

# Fact Sheet

Agent **Austin**

Attorney **Jones, Smith, and Steinberg, LLP**

Date **6-25-23**

Motor Vehicle Yes ☒ No ☐

Liability Defect Yes ☐ No ☐

Photos included Yes ☒ No ☐

Passenger Yes ☐ No ☒

Medical Malpractice Yes ☐ No ☐

Driver Yes ☒ No ☐

Workmens Comp Yes ☐ No ☐

With 3<sup>rd</sup> party Yes ☐ No ☐

Pedestrian Yes ☐ No ☒

Led Poisoning Yes ☐ No ☐

Hit and Run Yes ☐ No ☒

Other

Client Speaks English Yes ☐ No ☒ Spanish Yes ☒ No ☐ Other

Name of Client **Kelvin Ventura**

Age **32**

DOB **4-23-1991**

Address 787 W 48<sup>th</sup> St New York, NY

Apt 2A

Zip Code 10036

Cell 646-930-7421

Emergency Contact Veronica Ventura 646-382-6473

Work

Email angelventura23@gmail.com

Employment

Employer FMG Accounting & Tax Services  
1023 Broadway New York, NY 10029

Duties Accountant

Phone # (646) 554-9887

Length 6 years

Email

Salary \$ 1,800 per week

Husband Client is married with 2 children

DOB 4-23-91

SS # 143 50 7346

Wife Veronica Ventura

DOB 7-13-92

SS #

Domestic Partner

DOB

SS #

Mother

DOB

SS #

Father

DOB

SS #

Guardian

Relationship

DOB

SS #

## Accident Information

| Date of Accident | Time    | Location   |
|------------------|---------|--|
| 4-26- 2023       | 9:55 AM | W 52 <sup>nd</sup> St & 11 <sup>th</sup> Ave<br>New York, NY 10036 |
| Facts            |         |  |

Client alone on a clear dry day coming from his home and going to the bank to deposit a check.

Client was driving his 2015 Toyota Camry with NY plate# U64MXU. Client was traveling E/B on W 52<sup>nd</sup> St approaching 11<sup>th</sup> Ave when def auto, a 2011 Acura sedan with NY plate # T70PNR, traveling S/B on 11<sup>th</sup> Ave disregarded stop sign, and struck client's vehicle on the driver-side. Client called 911. Police & ambulance on scene. Report was made (see attached). Client was taken by ambulance to Mt Sinai West Hospital.

Client was treated, X-Rayed, and released. On 4-28-23, client went to treat with orthopedist Dr. Albert Joseph. Client was examined, X-Rayed, given a referral for physical therapy, and released. Client has not yet treated with a physical therapy office. Client is 5'11" tall & weighs 175lbs.

Medical Insurance: Medicaid ID# AP7473341

Defective Condition

Report to be obtained by: Client Yes ☐ No ☒

Rapid Signup Yes ☒ No ☐

Firm Yes ☐ No ☒

Police Precinct 12<sup>th</sup> pct

Badge # 1733 Officer Rios

Other

#### No Fault info

Name Kevin Jones

Ins co Progressive

Policy 929325447

Claim # 2023-333-7583

Adj # Kimberly Barton

Telephone 877-377-7434 ext. 438

#### 1. Driver

Owner Kevin Jones 64 E 106<sup>th</sup> St  
New York, NY 10039

Driver Same as owner

Make of car 2011 Acura TLX

Plate # T70PNR

NY ☒ NJ ☐

Other

Ins Co Progressive

Code 134

Policy # 929325447

#### 2. Driver

Owner Kelvin Ventura (client)

Driver Kelvin Ventura (client)

Make of car 2015 Toyota Camry

Plate # U64MXU

NY ☒ NJ ☐

Other

Ins Co Geico

Code 411

Policy # HPA00002807822

Injury Head, neck, back pain

Previous Accidents and Injuries. 2015: trip and fall on sidewalk fx right elbow with surgery (had lawsuit. case settled)

Ambulance to hospital Yes ☒ No ☐

| Hospital          |  | Doctor (where client is treating) |   |
|-------------------|--|-----------------------------------|---|
| Hospital Name     | Mt Sinai West Hospital<br>1000 10 <sup>th</sup> Ave New York, NY 10019<br>(212) 523-4000 | Name                              | Albert Joseph, MD                         |
| ER Treatment only | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      | Address                           | 680 Broadway #116A,<br>New York, NY 10001 |
| Admit             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      | Telephone                         | (718) 684-3663                            |
| From              |  | Contact Person                    |   |
| Through           |  |                                   |   |
| Still Confined    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |                                   |   |
| Medical Record #  | 7890012  |                                   |   |

| Witnesses |                                 |
|-----------|---------------------------------|
| Witness   | Kevin Wilson (718) 478-9233     |
| Witness   | cameras present at intersection |
| Witness   |                                 |

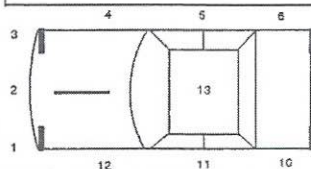
| Property Owner |     |
|----------------|-----|
| Owner 1        | n/a |

|                             |  |   |
|-----------------------------|--|---|
| Management Company          | n/a  |   |
| Superintendent on premises? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Tel:  |
| Name                        | n/a  | Apt:  |
| Lead Poisoning Cases only•  | How long in Apt? n/a                                     | Same Apt Yes <input type="checkbox"/> No <input type="checkbox"/> |

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct  
017  
Accident No.  
MV-2023-017-000038Complaint  
Number☐ AMENDED REPORT

