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 JEREMY M. WEITZ*
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 MICHAEL A. PUNGITORE*
 DEREK M. PATTERSON
 MICHAEL G. SPEAR*
 MICHAEL A. DELANEY
 DAVID B. KLINE
 JOSEPH ACQUAVIVA*
 MADELINE E. SCHWARTZ
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**SPEAR GREENFIELD
 RICHMAN WEITZ & TAGGART, PC**

ATTORNEYS & COUNSELORS AT LAW
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 1500 J.F.K. BOULEVARD
 PHILADELPHIA, PENNSYLVANIA 19102
 (215) 985-2424
 FAX (215) 545-6117
 www.injuryline.com
 email: office@injuryline.com

NEW JERSEY OFFICE
 10,000 LINCOLN DRIVE EAST
 ONE GREENTREE CENTRE, SUITE 201
 MARLTON, NJ 08053
 (856) 985-4663

*MEMBER OF NJ AND PA BAR
 *CERTIFIED BY THE SUPREME
 COURT OF NEW JERSEY AS
 A CIVIL TRIAL ATTORNEY

Property

December 13, 2019

City of Woodbury
 City Hall
 33 Delaware Street
 Woodbury, NJ 08096
Attention: Daneen D. Fuss/City Clerk
Via Certified Mail & Fax: (856) 845-1309

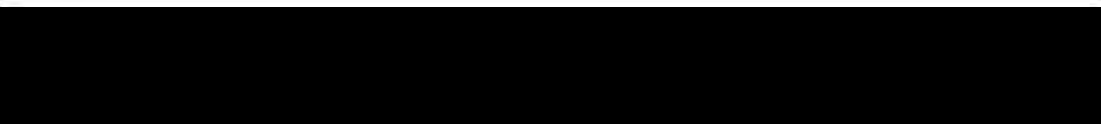
City of Woodbury
 City Hall
 33 Delaware Street
 Woodbury, NJ 08096
Attention: Franklin Browne/City Administrator
Via Certified & First Class Mail

Qual-Lynx
 100 Decadon Drive
 Egg Harbor, NJ 08234
Attention: Claims
Via Fax: (609) 926-9270

RE: Our Client: Deborah Gould
 12 Margaux Court
 Woodbury, NJ 08096
D/A: December 3, 2019
Location: 509 N. Broad Street - 4th Floor (near room 434), City of
 Woodbury, Gloucester County, State of New Jersey
**Deborah Gould vs. Inspira Medical Center, City of Woodbury, County of
 Gloucester & State of New Jersey**

Dear Sir/Madam:

Please be advised that this office represents the above-named individual(s) with regard to serious injuries sustained as a result of an accident occurring on the above-captioned date. Enclosed please find the signed and completed tort claims questionnaire for your review.



My client slipped and fell at the above-captioned location due to liquid on the floor. Please acknowledge receipt of this claim in writing and direct all future correspondence regarding this

matter to the attention of the undersigned.

Please direct all future correspondence to the undersigned.

Thank you for your prompt attention in this matter.

Very truly yours,

**SPEAR, GREENFIELD,
RICHMAN, WEITZ & TAGGART, P.C.**

Rand Spear

RAND SPEAR

RS/spc
enclosure

**SPEAR GREENFIELD
RICHMAN WEITZ & TAGGART, PC
TWO PENN CENTER PLAZA, SUITE 200
1500 J.F.K. BOULEVARD
PHILADELPHIA, PENNSYLVANIA 19102
(215) 985-2424
FAX (215) 545-6117**

City OF Woodbury

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: Deborah Gould

Telephone: [REDACTED]

Address: 12 Margaux Court

Date of Birth: [REDACTED]

Woodbury NJ 08096

SSN: [REDACTED]

Email: [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name: Spear, Greenfield, Robinson, White & Tupper Telephone: 215-985-2424

Address: 150 F.K. Blvd - Ste 200 FAX: 215-595-6117

Phila, PA 19102

File No.: 29440-19

Email: office@njlaw.com

Send Notices to: Claimant ✓ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the City of Woodbury.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

City OF Woodbury

c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the City of Lumberton of Lumberton Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

In accordance with the New Jersey Tort Claims Act, timely Notices of Claim/Questionnaires must be filed within ninety (90) days after the incident giving rise to the claim.

This Questionnaire is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the City of Lumberton.

"Documents" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the City of Lumberton along with any agent, official or employee of the City of Lumberton against whom a claim is asserted by the Claimant.

PLEASE NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

1. Provide the following information with respect to the Claimant:

- a. Any other name by which the Claimant has been known.

Deborah Shannon

- b. Residence and Mailing Addresses at the time of the incident giving rise to the claim. Also provide current Email address.

*12 Morgan Court, Lumbury, NJ 08096**Email:* [REDACTED]

- c. Marital Status at the time of the incident and currently.

[REDACTED]

- d. Identify each person residing with the claimant and the relationship of that person, if any, to the Claimant.

To be supplied by claimant's attorney

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time that the Claimant resided at the address and the relationship of that person, if any, to the Claimant.

To be supplied by claimant's attorney

INFORMATION REGARDING ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

12-3-19 @ 2:15pm, Inspira Med Ctr, 509 N. Broad St,
Hollywood, FL weather: N/A

4. Provide the Claimant's complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide Photographs of the area where the incident occurred, and indicate on the Photographs the exact location where the incident occurred.

Claimant slipped & fell due to liquid on the floor

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name, address, email address and telephone number of each individual.

Investigation ongoing, To be determined.

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.

Investigation ongoing, To be determined.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

Investigation ongoing, to be determined.

8. If you allege a dangerous condition of public property, state the specific facts upon which you claim that the public entity was responsible for the condition and the specific facts and date upon which you claim that the public entity was provided with notice of the alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.

Investigation ongoing, to be determined.

9. If you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

To be supplied by claimant's attorney.

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

N/A

11. If any photographs, drawings, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.

To be supplied by claimant's attorney when available.

12. If you or any of the parties to this incident or any of the witnesses to this incident made any statements or admissions, set forth in detail the statements or admissions that were made; who made the statements or admissions; the date and place where the statements or admissions were made; and in whose presence the statements or admissions were made, providing the names and addresses of any persons having knowledge of the statements or admissions.

Investigation ongoing. To be determined.

13. State the total amount of your claim and the basis upon which you have calculated the amount that is being claimed.

To be supplied by claimant's attorney.

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

To be supplied by claimant's attorney when available.

15. Provide the names and addresses of all persons or entities against whom you are asserting a claim for the injuries or damages arising out of the incident forming the basis of this claim and give the basis for your claim against each person or entity.

See attached list.

16. Were any criminal and/or traffic Complaints or Tickets issued as a result of this incident? If so, please provide copies of the Complaints and/or Tickets and advise as to the disposition of the Complaints and/or Tickets.

N/A

PROPERTY DAMAGE CLAIMS

17. If your claim is for property damage, attach a detailed description of the property damage that is being claimed, and include copies of any and all estimates obtained which detail the costs to repair the property damage. If your claim does not involve any claim for property damage, enter "None".

If your claim is for property damage only, initial here and proceed directly to page 12 and sign the Certification.

Initials

City of Woodbury
Office of the City Clerk
City Hall
33 Delaware Street
Woodbury, NJ 08096

City of Woodbury
Office of the City Administrator
City Hall
33 Delaware Street
Woodbury, NJ 08096

County of Gloucester
Office of the County Clerk
Gloucester County Courthouse
1 N. Broad Street
Woodbury, NJ 08096

County of Gloucester
Office of the County Counsel
2 S. Broad Street
Woodbury, NJ 08096

County of Gloucester
Office of the Board Clerk
Gloucester County Administration Building
2 S. Broad Street
Woodbury NJ 08096

County of Gloucester Board of Chosen Freeholders
Office of the Board Clerk
2 S. Broad Street
P.O. Box 337
Woodbury, NJ 08096

County of Gloucester
Municipal Building
Office of the County Clerk
512 Monmouth Street
Gloucester City, NJ 08030

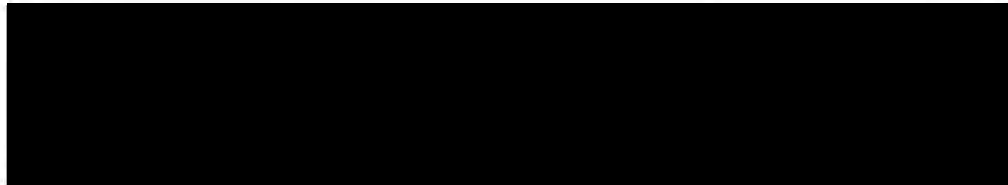
State of New Jersey
Office of the Attorney General
Hughes Justice Complex
25 Market Street, P.O. Box 080
Trenton, NJ 08625-0080

PERSONAL INJURY CLAIMS

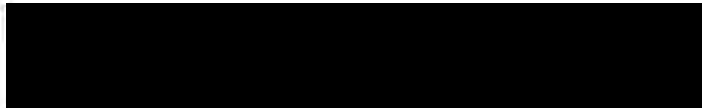
18. Were there any complaint regarding the incident or the condition which allegedly caused the incident made to the public entity or to any official or employee of the public entity? If so, state the time and place of the complaint and the person or persons to whom the complaint was made.

Investigation ongoing, to be determined.

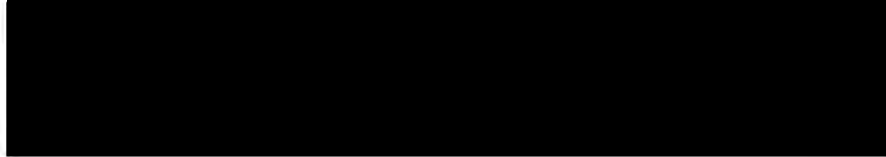
19. Describe in detail the nature, extent and duration of any and all injuries which were sustained as a result of this incident.



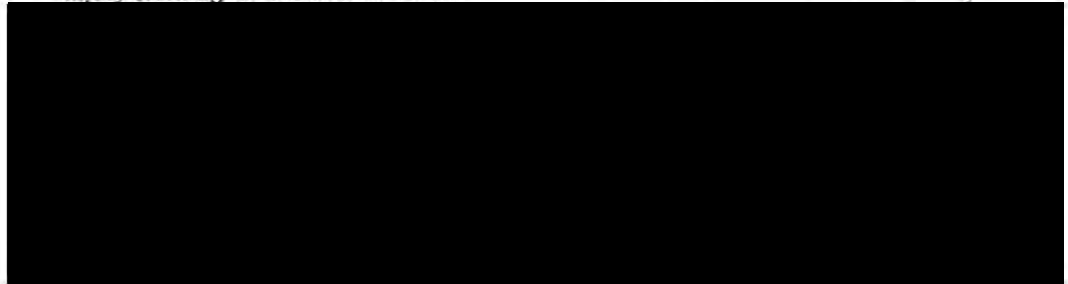
20. Describe in detail any and all injuries or conditions which were sustained in this incident which are claimed to be permanent, and set forth who has determined that any injury or condition is permanent.



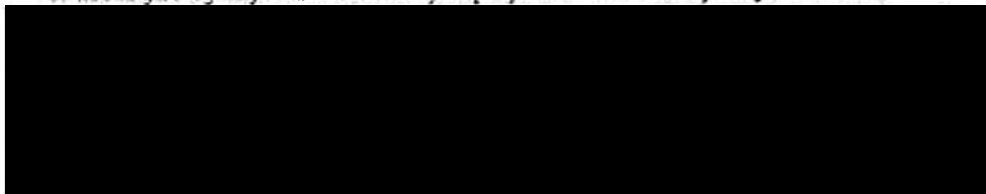
21. If you have been confined to any hospitals as a result of the injuries sustained in this incident, state name and address of each hospital and the dates of admission and discharge. Also provide the name and address of each hospital where you were admitted prior to and subsequent to the alleged incident and provide the reason for each admission.



22. If X-Rays, MRIs, CAT Scans or any other diagnostic testing was performed, state (a) the address of the place where each was performed; (b) the name and address of the person who performed the testing; (c) the date when each test was performed; (d) the results of each test; (e) where and in whose possession they test results and films are now located. Include all X-Rays, MRIs, CAT Scans and any other diagnostic testing that was performed prior to or subsequent to the alleged injury forming the basis of the claim.



