

-----X
In the Matter of the Claim of,

LOYDA ODELIS ALCANTARA DE LA ROSA,

-against-

NOTICE OF CLAIM

COUNTY OF WESTCHESTER, CITY OF YONKERS,
NEW YORK STATE DEPARTMENT OF
TRANSPORTATION,

-----X
To:
County of Westchester: 148 Martine Avenue, 8th Floor White Plains, New York 10601
City of Yonkers: 40 South Broadway, Room 102 Yonkers, NY 10701
NYS DOT: Office of the Attorney General, 28 Liberty Street New York, New York 10005.

1. The name and address of the claimant and claimant's attorney:

Claimant

Loyda Odelis Alcantara De La Rosa
1955 Haight Avenue, Apt 2
Bronx, NY 10461

Attorney

Akiva Ofshtein, Esq
OFSHTEIN LAW FIRM, P. C.
398 Kings Highway
New York, NY 11223
(718) 455-5252
info@olf.nyc

2. The nature of the claim:

To recover money damages for personal injuries, pain and suffering, medical expenses and related damages incurred by and on behalf of claimant, Loyda Odelis Alcantara De La Rosa, by reason of the negligence, recklessness and carelessness of County of Westchester, City of Yonkers and New York State Department of Transportation, their agents, servants, employees and/or licensees.

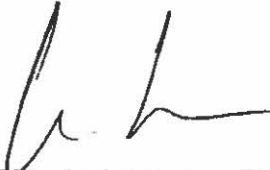
3. On or about March 7, 2026, at approximately 5:30 p.m., the claimant, Loyda Odalis Alcantara De La Rosa, was a lawful passenger in a 2015 Mazda motor vehicle bearing New York registration number LWA3764, traveling in the vicinity of Bronx River Road and Yonkers Avenue, County of Westchester, State of New York. At said time and place, the vehicle in which the claimant was a passenger was caused to violently strike and come into forceful contact with a defective, broken, uneven, improperly secured, raised, depressed, misaligned, and otherwise hazardous manhole cover and/or its surrounding metal ring and roadway surface. Said condition constituted a dangerous, defective, and trap-like roadway condition, posing a foreseeable and unreasonable risk of harm to motorists and their passengers lawfully traversing the roadway. As a direct and proximate result of this hazardous condition, the subject vehicle was caused to suddenly jolt, impact, and/or lose proper contact with the roadway, thereby causing the claimant to be violently thrown about the interior of the vehicle and to sustain serious personal injuries. Upon information and belief, the occurrence was caused solely by reason of the negligence, recklessness, and carelessness of the County of Westchester, the City of Yonkers, and the New York State Department of Transportation, their agents, servants, employees, and/or contractors, in the ownership, operation, management, supervision, inspection, maintenance, repair, and control of the aforesaid roadway, manhole cover, and related infrastructure, in that they created and/or permitted the existence of the aforesaid dangerous condition; allowed the manhole cover to become loose, raised, depressed, shifted, and/or otherwise defective; failed to properly secure, level, repair, and maintain same; failed to conduct reasonable and adequate inspections; and failed to provide proper warnings, safeguards, or protections for the public. Upon further information and belief, the respondents had actual and/or constructive notice of the defective and hazardous condition for a sufficient period of time prior to the occurrence to have remedied same, yet failed, neglected, and refused to do so.

4. Claimant, Loyda Odalis Alcantara De La Rosa, sustained multiple bodily injuries including, but not limited to neck, back, left shoulder and right shoulder, which have caused claimant to incur and continue to incur expenses for medical attention and treatment and caused claimant to be absent from employment with a resultant loss therefrom. Claimant, Loyda Odalis Alcantara De La Rosa, has suffered damages in a sum that exceeds the jurisdictional limitations of all lower courts which would otherwise have jurisdiction.