| 1   | Accident Date<br>Month: 1 Day: 20 Year: 2023   |    |    | Day of Week<br>FRIDAY | Military Time<br>17:05 | No. of Vehicles<br>1 | No. Injured<br>1  | No. Killed<br>0 | Not Investigated at Scene <input checked="" type="checkbox"/> Reconstructed <input type="checkbox"/> |    | Left Scene <input type="checkbox"/> | Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 20                    |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|---|--|----|----|-----------------------|------------------------|----------------------|---|-----------------|--|----|-------------------------------------|---|-----------------------|--------------------|----|----|----|----|----|----|----|----|----|----|-----------------------|--------------------|---|---|---|---|---|----|---|---|----|---|----|------|--|-----------------|--|---|---|---|---|---|----|---|---|---|---|---|---|--|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   | 4                     |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 2   | VEHICLE 1 - Driver<br>License ID Number 795637406<br>Driver Name - exactly as printed on license AYALA, HECTOR<br>Address (Include Number & Street) 10 SCUDDER AVE<br>City or Town COPIAGUE State NY Zip Code 11726<br>Date of Birth 1/29/1968 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/> |    |    |                       |                        |                      | VEHICLE 2 - Driver<br>License ID Number<br>Driver Name - exactly as printed on license BROCATO, DANNIE<br>Address (Include Number & Street) 1208 FRANKLIN AVENUE<br>City or Town BRONX State NY Zip Code<br>Date of Birth 5/26/1981 Sex F Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/> |                 |  |    |                                     |   | 21                    |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   | -                     |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 3   | Name - exactly as printed on registration AYALA, HECTOR Sex M Date of Birth 1/29/1968<br>Address (Include Number & Street) 10 SCUDDER AVE Apt. No. Haz. Mat. Code Released <input type="checkbox"/>  |    |    |                       |                        |                      | Name - exactly as printed on registration BROCATO, DANNIE Sex F Date of Birth 5/26/1981<br>Address (Include Number & Street) 1208 FRANKLIN AVENUE Apt. No. Haz. Mat. Code Released <input type="checkbox"/>   |                 |  |    |                                     |   | 22                    |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   | -                     |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 4   | Plate Number JPP7881 State of Reg. NY Vehicle Year & Make 2013 DODGE Vehicle Type PICK-UP TRUCK Ins. Code 328  |    |    |                       |                        |                      | Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code   |                 |  |    |                                     |   | 23                    |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   | 7                     |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 5   | Ticket/Arrest Number(s) 2023<br>Violation Section(s) 017   |    |    |                       |                        |                      | Ticket/Arrest Number(s)<br>Violation Section(s)   |                 |  |    |                                     |   | 24                    |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   | -                     |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 6   | Check if involved vehicle is:<br><input type="checkbox"/> more than 95 inches wide;<br><input type="checkbox"/> more than 34 feet long;<br><input type="checkbox"/> operated with an overweight permit;<br><input type="checkbox"/> operated with an overdimension permit.   |    |    |                       |                        |                      | Check if involved vehicle is:<br><input type="checkbox"/> more than 95 inches wide;<br><input type="checkbox"/> more than 34 feet long;<br><input type="checkbox"/> operated with an overweight permit;<br><input type="checkbox"/> operated with an overdimension permit.  |                 |  |    |                                     |   | 25                    |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   | 3                     |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 7   | VEHICLE 1 DAMAGE CODES<br>Box 1 - Point of Impact 1 2<br>Box 2 - Most Damage 1 18<br>Enter up to three more Damage Codes 18 18 18  |    |    |                       |                        |                      | VEHICLE 2 DAMAGE CODES<br>Box 1 - Point of Impact 1 2<br>Box 2 - Most Damage<br>Enter up to three more Damage Codes 3 4 5   |                 |  |    |                                     |   | 26                    |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   | -                     |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 8   | Vehicle By Towed: To   |    |    |                       |                        |                      | Vehicle By Towed: To  |                 |  |    |                                     |   | 27                    |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   | 1                     |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| VEHICLE DAMAGE CODING:<br>1-13. SEE DIAGRAM ON RIGHT.<br>14. UNDERCARRIAGE 17. DEMOLISHED<br>15. TRAILER 18. NO DAMAGE<br>16. OVERTURNED 19. OTHER  |  |    |    |                       |                        |                      |   |                 |  |    |                                     | 28  |                       |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|    |  |    |    |                       |                        |                      |   |                 |  |    |                                     | 29  |                       |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| Reference Marker Coordinates (if available)<br>Latitude/Northing: 40.758007<br>Longitude/Easting: -73.96625<br>Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND<br>Road on which accident occurred EAST 55 STREET (Route Number or Street Name)<br>at 1) intersecting street 2 AVENUE (Route Number or Street Name)<br>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)<br>Feet Miles   |  |    |    |                       |                        |                      |   |                 |  |    |                                     | 30  |                       |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| Accident Description/Officer's Notes AT TPO V1 STATES HE WAS MAKING A LEFT TURN AT THE INTERSECTION OF EAST 55 STREET AND 2 AVE WHEN HE HIT THE PEDESTRIAN IN THE CROSSWALK. PEDESTRIAN STATES SHE WAS WALKING IN THE CROSSWALK FROM THE WEST SIDE TO THE EAST SIDE OF THE STREET WHEN SHE WAS TRUCK BY THE VEHICLE. THE PEDESTRIAN COMPLAINED OF PAIN TO HER HEAD AND BACK AND WAS TRANSPORTED TO CORNELL HOSPITAL BY BUS#6B, SHIELD#2037, ACR#88847219. SGT MCDERMOTT ON  |  |    |    |                       |                        |                      |   |                 |  |    |                                     | 31  |                       |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>P</td> <td>-</td> <td>-</td> <td>-</td> <td>41</td> <td>F</td> <td>1</td> <td>12</td> <td>6</td> <td>6B</td> <td>5916</td> <td></td> <td>BROCATO, DANNIE</td> <td></td> </tr> <tr> <td>B</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>54</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>AYALA, HECTOR</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |  |    |    |                       |                        |                      |   |                 |  |    |                                     | 8   | 9                     | 10                 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | BY | TO | 18 | Names of all involved | Date of Death Only | A | P | - | - | - | 41 | F | 1 | 12 | 6 | 6B | 5916 |  | BROCATO, DANNIE |  | B | 1 | 1 | 4 | 1 | 54 | M | - | - | - | - | - |  | AYALA, HECTOR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 32 |
| 8   | 9  | 10 | 11 | 12                    | 13                     | 14                   | 15  | 16              | 17   | BY | TO                                  | 18  | Names of all involved | Date of Death Only |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| A   | P  | -  | -  | -                     | 41                     | F                    | 1   | 12              | 6  | 6B | 5916                                |   | BROCATO, DANNIE       |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| B   | 1  | 1  | 4  | 1                     | 54                     | M                    | -   | -               | -  | -  | -                                   |   | AYALA, HECTOR         |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   |                       |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   |                       |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   |                       |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|   |  |    |    |                       |                        |                      |   |                 |  |    |                                     |   |                       |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| Officer's Rank and Signature <b>POM</b><br>Print Name in Full STEVEN M TERRIZZI<br>Tax ID No. 968836<br>NCIC No. 03030<br>Precinct 017<br>Post/Sector<br>Reviewing Officer SGT JACLYN E GRASSO<br>Date/Time Reviewed 01/21/2023 03:40   |  |    |    |                       |                        |                      |   |                 |  |    |                                     | 33  |                       |                    |    |    |    |    |    |    |    |    |    |    |                       |                    |   |   |   |   |   |    |   |   |    |   |    |      |  |                 |  |   |   |   |   |   |    |   |   |   |   |   |   |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |

ALL INVOLVED

USE COVER SHEET

P



**PERSONS KILLED OR INJURED IN ACCIDENT** (Letter designation of persons killed or injured must correspond with letter designation on front).