23. If were treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor; (b) the dates and places where the Treatments were administered; (c) the nature of the treatment; (d) the date of last the last treatment; (e) and if treatments are continuing, the schedule of future continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.



c) TBS

d) TBS

e) TBS

Reports to be supplied by claimant's attorney.

24. If you have any physical impairment which you allege is caused by any injury sustained in this incident and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you have been prescribed to overcome or alleviate the impairment.

To be supplied by claimant's attorney.

25. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and provide the name and present address of each doctor who treated you for the condition; the period during which treatment was received; and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of this claim.

N/A

26. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery; (b) the purpose thereof and the results anticipated or expected; (c) the name and address of the doctor who recommended the treatments, operation or surgery; (d) the name and address of the doctor who will administer or perform the same; (e) the estimated medical expenses to be incurred; (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence; (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery; (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

To be supplied by claimant's attorney.

27. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, prescriptions, care and appliances and indicate which expenses were paid by any insurance coverage.

To be supplied by claimant's attorney when available.

28. If you were employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer; (b) the position held and the nature of the work performed; (c) the average weekly wages for the year prior to the injury; (d) the period of time lost from employment, providing dates; (e) the amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

(c) TBS

(d) TBS (e) TBS

29. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss; (b) provide a complete detailed computation of the loss; (c) the nature and dates of the loss.

To be supplied by claimant's attorney.

30. If you are claiming lost wages state (a) the date that the employment commenced; (b) the name and address of the employer; (c) the position held and the nature of the work performed; and (d) the average weekly wages. Attach copies of pay stubs, tax returns, W-2s or other complete payroll record for all wages received during the past year.

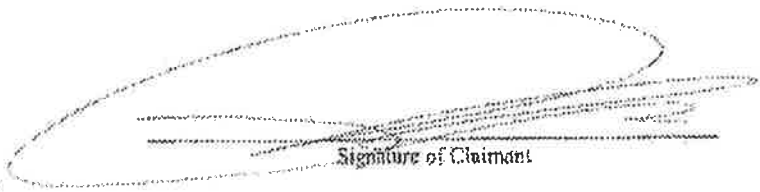
To be supplied by claimant's attorney when known.

DOCUMENT REQUEST

You are required to produce any and all documents identified in your answers to the Questions set forth above.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.


Signature of ClaimantDated: 12-13-19

*Alan L. Spear, Esq. on behalf of claimant,
Deborah Gould*

OF

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: Wanda Jones Telephone: [REDACTED]
Address: 426 Harding Street Date of Birth: [REDACTED]
SSN: [REDACTED]
Email: [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name: _____ Telephone: _____
Address: _____ FAX: _____
File No.: _____
Email: _____

Send Notices to: X Claimant _____ Attorney _____

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the _____ of _____.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

_____ of _____
c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the _____ of _____, Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

In accordance with the New Jersey Tort Claims Act, timely Notices of Claim/Questionnaires must be filed within ninety (90) days after the incident giving rise to the claim.

This Questionnaire is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"*Claimant*" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the _____ of _____.

"*Documents*" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"*Person*" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"*Public Entity*" shall refer to the _____ of _____ along with any agent, official or employee of the _____ of _____ against whom a claim is asserted by the Claimant.

PLEASE NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

1. Provide the following information with respect to the Claimant:

a. Any other name by which the Claimant has been known.

Wanda Regina Goodwyn

b. Residence and Mailing Addresses at the time of the incident giving rise to the claim. Also provide current Email address.

426 Harding Street, Woodbury, NJ 08096

c. Marital Status at the time of the incident and currently

[REDACTED]

d. Identify each person residing with the claimant and the relationship of that person, if any, to the Claimant.

[REDACTED]

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time that the Claimant resided at the address and the relationship of that person, if any, to the Claimant.

[REDACTED]

INFORMATION REGARDING ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

Friday, October 1, 2021, 9:30 a.m., 426 Harding Street, Woodbury, NJ 08096
Clear and Sunny

4. Provide the Claimant's complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide Photographs of the area where the incident occurred, and indicate on the Photographs the exact location where the incident occurred.

Garbage Truck Driver (Nelson) hit our legally parked 2015 Mini-Cooper. Nelson admitted the accident was 100% his fault. Mr. Michael McCaughey, Operations Manager also confirmed/admitted it was the driver's fault.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name, address, email address and telephone number of each individual.

Garbage Truck Driver, Nelson
Garbage Truck Crew
Michael McCaughey, Operations Manager
Fred & Maureen Harder, Neighbors

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage **and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.**

Garbage Truck Driver, Nelson – caused the accident by hitting legally our parked Mini-Cooper.

Although there was plenty of clearance or space for the garbage truck, driver drove head-on into the middle of the driver side doors of our parked Mini-Cooper.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

- Driver not paying attention or looking to see where he was going.
- Lack of proximity sound sensors on the garbage truck to indicate he was getting too close to a vehicle.

8. If you allege a dangerous condition of public property, state the specific facts upon which you claim that the public entity was responsible for the condition and the specific facts and date upon which you claim that the public entity was provided with notice of the alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.

Friday, 10/1/2021

- Driver not paying attention or looking to see where he was going.
- Lack of proximity sound sensors on the garbage truck to indicate he was getting too close to a vehicle.

9. If you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

Not applicable

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

Not applicable

11. If any photographs, drawings, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.

Wanda Jones
Derik Jones (video)
Michael McCaughey

12. If you or any of the parties to this incident or any of the witnesses to this incident made any statements or admissions, set forth in detail the statements or admissions that were made; who made the statements or admissions; the date and place where the statements or admissions were made; and in whose presence the statements or admissions were made, providing the names and addresses of any persons having knowledge of the statements or admissions.

Garbage Truck Driver (Nelson) admitted he was 100% at fault.
Michael McCaughey, Operations Manager confirmed/admitted driver was at fault.

13. State the total amount of your claim and the basis upon which you have calculated the amount that is being claimed.

Cost of Mini-Cooper damage repair, towing, cost of rental car

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

Available through Woodbury Department of Police.

15. Provide the names and addresses of all persons or entities against whom you are asserting a claim for the injuries or damages arising out of the incident forming the basis of this claim and give the basis for your claim against each person or entity.

City of Woodbury

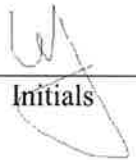
16. Were any criminal and/or traffic Complaints or Tickets issues as a result of this incident? If so, please provide copies of the Complaints and/or Tickets and advise as to the disposition of the Complaints and/or Tickets.

Not to my knowledge

PROPERTY DAMAGE CLAIMS

17. If your claim is for property damage, attach a detailed description of the property damage that is being claimed, and include copies of any and all estimates obtained which detail the costs to repair the property damage. If your claim does not involve any claim for property damage, enter "None".

If your claim is for property damage only, initial here and proceed directly to page 12 and sign the Certification.


Initials

PERSONAL INJURY CLAIMS

18. Were there any complaint regarding the incident or the condition which allegedly caused the incident made to the public entity or to any official or employee of the public entity? If so, state the time and place of the complaint and the person or persons to whom the complaint was made.
19. Describe in detail the nature, extent and duration of any and all injuries which were sustained as a result of this incident.
20. Describe in detail any and all injuries or conditions which were sustained in this incident which are claimed to be permanent, and set forth who has determined that any injury or condition is permanent.

21. If you have been confined to any hospitals as a result of the injuries sustained in this incident, state name and address of each hospital and the dates of admission and discharge. Also provide the name and address of each hospital where you were admitted prior to and subsequent to the alleged incident and provide the reason for each admission.

22. If X-Rays, MRIs, CAT Scans or any other diagnostic testing was performed, state (a) the address of the place where each was performed; (b) the name and address of the person who performed the testing; (c) the date when each test was performed; (d) the results of each test; (e) where and in whose possession they test results and films are now located. Include all X-Rays, MRIs, CAT Scans and any other diagnostic testing that was performed prior to or subsequent to the alleged injury forming the basis of the claim.

23. If were treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor; (b) the dates and places where the Treatments were administered; (c) the nature of the treatment; (d) the date of last the last treatment; (e) and if treatments are continuing, the schedule of future continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

24. If you have any physical impairment which you allege is caused by any injury sustained in this incident and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you have been prescribed to overcome or alleviate the impairment.
25. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and provide the name and present address of each doctor who treated you for the condition; the period during which treatment was received; and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of this claim.
26. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery; (b) the purpose thereof and the results anticipated or expected; (c) the name and address of the doctor who recommended the treatments, operation or surgery; (d) the name and address of the doctor who will administer or perform the same; (e) the estimated medical expenses to be incurred; (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence; (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery; (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.
27. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, prescriptions, care and appliances and indicate which expenses were paid by any insurance coverage.

28. If you were employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer; (b) the position held and the nature of the work performed; (c) the average weekly wages for the year prior to the injury; (d) the period of time lost from employment, providing dates; (e) the amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.
29. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss; (b) provide a complete detailed computation of the loss; (c) the nature and dates of the loss.
30. If you are claiming lost wages state (a) the date that the employment commenced; (b) the name and address of the employer; (c) the position held and the nature of the work performed; and (d) the average weekly wages. Attach copies of pay stubs, tax returns, W-2s or other complete payroll record for all wages received during the past year.

DOCUMENT REQUEST

You are required to produce any and all documents identified in your answers to the Questions set forth above.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Wanda Jones

Signature of Claimant

Dated: 10/6/2021

**AUTHORIZATION FOR RELEASE OF
MEDICAL AND HOSPITAL RECORDS**

TO: _____

Date: _____

RE: _____
Patient's Name

Address

Address

Social Security Number

Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

QUAL-LYNX

100 Decadon Drive

Egg Harbor Township, New Jersey 08234

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof.

Approximate date of admission to hospital, first examination, treatment or consultation:

A photocopy of this release form, bearing a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

Authorized Signature

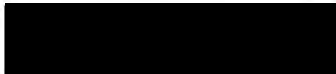


City of Woodbury

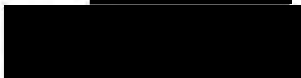
33 Delaware Street
Woodbury, NJ 08096

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name WILLIAM SHARKEY Telephone 

Address 275 COOPER ST. Date of Birth 

WOODBURY, NJ SSN 

ATTORNEY INFORMATION (if applicable)

Name _____ Telephone _____

Address _____ TeleFAX _____

_____ File No. _____

Send Notices to: ☒ Claimant ☐ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the City of Woodbury.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the

Scott Carew – Administrator
City of Woodbury
33 Delaware Street
Woodbury, NJ 08096

NOTE CAREFULLY: Your claim will not be considered filed as required by the New Jersey Tort Claims Act until this completed form has been filed with the City of Woodbury. Failure to provide the information requested, including such responses as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the City of Woodbury.

"Documents" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the City of Woodbury along with any agent, official or employee of the City of Woodbury against whom a claim is asserted by the Claimant.

NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion on personal injuries need not be answered. Just enter as the answer to Question 12 "No personal injuries claimed."

If the claim involves no property damage, then the portion on property damage need not be answered. Just enter as the answer to Question 11 "No property damage claimed."

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

a. Any other name by which the Claimant has been known.

N/A

b. Address at the time of the incident giving rise to the claim.

275 Cooper, Woodbury

c. Marital Status [at the time of the incident and current]

[REDACTED]

d. Identify each person residing with the claimant and the relation, if any, of the person to the Claimant.

[REDACTED]

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, if any, of the person to the Claimant.

275 Cooper

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

Damage occurred Sunday night June 7, 10:20 or Monday a.m. June 8.

4. Provide the Claimant's complete version of the events that form the basis of the claim.

On Saturday morning, June 6, 2020, I phoned John Leech to tell him the storm during the night had damaged a very large branch on the park-strip street tree and it apparently would crash down soon. John promptly came to witness the situation. He said he would have the appropriate people come to remove the branch ASAP because it was dangerous to pedestrians as well as the new fence we installed last summer. (And, in fact, police tape should be installed around the area in the meantime.) 2 days went by and the city staff apparently didn't have time to address this issue and the limb crashed down, damaging our fence. An estimate for the repair is enclosed. (\$737)

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

JOHN LEECH, City official

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

see #4

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

see #4

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

see #4

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve (12) hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

N/A

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

N/A

11. If any photographs, sketches, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons making the same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps.

see #4 - I believe John Leach took photos but I'm not sure.

