofpoughkeepsie.com)



62 Civic Center Plaza  
Poughkeepsie, New York 12601  
TEL: (845) 451-4065 FAX: (845) 451-4070

March 30, 2015

**CC Meeting: 4/06/15**  
**ITEM VII- 1**

**COMMON COUNCIL**  
**City of Poughkeepsie**

**RE: INTRODUCTION OF REZONING ORDINANCE FOR 110 SOUTH GRAND AVENUE**

Dear Chairman Petsas and Councilmembers:

Annexed hereto please find a proposed Resolution introducing an ordinance that would rezone 110 South Grand Avenue from an R-2 (medium low-density residence district) to a R-4 (medium high-density residential district). The request comes before you from the property owners Hudson Valley Community which made a presentation at your last meeting.

This resolution would commence the review process required of zoning amendments, mainly: introducing the zoning change, declaring the Common Council's intention to be lead agency, circulation to involved and interested agencies and setting a public hearing. The public hearing has tentatively been scheduled for April 20, 2015 at 6:00 p.m.

Please consider this matter at your next Council meeting on April 6, 2015. The property owner will be available for questions on that night.

Respectfully submitted,

Paul Ackermann, Esq.  
Corporation Counsel

PA:mt  
Attachment

**RESOLUTION INTRODUCING ORDINANCE  
AND PROVIDING FOR PUBLICNOTICE AND HEARING  
(R-15-25)**

**INTRODUCED BY COUNCILMEMBER \_\_\_\_\_ :**

**BE IT RESOLVED**, that an introductory ordinance, entitled “The 2015 Zoning Map Amendment for 110 South Grand Avenue” and be and it hereby is introduced before the Common Council of the City of Poughkeepsie in the County of Dutchess and State of New York; and

**BE IT FURTHER RESOLVED**, that the Common Council hereby appoints and declares its intent to be “Lead Agency” for purpose of SEQRA; and

**BE IT FURTHER RESOLVED** that copies of the aforesaid proposed ordinance are laid upon the desk of each member of the Council; and

**BE IT FURTHER RESOLVED** that the Council shall hold a public hearing on said proposed local law at City Hall, 62 Civic Center Plaza, Poughkeepsie, New York, at 6:00 o’clock P.M., on April 20, 2015; and

**BE IT FURTHER RESOLVED**, that a copy of this introductory local law shall be forwarded by the Clerk to the Planning Board, Zoning Board of Appeals, Dutchess County Planning Department and any other involved agencies for their comments; and

**BE IT FURTHER RESOLVED**, that the Clerk publish or cause to be published a public notice in the official newspaper of the City of Poughkeepsie of said public hearing

at least five (5) days prior thereto.

**SECONDED BY COUNCILMEMBER** \_\_\_\_\_

**ORDINANCE AMENDING CHAPTER XIX, SECTION 19-3.2 OF  
THE CITY OF POUGHKEEPSIE CODE OF ORDINANCES  
ENTITLED ZONING MAP**

**(0-14-XX)**

**INTRODUCED BY COUNCILMEMBER \_\_\_\_\_:**

BE IT ORDAINED, by the Common Council of the City of Poughkeepsie as follows:

SECTION 1: The official Map of the City of Poughkeepsie as adopted by the Common Council on February 20, 1979 and as amended thereof is further amended as follows:

Parcel # 6161-49-620556- 110 South Grand Avenue from R-2 (medium-low density residential district) to R-4(Medium High Residential District).

SECTION 2: That the Common Council of the City of Poughkeepsie as lead agency has determined that there are no other involved agencies, that the action is a unlisted action and upon the long form Environmental Assessment Form and the examination of 6 N.Y.C.R.R §617.7 of the State Environmental Quality Review Act the attached Negative Declaration is adopted because no Negative impacts anticipated will occur by reason of this text amendment.

SECTION 3: that the City Chamberlain be and she hereby is directed to amend the official Zoning Map in accordance with this Ordinance.

SECTION 4: This Ordinance shall take effect immediately.

**SECONDED BY COUNCILMEMBER \_\_\_\_\_:**

**R E S O L U T I O N**  
**(R-15-18)**

**INTRODUCED BY COUNCILMEMBER \_\_\_\_\_ :**

**WHEREAS**, the City of Poughkeepsie is currently working to address the rehabilitation of several vacant and abandoned properties so of which have been vacant for years, and

**WHEREAS**, the Common Council is concerned that continued vacancy will draw criminal activity and other nuisances to the properties and there is a overwhelming need to return such properties to the useful life; and

**WHEREAS**, that the Common Council has determined there is an overwhelming support for returning vacant and abandoned properties back to useful life and accumulated fines attributable to a private owner often make it financially impossible, and

**WHEREAS**, the City has negotiated a settlement with two developers to return two properties back to useful life and such proposal would require the city waiving fines and penalties that are attributable to the private owner some of which may have been relieved into tax, and

**WHEREAS**, after due deliberation, the Common Council concurs, and is desirous of authorizing the Commissioner of Finance to waive any penalties and fines for the property located at 21 Hooker Avenue for the purpose of redevelopment, and

**NOW, THEREFORE,**

**BE IT RESOLVED**, that the Common Council hereby authorizes the Commissioner of Finance to waive and remove any non-tax, fines and penalty attributable to a previous owner on property located at 21 Hooker Avenue; be it further

**BE IT RESOLVED**, that the Commissioner of Finance and Corporation Counsel is and are hereby authorized and empowered to take appropriate sets to give effect to this resolution.

**SECONDED BY COUNCILMEMBER \_\_\_\_\_.**

# RESOLUTION

(R-15-26)

**INTRODUCED BY CHAIRMAN PETSAS AND COUNCILMEMBER PERRY**

**WHEREAS**, the members of the Board of Assessment Review are appointed by the Common Council pursuant to the Administrative Code of the City of Poughkeepsie §5.02(1) and the Section 523 of the New York Real Property Tax Law; and

**WHEREAS**, the Common Council solicited candidates for the appointment and the interviewed the same; and

**WHEREAS**, members of the Common Council, and the City Assessor, have recommended the appointment of Blair Fahey and Regina Strohman as members of the Board of Assessment Review; and

**NOW, THEREFORE,**

**BE IT RESOLVED**, that the Common Council of the City of Poughkeepsie does hereby appoint the following member to the Board of Assessment Review for a term of five (5) years commencing and expiring on the following dates;

**Blair Fahey, whose term shall commence on October 1, 2014 and expire on September 30, 2019;**

**BE IT FURTHER RESOLVED**, that the Common Council of the City of Poughkeepsie does hereby appoint the following two members to the Board of Assessment Review to fill the unexpired terms of two recently vacated positions who shall serve for the remainder of those unexpired terms;

**Regina Strohman, whose term shall commence on October 1, 2012 and expire on September 30, 2017;**

**SECONDED BY COUNCILMEMBER \_\_\_\_\_**

**ORDINANCE AMENDING §4-9  
OF CHAPTER 4 OF THE CITY OF POUGHKEEPSIE  
CODE OF ORDINANCES ENTITLED "ANIMALS AND FOWL"**

**(O-15-3)**

INTRODUCED BY COUNCILMEMBER \_\_\_\_\_ :

BE IT ORDAINED, by the Common Council of the City of Poughkeepsie, as follows:

SECTION 1: §4-9 is hereby amended by the following addition(s) and deletion(s):

**Section 4-9 -Removal of Canine Wastes; Violation, Penalty, Exemption.**

(a) It shall be the duty of each dog owner or each person in possession, custody or control of a dog to remove any feces left by his dog on any sidewalk, gutter, street or other public area in the City of Poughkeepsie.

(b) Any such person found guilty of violating this section, by refusing or failing to comply with the provisions hereof, shall be subject to a fine or civil penalty in an amount not to exceed \$100 ~~per occurrence~~ **for the 1st occurrence, up to \$500 for the second occurrence and up to \$1,000 for each occurrence thereafter.**

(c) The Sanitation Inspector and the Animal Control Officer shall each have the authority to issue appearance tickets for violations of this provision, which ticket shall be returnable in the City Court of the City of Poughkeepsie, which Court shall have the power to impose the fine or penalty set forth herein.

