

The Dietrich Law Firm P.C.

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January 5, 2021

Via Certified Mail, Return Receipt Requested

Erie County Water Authority
Attn: Corporation Counsel
295 Main Street
Buffalo, New York 14203

Re: Proctor v. Erie County Water Authority

Dear Sir/Madam:

Please be advised that this firm represents Rondale Proctor. Please see enclosed for service upon the Erie County Water Authority an original and a copy of the Notice of Claim.

I thank you for your anticipated cooperation.

Very truly yours,

Brian R. Wood, Esq.
The Dietrich Law Firm P.C.

enc

cc: Mr. Rondale Proctor

SERIOUS • PERSONAL • INJURY

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

RONDALE T. PROCTOR,

Claimant,

NOTICE OF CLAIM

VS.

ERIE COUNTY WATER AUTHORITY,

Respondent.

PLEASE TAKE NOTICE that the above-named Claimant claims and demands from the Erie County Water Authority, recompense for personal injuries sustained by the Claimant by reason of the wrongful, unlawful, negligent and careless acts and omissions of the Respondent, its agents, servants and/or employees, and in support thereof the Claimant states:

1. The address of the Claimant is [REDACTED]
Buffalo, New York 14215.
2. The Claimant is represented by The Dietrich Law Firm P.C.,
101 John James Audubon Parkway, Buffalo, New York 14228; (716) 839-3939.
3. The incident in which personal injuries were sustained by the Claimant occurred on or about December 8, 2020 at approximately 2:50 p.m. on Union Road near its intersection with Seneca Creek Road, in the Town of West Seneca, the County of Erie, and the State of New York. Said incident is described in the attached Exhibit A - Police Report - wherein it notes that an Erie County Water Authority vehicle operated by Michael K. Livsey collided with the

vehicle that the Claimant was a passenger in. As a result of said collision, the Claimant sustained permanent and severe injuries.

4. By virtue of the negligence and/or recklessness of the employees, agents and/or servants of the Respondent, the Claimant has incurred medical and hospital expenses, which are to date undetermined, and will incur loss of earnings, impairment of health and permanent injuries.

5. Upon information and belief, the claimant will be obligated further medical expenses including drugs, medicines and prosthetic devices, the amount of which cannot be reasonably calculated at this time.

TAKE NOTICE that the Claimant demands payment of his claim as set forth above.

Dated: January 4, 2021

THE DIETRICH LAW FIRM P.C.

By: 

Brian R. Wood, Esq.
Attorneys for Claimant
101 John James Audubon Parkway
Buffalo, New York 14228
(716) 839-3939

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

RONDALE T. PROCTOR,

Claimant,

VERIFICATION

VS.

ERIE COUNTY WATER AUTHORITY,

Respondent.

I, **RONDALE T. PROCTOR**, being duly sworn, deposes and says, that the deponent is the Claimant in the within action; that the deponent has read the foregoing Notice of Claim and know the contents hereof; that the same is true to the deponent's knowledge, except as to the matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes them to be true.

Rondale T. Proctor
RONDALE T. PROCTOR

Sworn to before me this 5 day
Of January 2021.

Carmela E. Gentile
NOTARY PUBLIC

Carmela E Gentile
Notary Public, State of New York
LIC. #01GE6389927
Qualified in Niagara County
My Commission Expires 04/08/2023

POLICE ACCIDENT REPORT

MV-104A (6/04)