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

13. State the total amount of your claim and the basis on which you calculate the amount claimed.

\$737 - see attached quote from Oxford Fence. (they installed the fence and have matching product)

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

N/A

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

N/A

PROPERTY DAMAGE CLAIMS

16. If your claim is for property damage, attach a description of the property damage and an estimate of the costs of repair. If your claim does not involve any claim for property damage, enter "None".

WS

If your claim is for property damage only, initial here and proceed directly to page 11 and sign the Certification.

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity. State the time and place of the complaint and the person or persons to whom the complaint was made.

18. Describe in detail the nature, extent and duration of any and all injuries.

19. Describe in detail any injury or condition claimed to be permanent.
20. In confined to any hospitals, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.
21. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.
22. If treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the nature of the treatment (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors who you propose to have testify on your behalf.
23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.
- 24A. List all injuries in the last 5 years and specify which injuries included a claim.
25. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery (b) the purpose thereof and the results anticipated or expected (c) the name and address of the doctor who recommended the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses to be incurred (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.
26. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer (b) position held and the nature of the work performed (c) average weekly wages for the year prior to the injury (d) period of time lost from employment, giving dates (e) amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.
28. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss (b) give a complete detailed computation of the loss (c) the nature and dates of loss.
29. If you are claiming lost wages (a) the date that the employment began (a) the name and address of the employer (c) the position held and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

RECEIVED

AUG 10 2020

RELEASE

QUAL-LYNX EHT

Qual-Lynx File Number: 2020207832

For the Consideration of \$737.00

Payable to: William & Shirley Sharkey, 275 Cooper Street, Woodbury, NJ the receipt and sufficiency whereof is hereby acknowledged, the undersigned hereby releases and forever discharges Woodbury City, Gloucester Salem Cumberland Counties Municipal Joint Insurance Fund and Qual-Lynx his/her heirs, executors, administrators, agents and assigns, and all other persons, firms or corporation liable or, who might be claimed to be liable, none of whom admit any liability to the undersigned but all expressly deny any liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, and particularly on account of all injuries known and unknown, both to person and property, which have resulted or may in the future develop from an accident which occurred on or about June 9, 2020 at or near 275 Cooper Street Woodbury, NJ.

The undersigned hereby declares that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making full and final compromise adjustment and settlement of any and all claims, disputed or otherwise, on account of the damages above mentioned, and for the express purpose of precluding forever any further or additional claims relating to this incident. For the consideration mentioned, it is understood and agreed that the acceptance of the said amount is in full accord and satisfaction of all disputed claims and applies to all unknown and unanticipated damages resulting from said accident, casualty or event, as well as to those now disclosed.

Undersigned hereby accepts draft or drafts as final payment of the consideration set forth above.

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

In presence of,

Signed

William Sharkey

Signed

Shirley Sharkey

STATE OF New Jersey COUNTY OF Gloucester ON THIS 10th DAY OF August, 2020.

BEFORE ME APPEARED William & Shirley Sharkey TO ME PERSONALLY KNOWN, AND WHO ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AS FREE ACT AND DEED, FOR THE CONSIDERATION SET FORTH THEREIN.

MY COMMISSION EXPIRES 6.7.2021 NOTARY PUBLIC [Signature]

YANEX MATOS
Commission # 50039700
Notary Public, State of New Jersey
My Commission Expires
June 07, 2021

NOTICE: This form must be completed in its entirety and returned to and forwarded as instructed below, within ninety (90) days from the date of accrual of the cause of action as set forth in N.J.S.A. 59:8-8. (The date of accrual of most accident cases is the date of the accident.)

- Armstrong Walida
Last name, First Middle

Last name, First Middle

Date of Birth

231 N. Evergreen AVE
Street Address

Street Address

AP+36A

Mailing address if other than street address

City, State Zip Code

City, State Zip Code

Social Security Number

2.

Paul A. Sachanrak
Name

Name

1818 market st suite 2400

Mailing Address

Philadelphia, PA 19103
City, State Zip Code

City, State Zip Code

Relationship to claimant: Attorney at Law ☒ or

Explain Relationship

- 3 a.**

3-25-2022
Date

Date _____

4-5:00 Am
Time

Time

- b. Describe the location or place of the accident or occurrence.

Woodbury
Municipality

Municipality

231 N. Evergreen Ave Apt 36A
Exact location of the occurrence Woodbury NJ 08096

Exact location of the occurrence

- c. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form.

Claimant in bathroom when ceiling came down on her.

- d. State the name and address of the Public Entity, or entities, that you claim caused your damage.
unknown at this time

State the names of employees whom you claim were at fault, including any information that will assist in identifying and locating them.

unknown at this time

- e. State, in detail, the negligence or wrongful acts of the Public Entity and public employees which caused your damages.

failure to maintain and/or upkeep apartment to livable condition

- f. State the name and address of all witnesses to the accident, occurrence or event.

Unknown at this time

- g. State the name of all police officers and police department who investigated the accident

None

- 4a. Claim for Damages (check appropriate block)

☒ Personal Injury

☐ Property Damage

☐ Other- Explain in detail

- b. If you claim personal injury:

(1) Describe your injuries resulting from this accident or occurrence.

[REDACTED]

(2) Do you claim permanent disability resulting from this injury?

☒ Yes

☐ No

If yes, describe the injuries believed to be permanent.

[REDACTED]

(3) For each hospital, doctor, or other practitioner rendering treatment, examination or diagnostic services, state:

Name of hospital, Doctor, or other Facility address	Date of treatment or service	Amt. of charges to date	Amount paid or payable by other sources

(4) If you claim loss of wages or income as a result of the injury, state:

Name of Employer	Address of Employer
Your Occupation	Date you became employed
Rate of pay	Dates of absence from work
Total lost wages to date	If still out of work, expected date of return

NOTE: If your claimed loss of income arises from self employment or other than wages, attach a calculation showing the basis of your calculation of lost income.

c. If you claim personal injury:

(1) Describe whether the injuries resulting from the accident or occurrence have aggravated or exacerbated an existing or previous injury.

NO PREVIOUS INJURIES

(2) State the date and time when such existing or previous injury occurred and location and circumstances giving rise to the injury.

(3) Regarding any existing or previous injury, give the name and address of each doctor who treated you for the condition as follows:

Name of hospital Doctor or other Facility address	Dates of treatment or service	Amt of charges to date	Amount paid payable by other sources
---	-------------------------------------	------------------------------	--

d. Set forth any and all other losses or damages claimed by you.

e. If you claim property damage:

(1) Describe the property damage

(2) The present location and time when the property may be inspected

(3) Date property acquired _____

(4) Cost of property \$ _____

(5) Value of property at the time of accident \$ _____

(6) Description of damage _____

(7) Has the damage been repaired? _____ If so, by whom, when and cost of repairs.

(8) Attach each estimate of repair costs to this form

(9) Set forth, in detail, the loss claimed by you for property damage

f. Set forth in detail, all other items of loss or damages claimed by you and the method by which you made this calculation.

5. The amount of the claim \$ 1,000,000.00

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

City of Woodbury

Township of Gloucester

If yes, set forth the name and address of all persons and insurance companies against whom you have made such claims

7. Are any of the losses or expenses claimed herein covered by any policy of insurance? For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

- 8a. If this claim involved an automobile, please state:

(1) The name of the insurance company covering the automobile

(2) The name of your local agent:

(3) Your policy number and dates of coverage (if other than automobile).

- b. If the claim involved property or other damage:

(1) State the name of your Homeowner's, rental or property insurance company

(2) The name of your local agent:

(3) Your policy number

- c. If you have any other form or kind of liability insurance, please state:

(1) The name or names of the insurance company

(2) Type of liability coverage

(3) The name of your local agent

(4) The policy number or numbers

9. Have you received, or agreed to receive, any money from anyone for the damages claimed herein? If so, set forth the details of such agreement

10. The following items must be submitted with this notice:

- (1) Copies of itemized bills for each medical expense and other losses and expenses claimed
- (2) Full copies of appraisals and estimated of property damage claimed by you
- (3) Copies of all written reports of all expert witnesses and treating physicians
- (4) A letter from your employer verifying your lost wage. If self-employed, a statement showing the calculation of your lost income

11. Please specify, if known, whether the claim arises out of any of the following activities of:

- (1) Any construction project _____
- (2) Any demolition project _____
- (3) Any road or bridge project _____
- (4) Other _____

12. State whether the incident has occurred on a sidewalk, street or bridge location. If incident occurred on a sidewalk, street or bridge, you must attach a diagram depicting same

I hereby certify that the foregoing statement made by me are true, that the attached statement, bills, reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made by me is willfully false, I am subject to punishment.

Dated: 4/5/2022



Claimant or Authorized person filing on behalf of claimant

NOTICE: This form must be completed in its entirety and returned to our office within ninety (90) days from the date of accrual of the cause of action as set forth in N.J.S.A. 59:8-8. (The date of accrual of most accident cases is the date of accident.). A failure to comply fully with these requirements, as well as with all other aspects of the New Jersey Tort Claims Act, will subject your claim to denial, and any Complaint filed in Court thereafter, will be subject to dismissal.



PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

05-12-20

AGENCY QUAL-LYNX	INSURED LOCATION CODE	DATE OF LOSS AND TIME 04-21-20 2:30 ☒ AM ☒ PM
PROPERTY / HOME POLICY		
CARRIER JIF		NAIC CODE
POLICY NUMBER ON FILE		
FLOOD POLICY		
CARRIER		NAIC CODE
POLICY NUMBER		
WIND POLICY		
CARRIER		NAIC CODE
POLICY NUMBER		

INSURED

NAME OF INSURED (First, Middle, Last) Corey Bolling		INSURED'S MAILING ADDRESS 49 Hopkins Street Apt #1 Woodbury NJ 08096	
DATE OF BIRTH	FEIN (If applicable)	MARITAL STATUS / CIVIL UNION (If applicable)	
PRIMARY PHONE # ☒ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY E-MAIL ADDRESS:	
NAME OF SPOUSE (First, Middle, Last) (If applicable)		SECONDARY E-MAIL ADDRESS:	
DATE OF BIRTH		SPOUSE'S MAILING ADDRESS (If applicable)	
FEIN (If applicable)		PRIMARY E-MAIL ADDRESS:	
MARITAL STATUS / CIVIL UNION (If applicable)		SECONDARY E-MAIL ADDRESS:	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY E-MAIL ADDRESS:	
NAME OF SPOUSE (First, Middle, Last) (If applicable)		SECONDARY E-MAIL ADDRESS:	

CONTACT

CONTACT INSURED		CONTACT'S MAILING ADDRESS	
NAME OF CONTACT (First, Middle, Last)		PRIMARY E-MAIL ADDRESS:	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY E-MAIL ADDRESS:	
WHEN TO CONTACT		PRIMARY E-MAIL ADDRESS:	
		SECONDARY E-MAIL ADDRESS:	

LOSS

LOCATION OF LOSS	POLICE OR FIRE DEPARTMENT CONTACTED
STREET:	REPORT NUMBER
CITY, STATE, ZIP:	
COUNTRY:	
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:	
KIND OF LOSS ☐ FIRE ☐ LIGHTNING ☐ FLOOD ☐ ☐ THEFT ☐ HAIL ☐ WIND	PROBABLE AMOUNT ENTIRE LOSS
DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) A tree fell on his property and damaged his vinyl fence	
REPORTED BY	REPORTED TO

Tree Damage

COREY BOLLING <[REDACTED]>

[Thu 4/23/2020 3:08 PM]

To: Marion Harris <mharris@Woodbury.nj.us>

Hello Ms. Harris,

Per our conversation today 04/23/20, on Tuesday April 21, 2020 around 2:30PM a tree fell on my property and damaged my vinyl fence. Tuesday afternoon, there was a storm with heavy winds, rain and hail. I would appreciate any assistance that you can provide with this matter.

Corey Bolling
49 Hopkins Street, APT#1
Woodbury NJ 08096
[REDACTED]

Thank you

Corey

[Caution: This email came from outside the City of Woodbury Network. Do not open attachments or click on links if you have not verified the authenticity of this with the sender.]