|                               |     |        |                       |      |  |   |     |       |                       |      |  |
|-------------------------------|-----|--------|-----------------------|------|--|---|-----|-------|-----------------------|------|--|
| A Last Name                   |     | First  |                       | M.I. |  | Last Name   |     | First |                       | M.I. |  |
| BROCATO                       |     | DANNIE |                       |      |  |   |     |       |                       |      |  |
| Address                       |     |        |                       |      |  | Address   |     |       |                       |      |  |
| 1208 FRANKLIN AVENUE BRONX NY |     |        |                       |      |  |   |     |       |                       |      |  |
| Date of Birth                 |     |        | Telephone (Area Code) |      |  | Date of Birth   |     |       | Telephone (Area Code) |      |  |
| Month                         | Day | Year   | ( )                   |      |  | Month   | Day | Year  | ( )                   |      |  |
| 5                             | 26  | 1981   | ( )                   |      |  |   |     |       | ( )                   |      |  |
| Last Name                     |     | First  |                       | M.I. |  | Last Name   |     | First |                       | M.I. |  |
|                               |     |        |                       |      |  |   |     |       |                       |      |  |
| Address                       |     |        |                       |      |  | Address   |     |       |                       |      |  |
| Date of Birth                 |     |        | Telephone (Area Code) |      |  | Date of Birth   |     |       | Telephone (Area Code) |      |  |
| Month                         | Day | Year   | ( )                   |      |  | Month   | Day | Year  | ( )                   |      |  |
|                               |     |        | ( )                   |      |  |   |     |       | ( )                   |      |  |
| Last Name                     |     | First  |                       | M.I. |  | Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |       |                       |      |  |
|                               |     |        |                       |      |  | Name:   |     |       |                       |      |  |
| Address                       |     |        |                       |      |  |   |     |       |                       |      |  |
| Date of Birth                 |     |        | Telephone (Area Code) |      |  | Shield No.  |     |       |                       |      |  |
| Month                         | Day | Year   | ( )                   |      |  |   |     |       |                       |      |  |
|                               |     |        | ( )                   |      |  |   |     |       |                       |      |  |

**ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.**

|                                   |                       |
|-----------------------------------|-----------------------|
| Vehicle No. 1 <u>2490403F2232</u> | Vehicle No. _____     |
| Expiration Date <u>06/22/2023</u> | Expiration Date _____ |
| VIN <u>1C6RR7GG9DS599457</u>      | VIN _____             |

**WITNESS (Attach separate sheet, if necessary)**

|      |         |       |
|------|---------|-------|
| Name | Address | Phone |
|      |         |       |
|      |         |       |
|      |         |       |

**DUPLICATE COPY REQUIRED FOR:**

|  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> Dept. of Motor Vehicles<br>(if anyone is killed/injured) | <input type="checkbox"/> Motor Transport Division<br>(P.D. vehicle involved)   | <input type="checkbox"/> NYC Taxi & Limousine Comm.<br>(if a Licensed taxi or limousine involved) | <input type="checkbox"/> Other City Agency<br>(Specify) _____ |
| <input type="checkbox"/> Office of Comptroller<br>(if a City vehicle involved)               | <input type="checkbox"/> Personnel Safety Unit<br>(if a P.D. vehicle involved) | <input type="checkbox"/> Highway Unit _____   | _____   |

**NOTIFICATIONS:** (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

\_\_\_\_\_

\_\_\_\_\_

|  |   |
|--|---|
| PROPERTY DAMAGED (other than vehicles) | OWNER OF PROPERTY (include city agency, where applicable) |
|  |   |
|  |   |

**IF NYPD VEHICLE IS INVOLVED:**

|                                      |                               |                                       |  |  |  |                                     |
|--------------------------------------|-------------------------------|---------------------------------------|--|--|--|-------------------------------------|
| Police Vehicle                       | Operator's First Name         | Last Name                             | Rank                                   | Shield No.   | Tax ID. No.                            | Command                             |
|                                      |                               |                                       |  |  |  |                                     |
| Make of Vehicle                      | Year                          | Type of Vehicle                       | Plate No.                              | Dept. Vehicle No.                                  | Assigned To What Command               |                                     |
|                                      |                               |                                       |  |  |  |                                     |
| Equipment in Use At Time of Accident |                               |                                       |  |  |  |                                     |
| <input type="checkbox"/> Siren       | <input type="checkbox"/> Horn | <input type="checkbox"/> Turret Light | <input type="checkbox"/> 4-Way Flasher | <input type="checkbox"/> High-Level Warning Lights | <input type="checkbox"/> Traffic Cones | <input type="checkbox"/> Headlights |

**ACTIONS OF POLICE VEHICLE**

- |  |   |
|--|---|
| <input type="checkbox"/> Responding to Code Signal | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator         | <input type="checkbox"/> Routine Patrol                         |
| <input type="checkbox"/> Other (Describe)          |   |

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct

017

Accident No.