(d) The provisions of this section shall not apply to a guide dog accompanying any blind person.

SECTION 2: This Ordinance shall take effect immediately.

SECONDED BY COUNCILMEMBER \_\_\_\_\_ :

ADDITION(S) denoted by Underlining and Bold

DELETION(S) denoted by ~~Strikethrough~~

COM 4/6/15 Item W-4

PLEASE PRINT OR TYPE FORM CLEARLY

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.

2015 MAR 23 AM 11:53  
CITY OF POUGHKEEPSIE  
CITY CHAMBERLAIN

NOTICE OF CLAIM  
AGAINST  
THE CITY OF POUGHKEEPSIE, NEW YORK

TODAY'S DATE: March 21, 2015

NAME AND ADDRESS OF EACH CLAIMANT:

Anthony Dalleo  
102 Canterbury Drive  
Saugerties NY 12477

TELEPHONE NUMBER: 845-247-3710

NAME AND ADDRESS OF ATTORNEY (IF ANY):

DESCRIBE WHAT HAPPENED AND AMOUNT CLAIMED (PLEASE STATE DATE, TIME, LOCATION, AND MANNER IN WHICH CLAIM AROSE):

On March 18, 2015 at 3:56 pm I was driving down High Street going towards North Hamilton Street. The road dipped down into a hole which covered the entire lane (there were parked cars on the side). I heard a large bang. I pulled over and looked at my vehicle. There is a slice in my new tire (just installed Jan 19, 2015), bent rim and broken hub cap, (see attached photo).

ITEMS DAMAGED OR INJURIES SUSTAINED:

Two estimates attached: (1) Poughkeepsie Nissan \$708.13  
(1) Kingston Nissan \$622.59 (- preferred)

[Signature]  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

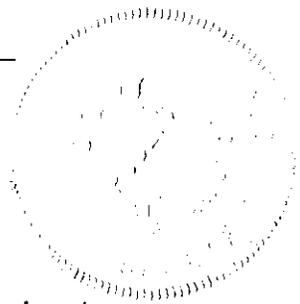
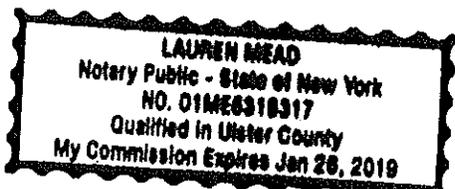
STATE OF NEW YORK, COUNTY OF Ulster s.s.:

Anthony Dalleo being duly sworn, say(s) that he/she is/are the claimant(s) named in the foregoing claim, that he/she has/have read the same and know(s) the contents thereof; that the same is true to his/her own knowledge, except as to the matters alleged upon information and belief and as to those items, he/she believes it to be true.

[Signature]  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

Sworn to before me this 21 day of March, 2015  
Lauren Mead  
Notary Public



NOTE: After submitting this form to the City Chamberlain, please direct any inquires to the Corporation Counsel at (845) 451-4065, Monday to Friday, 8:30 a.m. - 4:00 p.m.



140 Route 28 - Kingston, NY 12401  
 (845) 338-3100 - Fax: (845) 338-1638  
 www.kingstonnissan.net

<b>SOLD TO</b>	<b>SHIPPED TO</b>
<b>DALLEO, ANTHONY M</b> <b>102 CANTERBURY DR</b> <b>SAUGERTIES, NY 12477</b>	
<b>845-247-3710</b>	

**RETURN POLICY:** No returns on electrical or special order items. All claims and returned goods must be accompanied by this invoice.  
 A restocking charge will be applied on all merchandise returned for credit. No returns after 30 days.

**DISCLAIMER OF WARRANTIES:** All warranties on the products sold hereby are those made by the manufacturer. The seller, KINGSTON NISSAN, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and LEE'S SUMMIT, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

YOUR PURCHASE ORDER		TERMS		INVOICE DATE		INVOICE NUMBER / PG.					
Verbal		Payment Due Upon Receipt		3/20/15		Q000091854 1					
SHIP VIA				SALESPERSONS NAME							
Will Call				DAVE DECICCO							
QTY.	DESCRIPTION	SOURCE	LIST	NET	AMOUNT						
1	40300-9AD0A : WHEEL ASSY-DISK	EP	237.80	237.80	237.80						
1	40315-9AA0C : CAP ROAD WHEEL	EP	79.72	79.72	79.72						
1	Goodyear Assurance Comfortred				153.00						
	shipping & handling				16.00						
	Alignment				89.95						
	total				576.47						
	+ tax				622.59						
	-wheel, hubcap & tire irreparable										
DATE PRINTED		3/20/15		TIME		14:15:48					
<b>PARTS DEPARTMENT HOURS</b> 7:30 a.m. to 5:00 p.m. Mon - Fri 7:30 a.m. to 1:30 p.m. Sat  <h1 style="margin: 0;">Thank You!</h1>				<b>SERVICES OR EQUIPMENT</b>				576.47			
				SHIPPING							
				C.O.D. CHARGE							
				SALES TAX OR TAX I.D.						46.12	
				DEPOSIT ON CONTRACT							
				<b>TOTAL</b>		622.59					
NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.											
X											

**POUGHKEEPSIE  
NISSAN**



**CERTIFIED  
USED CAR OUTLET**

**POUGHKEEPSIE NISSAN, INC.**

1445 Route 9 - Wappingers Falls, NY 12590

*Cindy Dalleo,*

*March 20, 2015*

*Below you will find the estimate as we discussed over the phone.*

*2012 Nissan Sentra*

<i>205/55/16 Goodyear Assurance Comfort tire</i>	<i>\$179.95</i>
<i>Rim</i>	<i>\$237.80</i>
<i>Hub Cap</i>	<i>\$ 79.72</i>
<i>Labor</i>	<i>\$ 25.00</i>
<i>Tire Disposal</i>	<i>\$ 2.50</i>

*Recommends 4 wheel computerized alignment \$129.95*

<i>Tax</i>	<i>\$ 53.21</i>
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<i>Total</i>	<i>\$708.13</i>
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*Due to slash in sidewall of tire; tire cannot be replaced.*

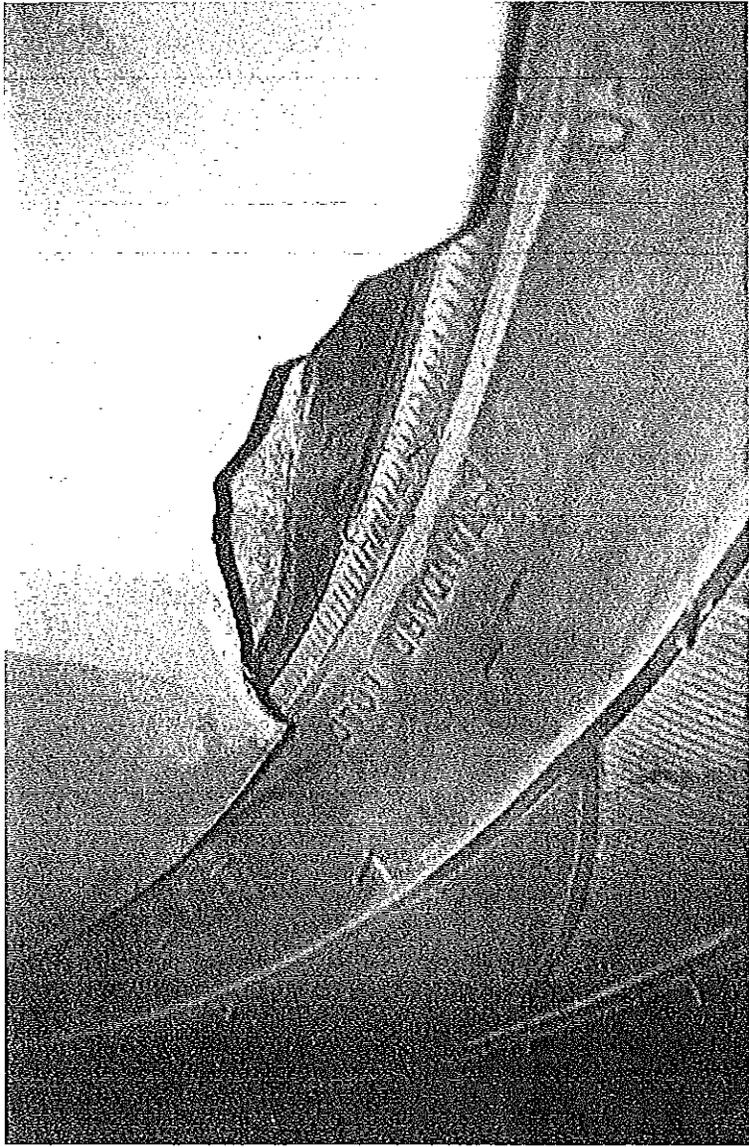
*Thank You,  
Taryn Bordanaro SA  
845-297-0077*