City OF Woodbury

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: Daniel + Jennifer Butler

Telephone: [REDACTED]

Address: 40 S. American St.

Date of Birth: [REDACTED]

Woodbury NJ 08096

SSN: [REDACTED]

Email: [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name: N/A

Telephone: _____

Address: _____

FAX: _____

File No.: _____

Email: _____

Send Notices to: ☒ Claimant ☐ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the City of Woodbury.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

City of Woodbury

c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the City of Woodbury, Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

In accordance with the New Jersey Tort Claims Act, timely Notices of Claim/Questionnaires must be filed within ninety (90) days after the incident giving rise to the claim.

This Questionnaire is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"*Claimant*" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the City of Woodbury.

"*Documents*" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"*Person*" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"*Public Entity*" shall refer to the City of Woodbury along with any agent, official or employee of the City of Woodbury against whom a claim is asserted by the Claimant.

PLEASE NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

1. Provide the following information with respect to the Claimant:
 - a. Any other name by which the Claimant has been known.
 - b. Residence and Mailing Addresses at the time of the incident giving rise to the claim. Also provide current Email address.
 - c. Marital Status at the time of the incident and currently.
 - d. Identify each person residing with the claimant and the relationship of that person, if any, to the Claimant.
2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time that the Claimant resided at the address and the relationship of that person, if any, to the Claimant.

INFORMATION REGARDING ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.
4. Provide the Claimant's complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide Photographs of the area where the incident occurred, and indicate on the Photographs the exact location where the incident occurred.
5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name, address, email address and telephone number of each individual.
6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

NA

8. If you allege a dangerous condition of public property, state the specific facts upon which you claim that the public entity was responsible for the condition and the specific facts and date upon which you claim that the public entity was provided with notice of the alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.

NA

9. If you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

NA

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

NA

11. If any photographs, drawings, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.

NA

12. If you or any of the parties to this incident or any of the witnesses to this incident made any statements or admissions, set forth in detail the statements or admissions that were made; who made the statements or admissions; the date and place where the statements or admissions were made; and in whose presence the statements or admissions were made, providing the names and addresses of any persons having knowledge of the statements or admissions.

NA

13. State the total amount of your claim and the basis upon which you have calculated the amount that is being claimed.

~~NA~~

**INITIAL NINETY DAY NOTICE OF CLAIM FOR DAMAGES
UNDER THE NEW JERSEY TORT CLAIMS ACT**

COPY

TO:

City of Woodbury
Attn.: Legal Department
33 Delaware Street
Woodbury, NJ 08096

1. **Claimant Information:**

Terry E. Collins, Jr
20 Nelson Ave
Woodbury, NJ 08096
Date of Birth: [REDACTED]
Social Security No.: [REDACTED]

2. **It is requested that notices be sent to Claimant's counsel:**

Drew Von Bargaen, Esquire
Soloff & Zervanos, P.C.
457 Haddonfield Road Suite 500
Cherry Hill, NJ 08002
(856) 354-1175

3. **Information regarding the claim:**

On February 2, 2021, Terry Collins was walking to Rite Aid at 343 S. Broad Street, Woodbury, NJ. As Mr. Collins stepped up onto the sidewalk area outside of Rite Aid, he tripped and fell due to a street sign that was laying on the ground.

4. **State the name and address of each state agency and each state employee whom you claim caused your damages or injuries:**

The injuries sustained by Mr. Collins were caused by the negligence, careless or otherwise tortious conduct of the State of New Jersey, Gloucester County, and City of Woodbury.

Office of Attorney General
P.O. Box 080
Hughes Justice Complex
8th Floor, West Wing
25 Market Street
Trenton, NJ 08625

Office of Attorney General
Division of Law

PO Box 112
Hughes Justice Complex
1st Floor, West Wing
25 Market Street
Trenton, NJ 08625

COPY

Office of Attorney General
Division of Law- Tort Litigation
P.O. Box 116
Hughes Justice Complex
8th Floor
25 Market Street
Trenton, NJ 08625

Department of the Treasury
Division of Risk Management
Tort and Liability Unit
P.O. Box 620
Hughes Justice Complex
6th Floor
25 Market Street
Trenton, NJ 08625

City of Woodbury
Attn.: Legal Department
33 Delaware Street
Woodbury, NJ 08096

Gloucester County – Office of County Counsel
2 South Broad Street
P.O. Box 337
Woodbury, NJ 08096

5. **State the name and address of all other persons, companies or governmental agencies whom you claim are responsible for your injuries or damages:**

Office of Attorney General
P.O. Box 080
Hughes Justice Complex
8th Floor, West Wing
25 Market Street
Trenton, NJ 08625

Office of Attorney General

OF

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: Nadine Coralluzzo

Telephone: [REDACTED]

Address: 419 Morgan Avenue
Woodbury NJ 08096

Date of Birth: [REDACTED]

SSN: [REDACTED]

Email: [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name: N/A

Telephone: [REDACTED]

Address: _____

FAX: _____

Email: _____

File No.: 2020189728

Send Notices to: _____ Claimant _____ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the _____ of _____.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

of

c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the _____ of _____, Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

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If you need more space to provide a complete answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"*Claimant*" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the _____ of _____.

"*Documents*" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"*Person*" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

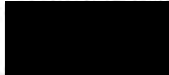
"*Public Entity*" shall refer to the _____ of _____ along with any agent, official or employee of the _____ of _____ against whom a claim is asserted by the Claimant.

PLEASE NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

1. Provide the following information with respect to the Claimant:
 - a. Any other name by which the Claimant has been known.
 - b. Residence and Mailing Addresses at the time of the incident giving rise to the claim. Also provide current Email address.
419 Morgan Ave
Woodbury, NJ 08096
nama@coreverizon.net
 - c. Marital Status at the time of the incident and currently.

 - d. Identify each person residing with the claimant and the relationship of that person, if any, to the Claimant.

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time that the Claimant resided at the address and the relationship of that person, if any, to the Claimant.

Same as letter b

INFORMATION REGARDING ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

Very Windy and raining

4. Provide the Claimant's complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide Photographs of the area where the incident occurred, and indicate on the Photographs the exact location where the incident occurred.

see attached form

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name, address, email address and telephone number of each individual.

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage **and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.**

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

old tree with rotted limbs

8. If you allege a dangerous condition of public property, state the specific facts upon which you claim that the public entity was responsible for the condition and the specific facts and date upon which you claim that the public entity was provided with notice of the alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.

Tree was property of the City of Woodbury

9. If you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

N/A

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

N/A

11. If any photographs, drawings, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.

N/A

12. If you or any of the parties to this incident or any of the witnesses to this incident made any statements or admissions, set forth in detail the statements or admissions that were made; who made the statements or admissions; the date and place where the statements or admissions were made; and in whose presence the statements or admissions were made, providing the names and addresses of any persons having knowledge of the statements or admissions.

N/A

13. State the total amount of your claim and the basis upon which you have calculated the amount that is being claimed.

Estimate attached from Auto body shop

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

N/A

15. Provide the names and addresses of all persons or entities against whom you are asserting a claim for the injuries or damages arising out of the incident forming the basis of this claim and give the basis for your claim against each person or entity.

City of Woodbury
33 Delaware St
Woodbury N.J. 08096

16. Were any criminal and/or traffic Complaints or Tickets issues as a result of this incident? If so, please provide copies of the Complaints and/or Tickets and advise as to the disposition of the Complaints and/or Tickets.

PROPERTY DAMAGE CLAIMS

17. If your claim is for property damage, attach a detailed description of the property damage that is being claimed, and include copies of any and all estimates obtained which detail the costs to repair the property damage. If your claim does not involve any claim for property damage, enter "None".

If your claim is for property damage only, initial here and proceed directly to page 12 and sign the Certification.

mc

Initials

PERSONAL INJURY CLAIMS

18. Were there any complaint regarding the incident or the condition which allegedly caused the incident made to the public entity or to any official or employee of the public entity? If so, state the time and place of the complaint and the person or persons to whom the complaint was made.
19. Describe in detail the nature, extent and duration of any and all injuries which were sustained as a result of this incident.
20. Describe in detail any and all injuries or conditions which were sustained in this incident which are claimed to be permanent, and set forth who has determined that any injury or condition is permanent.

21. If you have been confined to any hospitals as a result of the injuries sustained in this incident, state name and address of each hospital and the dates of admission and discharge. Also provide the name and address of each hospital where you were admitted prior to and subsequent to the alleged incident and provide the reason for each admission.
22. If X-Rays, MRIs, CAT Scans or any other diagnostic testing was performed, state (a) the address of the place where each was performed; (b) the name and address of the person who performed the testing; (c) the date when each test was performed; (d) the results of each test; (e) where and in whose possession they test results and films are now located. Include all X-Rays, MRIs, CAT Scans and any other diagnostic testing that was performed prior to or subsequent to the alleged injury forming the basis of the claim.
23. If were treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor; (b) the dates and places where the Treatments were administered; (c) the nature of the treatment; (d) the date of last the last treatment; (e) and if treatments are continuing, the schedule of future continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

24. If you have any physical impairment which you allege is caused by any injury sustained in this incident and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you have been prescribed to overcome or alleviate the impairment.
25. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and provide the name and present address of each doctor who treated you for the condition; the period during which treatment was received; and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of this claim.
26. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery; (b) the purpose thereof and the results anticipated or expected; (c) the name and address of the doctor who recommended the treatments, operation or surgery; (d) the name and address of the doctor who will administer or perform the same; (e) the estimated medical expenses to be incurred; (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence; (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery; (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

27. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, prescriptions, care and appliances and indicate which expenses were paid by any insurance coverage.
28. If you were employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer; (b) the position held and the nature of the work performed; (c) the average weekly wages for the year prior to the injury; (d) the period of time lost from employment, providing dates; (e) the amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.
29. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss; (b) provide a complete detailed computation of the loss; (c) the nature and dates of the loss.
30. If you are claiming lost wages state (a) the date that the employment commenced; (b) the name and address of the employer; (c) the position held and the nature of the work performed; and (d) the average weekly wages. Attach copies of pay stubs, tax returns, W-2s or other complete payroll record for all wages received during the past year.

DOCUMENT REQUEST

You are required to produce any and all documents identified in your answers to the Questions set forth above.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Dated: 1-12-2020



Signature of Claimant

Nadine Cora Huzzo

**AUTHORIZATION FOR RELEASE OF
MEDICAL AND HOSPITAL RECORDS**

TO:

N/A

Date: _____

RE:

Patient's Name

Address

Address

Social Security Number

Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

QUAL-LYNX

100 Decadon Drive

Egg Harbor Township, New Jersey 08234

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof.

Approximate date of admission to hospital, first examination, treatment or consultation:

A photocopy of this release form, bearing a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

Authorized Signature

NOTICE: This form must be completed in its entirety and returned to and forwarded as instructed below, within ninety (90) days from the date of accrual of the cause of action as set forth in N.J.S.A. 59:8-8. (The date of accrual of most accident cases is the date of the accident.)

- Social Security Number**

Trapped on loose brick

- d. State the name and address of the Public Entity, or entities, that you claim caused your damage.

City of Woodbury
New Jersey Historic Trust
Woodbury old-City Restoration

State the names of employees whom you claim were at fault, including any information that will assist in identifying and locating them.

unknown at this time

- e. State, in detail, the negligence or wrongful acts of the Public Entity and public employees which caused your damages.

failure to maintain safe walkway

- f. State the name and address of all witnesses to the accident, occurrence or event.

unknown at this time

- g. State the name of all police officers and police department who investigated the accident

none

- 4a. Claim for Damages (check appropriate block)

☒ Personal Injury
☐ Property Damage
☐ Other- Explain in detail

- b. If you claim personal injury:

(1) Describe your injuries resulting from this accident or occurrence.

[REDACTED]

(2) Do you claim permanent disability resulting from this injury?

☒ Yes ☐ No

If yes, describe the injuries believed to be permanent.