MV-2023-017-000038

Complaint

Number

☐ AMENDED REPORT

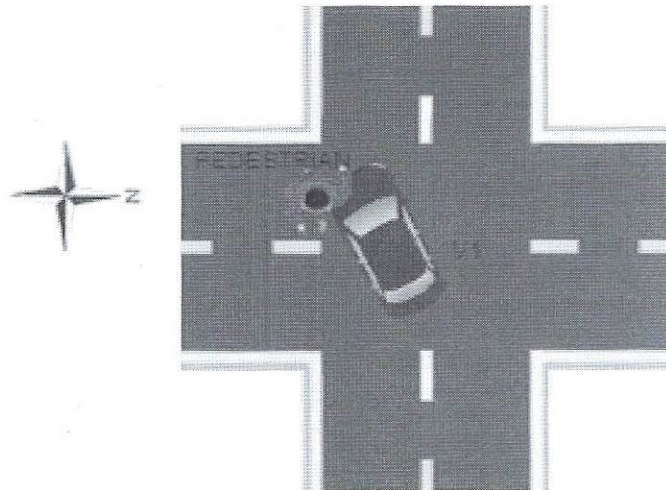
|    |  |                       |                                     |                      |  |  |   |                                     |   |  |    |
|----|--|-----------------------|-------------------------------------|----------------------|--|--|---|-------------------------------------|---|--|----|
| 1  | Accident Date<br>Month: 1, Day: 20, Year: 2023   | Day of Week<br>FRIDAY | Military Time<br>17:05              | No. of Vehicles<br>1 | No. Injured<br>1                                 | No. Killed<br>0  | Not Investigated at Scene <input checked="" type="checkbox"/><br>Reconstructed <input type="checkbox"/> | Left Scene <input type="checkbox"/> | Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 19   |    |
| 2  | VEHICLE - Driver<br>License ID Number  |                       |                                     |                      | VEHICLE - Driver<br>License ID Number            |  |   |                                     | State of Lic.   |  | 20 |
| 3  | Driver Name - exactly as printed on license  |                       |                                     |                      | Driver Name - exactly as printed on license      |  |   |                                     | State of Lic.   |  | 21 |
| 4  | Address (Include Number & Street)  |                       |                                     |                      | Address (Include Number & Street)                |  |   |                                     | Apt. No.  |  | 22 |
| 5  | City or Town   |                       |                                     |                      | City or Town                                     |  |   |                                     | State Zip Code  |  | 23 |
| 6  | Date of Birth<br>Month: , Day: , Year:   | Sex                   | Unlicensed <input type="checkbox"/> | No. of Occupants     | Public Property Damaged <input type="checkbox"/> | Date of Birth<br>Month: , Day: , Year:   | Sex   | Unlicensed <input type="checkbox"/> | No. of Occupants  | Public Property Damaged <input type="checkbox"/> | 24 |
| 7  | Name - exactly as printed on registration  |                       |                                     |                      | Sex  | Date of Birth<br>Month: , Day: , Year:   | Name - exactly as printed on registration   |                                     |   |  | 25 |
| 8  | Address (Include Number & Street)  |                       |                                     |                      | Apt. No.   | Haz. Mat. Code   | Released <input type="checkbox"/>   | Address (Include Number & Street)   |   |  | 26 |
| 9  | City or Town   |                       |                                     |                      | City or Town                                     |  |   |                                     | State Zip Code  |  | 27 |
| 10 | Plate Number   | State of Reg.         | Vehicle Year & Make                 | Vehicle Type         | Ins. Code  | Plate Number   | State of Reg.   | Vehicle Year & Make                 | Vehicle Type  | Ins. Code  | 28 |
| 11 | Ticket/Arrest Number(s)  |                       |                                     |                      |  | Ticket/Arrest Number(s)  |   |                                     |   |  | 29 |
| 12 | Violation Section(s)   |                       |                                     |                      |  | Violation Section(s)   |   |                                     |   |  | 30 |
| 13 | Check if involved vehicle is:<br><input type="checkbox"/> more than 95 inches wide;<br><input type="checkbox"/> more than 34 feet long;<br><input type="checkbox"/> operated with an overweight permit;<br><input type="checkbox"/> operated with an overdimension permit. |                       |                                     |                      |  | Check if involved vehicle is:<br><input type="checkbox"/> more than 95 inches wide;<br><input type="checkbox"/> more than 34 feet long;<br><input type="checkbox"/> operated with an overweight permit;<br><input type="checkbox"/> operated with an overdimension permit. |   |                                     |   |  | 31 |
| 14 | VEHICLE 1 DAMAGE CODES   |                       |                                     |                      |  | VEHICLE 2 DAMAGE CODES   |   |                                     |   |  | 32 |
| 15 | Box 1 - Point of Impact  |                       |                                     |                      |  | Box 1 - Point of Impact  |   |                                     |   |  | 33 |
| 16 | Box 2 - Most Damage  |                       |                                     |                      |  | Box 2 - Most Damage  |   |                                     |   |  | 34 |
| 17 | Enter up to three more Damage Codes  |                       |                                     |                      |  | Enter up to three more Damage Codes  |   |                                     |   |  | 35 |
| 18 | Vehicle By Towed: To   |                       |                                     |                      |  | Vehicle By Towed: To   |   |                                     |   |  | 36 |
| 19 | VEHICLE DAMAGE CODING:<br>1-13. SEE DIAGRAM ON RIGHT.<br>14. UNDERCARRIAGE 17. DEMOLISHED<br>15. TRAILER 18. NO DAMAGE<br>16. OVERTURNED 19. OTHER   |                       |                                     |                      |  | Diagram of vehicle damage coding   |   |                                     |   |  | 37 |
| 20 | Reference Marker   |                       |                                     |                      |  | Coordinates (if available)<br>Latitude/Northing: 40.758007<br>Longitude/Easting: -73.96625   |   |                                     |   |  | 38 |
| 21 | Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND  |                       |                                     |                      |  | Road on which accident occurred EAST 55 STREET<br>(Route Number or Street Name)  |   |                                     |   |  | 39 |
| 22 | at 1) intersecting street 2 AVENUE<br>(Route Number or Street Name)  |                       |                                     |                      |  | or 2) _____<br>Feet Miles _____<br>(Milepost, Nearest Intersecting Route Number or Street Name)  |   |                                     |   |  | 40 |
| 23 | Accident Description/Officer's Notes SCENE. OATH SUMMONS ISSUED. UNDERSIGNED DID NOT WITNESS.  |                       |                                     |                      |  |  |   |                                     |   |  | 41 |
| 24 | USE COVER SHEET  |                       |                                     |                      |  |  |   |                                     |   |  | 42 |
| 25 | ALL INVOLVED   |                       |                                     |                      |  |  |   |                                     |   |  | 43 |
| 26 | Officer's Rank and Signature POM   |                       |                                     |                      |  |  |   |                                     |   |  | 44 |
| 27 | Print Name in Full STEVEN M TERRIZZI   |                       |                                     |                      |  |  |   |                                     |   |  | 45 |
| 28 | Tax ID No. 968836  |                       |                                     |                      |  |  |   |                                     |   |  | 46 |
| 29 | NCIC No. 03030   |                       |                                     |                      |  |  |   |                                     |   |  | 47 |
| 30 | Precinct 017   |                       |                                     |                      |  |  |   |                                     |   |  | 48 |
| 31 | Post/Sector  |                       |                                     |                      |  |  |   |                                     |   |  | 49 |
| 32 | Reviewing Officer SGT JACLYN E GRASSO  |                       |                                     |                      |  |  |   |                                     |   |  | 50 |
| 33 | Date/Time Reviewed 01/21/2023 03:40  |                       |                                     |                      |  |  |   |                                     |   |  | 51 |



Other : MV-2023-017-000038

Reporting Officer : POM STEVEN M TERRIZZI

Reviewing Officer : SGT JACLYN E GRASSO Reviewed Date : 01/21/2023 03:40



**NEW YORK STATE** USA  
IDENTIFICATION CARD

*Mark JF Schroder*  
Commissioner of Motor Vehicles

ID: **720 721 567** Class **ID**

**VENTURA-FELICIANO**  
**JOSE, ALBERTO**  
508 WOODWARD AVE 2P  
RIDGEWOOD, NY 11385

DOB **03/18/1981**  
Issued **09/15/2022**  
Expires **03/18/2027**

E NONE  
R NONE  
Sex M Height 6'-04" Eyes BLK

**MAR 81**

*Jose Ventura*  
K L K & L

**CVS**  
CAREMARK

 **MetroPlus**  
Health Plan

MEMBER IDENTIFICATION CARD

Subscriber Name: **JOSE VENTURA**  
Member No:  
RX BIN #004336 PCN ADV GRP RXMPHP  
Health Center: **AMB MEDICAL SERVICES PC**  
Primary Care Physician: **NILOFAR HAVA**  
Telephone Number: **(718) 497-1919**  
Subscriber Effective Date: **05/01/2019**

**CALL 1-800-442-2560 FOR EMERGENCY MEDICAL  
CARE WHEN YOUR HEALTH CENTER IS CLOSED**

## AFTER VISIT SUMMARY

**Kelvin Ventura**

📍 **Mt. Sinai West** - EMERGENCY DEPT 718-630-7185

Emergency Department Follow Up & Care Transition Center 718-630-6868

---

### Instructions



#### **Read the attached information**

X-Ray (Spanish)