 Local Codes
 20028387
 RZWSXXCL6VFL

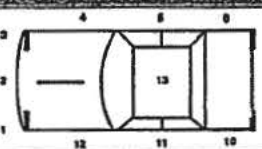
AMENDED REPORT

1	Accident Date Month 12 Day 8 Year 2020		Day of Week TUESDAY	Military Time 14:50	No. of Vehicles 3	No. Injured 3	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Left Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 17		
VEHICLE 1													
2	VEHICLE 1- Driver License ID Number [REDACTED] Driver Name - exactly as printed on license HINTON, TRACY A				State of Lic. NY	VEHICLE 2- Driver License ID Number [REDACTED] Driver Name - exactly as printed on license LIVSEY, MICHAEL K				State of Lic. NY	20		
[REDACTED]					Apt. No.	[REDACTED]					Apt. No.	21	
3	City or Town BUFFALO				State NY	Zip Code 14215		City or Town BLASDELL				State NY	22
2	Date of Birth Month [REDACTED] Day [REDACTED] Year [REDACTED]	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 02	Public Property Damaged <input type="checkbox"/>	Date of Birth Month [REDACTED] Day [REDACTED] Year [REDACTED]	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	23		
4	Name - exactly as printed on registration HINTON, TRACY A				Sex F	Date of Birth Month [REDACTED] Day [REDACTED] Year [REDACTED]		Name - exactly as printed on registration WATER, ERIE COUNTY				Sex U	24
1	Address (include Number and Street) [REDACTED]				Apt. No.	[REDACTED]		Address (include Number and Street) 295 MAIN ST				Apt. No.	25
6	City or Town BUFFALO				State NY	Zip Code 14215		City or Town BUFFALO				State NY	26
1	Plate Number JNG4998	State of Reg. NY	Vehicle Year & Make 2011 FORD	Vehicle Type 4DSD	Ins. Code 413	Plate Number AL5882	State of Reg. NY	Vehicle Year & Make 2011 FORD	Vehicle Type VAN	Ins. Code 280	27		
Ticket/Arrest Number(s) WSXXCL6WJ9					Ticket/Arrest Number(s)							28	
6	Violation Section(s) 1111D1					Violation Section(s)						29	
7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.		30
1	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 1 2 Box 2 - Most Damage 2 1 2 Enter up to three more damage codes 1 3 2 4 3 5 Vehicle By: GEORGES Towed To: GEORGES VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 12 Box 2 - Most Damage 12 1 12 Enter up to three more damage codes 12 3 2 4 5 Vehicle By: GEORGES Towed To: GEORGES					ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram. 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31
Reference Marker Coordinates (if available) Latitude/Northing Longitude/Easting Place Where Accident Occurred: County ERIE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of WEST SENECA Road on which accident occurred UNION AT SENECA CREEK (Route Number or Street Name) at 1) intersecting street UNION RD SENECA CREEK (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S of <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)												32	
Accident Description/Officer's notes V2 making a left turn from Seneca Creek on to S/B Union Rd under a steady green light was struck by V1 who disregarded a steady red signal for N/B Union Rd, traffic and caused a collision that caused V2 to spin and face N/B. V1 came to rest after it struck V3 that was stopped in traffic a steady red signal for S/B Union Rd. V2 operator " the light was green and I made the turn and i saw her at the last second and turned away" V3 Operator " I												33	
8 9 10 11 12 13 14 15 16 17 BY A 1 1 4 1 56 F 04 03 6 amr 569 1405 HINTON, TRACY A B 1 3 4 1 24 M 06 03 6 amr535 1405 PROCTOR, RONDALE T C 2 1 4 1 38 M 06 03 6 amr 546 1418 LIVSEY, MICHAEL K D 3 1 4 1 61 M - - - LAZZARRA, MARK P E 3 3 4 1 20 F - - - MORAN, BRITTANY M F [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]												34	
Officer's Rank and Signature POLICE OF [Signature] Print Name in Full J MILEWSKI Badge/ID No. 0132 NCIC No. 01474 Precinct/Post Troop/Zone Station/Beat Sector Reviewing Officer PELOW, W Date/Time Reviewed 12/8/2020 22:02												35	

New York State Department of Motor Vehicles **POLICE ACCIDENT REPORT** MV-104A (6/04)