**Nissan Showroom: (845) 297-4314  
Fax (845) 297-6557**

**Used Car Outlet: (845) 296-3460  
Fax (845) 298-6040**

**Visit us on the web at [www.poughkeepsienissan.com](http://www.poughkeepsienissan.com)**





**KINGSTON NISSAN**  
 .NET  
 140 Route 28 - Kingston, NY 12401  
 (845) 338-3100 - Fax: (845) 338-1638  
 www.kingstonnissan.net

*\* I Supplied 4 Brand New tires  
 Kingston Nissan installed  
 + Aligned  
 1/19/15*

SERVICE DEPARTMENT HOURS  
 7:30 a.m. to 5:00 p.m.  
 Monday - Friday  
 7:30 a.m. to 1:30 p.m. Saturday

R/O Open Date	R/O Number
1/19/15	6041406/1
R/O Close Date	Status
1/19/15	Reprint
Mileage In	Mileage Out
40478	40487
Service Advisor / Tag #	
MARC SASSO	

DALLEO, ANTHONY M 102 CANTERBURY DR SAUGERTIES, NY 12477			Work Phone	Vehicle Identification Number	
				3N1AB6AP4CL753974	
			Home Phone	Delivery Date	In-Service Date
			845-247-3710	8/30/12	8/30/12
Year	Make	Model	Body	Color	License Number
2012	NISSAN	SE	4DR SDN I4 CVT 2.	RED BRICK	ANN9089
121151					

DESCRIPTION OF SERVICE AND PARTS	AMOUNT
Cell: 845-389-2558	
#1 - QL 01NIZEXP: LUBE OIL FILTER - \$29.95 LUBE OIL & FILTER Caused by LUBE OIL FILTER, TOP OFF ALL FLUIDS AND CK HOSES AND BELTS Work performed by JARROD M. WAGER(423) Installed 15208-65F0E :OIL FILTER 1@8.53 8.53 Installed 5W30 :GENUINE NISSAN MOTOR OIL 4@2.49 9.96 Installed 11026-01M02 :WASHER-DRAIN 1@2.49 2.49 Sub Total: Labor: 9.75 Parts: 20.98 Total: 30.73 LUBE OIL FILTER SERVICE	
#2 - MR 01NIZ: GENERAL MAINTENANCE CUSTOMER STATES, MOUNT AND BALANCE FOUR TIRES, ● CUSTOMER SUPPLIED Work performed by JARROD M. WAGER(423) Installed WHEEL-WEIGHTS :WHEEL WEIGHTS 1@7.95 7.95 Sub Total: Labor: 60.00 Parts: 7.95 Total: 67.95	60.00 7.95
#3 - MR 01NIZALIGH: ALIGNMENT 4 WHEEL ALIGNMENT Caused by - COMPLETE 4 WHEEL ALIGNMENT Work performed by JARROD M. WAGER(423) Sub Total: Labor: 59.95 Parts: .00 Total: 59.95 ALIGNMENT BACK TO FACTORY SPECS	59.95

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

DISCLAIMER OF WARRANTIES. Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

LABOR	
PARTS	
DEDUCTIBLE	
SUBLET	
SHOP SUPPLIES	
HAZARDOUS MATERIALS	
SALES TAX OR TAX I.D.	
SPECIAL ORDER DEPOSIT	
DISCOUNTS	
TOTAL DUE	

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.  
 X

CCM 4/6/15  
Item 1X-5

In the Matter of the Claim of  
LUCINA LOPEZ  
Claimant,  
-against-

**NOTICE OF CLAIM  
PURSUANT TO  
GENERAL  
MUNICIPAL LAW  
SECTION 50**

CITY OF POUGHKEEPSIE

TO: CITY OF POUGHKEEPSIE  
ATTN.: CORPORATION COUNSEL  
62 Civic Center Plaza  
Poughkeepsie, NY 12601

CITY OF POUGHKEEPSIE  
CITY CLERK  
2015 MAR 24 PM 3:27

PLEASE TAKE NOTICE that the claimant hereby makes claim against the **CITY OF POUGHKEEPSIE** for damages and in support of such claim, states:

1. **Name and Post Office Address of Each Claimant:**  
Luciana Lopez: 4 North White Street, Poughkeepsie, New York 12601
2. **Name and Post Office Address of Claimant's Attorney:**  
Melley Platania, PLLC.: 24 Closs Drive Rhinebeck, New York 12572
3. **Date Time and Place Where the Claim Arose and the Manner in which said Claim Arose**

This subject fall and incident occurred on or about January 1, 2015 at approximately 11:40 am of that day on a sidewalk located on, in or near the west side/sidewalk of North White Street near and along the premises owned and/or occupied by "Clinton House c 1765" premises comprising the northwest corner of the intersection of said North White Street and Main Street in the City of Poughkeepsie, New York. The situs of the slip and fall is depicted in the photographs (3), annexed hereto and as "circled" collectively as **Exhibit**

A, and made part hereof.

RECEIVED  
MAR 24 2015  
CORPORATION COUNSEL

The said injury producing incident which is the subject of this claim occurred at said time, date and place while the Claimant was lawfully and carefully walking generally in a southerly direction on the aforementioned sidewalk, when she suddenly and without warning slipped on an excessive, untreated, unsalted and unsanded accumulation of ice and water which accumulated in a low area or dip or depression in the said sidewalk and was thrown violently to the ground and sidewalk at the location depicted in the annexed photos, **Exhibit A**.

**4. The Negligence and Fault of the City of Poughkeepsie, its Officials, its Agents, its Servants and/or its Employees and/or its Contractors was:**

The said Claimant was caused to slip and fall, sustaining the bodily injuries set forth herein below by reason of the unsafe, unreasonable and excessive accumulation of ice and water covering a large area depicted in the annexed photographs (**Exhibit A**) of said situs of the incident, which conditions were unreasonably unsafe and unfit for pedestrian use and passage on and for an unreasonably long time prior thereto, which slippery, unsafe, unsalted, untreated and unsanded area of the said sidewalk, and which unsafe conditions were due to, caused by and were created by the acts and omissions of the said City of Poughkeepsie, its officers, agents, servants, employees, who prior to said incident, did plow snow from North White Street, shovel snow and did otherwise move snow and ice from areas near or adjacent to the said situs of the incident onto the said sidewalk whereupon it was subject to freeze, melt and refreeze thereby creating and causing the unsafe sidewalk conditions which confronted the Claimant at the time and place of the said

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slip and fall incident; and the City of Poughkeepsie was further negligent, careless and reckless in failing and neglecting to perform good and accepted maintenance of the said locations, failed to abide by the applicable federal and/or state and/or local, ordinances, rules and/or regulations with regard to the said sidewalk, snow and water; and further did fail to follow good and accepted safe practice, did fail to warn pedestrians that the said sidewalk was unsafe for walking upon prior to the said incident; did fail to enforce applicable laws and ordinances as against adjacent property owners to remediate the said unsafe conditions, were otherwise negligent, careless and reckless, all with both actual and constructive notice and knowledge, including prior written notice and notification of said snow, ice and slippery conditions, which were and/or may have been chronic recurring conditions, and the City was otherwise negligent and careless in permitting and allowing a public nuisance to be in the form of the unsafe and slippery sidewalk to be and to exist prior to and at the time of the subject incident herein.