(3) For each hospital, doctor, or other practitioner rendering treatment, examination or diagnostic services, state:

Name of hospital, Doctor, or other Facility address	Date of treatment or service	Amt. of charges to date	Amount paid or payable by other sources

(4) If you claim loss of wages or income as a result of the injury, state:

Name of Employer

Address of Employer

Your Occupation

Date you became employed

Rate of pay

Dates of absence from work

Total lost wages to date

If still out of work, expected date of return

NOTE: If your claimed loss of income arises from self employment or other than wages, attach a calculation showing the basis of your calculation of lost income.

c. If you claim personal injury:

(1) Describe whether the injuries resulting from the accident or occurrence have aggravated or exacerbated an existing or previous injury.

No aggravation/exacerbation

(2) State the date and time when such existing or previous injury occurred and location and circumstances giving rise to the injury.

Not applicable

(3) Regarding any existing or previous injury, give the name and address of each doctor who treated you for the condition as follows:

Name of hospital
Doctor or other
Facility address

Dates of
treatment
or service

Amt of
charges
to date

Amount paid
payable by
other sources

None

- d. Set forth any and all other losses or damages claimed by you.

- e. If you claim property damage:

(1) Describe the property damage

(2) The present location and time when the property may be inspected

(3) Date property acquired

(4) Cost of property \$

(5) Value of property at the time of accident \$

(6) Description of damage

(7) Has the damage been repaired? If so, by whom, when and cost of repairs.

(8) Attach each estimate of repair costs to this form

(9) Set forth, in detail, the loss claimed by you for property damage

- f. Set forth in detail, all other items of loss or damages claimed by you and the method by which you made this calculation.

5. The amount of the claim \$ 1,000,000

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

Woodbury Old City Restoration Committee

City of Woodbury

New Jersey Historic Trust

State of New Jersey

If yes, set forth the name and address of all persons and insurance companies against whom you have made such claims

7. Are any of the losses or expenses claimed herein covered by any policy of insurance? For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

- 8a. If this claim involved an automobile, please state:

(1) The name of the insurance company covering the automobile

(2) The name of your local agent:

(3) Your policy number and dates of coverage (if other than automobile).

- b. If the claim involved property or other damage:

(1) State the name of your Homeowner's, rental or property insurance company

(2) The name of your local agent:

(3) Your policy number

- c. If you have any other form or kind of liability insurance, please state:

(1) The name or names of the insurance company

(2) Type of liability coverage

(3) The name of your local agent

(4) The policy number or numbers

I hereby certify that the foregoing statement made by me are true, that the attached statement, bills, reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made by me is willfully false, I am subject to punishment.

Dated:

9-17-19

A handwritten signature in black ink, appearing to be 'AKS' with a large loop at the end.

Claimant or Authorized person filing on behalf of claimant

NOTICE: This form must be completed in its entirety and returned to our office within ninety (90) days from the date of accrual of the cause of action as set forth in N.J.S.A. 59:8-8. (The date of accrual of most accident cases is the date of accident.). A failure to comply fully with these requirements, as well as with all other aspects of the New Jersey Tort Claims Act, will subject your claim to denial, and any Complaint filed in Court thereafter, will be subject to dismissal.

RELEASE

2022255466

For the Consideration of **One Hundred Thirty Six Dollars and Ninety-Five Cents (\$136.95)**

Payable to: **Carol Williams, 214 Lake Avenue, National Park, New Jersey 08063**

the receipt and sufficiency whereof is hereby acknowledged, the undersigned hereby releases and forever discharges the **City of Woodbury and/or their employees**

his/her heirs, executors, administrators, agents and assigns, and all other persons, firms or corporation liable or, who might be claimed to be liable, none of whom admit any liability to the undersigned but all expressly deny any liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, and particularly on account of all injuries known and unknown, both to person and property, which have resulted or may in the future develop from an accident/incident which occurred on or about the

4th of January, 2022 with regard to property damage occurring at/on **Park Avenue, Woodbury, New Jersey**

This release expressly reserves all rights of the parties released to pursue their legal remedies, if any, against undersigned, their heirs, executors, agents and assigns.

Undersigned hereby declares that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, disputed or otherwise, on account of injuries and damages above mentioned, and for the express purpose of precluding forever any further or additional claims arising out of the aforesaid accident.

Undersigned hereby accepts draft or drafts as final payment of the consideration set forth above.

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

In presence of,

Witness

Signed Carol Williams
Carol Williams

Address

Signed _____

(No witness signatures are necessary if this release is acknowledged before a notary public).

STATE OF NJ COUNTY OF GLO ON THIS 24 DAY OF February, 2022

BEFORE ME APPEARED Carol Williams TO ME PERSONALLY KNOWN, AND WHO ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AS FREE ACT AND DEED, FOR THE CONSIDERATION SET FORTH THEREIN.

MY COMMISSION EXPIRES _____ NOTARY PUBLIC _____

CASSIDY L. SWANSON
NOTARY PUBLIC OF NEW JERSEY
Commission # 50139937
My Commission Expires 02/28/2025

[Signature]

Woodbury City
33 Delaware Street
Woodbury, NJ 08096

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name: Juana Rodriguez Telephone: _____
Address: 651 State Street Date of Birth: [REDACTED]
Camden, NJ 08102 SSN: [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name: Edward Costello, Esq. Telephone: 856-235-9500
Address: 10 Lake Center Executive Park Telefax: 856-235-9502
401 Route 73 N, Suite 204 File No.: _____
Marlton, NJ 08053

Send Notices to: _____ Claimant X Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the City of Woodbury.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the

Woodbury City
c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, NJ 08234

NOTE CAREFULLY: Your claim will not be considered filed as required by the New Jersey Tort Claims Act until this completed form has been filed with Woodbury City c/o Qual-Lynx. Failure to provide the information requested, including such responses as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"*Claimant*" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with Woodbury City.

"*Documents*" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"*Person*" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"*Public Entity*" shall refer to Woodbury City along with any agent, official or employee of Woodbury City against whom a claim is asserted by the Claimant.

NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion on personal injuries need not be answered. Just enter as the answer to Question 17 "No personal injuries claimed."

If the claim involves no property damage, then the portion on property damage need not be answered. Just enter as the answer to Question 16 "No property damage claimed."

INFORMATION ON THE CLAIMANT

1 Provide the following information with respect to the Claimant:

a. Any other name by which the Claimant has been known.

N/A

b. Address at the time of the incident giving rise to the claim.

651 State Street, Camden, NJ 08102

c. Marital Status [at the time of the incident and current]

[REDACTED]

d. Identify each person residing with the claimant and the relation, if any, of the person to the Claimant.

[REDACTED]

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, if any, of the person to the Claimant.

[REDACTED]

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

Juana Rodriguez sustained serious personal injuries on February 29, 2020, when she was caused to trip and fall on the sidewalk/street in the area of 48 and 54 Railroad Avenue, Woodbury, New Jersey 08096.

4. Provide the Claimant's complete version of the events that form the basis of the claim.

See response to #3.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

None known.

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage **and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.**

Unknown as to which public entity owned/maintained the sidewalk/street.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

A defect in the sidewalk/street caused the Claimant to trip and fall.

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

Unknown without further investigation.

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve (12) hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

None.

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

Not applicable other than Claimant's medical bills being covered by Medicare/Medicaid.

11. If any photographs, sketches, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons making the same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps.

See attached photographs of area.

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof

None to the knowledge of Claimant.

13. State the total amount of your claim and the basis on which you calculate the amount claimed.

Unknown at this time.

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

See attached documents.

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

Tort Claims Notices have been provided to the City of Woodbury, County of Gloucester, and State of New Jersey.

PROPERTY DAMAGE CLAIMS

16. If your claim is for property damage, attach a description of the property damage and an estimate of the costs of repair. If your claim does not involve any claim for property damage, enter "None".

Not applicable.

If your claim is for property damage only, initial here and proceed directly to page 15 and sign the Certification.

Initials

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity. State the time and place of the complaint and the person or persons to whom the complaint was made.

None known to Claimant at this time.

18. Describe in detail the nature, extent and duration of any and all injuries.

[REDACTED]

19. Describe in detail any injury or condition claimed to be permanent.

[REDACTED]

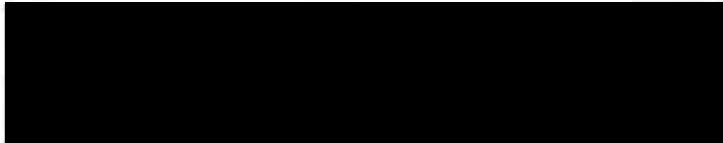
20. If confined to any hospitals, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

[REDACTED]

21. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.



22. If treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the nature of the treatment (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.



23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.



24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

Not applicable.

25. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery (b) the purpose thereof and the results anticipated or expected (c) the name and address of the doctor who recommended the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses to be incurred (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.



26. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any coverage.

Unknown at this time.

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer (b) position held and the nature of the work performed (c) average weekly wages for the year prior to the injury (d) period of time lost from employment, giving dates (e) amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

Not applicable.

28. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss (b) give a complete detailed computation of the loss (c) the nature and dates of loss.

Not applicable.

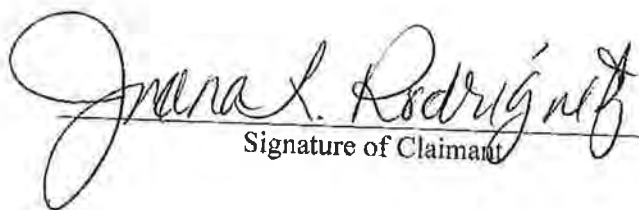
29. If you are claiming lost wages state (a) the date that the employment began (b) the name and address of the employer (c) the position held and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

Not applicable.

DOCUMENT REQUEST: Produce all documents identified in your answers to the above questions.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.


Signature of Claimant

Dated: 5.13.20

City of Woodbury

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: David Gonzalez

Telephone: [REDACTED]

Address: 123 W Barber Ave _____

Date of Birth: [REDACTED]

Woodbury NJ 08096 _____

SSN: [REDACTED]

Email: [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name: _____

Telephone: _____

Address: _____

FAX: _____

File No.: _____

Email: _____

Send Notices to: ☒ Claimant ☐ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the City of Woodbury.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

City of Woodbury
c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the City of Woodbury, Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

In accordance with the New Jersey Tort Claims Act, timely Notices of Claim/Questionnaires must be filed within ninety (90) days after the incident giving rise to the claim.

This Questionnaire is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"*Claimant*" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the *City of Woodbury*.

"*Documents*" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"*Person*" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"*Public Entity*" shall refer to the *City of Woodbury* along with any agent, official or employee of the *City of Woodbury* against whom a claim is asserted by the Claimant.

PLEASE NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

1. Provide the following information with respect to the Claimant:

a. Any other name by which the Claimant has been known.
DAVID GONZALEZ

b. Residence and Mailing Addresses at the time of the incident giving rise to the claim. Also provide current Email address.
123 W. BARBER AVE
WOODBURY NJ 08096
[REDACTED]

c. Marital Status at the time of the incident and currently.
[REDACTED]

d. Identify each person residing with the claimant and the relationship of that person, if any, to the Claimant.
DAVID GONZALEZ – PROPERTY OWNER

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time that the Claimant resided at the address and the relationship of that person, if any, to the Claimant.
[REDACTED]

INFORMATION REGARDING ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

THURSDAY MARCH 10, MID DAY 123 W BARBER AVE WOODBURY NJ
08096
COLD SUNNY DAY

4. Provide the Claimant's complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide Photographs of the area where the incident occurred, and indicate on the Photographs the exact location where the incident occurred.

PHOTOS PROVIDED

BEFORE LEAVING THE HOUSE FOR WORK AT 630AM, I TURNED ON HEAT TO REMOVE CHILL THEN WENT TO WORK. RETURNED HOME AROUND NOON, NOTICED THE HOUSE FELT CHILLY, WHEN I ATTEMPTED TO TURN UP THE HEAT HEATER DID NOT TURN ON, BY THIS TIME IT WAS AROUND 230 - 3PM, SO I WENT TO BASEMENT OF THE PROPERTY TO CHECK THE FURNACE AND HALFWAY DOWN NOTICED ITEMS FLOATING ON APPROXIMATELY TWO FEET OF BROWN WATER. CALLED PLUMBER (EFP PLUMBING), WHEN ARRIVED THEY SUGGESTED I CALL THE CITY FOR THERE WAS NOTHING THEY COULD DO FROM THE HOUSE. PUBLIC WORKS HAD GONE HOME FOR THE DAY SO I CALLED 911, THEY CONNECTED ME TO PUBLIC WORKS ON-CALL, THEY WERE DISPATCHED TO PROPERTY AND ATTEMPTED TO PLUNGE THE HOME SERVICE LINE TO NO END. TECHNICIAN CALLED FOR ASSISTANCE AT WHICH TIME THEY RETRIEVED A SERVICE TRUCK TO FLUSH OUT THE BLOCK'S MAIN LINE AND DID SO FROM THE SPRING STREET MANHOLE (ACROSS FROM PROPERTY) AND AFTER SEVERAL MINUTES I NOTICED THE HOME SERVICE LINE WATER LEVEL REDUCE AND THE BROWN WATER IN THE BASEMENT DRAINED.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name, address, email address and telephone number of each individual.