Local Codes
 20028387
 RZWSXXCL6VFL

☐ AMENDED REPORT

1	Accident Date Month 12 Day 8 Year 2020	Day of Week TUESDAY	Military Time 14:50	No. of Vehicles 3	No. Injured 3	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
2	VEHICLE 3				<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						19
3	VEHICLE 3- Driver License ID Number [REDACTED] State of Lic. NY Driver Name - exactly as printed on license LAZZARRA, MARK P Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] City or Town WEST SENECA State NY Zip Code 14224 Date of Birth [REDACTED] Sex M Unlicensed <input type="checkbox"/> No. of Occupants 02 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration LAZZARRA, MARK P Sex M Date of Birth [REDACTED] Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> City or Town WEST SENECA State NY Zip Code 14224 Plate Number FJS3859 State of Reg. NY Vehicle Year & Make 2009 PONT Vehicle Type 4DSD Ins. Code 011 Ticket/Arrest Number(s) [REDACTED]				VEHICLE 1- Driver License ID Number [REDACTED] State of Lic. [REDACTED] Driver Name - exactly as printed on license [REDACTED] Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Date of Birth [REDACTED] Sex [REDACTED] Unlicensed <input type="checkbox"/> No. of Occupants [REDACTED] Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration [REDACTED] Sex [REDACTED] Date of Birth [REDACTED] Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Plate Number [REDACTED] State of Reg. [REDACTED] Vehicle Year & Make [REDACTED] Vehicle Type [REDACTED] Ins. Code [REDACTED] Ticket/Arrest Number(s) [REDACTED]						21
4	VEHICLE 2- Driver License ID Number [REDACTED] State of Lic. [REDACTED] Driver Name - exactly as printed on license [REDACTED] Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Date of Birth [REDACTED] Sex [REDACTED] Unlicensed <input type="checkbox"/> No. of Occupants [REDACTED] Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration [REDACTED] Sex [REDACTED] Date of Birth [REDACTED] Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Plate Number [REDACTED] State of Reg. [REDACTED] Vehicle Year & Make [REDACTED] Vehicle Type [REDACTED] Ins. Code [REDACTED] Ticket/Arrest Number(s) [REDACTED]				VEHICLE 2- Driver License ID Number [REDACTED] State of Lic. [REDACTED] Driver Name - exactly as printed on license [REDACTED] Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Date of Birth [REDACTED] Sex [REDACTED] Unlicensed <input type="checkbox"/> No. of Occupants [REDACTED] Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration [REDACTED] Sex [REDACTED] Date of Birth [REDACTED] Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Plate Number [REDACTED] State of Reg. [REDACTED] Vehicle Year & Make [REDACTED] Vehicle Type [REDACTED] Ins. Code [REDACTED] Ticket/Arrest Number(s) [REDACTED]						22
5	Violation Section(s) [REDACTED]				Check if involved vehicle is: V <input type="checkbox"/> more than 95 inches wide; E <input type="checkbox"/> more than 34 feet long; H <input type="checkbox"/> operated with an overweight permit; I <input type="checkbox"/> operated with an overdimension permit. C <input type="checkbox"/> operated with an overweight permit. L <input type="checkbox"/> operated with an overweight permit. E <input type="checkbox"/> operated with an overweight permit. 3 <input type="checkbox"/> operated with an overweight permit. VEHICLE 3 DAMAGE CODES Box 1 - Point of Impact 11 11 Box 2 - Most Damage 11 11 Enter up to three more damage codes 11 10 5 Vehicle By: [REDACTED] Towed To: [REDACTED] VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 19. OVERTURNED 19. OTHER 						23
6	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				Rear End 1. Left Turn 2. Right Angle 3. Right Turn 4. Head On 5. Sideways (same direction) 6. Left Turn 7. Right Turn 8. Sideways (opposite direction) 9. ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No						24
7	Reference Marker Coordinates (if available) Latitude/Northing Longitude/Easting				Place Where Accident Occurred: County ERIE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of [REDACTED] Road on which accident occurred [REDACTED] (Route Number or Street Name) at 1) Intersecting street or 2) [REDACTED] N S of [REDACTED] E W (Milepost, Nearest Intersecting Route Number or Street Name) Accident Description/Officer's notes was stopped at the light and i got hit"						25