**5. Claimant's Damages:**

Claimant's fall caused numerous traumatic injuries to her entire body and extremities, including without limitation fractures of her lumbar spine, lumbar disc herniations, nerve impingements, lumbar radiculopathy into the lower extremities, trauma to the entire spine, cervical, thoracic, lumbar spines, all causing her to have extreme pain, suffering, mental anguish; for which Claimant has undergone reasonable and necessary ~~medical care and treatment and for which, upon information and belief, the said Claimant~~ will undergo in the future; and Claimant has suffered past and future pain, suffering, mental

anguish and loss of enjoyment of life, and she has suffered economic loss and will upon information and belief, suffer future economic loss for necessary future medical care and treatment and wage/income loss, and the Claimant has suffered additional items of bodily injuries and/or damages in amounts not yet fully ascertained.

WHEREFORE, the claimant requests that the CITY OF POUGHKEEPSIE honor and pay the claim herein.

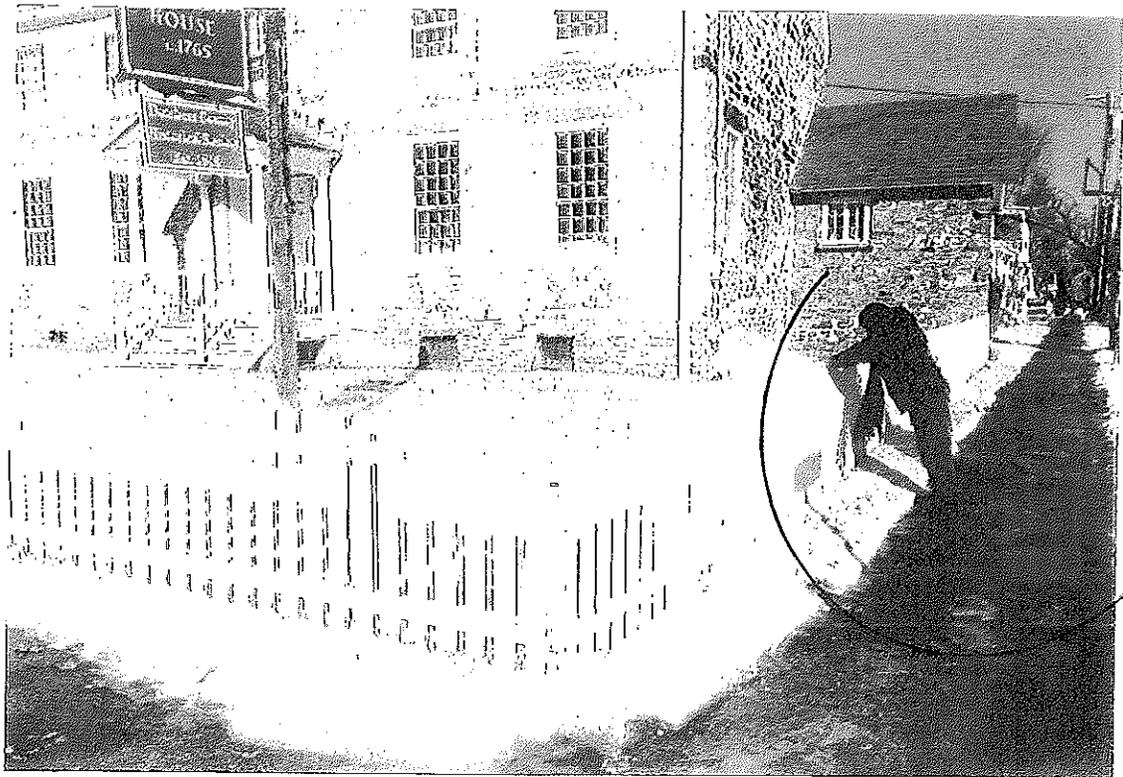
Dated: Rhinebeck, New York  
March 16, 2015