EFD PLUMBING – EDDIE – 609-744-9083

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage **and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.**

JOE & JOHN(?) – TECHNICIANS ON-CALL WHICH CAME TO PROPERTY FROM THE 911 CALL – NAMING THEM HERE I AM NOT STATTING THE CAUSED THE ISSUE – THEY IN FACT WERE QUITE RESPECTFUL, RESPONSIVE AND SYMPATHETIC AND I GRATELY APPRCIATE THEIR ASSISTANCE THAT DAY.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

N/A

8. If you allege a dangerous condition of public property, state the specific facts upon which you claim that the public entity was responsible for the condition and the specific facts and date upon which you claim that the public entity was provided with notice of the alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.

N/A

9. If you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

N/A

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

NOT A DIME

11. If any photographs, drawings, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.

I, DAVID GONZALEZ, TOOK PHOTOGRAPHS AND SENT TO BOTH HOMEOWNER'S INSURANCE (ALLSTATE) AND SUBMITTED TO THE OFFICE OF LIABILITY – ASSIST. SUPERVISOR, ROBIN SULZER

12. If you or any of the parties to this incident or any of the witnesses to this incident made any statements or admissions, set forth in detail the statements or admissions that were made; who made the statements or admissions; the date and place where the statements or admissions were made; and in whose presence the statements or admissions were made, providing the names and addresses of any persons having knowledge of the statements or admissions.

ALLSTATE – HOMEOWNERS INSURANCE
WOODBURY CFO, MR. LAW WHICH CONNECTED ME TO MS SULZER'S OFFICE

13. State the total amount of your claim and the basis upon which you have calculated the amount that is being claimed.

I HAVE NOT DONE SO SEPERTELY FROM THE ADJUSTER SENT BY THE CITY'S LIABILITY OFFICE.

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

N/A

15. Provide the names and addresses of all persons or entities against whom you are asserting a claim for the injuries or damages arising out of the incident forming the basis of this claim and give the basis for your claim against each person or entity.

CITY OF WOODBURY

16. Were any criminal and/or traffic Complaints or Tickets issues as a result of this incident? If so, please provide copies of the Complaints and/or Tickets and advise as to the disposition of the Complaints and/or Tickets.

N/A

PROPERTY DAMAGE CLAIMS

17. If your claim is for property damage, attach a detailed description of the property damage that is being claimed, and include copies of any and all estimates obtained which detail the costs to repair the property damage. If your claim does not involve any claim for property damage, enter "None".

If your claim is for property damage only, initial here and proceed directly to page 12 and sign the Certification.
--

DG _____
Initials

PERSONAL INJURY CLAIMS

18. Were there any complaint regarding the incident or the condition which allegedly caused the incident made to the public entity or to any official or employee of the public entity? If so, state the time and place of the complaint and the person or persons to whom the complaint was made.

19. Describe in detail the nature, extent and duration of any and all injuries which were sustained as a result of this incident.

20. Describe in detail any and all injuries or conditions which were sustained in this incident which are claimed to be permanent, and set forth who has determined that any injury or condition is permanent.

21. If you have been confined to any hospitals as a result of the injuries sustained in this incident, state name and address of each hospital and the dates of admission and discharge. Also provide the name and address of each hospital where you were admitted prior to and subsequent to the alleged incident and provide the reason for each admission.

22. If X-Rays, MRIs, CAT Scans or any other diagnostic testing was performed, state (a) the address of the place where each was performed; (b) the name and address of the person who performed the testing; (c) the date when each test was performed; (d) the results of each test; (e) where and in whose possession they test results and films are now located. Include all X-Rays, MRIs, CAT Scans and any other diagnostic testing that was performed prior to or subsequent to the alleged injury forming the basis of the claim.

23. If were treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor; (b) the dates and places where the Treatments were administered; (c) the nature of the treatment; (d) the date of last the last treatment; (e) and if treatments are continuing, the schedule of future continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

24. If you have any physical impairment which you allege is caused by any injury sustained in this incident and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you have been prescribed to overcome or alleviate the impairment.

25. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and provide the name and present address of each doctor who treated you for the condition; the period during which treatment was received; and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of this claim.

26. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery; (b) the purpose thereof and the results anticipated or expected; (c) the name and address of the doctor who recommended the treatments, operation or surgery; (d) the name and address of the doctor who will administer or perform the same; (e) the estimated medical expenses to be incurred; (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence; (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery; (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

27. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, prescriptions, care and appliances and indicate which expenses were paid by any insurance coverage.

28. If you were employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer; (b) the position held and the nature of the work performed; (c) the average weekly wages for the year prior to the injury; (d) the period of time lost from employment, providing dates; (e) the amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

29. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss; (b) provide a complete detailed computation of the loss; (c) the nature and dates of the loss.

30. If you are claiming lost wages state (a) the date that the employment commenced; (b) the name and address of the employer; (c) the position held and the nature of the work performed; and (d) the average weekly wages. Attach copies of pay stubs, tax returns, W-2s or other complete payroll record for all wages received during the past year.

DOCUMENT REQUEST

You are required to produce any and all documents identified in your answers to the Questions set forth above.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

David Gonzalez _____
Signature of Claimant

Dated: ____04/04/2022__

**AUTHORIZATION FOR RELEASE OF
MEDICAL AND HOSPITAL RECORDS**

TO: _____

Date: _____

RE: _____

Patient's Name

Address

Address

Social Security Number

Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

QUAL-LYNX

100 Decadon Drive

Egg Harbor Township, New Jersey 08234

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof.

Approximate date of admission to hospital, first examination, treatment or consultation:

A photocopy of this release form, bearing a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

Authorized Signature

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

TO: _____

Date: _____

RE: _____
Patient's Name

Address

Address

Social Security Number

Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

QUAL-LYNX

100 Decadon Drive
Egg Harbor Township, New Jersey 08234

all information relating to my employment, including, but not limited to, my job title, assigned duties, compensation, benefits, attendance, and sick leave and to permit him or her to inspect and make copies or abstracts thereof.

A photocopy of this release form, bearing a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

Authorized Signature

Woodbury City
33 Delaware Street
Woodbury, NJ 08096

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name: Sandy Weaver Telephone: [REDACTED]
Address: 110 Fox Run Date of Birth: [REDACTED]
Swedesboro, NJ 08085 SSN: [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name: _____ Telephone: _____
Address _____ Telefax: _____
_____ File No.: _____

RECEIVED

MAR 20 2020

QUAL-LYNX EHT

Send Notices to: ☒ Claimant ☐ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the City of Woodbury.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the

Woodbury City
c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, NJ 08234

NOTE CAREFULLY: Your claim will not be considered filed as required by the New Jersey Tort Claims Act until this completed form has been filed with Woodbury City c/o Qual-Lynx. Failure to provide the information requested, including such responses as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"*Claimant*" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with Woodbury City.

"*Documents*" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"*Person*" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"*Public Entity*" shall refer to Woodbury City along with any agent, official or employee of Woodbury City against whom a claim is asserted by the Claimant.

NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion on personal injuries need not be answered. Just enter as the answer to Question 17 "No personal injuries claimed."

If the claim involves no property damage, then the portion on property damage need not be answered. Just enter as the answer to Question 16 "No property damage claimed."

INFORMATION ON THE CLAIMANT

Provide the following information with respect to the Claimant:

- a. Any other name by which the Claimant has been known.

Sandra Weaver

- b. Address at the time of the incident giving rise to the claim.

110 Fox Run
Swedesboro, NJ 08085

- c. Marital Status [at the time of the incident and current]

[REDACTED]

- d. Identify each person residing with the claimant and the relation, if any, of the person to the Claimant

[REDACTED]

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, if any, of the person to the Claimant.

[REDACTED]

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

9/27/2019 approximately 12:15 pm
clear day

4. Provide the Claimant's complete version of the events that form the basis of the claim.

See Attached copy of Police Incident report

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

Savannah Weaver
110 Fox Run
Swedesboro, NJ 08085

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage **and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.**

City of Woodbury Public Works trash truck
driver - I do not have a name. See pictures
of trucks & license plate

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

Wood Flew front trash truck - not secured
or full emptied

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

See police incident report and pictures of
damaged cause to my vehicle as wood
flew out of the back ~~and~~ as the truck passed
me on Rte 694.

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve (12) hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

N A

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

N A

11. If any photographs, sketches, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons making the same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps.

Photos taken by myself + daughter

 - See Attached

Photos are dark but originals were emailed to ~~Marion~~ @ Woodbury
I can also email to you for clearer pictures. Marion

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof

I followed the driver to WAWA on Rt 322
+ Paulsboro Rd where he denied having any wood in
his truck. We proceeded into WAWA + I took the
attached pictures of wood in his truck. then went
back to scene and retrieved wood + car parts from
the road.

13. State the total amount of your claim and the basis on which you calculate the amount claimed.

\$ 106.63. - bought used plus postage of
if bought new \$257.25 this packet -
See envelop for
Details

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

See Attached

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

No medical claims as we were not injured, just my vehicle was damaged

PROPERTY DAMAGE CLAIMS

16. If your claim is for property damage, attach a description of the property damage and an estimate of the costs of repair. If your claim does not involve any claim for property damage, enter "None".

Vehicle damage — Again See
Attached Pictures

If your claim is for property damage only, initial here and proceed directly to page 15 and sign the Certification.

SLW

Initials

PERSONAL INJURY CLAIMS

no personal
injury

17. Was any complaint made to the public entity or to any official or employee of the public entity. State the time and place of the complaint and the person or persons to whom the complaint was made.
18. Describe in detail the nature, extent and duration of any and all injuries.
19. Describe in detail any injury or condition claimed to be permanent.
20. If confined to any hospitals, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

21. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.
22. If treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the nature of the treatment (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

25. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery (b) the purpose thereof and the results anticipated or expected (c) the name and address of the doctor who recommended the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses to be incurred (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.
26. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any coverage.

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer (b) position held and the nature of the work performed (c) average weekly wages for the year prior to the injury (d) period of time lost from employment, giving dates (e) amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.
28. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss (b) give a complete detailed computation of the loss (c) the nature and dates of loss.

29. If you are claiming lost wages state (a) the date that the employment began (b) the name and address of the employer (c) the position held and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

DOCUMENT REQUEST: Produce all documents identified in your answers to the above questions.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Sandra S. Weaver

Signature of Claimant

Dated: 11/14/19

Qual-Lynx File No SM

2022261409
AGAINST:

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST:

FORWARD TO: Qual-Lynx
100 Decadon Drive
Egg Harbor Township, NJ 08234

This form must be filed within 90 days of the accident or you may forfeit your rights.

1. Carol Williams 214 Lake Ave
Name of Claimant Street Address

[REDACTED]
 Date of Birth

National Park NJ 08063
 City State Zip

Daytime Phone# & Contact Social Security Number

2. If it is requested that notices be sent to a person other than the claimant, such as your attorney, please send notices to: 050

Name of Person _____ Mailing Address _____ FEB 25 2022

Telephone Number	City	State	Zip
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Relationship of claimant: () Attorney () Other

3. Circumstances regarding the occurrence or accident:

1/4/22 6-6:30 pm Date and Time
Park Ave, Woodbury, NJ Location
Woodbury NJ 08096 City State Zip

4. Describe the accident or occurrence:

I was driving eastbound on Park Ave. The road was very dark. My right passenger tire hit a pothole, was blown out and torn. I turned onto N. Evergreen Ave, pulled over at Dept Rd and Evergreen Ave, in front of Eight & Sand. Called Triple AAA and Public Works, Woburn. Patrolman came by after Triple AAA was there. Asked if everything was okay. Demsey's 1-5-22
Tire repair - torn
had to be replaced

03/01/2022

5. State the names and addresses of all witnesses to above occurrence:

It was at night. No one saw it. Triple AAA was called. A policeman on patrol asked if I was okay. I left a message with Public Works, who repaired pothole.
(DOL)

6. State the names and addresses of the public entity, or entities, that you claim caused your damage:

Large pothole in Eastbound lane of Park Ave,
Woodbury.