5. Claimant seeks damages in a sum of \$2,500,000.00, which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

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: Brooklyn, New York
April 20, 2026



AKIVA OFSHTEIN, ESQ

VERIFICATION

STATE OF NEW YORK)ss:

COUNTY OF KINGS

Loyda Odelis Alcantara De La Rosa, being duly sworn, deposes and says, that deponent is the claimant in the within action; that deponent has read the foregoing **NOTICE OF CLAIM**, and knows the contents thereof; that the same is true to deponent's own 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.

Loyda O. De La Rosa

Sworn to before me this 20 day,

of April, 2016.

[Signature]

Eugene Randolph
Commissioner of Courts
City of New York, New York
Cert. of Fidelity and Eligibility
Commission Expires: 1/1/17 27

Notary Public, State of New York



FOLD HERE

REPORT OF MOTOR VEHICLE CRASH

9589 0710 5270 3440 8402 02

Before completing this form, read the instructions on page 2. Use only for crashes that happen in New York State. Print or type all information. Use black ink.

DO NOT FORGET CRASH DATE

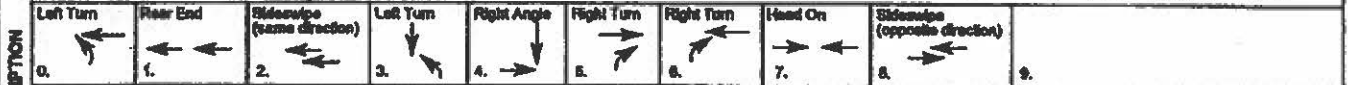
Crash Date: 3/7/2026, Day of Week: Saturday, Crash Time: 5:30 PM, # of Vehicles/Units: 2, # Injured: 2, # of Fatalities: 0, Police Responded: [], Police Filed Crash Report: [], Police Agency/Product/Crash #:

PART A: Your Vehicle/Unit, PART B: Other Vehicle/Unit, OTHER DRIVER, PEDESTRIAN, BICYCLIST, E-SKATE-SCOOTER

1 DRIVER: Driver License ID # 542 890 944, State of License NY, Driver Name: Fernandez Alcantara Yanelis, Address: 1955 Haight Ave, Bronx NY 10461, Date of Birth: 10/3/1988, Sex: F, # of People in Vehicle/Unit: 2

2 REGISTRANT: Name: Fernandez Alcantara Yanelis, Address: 1955 Haight Ave, Bronx NY 10461, Date of Birth: 10/3/1988, Sex: F, # of People in Vehicle/Unit: 2, Plate # LWA37CY, State of Reg. NY, Vehicle/Unit Year/Make/Model 2015 Mazda, Vehicle/Unit Type PASS, Insurance Code 383, Insurance Company/Self Insured Name Integon, Insurance Policy/Certificate # INT60227113201

3 CRASH DESCRIPTION: Cost of repairs to any one unit or property will be more than \$1,000. [], Crash Diagram Code: []



Briefly describe how the crash happened. V1 was driving straight, hit a manhole cover and hit V2 due to lost control

4 CRASH LOCATION: County Westchester, City/Town/Village of Yonkers, Road Where Crash Occurred Yonkers Ave, House #, Permanent Landmark

CRASH LOCATION: OR [] at Intersection With [] OR [] of [] (Route #, Road, Street Name or Exit #) OR [] of [] (Route #, Road, Street Name, Exit # or Milepost)

Table with 7 columns: Name of Drivers, Passengers, Pedestrians and Bicyclists; 8. Which Unit Occupied; 9. Position in/on Unit; 10. Safety Equip. Used; 12. Age; 13. Sex; 15. Injury; Describe Most Serious Injuries; Date of Death (if Applicable). Rows include Fernandez Alcantara Yanelis and Alcantara De La Rosa Loyda.

Date 3/19/2026, Print Name of Driver (or Representative) Alcantara De La Rosa Loyda, Signature of Driver (or Representative) [Signature]

* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box next to "I am signing on behalf of..." enter the vehicle/unit number and check the box that describes why the driver cannot sign. [] I am signing on behalf of Vehicle/Unit [] Injury [] Death

A crash 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.

[] Check this box if you are a freighter and this crash occurred while responding to a call in emergency operation as defined by Vehicle and Traffic Law 14-b.