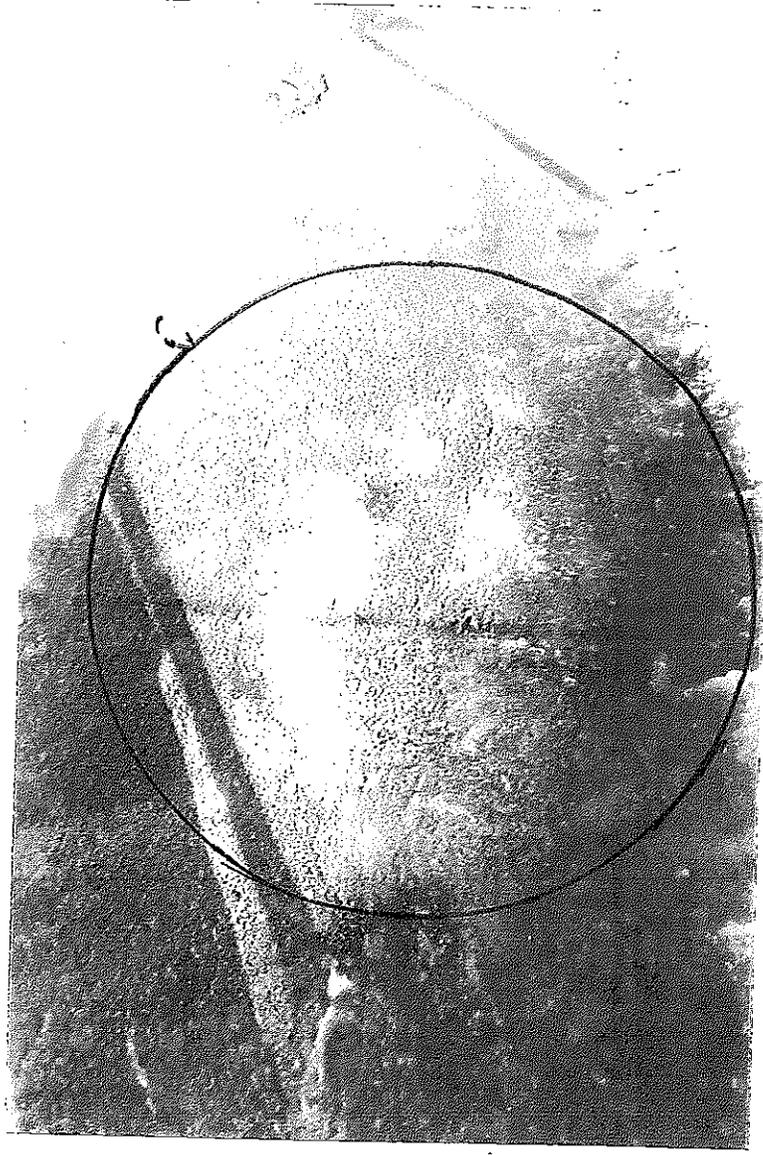
MELLEY PLATANIA, PLLC

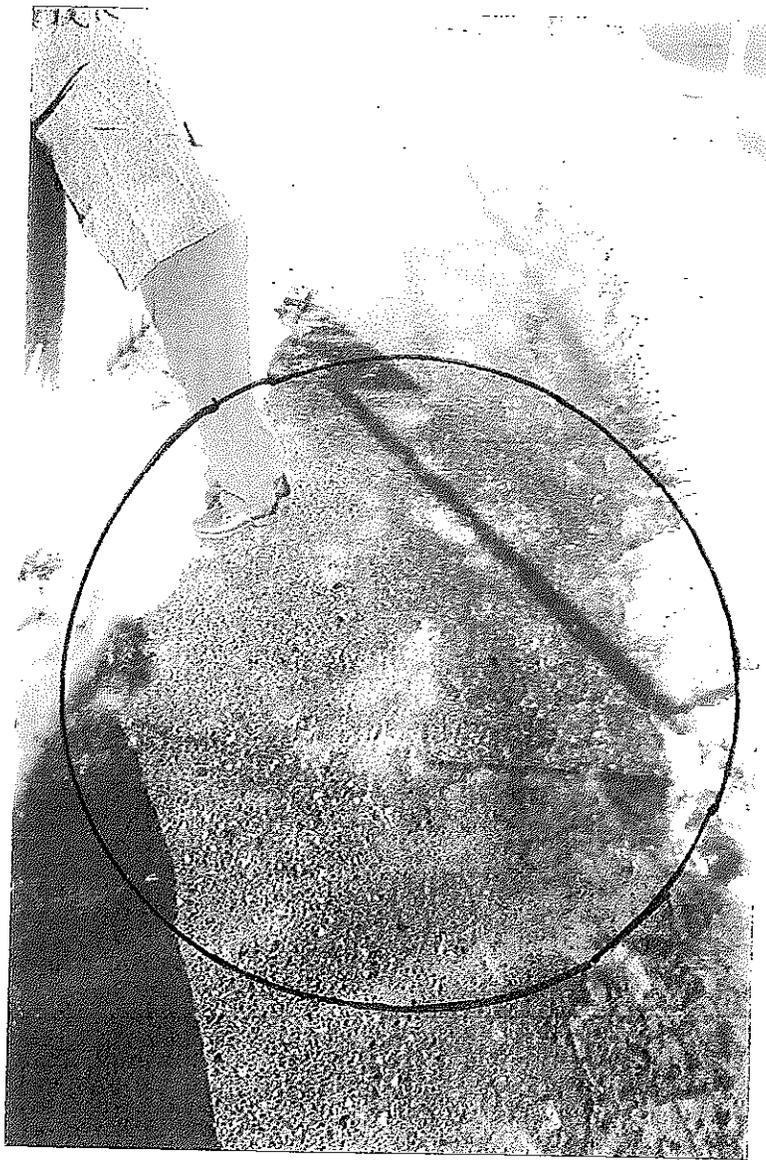


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BY: STEVEN M. MELLEY, ESQ.  
Attorney for Claimant  
24 Closs Drive  
Rhinebeck, NY 12572  
(845) 876-4057







INDIVIDUAL VERIFICATION

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

LUCINA LOPEZ, being duly sworn, says:

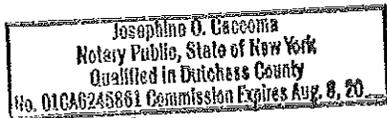
I am Claimant in the action herein; I have read the annexed Notice of Claim Pursuant to General Municipal Law Section 50 and know the contents thereof and the same are true to my knowledge, except those matters therein which are stated to be alleged on information and belief, and as to those matters I believe them to be true. My belief, as to those matters therein not stated upon knowledge, is based upon the following: personal knowledge and file information.

  
\_\_\_\_\_

LUCINA LOPEZ

Sworn to before me this  
16th day of March, 2015

  
\_\_\_\_\_  
NOTARY PUBLIC



STATE OF NEW YORK            )  
  ) SS.:  
COUNTY OF DUTCHESS        )

JADE H. PLATANIA, being duly sworn, deposes and says:

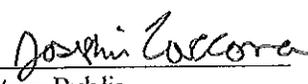
1. I am over the age of 18 years and reside in Rhinebeck, New York.
2. I am an attorney in the office of Melley Platania, PLLC, attorneys for the plaintiff(s) herein.
3. On March 20, 2015, I served two true copies of the annexed **Notice of Claim** by depositing the same in a sealed envelope, via USPS certified mail, return receipt requested, addressed to the last known address of the parties as indicated below:

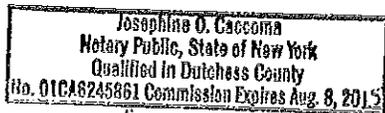
**NAMES AND ADDRESSES OF THE PARTIES:**

CITY OF POUGHKEEPSIE  
ATTN.: CORPORATION COUNSEL  
62 Civic Center Plaza  
Poughkeepsie, NY 12601

  
\_\_\_\_\_  
JADE H. PLATANIA

Sworn to before me this  
20<sup>th</sup> day of March, 2015

  
\_\_\_\_\_  
Notary Public



CCM 4/6/15  
Item IX-6

PLEASE PRINT OR TYPE FORM CLEARLY

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.

NOTICE OF CLAIM  
AGAINST  
THE CITY OF POUGHKEEPSIE, NEW YORK

TODAY'S DATE: March 15<sup>th</sup> 2015

NAME AND ADDRESS OF EACH CLAIMANT:

Socrates Alicia  
103 South Hamilton  
Poughkeepsie NY 12601  
TELEPHONE NUMBER: 201 320 4508

CITY OF POUGHKEEPSIE  
2015 MAR 19 PM 3:11

NAME AND ADDRESS OF ATTORNEY (IF ANY):

DESCRIBE WHAT HAPPENED AND AMOUNT CLAIMED (PLEASE STATE DATE, TIME, LOCATION, AND MANNER IN WHICH CLAIM AROSE):

On February 2nd my car, Ford Focus 07 Black, was towed due to snow emergency around 5pm. When I retrieved my car from being impounded, I noticed the muffler was bent in two places. ITEMS DAMAGED OR INJURIES SUSTAINED: I contacted the tow company's rep and he claims to not have been responsible for the damage or for the action of towing of my vehicle.  
Muffler

[Signature]  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

STATE OF NEW YORK, COUNTY OF Dutchess s.s.:

Socrates Alicia being duly sworn, say(s) that he/she is/are the claimant(s) named in the foregoing claim, that he/she has/have read the same and know(s) the contents thereof; that the same is true to his/her own knowledge, except as to the matters alleged upon information and belief and as to those items, he/she believes it to be true.

[Signature]  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

Sworn to before me this 19 day of March, 2015  
[Signature]  
Notary Public

STEVEN A. KOCH  
NOTARY PUBLIC, STATE OF NY  
NO. 01K06171995  
QUALIFIED IN DUTCHESS COUNTY  
COMMISSION EXPIRES 08/06/2016

NOTE: After submitting this form to the City Chamberlain, please direct any inquires to the Corporation Counsel at (845) 451-4065, Monday to Friday, 8:30 a.m. - 4:00 p.m.

CCM 4/6/15  
Item IX-7

PLEASE PRINT OR TYPE FORM CLEARLY

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.

NOTICE OF CLAIM  
AGAINST  
THE CITY OF POUGHKEEPSIE, NEW YORK

2015 MAR 10 PM 4:23  
CITY OF POUGHKEEPSIE  
CITY CHAMBERLAIN

TODAY'S DATE: March 11, 2015

NAME AND ADDRESS OF EACH CLAIMANT:

Ronald C. King 1964 South Road  
Lexington Club  
Poughkeepsie N.Y.

TELEPHONE NUMBER: (845) 902-3192

apt 340  
12601

NAME AND ADDRESS OF ATTORNEY (IF ANY):

DESCRIBE WHAT HAPPENED AND AMOUNT CLAIMED (PLEASE STATE DATE, TIME, LOCATION, AND MANNER IN WHICH CLAIM AROSE): 2/11/2015 @ approx 3<sup>PM</sup>

A city of Poughkeepsie bus hit @ side of Ronald C King's  
2003 Dodge Durban. This incident occurred on 55 College Ave  
in front of Poughkeepsie Middle School. Vehicle was parked & 2 passengers  
ITEMS DAMAGED OR INJURIES SUSTAINED:

VBH CR assessed one passenger for cp, shoulder neck, head & chest pain at  
past injunctive surgical site. Diagnosis - Acute Whiplash injury @ shoulder strain  
Prognosis - unknown. Pt cont'd) F/M therapy (cont.) on track →

Signature of Claimant

Signature of Claimant

STATE OF NEW YORK, COUNTY OF Dutchess s.s.:

Ronald King

being duly sworn, say(s) that he/she is/are the claimant(s) named in the foregoing claim, that he/she has/have read the same and know(s) the contents thereof; that the same is true to his/her own knowledge, except as to the matters alleged upon information and belief and as to those items, he/she believes it to be true.