7. State the names and addresses of all other persons, companies or governmental agencies whom you claim are responsible for your injuries or damages:

City of Woodbury, NJ	City Hall
Dept of Labor - Public Works	33 Delaware ST
Claim Solutions	Woodbury NJ 08096

8. Briefly describe the injury, damages and losses incurred by you:

No personal injury. Tire blew out and was torn from large pot hole

9. Give the amount that you claim in damages: \$ 136.95

Give the basis for calculation of the above damages:

Cost of tire only. I have triple AAA coverage for towing & assistance. Not charged for labor.

I certify that the foregoing statements made by me are true. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

1-22-22

Date

Carol Williams

Claimant or Person Filing on Behalf of
Claimant

Renewal auto policy declarations

Your policy effective date is November 1, 2021



Platinum



Gold



Standard



Value Plan



Allstate.

Page 1 of 8

Information as of September 22, 2021

Total Premium for the Policy Period

Please review your insured vehicle and verify its VIN is correct.

Vehicle covered	Identification Number (VIN)	Premium
2019 Mazda 3	JM1BPBDM5K1118488	\$927.80
Total*		\$933.80

** Your bill will be mailed separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s). If you do not pay your bill by the due date shown on your billing statement, you may be charged a late fee.*

Total premium includes New Jersey Property - Liability Insurance Guaranty Association Surcharge of \$6.00

Discounts (included in your total premium)

Anti-theft	\$10.50	Senior Citizen	\$46.10
Passive Restraint	\$46.60	Multi-Policy	\$85.60
Preferred Plus	\$2,139.40		
Total discounts		\$2,328.20	

Discounts per vehicle

2019 Mazda 3		\$2,328.20	
Anti-theft	\$10.50	Senior Citizen	\$46.10
Passive Restraint	\$46.60	Multi-Policy	\$85.60
Preferred Plus	\$2,139.40		

Listed driver on your policy

Carol Williams

Summary

Named Insured(s)

Carol Williams

Mailing address

214 Lake Ave

National Park NJ 08063-1712

Policy number

109 252 913

Your policy provided by

Allstate New Jersey Insurance Company

Policy period

Beginning **November 1, 2021** through

May 1, 2022 at 12:01 a.m. standard time

Your Allstate New Jersey agency is

L S Lerman Ins

47 E Kings Hwy

Audubon NJ 08106

(856) 547-8153, (856) 547-8138

LARRYLERMAN1@ALLSTATE.COM

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.

NJ0TORB0



Policy number:

109 252 913

Policy effective date:

November 1, 2021

Coverage detail for 2019 Mazda 3

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$298.40
• Bodily Injury	\$250,000 each person \$500,000 each accident		
• Property Damage	\$100,000 each accident		
Basic Personal Injury Protection			\$129.20
Added Personal Injury Protection	Not purchased*		
(Please see the attached Supplement to Policy Declarations for complete coverage, limits and deductibles.)			
Uninsured Motorists Insurance			\$49.90
• Bodily Injury	\$250,000 each person \$500,000 each accident	Not applicable	
• Property Damage	\$100,000 each accident	\$500	
Auto Collision Insurance	Actual cash value	\$250	\$383.80
Auto Comprehensive Insurance	Actual cash value	\$250	\$66.50
Collision for Customizing Equipment	Not purchased*		
Comprehensive for Customizing Equipment	Not purchased*		
Rental Reimbursement	Not purchased*		
Towing and Labor Costs	Not purchased*		
Sound System	Not purchased*		
Tape	Not purchased*		
Total premium for 2019 Mazda 3			\$927.80

* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN JM1BPBDM5K1118488

Tier information

- Tier: 1
 - Discount: **Preferred Plus** Level: 1
- See Tier Rating Supplement for details.

Rating information

- This vehicle is driven over 7,500 miles per year, for pleasure, with no unmarried driver under 25

Additional coverages

Identity Theft Expenses	Not purchased*
-------------------------	-----------------------

* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

OF

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: Daniel Gottshall on behalf and as Executor
of the Estate of Patricia J. Gottshall

Telephone: [REDACTED]

Address: 611 High Street, Woodbury, NJ 08096

Date of Birth: [REDACTED]

SSN: [REDACTED]

Email: [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name: Steven K. Johnson, Esquire

Telephone: 609-641-6200

Address: 3120 Fire Road, Suite 100

FAX: 609-641-2677

Egg Harbor Township, NJ 08234

File No.: SPI-2841

Email: SJ@DJD.LAW

Send Notices to: Claimant ✓ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the City of Woodbury.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

City of Woodbury

c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the City of Woodbury, Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

In accordance with the New Jersey Tort Claims Act, timely Notices of Claim/Questionnaires must be filed within ninety (90) days after the incident giving rise to the claim.

This Questionnaire is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"*Claimant*" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the City of Woodbury.

"*Documents*" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"*Person*" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"*Public Entity*" shall refer to the City of Woodbury along with any agent, official or employee of the City of Woodbury against whom a claim is asserted by the Claimant.

PLEASE NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

1. Provide the following information with respect to the Claimant:

- a. Any other name by which the Claimant has been known.

PATRICIA JUDY GOTTSALL

- b. Residence and Mailing Addresses at the time of the incident giving rise to the claim. Also provide current Email address.

313 LOGAN STREET, WOODBURY, NJ 08096

- c. Marital Status at the time of the incident and currently.

[REDACTED]

- d. Identify each person residing with the claimant and the relationship of that person, if any, to the Claimant.

[REDACTED]

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time that the Claimant resided at the address and the relationship of that person, if any, to the Claimant.

313 LOGAN STREET, WOODBURY, NJ 08096

INFORMATION REGARDING ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

The claim arises out of an accident which occurred at approximately 10:39 a.m. on April 20, 2020 at or near the intersection of Mantua Avenue and Twells Avenue, Woodbury, NJ.

4. Provide the Claimant's complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide Photographs of the area where the incident occurred, and indicate on the Photographs the exact location where the incident occurred.

Plaintiff is deceased. Please see attached preliminary police report.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name, address, email address and telephone number of each individual.

Daniel and Cheryl Gottshall - 611 HIGH STREET, WOODBURY, NJ
Bridget Gottshall- 313 LOGAN STREET, WOODBURY, NJ

See persons identified on the police report and to be amended if additional parties become known

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.

The damages were caused by the negligence of Branden Potter, an employee of the City of Woodbury City in the operation and control of a motor vehicle owned by and operated on behalf and with the permission of the City of Woodbury, a public entity.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

N/A

8. If you allege a dangerous condition of public property, state the specific facts upon which you claim that the public entity was responsible for the condition and the specific facts and date upon which you claim that the public entity was provided with notice of the alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.

N/A

9. If you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

None as to claimant and unknown as to other parties.

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

NO

11. If any photographs, drawings, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.

It is presumed that photographs exist in the Woodbury Township Police Department's investigation file and Gloucester County Prosecutor's Office.

12. If you or any of the parties to this incident or any of the witnesses to this incident made any statements or admissions, set forth in detail the statements or admissions that were made; who made the statements or admissions; the date and place where the statements or admissions were made; and in whose presence the statements or admissions were made, providing the names and addresses of any persons having knowledge of the statements or admissions.

See the police report.

13. State the total amount of your claim and the basis upon which you have calculated the amount that is being claimed.

Too be supplied.

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

See attached records which will be amended.

15. Provide the names and addresses of all persons or entities against whom you are asserting a claim for the injuries or damages arising out of the incident forming the basis of this claim and give the basis for your claim against each person or entity.

Branden Potter, 46 Monroe Drive, Clementon, NJ 08021

16. Were any criminal and/or traffic Complaints or Tickets issued as a result of this incident? If so, please provide copies of the Complaints and/or Tickets and advise as to the disposition of the Complaints and/or Tickets.

Branden Potter was charged with 39:4-32B (Summons 0822-C-71142).

PROPERTY DAMAGE CLAIMS

17. If your claim is for property damage, attach a detailed description of the property damage that is being claimed, and include copies of any and all estimates obtained which detail the costs to repair the property damage. If your claim does not involve any claim for property damage, enter "None".

Not applicable to this claimant.

If your claim is for property damage only, initial here and proceed directly to page 12 and sign the Certification.

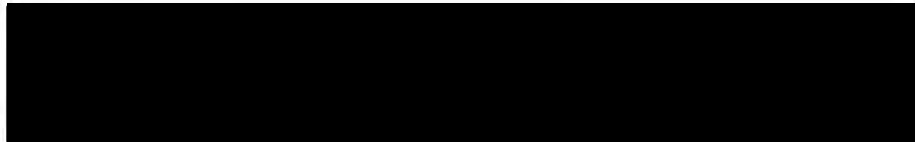

Initials

PERSONAL INJURY CLAIMS

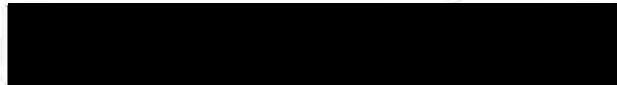
18. Were there any complaint regarding the incident or the condition which allegedly caused the incident made to the public entity or to any official or employee of the public entity? If so, state the time and place of the complaint and the person or persons to whom the complaint was made.

None

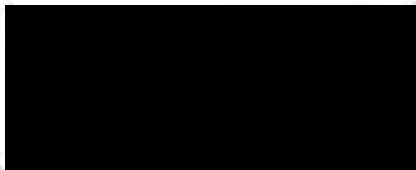
19. Describe in detail the nature, extent and duration of any and all injuries which were sustained as a result of this incident.



20. Describe in detail any and all injuries or conditions which were sustained in this incident which are claimed to be permanent, and set forth who has determined that any injury or condition is permanent.



21. If you have been confined to any hospitals as a result of the injuries sustained in this incident, state name and address of each hospital and the dates of admission and discharge. Also provide the name and address of each hospital where you were admitted prior to and subsequent to the alleged incident and provide the reason for each admission.



22. If X-Rays, MRIs, CAT Scans or any other diagnostic testing was performed, state (a) the address of the place where each was performed; (b) the name and address of the person who performed the testing; (c) the date when each test was performed; (d) the results of each test; (e) where and in whose possession they test results and films are now located. Include all X-Rays, MRIs, CAT Scans and any other diagnostic testing that was performed prior to or subsequent to the alleged injury forming the basis of the claim.

Hospital Records to be supplied.

23. If were treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor; (b) the dates and places where the Treatments were administered; (c) the nature of the treatment; (d) the date of last the last treatment; (e) and if treatments are continuing, the schedule of future continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

Please see answer to question 20.

24. If you have any physical impairment which you allege is caused by any injury sustained in this incident and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you have been prescribed to overcome or alleviate the impairment.

Please see answer to question 20.

25. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and provide the name and present address of each doctor who treated you for the condition; the period during which treatment was received; and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of this claim.

Please see answer to question 20.

26. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery; (b) the purpose thereof and the results anticipated or expected; (c) the name and address of the doctor who recommended the treatments, operation or surgery; (d) the name and address of the doctor who will administer or perform the same; (e) the estimated medical expenses to be incurred; (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence; (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery; (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

Please see answer to question 20.

27. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, prescriptions, care and appliances and indicate which expenses were paid by any insurance coverage.

To be supplied.

28. If you were employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer; (b) the position held and the nature of the work performed; (c) the average weekly wages for the year prior to the injury; (d) the period of time lost from employment, providing dates; (e) the amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

Not applicable.

29. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss; (b) provide a complete detailed computation of the loss; (c) the nature and dates of the loss.

Not applicable.

30. If you are claiming lost wages state (a) the date that the employment commenced; (b) the name and address of the employer; (c) the position held and the nature of the work performed; and (d) the average weekly wages. Attach copies of pay stubs, tax returns, W-2s or other complete payroll record for all wages received during the past year.