#### **Follow up with Ariel Rodriguez, MD**

Why: As needed, For Follow-up after ED visit  
Specialty: Medicine, Family Medicine  
Contact 9000 Shore Road  
Brooklyn NY 11209  
718-630-8870



#### **Schedule an appointment with Sunset Park FHC - Specialty as soon as possible for a visit**

Why: for nose fracture  
Specialty: Otolaryngology  
Contact 150 55th Street, Room 2240  
Brooklyn New York 11220-2508  
718-630-7095

---

### Today's Visit

#### **Diagnoses**

- Fall, initial encounter
- Closed fracture of nasal bone, initial encounter

---

#### **Imaging Tests**

CT BRAIN WITHOUT IV CONTRAST  
CT CERVICAL SPINE WITHOUT IV CONTRAST  
CT FACIAL BONES WITHOUT IV CONTRAST  
XR CHEST  
XR HAND RIGHT  
XR PELVIS

---

#### **Medications Given**

acetaminophen (TYLENOL) Last given at 5:59 PM  
tetanus-diphtheria-acellular pertussis (Tdap) vaccine (BOOSTRIX) Last given at 6:01 PM

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#### **Immunizations Given**

Tdap



Blood Pressure  
**198/79**





KIA

NEW YORK  
KRA-7653  
Cyclone Collision Center

AWD

SX FWD

SORENTO

TOYOTA

NEW YORK  
KMP-4010

















718-372-9683  
NEW YORK  
KRA-7653  
Cyclone Collision Center



















### RETAINER

The undersigned (hereinafter "Client"), residing at \_\_\_\_\_, NY \_\_\_\_\_ hereby retains you to prosecute or adjust a claim for damages arising from personal injuries sustained by me on \_\_\_\_\_, through the negligence of \_\_\_\_\_, or any other responsible persons, and the undersigned hereby further agrees not to settle this action in any manner without your written consent.

In consideration of the services rendered and to be rendered by the Firm, the Client hereby agrees to pay the Firm legal fees which shall be:

Thirty-three and one-third (33 $\frac{1}{3}$ ) percent of the sum recovered, whether recovered by judgment, settlement or otherwise.

The Client has been given the following options with respect to how such percentage shall be computed, and has made the selection of how the percentage shall be computed as reflected by the checking and *initialing* of the appropriate box below:

☐ Option Number One: Client Remains Liable for Repayment of All Costs and Expenses, Regardless of the Outcome of This Matter. Percentage is computed on the net sum recovered after deducting from the amount recovered expenses and disbursements for expert testimony and investigative or other services properly chargeable to the enforcement of the claim or prosecution of the action;

OR

☒ *KSU* Option Number Two: The Firm Agrees to Pay and Remain Liable for All Costs and Expenses, Regardless of the Outcome of This Matter. Percentage is computed on the gross sum recovered before deducting expenses and disbursements. The Firm agrees to pay all costs and expenses of the action and the Client



will not remain responsible for all expenses and disbursements in the event the claim or action is dismissed or otherwise rejected by any court of competent jurisdiction.

The following reflects the financial consequences of each of the above two Options, using as an example a case in which there is a recovery of \$100,000 - and this number is used only as an example that is easy to understand - and the expenses and disbursements in the case are \$10,000:

Option Number One Example (The Client Remains  
Liable for Repayment of All Costs and Expenses,  
Regardless of the Outcome of This Matter):

|  |              |
|--|--------------|
| Total recovery                         | \$100,000.00 |
| Less expenses and disbursements:       | -\$10,000.00 |
| Less 33&1/3% of remaining \$90,000.00: | -\$30,000.00 |
| Client's recovery:                     | \$60,000.00  |

Option Number Two Example (The Firm Agrees to Pay  
and Remain Liable for All Costs and Expenses, Regardless  
of the Outcome of This Matter):

|                                  |              |
|----------------------------------|--------------|
| Total recovery:                  | \$100,000.00 |
| Less 33&1/3% of \$100,000.00     | -\$33,333.33 |
| Less expenses and disbursements: | -\$10,000.00 |
| Client's recovery:               | \$56,666.67  |

The Client understands and agrees that, if the Client has selected Option Number One, the Firm reserves the right, in its sole discretion, to elect to make payment in the first instance of some or all costs, expenses and disbursements, so as not to hinder the enforcement of the claim or prosecution of the action. If the Firm has advanced these payments, the Client understands that he or she remains fully responsible to reimburse the Firm for such costs, expenses and disbursements. If the Firm elects not to make payment in the first instance of some or all costs, expenses and disbursements, the Client will advance and prepay to the Firm all such costs, expenses and disbursements as they are incurred or anticipated for the enforcement of the claim and the prosecution of the action. The Firm may, in its discretion, require the Client to deposit with the Firm a specified amount of money, as the Firm deems appropriate, in order for such costs, expenses and disbursements to be paid. Should the Client not comply with his or her financial obligations under Option Number One, the Client understands and agrees that such failure to comply shall constitute good cause for the Firm to withdraw in accordance with this agreement and the applicable rules of professional conduct.

Examples of expenses and disbursements for expert medical and other testimony and investigative or other services properly chargeable to the enforcement of the claim or prosecution

of the action include, but are not limited to, charges for: retaining investigators; storage fees relating to the preservation of evidence; obtaining medical records; retaining expert witnesses and consultants, including locating and preparing expert witnesses and consultants, obtaining reports and testimony, and related transportation, parking, mileage, meals and hotel costs; court filing fees; service of process fees; subpoena fees; costs associated with taking depositions, including stenographer's fees videographer's fees and video teleconferencing costs; court reporter fees; notary fees; mediator, arbitrator and/or special master fees; specialized medical and legal research fees; computerized research fees; expenses for focus groups and jury consultants; photography; preparation of exhibits; photocopying and other reproduction costs; fees and expenses of non-expert witnesses; postage and delivery fees; travel costs, including parking, mileage, transportation, meals and hotel costs; long distance telephone and fax charges; and all other necessary and incidental expenses and disbursements incurred on the Client's behalf. This list is not exclusive.

In computing the fee, the costs as taxed, including interest upon a judgment, shall be deemed part of the amount recovered. For the following or similar items there shall be no deduction in computing such percentages: Liens, assignments or claims in favor of hospitals, for medical care and treatment by doctors and nurses, or self-insurers or insurance carriers.

The Client understands and agrees that, without regard to whether the Client has selected Option Number One or Option Number Two, under no circumstances will the Firm be responsible for the payment of any judgment that may be entered against the Client arising out of either the incident or the prosecution of the action, including any bill of costs.

Medical treatment and health care expenses and charges are not litigation costs and payment for same is the responsibility of the "Client" regardless of the outcome of the case.

"Client" understands that the "Attorney" will investigate the claim, and if at any time thereafter the claim does not appear to have merit, then the "Attorney" shall have the right to terminate this agreement.