Ronald C. King  
Signature of Claimant

Signature of Claimant

Sworn to before me this 10 day of March, 2015

St A Th  
Notary Public

STEVEN A. KOCH  
NOTARY PUBLIC, STATE OF NY  
NO. 01K08171995  
QUALIFIED IN DUTCHESS COUNTY  
COMMISSION EXPIRES 08/06/20 15

NOTE: After submitting this form to the City Chamberlain, please direct any inquires to the Corporation Counsel at (845) 451-4065, Monday to Friday, 8:30 a.m. - 4:00 p.m.

# CIVILIAN ACCIDENT INFORMATION EXCHANGE FORM

NY State Law requires that any accident resulting in a fatality, injury or damage to property of any person (including damage to your vehicle) or entity over \$1000 be reported by YOU to the Department of Motor Vehicles (DMV) within 10 days after an accident. Failure to report an accident or failure to give correct information is a misdemeanor and may result in the suspension/revocation of your driver's license (or operating privilege in NYS) and all vehicle certifications or registrations.

Report your Accident to DMV on DMV form MV-104 (Report of Motor Vehicle Accident). Police Accident Reports (DMV form MV-104A) DO NOT satisfy YOUR civilian reporting requirement.

Report # DEXCP5541QWW7	Local Codes 15-3513	Date 02/11/2015	Time 15:00	# of Veh. 2	Town, City POUGHKEEPSIE, CITY O	Road Name 55 COLLEGE AVENUE
Police Agency POUGHKEEPSIE CITY PD - 01302				Officer's Name/Badge ID# FEATHERSTON                      PAUL                      P      83		

**VEHICLE # 001**

Driver's Name - Last BENNERMAN	First CHARLES	Middle L	Suffix	Date of Birth 12/09/1953	Address 34 N WHITE STREET	
City/State/Zip POUGHKEEPSIE                      NY			Motorist I.D. # 583880852	Vehicle Year 2008	Make GILL	License Plate # and State AD8920                      NY
Type BUS	Insurance Co. Code and Name 994 - GOVERNMENT OWNED			Vehicle Owner POUGHKEEPSIE		First                      Middle                      Suffix CITY
Vehicle Towed By				Vehicle Towed To		

**Miscellaneous Notes**

**VEHICLE # 002**

Driver's Name - Last KING	First RONALD	Middle C	Suffix	Date of Birth 06/22/1951	Address 1964 SOUTH ROAD 340	
City/State/Zip POUGHKEEPSIE                      NY			Motorist I.D. # 496335709	Vehicle Year 2003	Make DODG	License Plate # and State FJV6419                      NY
Type SUBN	Insurance Co. Code and Name 271 - INTEGON CASUALTY INS CO			Vehicle Owner KING		First                      Middle                      Suffix RONALD                      C
Vehicle Towed By				Vehicle Towed To		

**Miscellaneous Notes**

OPERATOR VEHICLE ONE WHILE TRAVELING WEST ON COLLEGE AVENUE SIDESWIPED VEHICLE TWO. VEHICLE TWO WAS PARKED AND OCCUPIED IN FRONT OF THE POUGHKEEPSIE MIDDLE SCHOOL 55 COLLEGE AVENUE POUGHKEEPSIE NY 12601 THE DRIVER'S SIDE SIDE VIEW MIRROR OF VEHICLE TWO WAS DAMAGED. VEHICLE ONE SUFFERED MINOR DAMAGE NEAR THE MIDDLE OF THE BUS NEAR THE SIDE DOOR. THE DAMAGE WAS DOCUMENTED BY PUBLIC WORKS. NO WITNESSES CAME FORWARD, AND NEITHER VEHICLE WAS TOWED. NOTE: DUE TO THE ABUNDANCE OF SNOW ON BOTH SIDE OF COLLEGE AVENUE AND VEHICLES PARKED ON BOTH SIDES OF THE ROAD, VEHICLE ONE DIDN'T HAVE ALOT OF ROOM TO MANEUVER. VEHICLE TWO WAS PARKED FURTHER AWAY FROM CURBSIDE THAN NORMAL. CONDITIONS WOULD ALLOW OPERATOR VEHICLE TWO COMPLAIN ABOUT NOT FEELING RIGHT BUT HE REFUSED MEDICAL TREATMENT.

<b>W I T N E S S</b>	Name - Last	First	Middle	Suffix
	Address			
	City		State	Zip Code
	Home Phone		Work Phone	

To obtain a blank civilian Accident Report (Form MV-104),  
visit the DMV office nearest you  
or  
access forms online at [www.nysdmv.com](http://www.nysdmv.com).

**STATEMENT OF CLAIM**

CLAIM #: 458049 JK  
OUR INSURED: City of Poughkeepsie  
DATE OF LOSS: 2/11/15

PLEASE PRINT CLEARLY.  
PLEASE COMPLETE BOTH SIDES.

**YOUR INFORMATION**

YOUR NAME: LAST KING M.I. C FIRST RONALD IF MARRIED, NAME OF SPOUSE: LAST M.I. FIRST  
ADDRESS: STREET 1964 South Rd. CITY Poughkeepsie STATE NY ZIP 12601 TEL: (845) 902-3192  
OCCUPATION: EMPLOYED BY: TEL: ( )

**IF YOUR CAR WAS DAMAGED**

MAKE: Dodge YEAR: 2003 TYPE: SUBN VEHICLE IDENTIFICATION #: X REGISTRATION #: X  
OWNED BY—NAME & ADDRESS: Ronald C. King - 1964 South Rd Poughkeepsie NY TEL: (845) 902-3192  
NAME OF DRIVER: RONALD KING AGE: 63 ADDRESS: STREET 1964 South Rd CITY Poughkeepsie STATE NY ZIP 12601  
WAS THE CAR BEING USED WITH PERMISSION OF OWNER?  YES  NO DESCRIBE WHY THE CAR WAS BEING USED: Dr apt. Transport Kid to School DRIVER'S LICENSE#: 496-335-709 D

WHERE CAN THE CAR MOST CONVENIENTLY BE SEEN? NATURE & EXTENT OF PROPERTY DAMAGE:

**OCCUPANTS OF YOUR AUTO**

NAME: LAST KING M.I. C FIRST RONALD ADDRESS: STREET 1964 South Rd CITY Poughkeepsie STATE NY ZIP 12601  
SADRIANNA K STARON 1964 South Rd. Poughkeepsie NY 12601

**WITNESSES**

NAME: LAST BENNERMAN M.I. L FIRST CHARLES ADDRESS: STREET 34 N WHITE ST. CITY Poughkeepsie STATE NY ZIP 12601

**INJURED PERSONS**

NAME	ADDRESS	INJURY	NAME OF DOCTOR
LAST M.I. FIRST	STREET CITY STATE ZIP		LAST M.I. FIRST
<u>KING C RONALD</u>	<u>1964 South Rd Poughkeepsie NY 12601</u>	<u>Acute Whiplash + (L) SHOULDER STRAIN</u>	<u>VBH ER.</u>

NAME OF YOUR INSURANCE COMPANY: Integon Casualty Co.  
AMOUNT FOR WHICH YOU ARE MAKING A CLAIM: \$279.61  
DOES THIS INFORMATION CONSTITUTE THE ENTIRE CLAIM RESULTING FROM THIS ACCIDENT?  YES  NO  
ARE YOU MAKING A CLAIM UNDER YOUR OWN POLICY FOR THIS DAMAGE? (IF SO, PROCESSING MAY BE SUSPENDED BY US)  YES  NO OR UNDER ANY OTHER POLICY?  YES  NO

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMIT A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

WITNESS TO SIGNATURE: YOUR SIGNATURE: X  
ADDRESS OF WITNESS: STREET CITY STATE ZIP DATE: 1 / 1

**Vassar Brothers Medical Center**  
EMERGENCY DEPARTMENT  
45 Reade Place  
Poughkeepsie, NY 12601  
845-431-5680

**Patient Information:**

Name: KING, RONALD C

Age: 63 Years

MRN: 110457260

Arrival Time: 2/11/2015 3:56 PM

Primary Care Physician: Simpson, Sonia

Date of Birth: 6/20/1951 12:00 AM

FIN: 5320577

ED Provider: Pietris PA-C, Andrew M.

