

User Number: 736864-2016

Injured Party Details

Claimant

Full Name

Dr. Stephen Manning

Gender

Male

Date of Birth

06/09/1958

Occupation

Teacher & Sports Instructor

E-mail

stephentmanning@hotmail.com

Phone Number

086 218 9229

Postal Address

F35 KP94
Mountain Forthill
Ballyhaunis
Mayo
Ireland

Accident Details

Accident Type

Public liability

Details of Accident

Assault

Date

09 November 2015

Time

11:00

What were you doing at the time of the accident?

Other : Attending Court on traffic summons

Description

I was explaining to the judge that the charges were false and vexatious. He ignored me and gestured for Gardai to remove me. I was violently and unlawfully assaulted (twice) by 4+ Gardai, causing multiple injuries.

Location Type

Public property/Premises

Location

Inside Courtroom and on stairwell, at the Metropolitan District Court, Chancery Street, Dublin 7.
D07A599
Metropolitan District Court House
28/60 Chancery Street
Dublin 7
Dublin
Ireland

Injury Details

Body Part Injured

Shoulder: Soft tissue

Hand: Fracture

Other: Soft tissue

Other Body Part Description

Abdominal hernia caused during 2nd assault.

Description of Injury

Abdominal hernia has already been operated on. Shoulder injury is a complete rotator cuff tear which will likely require surgery. Thumb (hand) injury is chronic, but no surgery is planned or expected at this point. Listed as 'fracture' = bone injury

Received medical attention

Yes

Date medical attention was first sought

Medical report

Uploaded Medical Report File

Dr C Noone medical report 17.pdf

Damages

Claiming medical expenses

Yes

Claiming for loss of earnings

Yes

Still out of work

Yes

Respondent Details

Respondent 1

Type

Individual

Full Name

Mr. Declan Murray

Postal Address

D07E424

Bridewell Garda Station 28/30 Chancery Street

Dublin 7

Dublin

Ireland

Respondent 2

Type

Individual

Full Name

Mr. Stephen Boyce

Postal Address

D07E424

Bridewell Garda Station 28/30 Chancery Street

Dublin 7

Dublin

Ireland

Respondent 3

Type

Individual

Full Name

Mr. Michael McGrath

Postal Address

D07E424

Bridewell Garda Station 28/30 Chancery Street

Dublin 7

Dublin

Ireland

Respondent 4

Type

Individual

Full Name

Mr. Keith Lambe

Postal Address

D02 EH97

Garda Traffic Division Dublin Castle

Dublin 2

Dublin 2

Ireland

Declaration

I Stephen Manning, hereby declare that the information I have provided is, to the best of my knowledge, true and accurate in every respect.

I Stephen Manning acknowledge that my personal data shall be processed by the Personal Injuries Assessment Board in the context of my application and in accordance with data protection legislation, the Personal Injuries Assessment Board Acts 2003 and 2007 and our [Data Protection Code of Practice](#).