If no recovery is obtained, no fee shall be payable to the "Attorney". The "Attorney", in their discretion, may withdraw at any time from the case if investigation disclosed no insurance coverage, not assets or no liability on the part of the defendant. Associate counsel may be employed at the discretion of and at the expense of the "Attorney".

This retainer agreement is not intended to cover any legal services required for taking an appeal or responding to an appeal. If legal services are required in connection with an appeal, there shall be an additional charge for said services pursuant to a separate retainer agreement between the parties.

"Client" hereby authorizes the "Attorney" to turn over all information including doctors' reports, medical records, employment records, tax records, and any and all pictures to the defense attorney and to the insurance representatives of the defendants.

The Client hereby authorizes the Firm to endorse for the Client and deposit into the Firm's escrow account any checks which may come into the Firm's hands and which are payable to the Client as a result of the above Claim.

No promises or representation has been made by said "Attorney" as to the outcome of the claim or litigation, or as to what amounts, if any, "Client" may be entitled to recover in this case.

Dated: June 25, 2023

  
\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Signature

Witness: \_\_\_\_\_

  
TYLER J. LANDI  
Notary Public, State of New York  
NO. 01LA6388611  
Qualified in New York County  
Commission Expires January 28, 2027



APPLICATION FOR MOTOR VEHICLE NO-FAULT BENEFITS -- PAGE THREE

THE APPLICANT AUTHORIZES THE INSURER TO SUBMIT ANY AND ALL OF THESE FORMS TO ANOTHER PARTY OR INSURER IF SUCH IS NECESSARY TO PERFECT ITS RIGHTS OF RECOVERY PROVIDED FOR UNDER THE NO-FAULT LAW.

THIS FORM IS SUBSCRIBED AND AFFIRMED BY THE  
APPLICANT AS TRUE UNDER THE PENALTIES OF PERJURY

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

X Kelvin Ventura  
SIGNATURE

\_\_\_\_\_  
DATE

DO NOT DETACH

AUTHORIZATION FOR RELEASE OF WORK AND OTHER LOSS INFORMATION

THIS AUTHORIZATION OR PHOTOCOPY THEREOF, WILL AUTHORIZE YOU TO FURNISH ALL INFORMATION YOU MAY HAVE REGARDING MY WAGES, SALARY OR OTHER LOSS WHILE EMPLOYED BY YOU. YOU ARE AUTHORIZED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE NEW YORK COMPREHENSIVE MOTOR VEHICLE INSURANCE REPARATIONS ACT (NO-FAULT LAW).

NAME (PRINT OR TYPE)  
X Kelvin Ventura  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
DATE

DO NOT DETACH

AUTHORIZATION FOR RELEASE OF HEALTH SERVICE OR TREATMENT INFORMATION

THIS AUTHORIZATION OR PHOTOCOPY THEREOF, WILL AUTHORIZE YOU TO FURNISH ALL INFORMATION YOU MAY HAVE REGARDING MY CONDITION WHILE UNDER YOUR OBSERVATION OR TREATMENT, INCLUDING THE HISTORY OBTAINED, X-RAYS AND PHYSICAL FINDINGS, DIAGNOSIS AND PROGNOSIS. YOU ARE AUTHORIZED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE NEW YORK COMPREHENSIVE MOTOR VEHICLE INSURANCE REPARATIONS ACT (NO-FAULT LAW).

NAME (PRINT OR TYPE)  
X Kelvin Ventura  
SIGNATURE

\_\_\_\_\_  
DATE

(IF THE APPLICANT IS A MINOR, PARENT OR GUARDIAN SHALL SIGN AND INDICATE CAPACITY AND RELATIONSHIP).

\*LANGUAGE TO BE FILLED IN BY INSURER OR SELF-INSURER.

NYS FORM NF-2 (Rev 1/2004)

Page 3 of 3







**FOLD → : ← HERE**

**Use only for accidents that happen in New York State**

New York State Department of Motor Vehicles  
**REPORT OF MOTOR VEHICLE ACCIDENT**  
www.dmv.ny.gov

**BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2**

| DO NOT FORGET<br>ACCIDENT DATE                         |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  | Page _____ of _____  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  | <input type="checkbox"/> RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT         |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|--|---|--|--|--|-------------|---------------|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|----------------|---|--|--|--|---------------|------------------|--|--|--|---|---------------------------------|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|-----------|--|--|--|--|
| Accident Date<br>Month Day Year                        |   |  |  |  | Day of Week |               |  |  |  | Time<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |                                 |  |  |  | Number of Vehicles   |  |  |  |  | Number Injured |   |  |  |  | Number Killed |                  |  |  |  | Did police investigate accident at scene?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
| <b>DRIVER</b>  | <b>DRIVER OF VEHICLE 1</b>  |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | <input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> OTHER PEDESTRIAN                      |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | Driver License ID Number  |  |  |  |             |               |  |  |  |  | State of License                |  |  |  |  | Driver License ID Number   |  |  |  |                |   |  |  |  |               | State of License |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | Driver Name—exactly as printed on license (Last, First, M.I.)   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | Name—exactly as printed on license (Last, First, M.I.)   |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | Address (Include Number & Street)   |  |  |  |             |               |  |  |  |  | Apt. Number                     |  |  |  |  | Address (Include Number & Street)  |  |  |  |                |   |  |  |  |               | Apt. Number      |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | City or Town  |  |  |  |             |               |  |  |  |  | State                           |  |  |  |  | Zip Code   |  |  |  |                | City or Town                            |  |  |  |               |                  |  |  |  |   | State                           |  |  |  |  | Zip Code   |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | Date of Birth<br>Month Day Year   |  |  |  |             | Sex           |  |  |  |  | Number of People in Vehicle     |  |  |  |  | Public Property Damaged <input type="checkbox"/>   |  |  |  |                | Date of Birth<br>Month Day Year         |  |  |  |               | Sex              |  |  |  |   | Number of People in Vehicle     |  |  |  |  | Public Property Damaged <input type="checkbox"/> |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
| <b>REGISTRANT</b>                                      | Name—exactly as printed on registration   |  |  |  |             |               |  |  |  |  | Date of Birth<br>Month Day Year |  |  |  |  | Sex  |  |  |  |                | Name—exactly as printed on registration |  |  |  |               |                  |  |  |  |   | Date of Birth<br>Month Day Year |  |  |  |  | Sex  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | Address (Include Number & Street)   |  |  |  |             |               |  |  |  |  | Apt. Number                     |  |  |  |  | Address (Include Number & Street)  |  |  |  |                |   |  |  |  |               | Apt. Number      |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | City or Town  |  |  |  |             |               |  |  |  |  | State                           |  |  |  |  | Zip Code   |  |  |  |                | City or Town                            |  |  |  |               |                  |  |  |  |   | State                           |  |  |  |  | Zip Code   |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | Plate Number  |  |  |  |             | State of Reg. |  |  |  |  | Vehicle Year & Make             |  |  |  |  | Vehicle Type   |  |  |  |                | Ins. Code                               |  |  |  |               | Plate Number     |  |  |  |   | State of Reg.                   |  |  |  |  | Vehicle Year & Make                              |  |  |  |  | Vehicle Type |  |  |  |  | Ins. Code |  |  |  |  |
|  | Estimated Cost of Property Damage - Vehicle 1<br><input type="checkbox"/> \$1,001-\$1,500 <input type="checkbox"/> \$1,501-\$2,500 <input type="checkbox"/> Over \$2,500  |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | Estimated Cost of Property Damage - Vehicle 2<br><input type="checkbox"/> \$1,001-\$1,500 <input type="checkbox"/> \$1,501-\$2,500 <input type="checkbox"/> Over \$2,500 |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | Describe damage to vehicle 1  |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | Describe damage to vehicle 2   |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  | <b>ACCIDENT DIAGRAM:</b> Circle one of the 9 diagrams (numbered 0-8) if it describes the accident, or draw your own diagram below in space #9.<br>Number the vehicles. Your vehicle is # 1   |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  | 9.<br>   |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
| <b>ACCIDENT LOCATION</b>                               | Place Where Accident Occurred in New York State:  |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | County _____  |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town    of _____ Permanent Landmark _____  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | Road on which accident occurred _____<br>(Route Number or Street Name)  |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | at <input type="checkbox"/> 1) intersecting street _____<br>(Route Number or Street Name)   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | or 2) _____ Feet _____ Miles<br><input type="checkbox"/> N <input type="checkbox"/> S<br><input type="checkbox"/> E <input type="checkbox"/> W of _____<br>(Milepost, Nearest intersecting Route Number or Street Name) |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | How did the accident happen?  |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
| <b>ALL INVOLVED</b>                                    | Names of All Persons Involved   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | 8. Which Veh Occupied    9. Position in/on Vehicle    10. Safety Equip. Used    12. Age    13. Sex    16. Injury A B C   |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | Describe Injuries  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | If Deceased, Enter Date of Death   |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
| <b>INSURANCE</b>                                       | Identify Damaged Property Other Than Vehicle(s)   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | VIN  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | Name of Insurance Company That Issued Policy For Vehicle 1  |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | Policy Number  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | Name and Address of Policy Holder   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | Policy Period From To  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No.   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | Name and Address of Permit Holder  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  | If Self-Insured, give Certificate No.   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  | and State  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
|  |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  |  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
| Date   |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  | Signature of Driver (or Representative*) of Vehicle 1  |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |
| Print Name of Driver (or Representative*) of Vehicle 1 |   |  |  |  |             |               |  |  |  |  |                                 |  |  |  | <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Death    An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license. |  |  |  |  |                |   |  |  |  |               |                  |  |  |  |   |                                 |  |  |  |  |  |  |  |  |  |              |  |  |  |  |           |  |  |  |  |



## HOUSEHOLD AFFIDAVIT

On \_\_\_\_\_ [date of accident], I, \_\_\_\_\_, resided at \_\_\_\_\_.


I am currently residing at (if different from the above) \_\_\_\_\_.

*Check the correct response:*

- ☐ At the time of the accident I was living alone; no one else lived with me.  
or  
☐ The following people lived with me on the date of accident:

| <u>NAME</u> | <u>Social Security #</u> | <u>DATE of BIRTH</u> | <u>RELATIONSHIP</u> |
|-------------|--------------------------|----------------------|---------------------|
| _____       | _____                    | _____                | _____               |
| _____       | _____                    | _____                | _____               |
| _____       | _____                    | _____                | _____               |
| _____       | _____                    | _____                | _____               |
| _____       | _____                    | _____                | _____               |

Please list ALL members of the your household, including Social Security #, dates of birth & relationship to you. [use reverse if necessary]

  
TYLER J. LANDI  
Notary Public, State of New York  
NO. 01LA6386611  
Qualified in New York County  
Commission Expires January 28, 2027

Notary:

\*   
Signature \_\_\_\_\_ date \_\_\_\_\_

Sworn to before me this day  
Of 2023, June, 25



Power Of Attorney  
To Execute HIPAA Medical Record Authorization Forms Pursuant To NY Public  
Health Law § 18(1)(G) As Amended 10/26/04

I, \_\_\_\_\_ of \_\_\_\_\_  
(insert your name and address)

do hereby appoint: \_\_\_\_\_ with offices at  
\_\_\_\_\_, New York \_\_\_\_\_ my attorneys-in-  
fact to act (each agent may act separately) in my name, place and stead in any way which  
I myself could do, if I were personally present to execute HIPAA medical records  
authorization forms pursuant to NY Public Health Law 18(1)(g) as amended 10/26/04.  
This power of attorney may be revoked by me at any time. This power of attorney shall  
not be affected by my subsequent disability or incompetence.

To induce any third party to act hereunder, I hereby agree that any third party receiving a  
duly executed copy or facsimile of this instrument may act hereunder, and that revocation  
or termination hereof shall be ineffective as to such third party unless and until actual  
notice or knowledge of such revocation or termination shall have been received by such  
third party, and I for myself and for my heirs, executors, legal representatives and  
assigns, hereby agree to indemnify and hold harmless any such third party from and  
against any and all claims that may arise against such third party by reason of such third  
party having relied on the provisions of this instrument.


In Witness Whereof I have hereunto signed my name this 25 day of June, 2023

Kelvin Ventura  
(SIGNATURE)

ACKNOWLEDGEMENT

STATE OF New York  
COUNTY OF New York

On this 25<sup>th</sup> day of June, 2023 before me the undersigned, personally  
appeared Kelvin Ventura personally known to be or proved to me on the basis of  
satisfactory evidence to be the individual whose name is subscribed to the within  
instrument and acknowledged to me that he executed the same in his capacity, and that by  
his signature on the instrument, the individual, or the person who acted on behalf of the  
individual, executed the instrument and that such individual made such appearance before  
the undersigned at New York County New York.

  
TYLER J. LANDI  
Notary Public, State of New York  
NO. 01LA6386611  
Qualified in New York County  
Commission Expires January 28, 2027

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

[This form has been approved by the New York State Department of Health]

|                 |               |                        |
|-----------------|---------------|------------------------|
| Patient Name    | Date of Birth | Social Security Number |
| Patient Address |               |                        |

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV\* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) \_\_\_\_\_ to (insert date) \_\_\_\_\_
- ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: \_\_\_\_\_

Include: (Indicate by Initialing)

☒ Alcohol/Drug Treatment  
☒ Mental Health Information  
☒ HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here ☒ I authorize \_\_\_\_\_

Initials

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
- ☐ Other: \_\_\_\_\_

11. Date or event on which this authorization will expire:

12. If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

X Rehine Ventura  
Signature of patient or representative authorized by law.

Date: 6-25-2023

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.