We are pleased to have been able to provide you with care today. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition. In most cases, treatment in an Emergency Department is intended to be temporary in nature. In general, any additional treatment is to be given by your family doctor, or the physician to whom you have been referred upon discharge from the Emergency Department.

I understand that the medical care which I have received is care of an emergent nature. This care may not be a complete diagnosis or complete medical care. Follow-up is important to your health. Conditions may change in the course of hours and new complications may occur.

RETURN IMMEDIATELY TO THE EMERGENCY DEPARTMENT IF NEW SYMPTOMS DEVELOP, YOUR PRESENT SYMPTOMS PERSIST, OR YOUR CONDITION BECOMES WORSE. I have provided an accurate phone number and address so that I may be contacted for further health information or questions about my care.

X-rays do not always show injury or disease. Fractures (breaks in the bones), or other abnormalities are not always revealed on initial x-rays but may be revealed on subsequent x-rays. Your x-ray has been read on a preliminary basis. The final reading will be made by the radiologist. You will be notified of any additional findings.

**Diagnosis:**

Acute whiplash injury; Left shoulder strain; MVC (motor vehicle collision)

**Allergies:**

Bee Stings

**Medication Information:**

Vassar Brothers Hospital ED Physicians provided you with a complete list of medications post discharge, if you have been instructed to stop taking a medication please ensure you also follow up with this information to your Primary Care Physician.

Unless otherwise noted, patient will continue to take medications as prescribed prior to the Emergency Room visit. Any specific questions regarding your chronic medications and dosages should be discussed with your physician(s) and pharmacist.

**Medications to Continue with No Changes**

**Other Medications**

**alprazolam (alprazolam 0.5 mg oral tablet) 1 tab, Oral, 3 times a day, As Needed, for anxiety,**  
Refills: 0

# Estimate Report

DATE 3, 24, 2015

NAME <u>Ronald C. King</u>	YEAR <u>2007</u> MAKE <u>Dodge</u> MODEL <u>CARAVAN</u>
ADDRESS <u>1964 South Road</u>	LICENSE NO. <u>F2V6419</u> MILEAGE _____
CITY <u>Poughkeepsie</u> STATE <u>N.Y.</u> ZIP <u>12601</u>	VIN NO. <u>2DH4GP14L63R232364</u>
H. PHONE <u>845-902-3190</u> PHONE _____	PROD. DATE _____ BODY CODE _____ PAINT _____ TRIM _____

INS. CO. \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE OF LOSS \_\_\_\_\_ CLAIM NO. \_\_\_\_\_  
 ADJUSTER \_\_\_\_\_ PHONE \_\_\_\_\_ LIC. NO. \_\_\_\_\_ FILE NO. \_\_\_\_\_ D.D. \_\_\_\_\_

LINE NO.	RE-PAIR	RE-PLACE	DETAILS OF REPAIR R = Repair S = Straighten R/C = Recycle/Rechrome/Recore	PARTS INDEX A = Aftermarket N = New U = Used R = Rebuilt	PI	LABOR HOURS				PARTS	SUBLET/MISC.
						BODY	PAINT	FRAME	MECH		
1											
2			<u>MIRROR</u>								
3											
4	✓		<u>REPLACE LEFT MIRROR</u>					<u>5</u>		<u>78.60</u>	
5											
6	✓		<u>DOOR HANDLE REPAIR</u>					<u>5</u>			
7											
8			<u>AND PAINT / ADD CLEARCOAT</u>					<u>1.00</u>			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
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25											
26											
27											

OLD PARTS WILL BE DISCARDED UNLESS OTHERWISE INSTRUCTED **TOTALS** ☐

SOMETIMES AFTER THE WORK HAS BEEN STARTED, ADDITIONALLY DAMAGED OR WORN PARTS ARE DISCOVERED WHICH WERE NOT EVIDENT ON FIRST INSPECTION. THIS DAMAGE REPORT DOES NOT COVER OR INCLUDE ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED. ALL PARTS PRICES ARE SUBJECT TO INVOICE.

I hereby authorize the above work and acknowledge receipt of copy.  
 Signed X \_\_\_\_\_ Date \_\_\_\_\_

## LEROY'S AUTO REPAIR & SALE, INC.

374-78 Mill Street  
 Poughkeepsie, NY 12601  
 Phone (845) 454-4045  
 FAX # (845) 485-4886  
 NY LIC. #7072121

WRITTEN BY \_\_\_\_\_

LABOR	BODY	hrs. @	<u>55</u>	
	PAINT	hrs. @	<u>55</u>	<u>110.00</u>
	FRAME	hrs. @		
	MECH	hrs. @		
	PARTS Prices subject to invoice			<u>78.60</u>
	SUBLET / MISCELLANEOUS			
	Paint Supplies	hrs. @	<u>70.00</u>	<u>70.00</u>
	Body Supplies	hrs. @		
	Towing / Storage			
	SUB TOTAL			<u>258.60</u>
TAX <u>8.1%</u> on \$			<u>21.01</u>	
EPA / Waste Disposal Charge				
<b>TOTAL</b>			<b>\$ <u>279.61</u></b>	

004 4/16/15  
Item 18-8

PLEASE PRINT OR TYPE FORM CLEARLY

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.

NOTICE OF CLAIM  
AGAINST  
THE CITY OF POUGHKEEPSIE, NEW YORK

CITY OF POUGHKEEPSIE  
2015 MAR 13 PM 3:58

TODAY'S DATE: March 10, 2015

NAME AND ADDRESS OF EACH CLAIMANT:

James J. Ranieri III  
41 Street Avenue  
Poughkeepsie, NY 12603

TELEPHONE NUMBER: (845) 656-8429

NAME AND ADDRESS OF ATTORNEY (IF ANY):

Pro Se

DESCRIBE WHAT HAPPENED AND AMOUNT CLAIMED (PLEASE STATE DATE, TIME, LOCATION, AND MANNER IN WHICH CLAIM AROSE): On February 17, 2015, at or about 5:00 p.m., I was driving my 2014 Mercedes E350, bearing NYS license plate GKE3832, in a careful and prudent manner southbound on Grubb Street before the intersecting street of Street Avenue, located in the City of Poughkeepsie, County of Dutchess, State of New York when my vehicle was caused damage to the front driver

ITEMS DAMAGED OR INJURIES SUSTAINED: Side tire due to a manhole that was not visible due to salt and other debris making it a hazardous and unsafe condition for passing vehicles. The manhole as seen

Amount: \$303.06

Property/Item Damaged: Conti Pro tire (18" Rim)

James J. Ranieri III  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

(continued  
see  
pg 2)

STATE OF NEW YORK, COUNTY OF Dutchess s.s.:

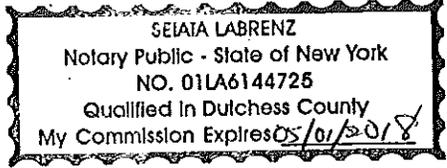
James J. Ranieri III being duly sworn, say(s) that he/she is/are the claimant(s) named in the foregoing claim, that he/she has/have read the same and know(s) the contents thereof; that the same is true to his/her own knowledge, except as to the matters alleged upon information and belief and as to those items, he/she believes it to be true.

James J. Ranieri III  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

Sworn to before me this  
13 day of March, 2015

[Signature]  
Notary Public



NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary. After submitting this form to the City Chamberlain, please direct any inquires to the Corporation Counsel at (845) 451-4065, Monday to Friday, 8:30 a.m. to 4:00 p.m.

PLEASE PRINT OR TYPE FORM CLEARLY

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.

NOTICE OF CLAIM  
AGAINST  
THE CITY OF POUGHKEEPSIE, NEW YORK

TODAY'S DATE: March 13 2015

NAME AND ADDRESS OF EACH CLAIMANT:

James S. Ranieri III 41 Street Ave Poughkeepsie  
12603

TELEPHONE NUMBER: 845-656-8479

NAME AND ADDRESS OF ATTORNEY (IF ANY):

pg. 2

DESCRIBE WHAT HAPPENED AND AMOUNT CLAIMED (PLEASE STATE DATE, TIME, LOCATION, AND MANNER IN WHICH CLAIM AROSE):

In the attached photographs appeared to be sunken in the pavement approximately 2-3 inches with a metal lip sticking up above the pavement. Prior to this date, the city of Poughkeepsie and/or County of Dutchess had knowledge this condition existed and failed to repair the manhole and surrounding area. As a

result, I incurred property damage in the amount of \$303.06 which I am seeking <sup>recovery</sup> damages for. recovery for damages incurred.