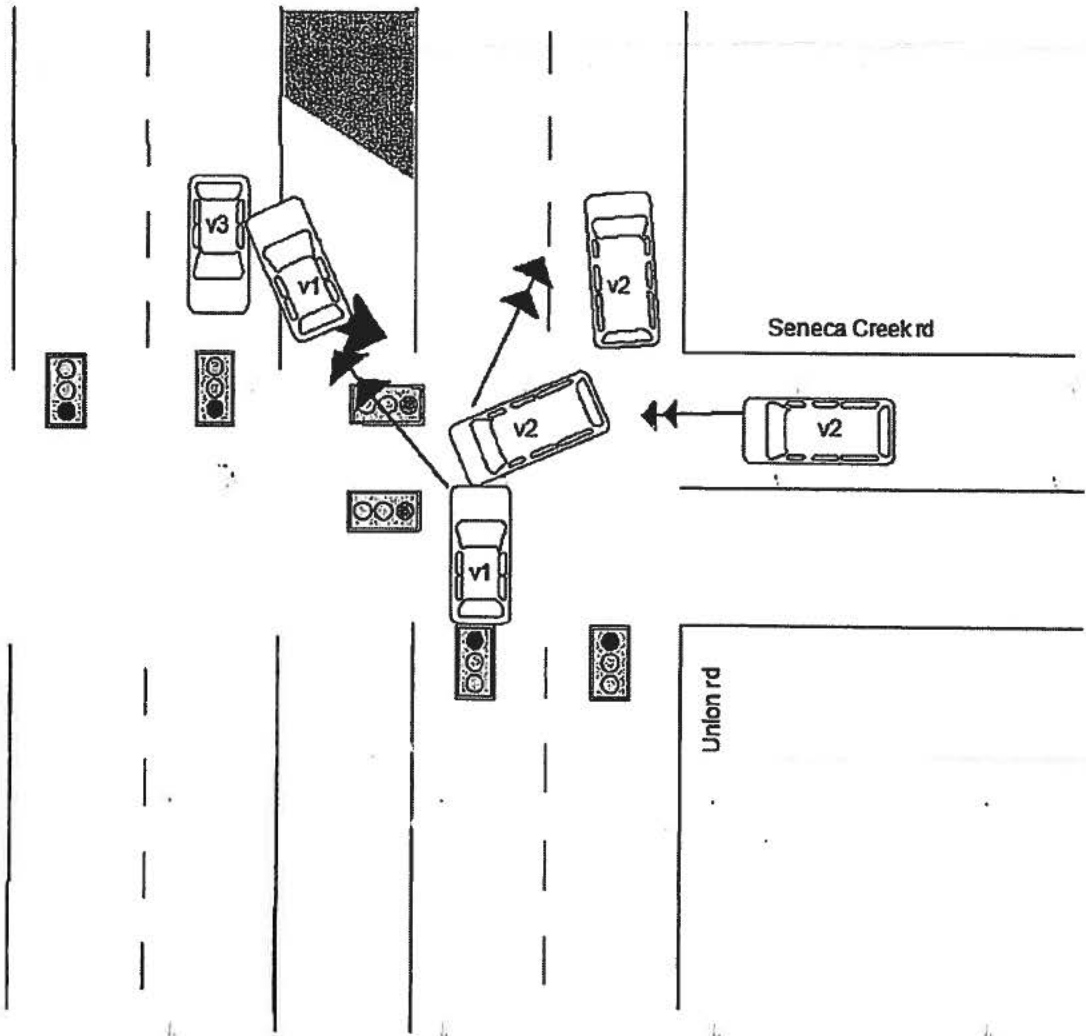
ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY
A										
B										
C										
D										
E										
F										
Officer's Rank and Signature	POLICE OF [REDACTED]			Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed	
Print Name in Full	J MILEWSKI			0132	01474			PELOW, W	12/8/2020 22:02	

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (6/04)

Local Codes
 20028387
 RZWSXXCL6VFL

☐ AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	<input type="checkbox"/> Left Scene	Police Photos
Month	Day	Year								
12	8	2020	TUESDAY	14:50	3	3	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



\$8.00

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FIRST-CLASS
14221 JAN 06 2021



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**Via Certified Mail, Return Receipt
Requested**

Erie County Water Authority
Attn: Corporation Counsel
295 Main Street
Buffalo, New York 14203