REQUEST FOR DISCLOSURE TO THIRD PARTIES

(All information below must be typewritten)

NAME \_\_\_\_\_  
(Last) (First) (Middle)

FORMER  
NAME \_\_\_\_\_  
(Last) (First) (Middle)

I certify by executing this request that I am the person named above and I understand that Federal Law provides that a person who obtains information from ClaimSearch under false pretenses may be subject to civil and/or criminal penalties. I understand that if ClaimSearch is unable to establish proper identification, it will be obliged to decline my request for disclosure.

I hereby request that ISO ClaimSearch disclose the contents of my file to the person (s) listed below:

6-25-2023  
DATE

X *Kevin Vester*  
CLIENT'S SIGNATURE

Note to Third Parties: Please attach this form to your ISO Online Third Party Request. Please include this form with your client's signature along with additional documentation to validate the identity of your client (e.g. a copy of a government issued I.D., drivers' license, the first and last page of your retainer (signed by client & firm), power of attorney (signed by client & firm), or this form itself may be notarized). Any form that does not include proof of identity will be returned.

ATTORNEY/FIRM NAME: \_\_\_\_\_

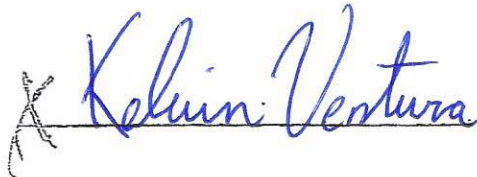
ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_



The undersigned claimant therefore presents this claim for adjustment and payment. You are hereby notified that unless said claim is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Dated: New York, New York..

Kelvin Ventura

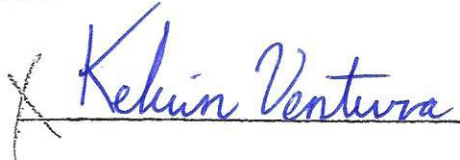
VERIFICATION

STATE OF NEW YORK


COUNTY OF NEW YORK

#  
)  
) SS.:  
)

, being duly sworn, deposes and says that deponent is the above named claimant; deponent has read the foregoing NOTICE OF CLAIM and knows its/their contents; the same is true to deponent's knowledge, except as to those matters stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

Kelvin Ventura

Sworn and subscribed to before me  
on this 25 day of June, 2023

  
TYLER J. LANDI  
Notary Public, State of New York  
NO. 01LA6386611  
Qualified in New York County  
Commission Expires January 28, 2027

INDIVIDUAL VERIFICATION

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

, being duly sworn, deposes and says:

That I am the plaintiff in the action within action; that I have read the foregoing  
BILL OF PARTICULARS, and knows the contents thereof; that the same is true to my own  
knowledge except as to the matters therein stated to be alleged upon information and belief, and  
as to those matters I believe it to be true.

X Kelvin Ventura

Sworn to before me on  
25 day of June, 2023

TYLER J. LANDI  
Notary Public, State of New York  
NO. 01LA6386611  
Qualified in New York County  
Comission Expires January 28, 2027

INDIVIDUAL VERIFICATION


STATE OF NEW YORK    )  
                                  ) ss:  
COUNTY OF                )

, being duly sworn, deposes and says:

That I am the Plaintiff in the within action; that I have read the foregoing **VERIFIED COMPLAINT** and knows the contents thereof; that the same is true to my own knowledge except as to the matters therein stated to be alleged upon information and belief, and as to those matters, I believe it to be true.

X Kevin Ventura

Sworn to before me on  
25<sup>th</sup> day of June, 2023

  
\_\_\_\_\_  
Notary TYLER J. LANDI  
Notary Public, State of New York  
NO. 01LA6386611  
Qualified in New York County  
Commission Expires January 28, 2027



## MODEL LANGUAGE

### PROOF OF REPRESENTATION

The language below should be used when you, the Medicare beneficiary, want to inform the Centers for Medicare & Medicaid Services (CMS) that you have given another individual the authority to represent you and act on your behalf with respect to your claim for liability insurance, no-fault insurance, or workers' compensation, including releasing identifiable health information or resolving any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment. You are not required to use this model language, but proof of representation must include the information provided in this model language. Your representative must also sign that he/she has agreed to represent you. This model language also makes provisions for the information your representative must provide.

Type of Medicare Beneficiary Representative (Check one below and then print the requested information):

- ( ) Individual other than an Attorney: Name: \_\_\_\_\_
- ( ) Attorney\* Relationship to the Medicare Beneficiary: \_\_\_\_\_
- ( ) Guardian\* Firm or Company Name: \_\_\_\_\_
- ( ) Conservator\* Address: \_\_\_\_\_
- ( ) Power of Attorney\* \_\_\_\_\_
- \_\_\_\_\_
- Telephone: \_\_\_\_\_

\* Note — If you have an attorney, your attorney may be able to use his/her retainer agreement instead of this language. (If the beneficiary is incapacitated, his/her guardian, conservator, power of attorney etc. will need to submit documentation other than this model language.) Please visit <http://go.cms.gov/cobro> for further instructions.

#### Medicare Beneficiary Information and Signature/Date:

Beneficiary's Name (please print exactly as shown on your Medicare card):

Beneficiary's Health Insurance Claim Number (number on your Medicare card):

Date of Illness/Injury for which the beneficiary has filed a liability insurance, no-fault insurance or workers' compensation claim: \_\_\_\_\_

Beneficiary Signature: X Kelvin Ventura Date signed: 6-25-2023

#### Representative Signature/Date:

Representative's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_



X 317— Consent to Change (Substitution) of Attorney 11-98

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Published by NYC 10013

Consent must be signed by attorney of record and signed and acknowledged by party. Type name beneath each signature

|  |  |   |
|--|--|---|
| COURT  |  | Index No.                                 |
| COUNTY OF  |  |   |
| <div style="text-align: center;">Plaintiff(s)</div> <div style="text-align: center;">against</div> <div style="text-align: center;">Defendant(s)</div> |  | <b>CONSENT<br/>TO CHANGE<br/>ATTORNEY</b> |

IT IS HEREBY CONSENTED THAT

Esq.

of No.

be substituted as attorney(s) of record for the undersigned party(ies) in the above entitled action in place and stead of the undersigned attorney(s) as of the date hereof.

Dated:

X Kelvin Ventura

ACKNOWLEDGMENT IN NEW YORK STATE (RPL 305-a)

ACKNOWLEDGMENT OUTSIDE NEW YORK STATE (RPL 305-b)

State of New York  
County of New York

ss.: State of  
County of

On June 25, 2023 before me, the undersigned,  
personally appeared Kelvin Ventura

On  
personally appeared

before me, the undersigned.

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned in

TYLER J. LANDI  
Notary Public, State of New York  
(signature and official seal required for acknowledgment)  
Qualified in New York County  
Commission Expires January 28, 2027

(insert city or political subdivision and state or county or other place of known residence)  
(signature and office of individual taking acknowledgment)

(signature and office of individual taking acknowledgment)