James J. Ranieri III  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

STATE OF NEW YORK, COUNTY OF Dutchess

s.s.:

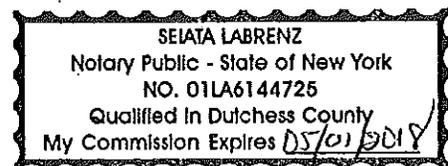
James J. Ranieri III being duly sworn, say(s) that he/she is/are the claimant(s) named in the foregoing claim, that he/she has/have read the same and know(s) the contents thereof; that the same is true to his/his own knowledge, except as to the matters alleged upon information and belief and as to those items, he/she believes it to be true.

James J. Ranieri III  
Signature of Claimant

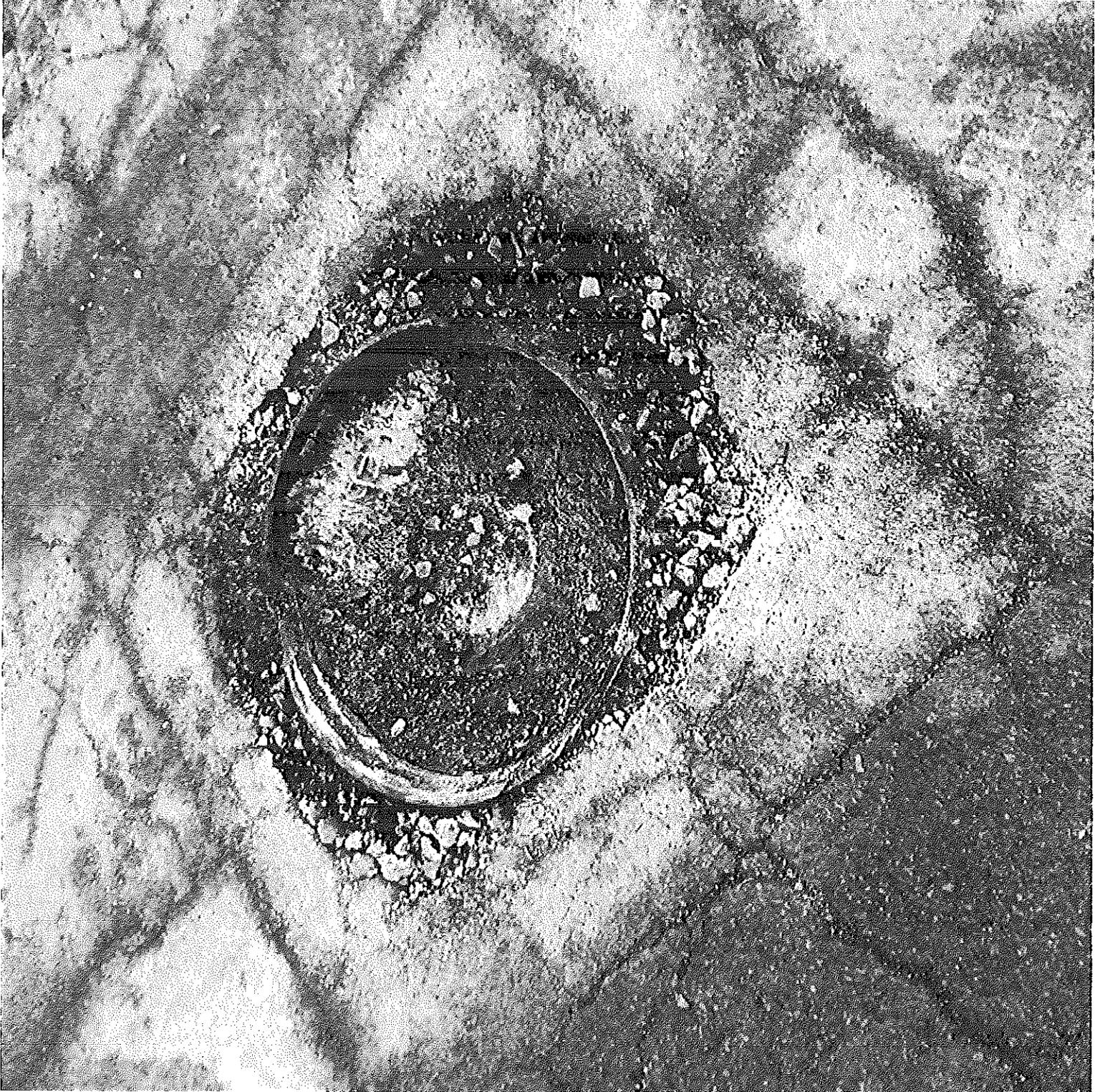
\_\_\_\_\_  
Signature of Claimant

Sworn to before me this  
13 day of March, 2015

[Signature]  
Notary Public



NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary. After submitting this form to the City Chamberlain, please direct any inquires to the Corporation Counsel at (845) 451-4065, Monday to Friday, 8:30 a.m. to 4:00 p.m.





COM 4/16/15 Item 19

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

State of New York  
 Executive Department  
 Division of Alcoholic Beverage Control  
 State Liquor Authority

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board**

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy) 03/16/2015

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

New Application  Renewal  Alteration  Corporate Change

**This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board**

3. Name of Municipality or Community Board: City of Poughkeepsie

**Applicant/Licensee Information**

4. License Serial Number, if not New Application: 2198931 Expiration Date, if not New Application: \_\_\_\_\_

5. Applicant or Licensee Name: Todd Sackett and Louis Rossi

6. Trade Name (if any): \_\_\_\_\_

7. Street Address of Establishment: 23 Duane Street

8. City, Town or Village: Poughkeepsie, NY Zip Code: 12601

9. Business Telephone Number of Applicant/Licensee: (845) 702-0716

10. Business Fax Number of Applicant/Licensee: (845) 635-9197

11. Business E-mail of Applicant/Licensee: nlrossi@aol.com

**For New applicants, provide description below using all information known to date.**  
**For Alteration applicants, attach complete description and diagram of proposed alteration(s).**  
**For Current Licensees, set forth approved Method of Operation only.**  
**Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One)  Beer Only  Wine & Beer Only  Liquor, Wine & Beer

13. Extent of Food Service: ("X" One)  Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)  Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)

Recorded Music  Live Music  Disc Jockey  Juke Box  Karaoke Bar  Stage Shows

Patron Dancing (small scale)  Cabaret, Night Club (Large Scale Dance Club)  Catering Facility

Capacity of 600 or more patrons  Topless Entertainment  Restaurant  Hotel

Recreational Facility (Sports Facility/Vessel)  Club (e.g. Golf Club/Fraternal Org.)  Bed & Breakfast

Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)

None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure

Sidewalk Cafe  Other (specify): \_\_\_\_\_

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

State of New York  
 Executive Department  
 Division of Alcoholic Beverage Control  
 State Liquor Authority

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board**  
 (Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located with 500 feet of three or more on-premises liquor establishments?  Yes  No

19. Will the license holder or a manger be physically present within the establishment during all hours of operation?  Yes  No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One)  Yes (If Yes SKIP 21-24)  No

**Owner of the Building in Which the Licensed Establishment is Located**

21. Building Owner's Full Name:

22. Building Owner's Street Address:

23. City, Town or Village:  State:  Zip Code:

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice**

25. Attorney's Full Name:

26. Attorney's Street Address:

27. City, Town or Village:  State:  Zip Code:

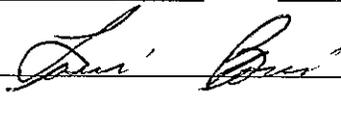
28. Business Telephone Number of Attorney:

29. Business Email Address of Attorney:

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

30. Printed Name:  Title:

Signature: X  

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