Not applicable.

City of Woodbury

33 Delaware Street
Woodbury, NJ 08096

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name Gloria C. TAN Telephone [REDACTED]
Address 20 EAST PACKER ST Date of Birth [REDACTED]
WOODBURY NJ 08096 SSN [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name _____ Telephone _____
Address _____ TeleFAX _____
_____ File No. _____

Send Notices to: ☒ Claimant ☐ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the City of Woodbury.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the

Scott Carew – Administrator
City of Woodbury
33 Delaware Street
Woodbury, NJ 08096

NOTE CAREFULLY: Your claim will not be considered filed as required by the New Jersey Tort Claims Act until this completed form has been filed with the City of Woodbury. Failure to provide the information requested, including such responses as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the City of Woodbury.

"Documents" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

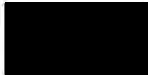
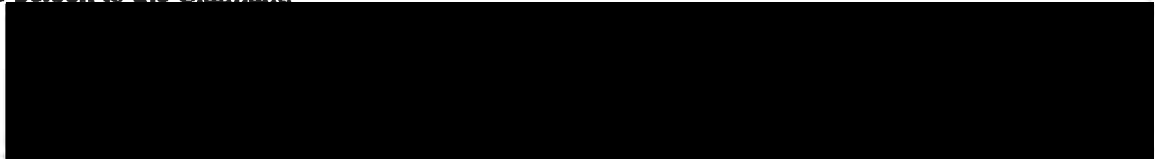
"Public Entity" shall refer to the City of Woodbury along with any agent, official or employee of the City of Woodbury against whom a claim is asserted by the Claimant.

NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion on personal injuries need not be answered. Just enter as the answer to Question 12 "No personal injuries claimed."

If the claim involves no property damage, then the portion on property damage need not be answered. Just enter as the answer to Question 11 "No property damage claimed."

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:
 - a. Any other name by which the Claimant has been known. *NO*
 - b. Address at the time of the incident giving rise to the claim. *22 EAST PACKER ST WOODBURY NJ*
 - c. Marital Status [at the time of the incident and current] 
 - d. Identify each person residing with the claimant and the relation, if any, of the person to the Claimant. 
2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, if any, of the person to the Claimant. 

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time. *October 17th 2019 @ 2:34 pm on Green Avenue in front of Holy Angels School, on a sunny day.*

4. Provide the Claimant's complete version of the events that form the basis of the claim.

I PARKED car across street from Holy Angels school to go and pick up my daughter. As I walked across the street I stepped into a pot hole that was covered with grass growing out of it. I didn't see the hole due to the grass cover. My right foot went into the hole which made me fall over onto my knee's and hand. I was stuck and a Pedestrian walking by helped me get up. I didn't get her name since I was in pain and worried about getting my daughter from the dismissal line. I complain to the school to the Principal and administrative secretary were there and Ms. Joy Walters helped me and [REDACTED]

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

Patty Paulsen (Principle), Joy Walters (Secretary), Mrs. Trainer 7th Grade (Teacher),
HOLY ANGELS CATHOLIC SCHOOL
211 COOPER STREET
Woodbury, NJ

MARITA GALLAGHER
304 EUCLID STREET
WOODBURY, NEW JERSEY

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

N/A

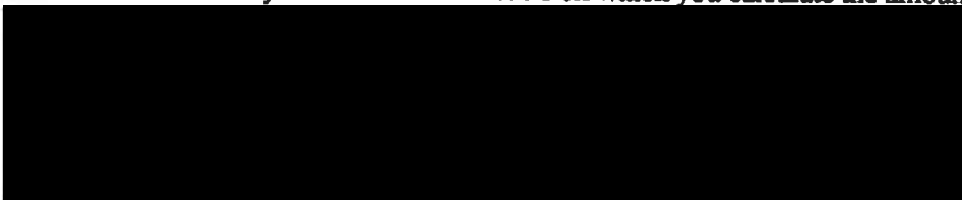
7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

WOODBURY PUBLIC WORK should have fix the pot hole for safety Reasons. After I Reported it only then did they go out and fill in the pot hole for the whole street. They should do more preventive maintenance on public Roads where pedestrian travel on as well as vehicles

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

City of woodbury is responsible for maintaining the roads that we travel on, and keeping them in a safe condition for vehicles and pedestrians.

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve (12) hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present. *n/a*
10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property. *n/a*
11. If any photographs, sketches, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons making the same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps. *Photo were taken the same day of the accident.*
12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.
13. State the total amount of your claim and the basis on which you calculate the amount claimed.



14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.
15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each. *N/A*

PROPERTY DAMAGE CLAIMS

16. If your claim is for property damage, attach a description of the property damage and an estimate of the costs of repair. If your claim does not involve any claim for property damage, enter "None".

NONE

_____ If your claim is for property damage only, initial here and proceed directly to page 11 and sign the Certification.

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity. State the time and place of the complaint and the person or persons to whom the complaint was made.

*City Clerk at 3:00 pm named DANEEN D. FUSS, RMC, CMR
Deputy Registrar*

18. Describe in detail the nature, extent and duration of any and all injuries



19. Describe in detail any injury or condition claimed to be permanent.

[REDACTED]

20. In confined to any hospitals, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

[REDACTED]

21. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

[REDACTED]

22. If treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the nature of the treatment (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors who you propose to have testify on your behalf.

[REDACTED]

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

[REDACTED]

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

n/a

- 24A. List all injuries in the last 5 years and specify which injuries included a claim.

none

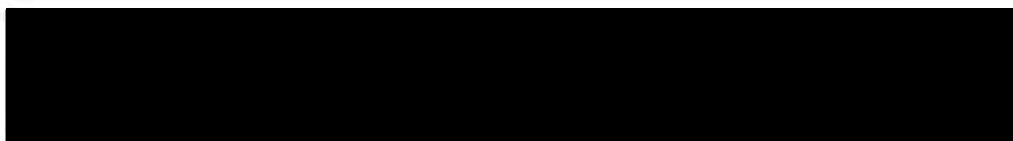
n/a

25. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery (b) the purpose thereof and the results anticipated or expected (c) the name and address of the doctor who recommended the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses to be incurred (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

none

n/a

26. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.



27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer (b) position held and the nature of the work performed (c) average weekly wages for the year prior to the injury (d) period of time lost from employment, giving dates (e) amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

N/A

28. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss (b) give a complete detailed computation of the loss (c) the nature and dates of loss.

N/A

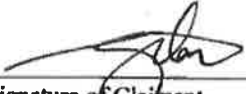
29. If you are claiming lost wages (a) the date that the employment began (a) the name and address of the employer (c) the position held and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

N/A

DOCUMENT REQUEST: Produce all documents identified in your answers to the above questions.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.



Signature of Claimant

Dated: 12-16-19

**NOTICE OF CLAIM TO THE CITY OF WOODBURY UNDER THE NEW
JERSEY TORT CLAIMS ACT**

1. Claimant(s): Sheri L. Heister
Address: 440 South Barber Avenue
Woodbury, New Jersey 08096
Date of Birth: [REDACTED]
Social Security: [REDACTED]

2. Notices and correspondence in connection with this claim are to be sent to:

Jeremiah J. Atkins, Esquire
Hoffman DiMuzio
25-35 Hunter Street
P.O. Box 7
Woodbury, NJ 08096

Relationship to Claimant: Attorney

3. The occurrence or accident which gave rise to this claim:

- a. Date: On or about June 20, 2019
- b. Describe the location or place of the accident or occurrence:
440-442 South Barber Avenue, Woodbury, New Jersey 08096
- c. Describe how the accident or occurrence happened:

On or about June 20, 2019, Ms. Heister's homes were severely flooded as the result of a sinkhole adjacent to her property which was caused by a collapsed drain pipe. Upon information and belief, Woodbury City officials and others had been aware of the poor condition of this drain pipe for several years.

- d. State the names and addresses of all witnesses:

Ms. Heister, see address above;
Amber Heister, see address above;
Woodbury City officials to be identified;
Woodbury Fire Department personnel to be identified;
Pioneer Pipe Contractors, Inc. personnel to be identified.

- e. State the names of all police officers and police departments who investigated the accident.

Woodbury Police Department, Woodbury Fire Department

4.

- a. State the names and addresses of each agency and each employee whom you claim caused your damage or injuries:

City of Woodbury, 33 Delaware Street, New Jersey 08096;

- b. State the name and addresses of all other persons, companies or governmental agencies who you claim are responsible for your injuries or damages:

To be determined.

5. Briefly describe the injury, damages and losses incurred by you:

Plaintiff and her family suffered extreme property damage to her home and personal belongings as well as economic damages for being displaced from her home and loss of use of her home.

6. State the amount claimed by you: \$1,000,000.00

State the basis of the calculation of this loss:

Speculative at present.

I hereby certify that the foregoing statements made by me are true. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.



Claimant or person filing claim on behalf of claimant
JEREMIAH J. ATKINS, ESQUIRE

Dated: August 12, 2019

OF

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: Cleophus Showlars

Telephone: [REDACTED]

Address: 1 Meadowlands Plz. Ste 200

Date of Birth: [REDACTED]

East Rutherford, NJ 07043

SSN: [REDACTED]

Email: [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name: _____

Telephone: _____

Address: _____

FAX: _____

Email: _____

File No.: _____

Send Notices to: ☒ Claimant ☐ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the _____ of _____.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

_____ of _____

c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the _____ of _____, Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

In accordance with the New Jersey Tort Claims Act, timely Notices of Claim/Questionnaires must be filed within ninety (90) days after the incident giving rise to the claim.

This Questionnaire is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"*Claimant*" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the _____ of _____.

"*Documents*" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"*Person*" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"*Public Entity*" shall refer to the _____ of _____ along with any agent, official or employee of the _____ of _____ against whom a claim is asserted by the Claimant.

PLEASE NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

1. Provide the following information with respect to the Claimant:

a. Any other name by which the Claimant has been known.

No

b. Residence and Mailing Addresses at the time of the incident giving rise to the claim. Also provide current Email address.

*324 E 29th St. Paterson, NJ 07614
1 Meadowlands Plz Ste 200 E. Rutherford, NJ 07073*

c. Marital Status at the time of the incident and currently.

[REDACTED]

d. Identify each person residing with the claimant and the relationship of that person, if any, to the Claimant.

[REDACTED]

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time that the Claimant resided at the address and the relationship of that person, if any, to the Claimant.

Same as above

INFORMATION REGARDING ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

See police report

4. Provide the Claimant's complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide Photographs of the area where the incident occurred, and indicate on the Photographs the exact location where the incident occurred.

See police report

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name, address, email address and telephone number of each individual.

See police report

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.

See police report

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.
8. If you allege a dangerous condition of public property, state the specific facts upon which you claim that the public entity was responsible for the condition and the specific facts and date upon which you claim that the public entity was provided with notice of the alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.
9. If you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

N/A

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.
11. If any photographs, drawings, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.
- Sent previously via email.
12. If you or any of the parties to this incident or any of the witnesses to this incident made any statements or admissions, set forth in detail the statements or admissions that were made; who made the statements or admissions; the date and place where the statements or admissions were made; and in whose presence the statements or admissions were made, providing the names and addresses of any persons having knowledge of the statements or admissions.
- See police report
13. State the total amount of your claim and the basis upon which you have calculated the amount that is being claimed.

n/a

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.
15. Provide the names and addresses of all persons or entities against whom you are asserting a claim for the injuries or damages arising out of the incident forming the basis of this claim and give the basis for your claim against each person or entity.
16. Were any criminal and/or traffic Complaints or Tickets issues as a result of this incident? If so, please provide copies of the Complaints and/or Tickets and advise as to the disposition of the Complaints and/or Tickets.

PROPERTY DAMAGE CLAIMS

17. If your claim is for property damage, attach a detailed description of the property damage that is being claimed, and include copies of any and all estimates obtained which detail the costs to repair the property damage. If your claim does not involve any claim for property damage, enter "None".

If your claim is for property damage only, initial here and proceed directly to page 12 and sign the Certification.



Initials

DOCUMENT REQUEST

You are required to produce any and all documents identified in your answers to the Questions set forth above.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Dated: 7/29/2020



Signature of Claimant

**NOTICE OF TORT CLAIM AGAINST
GLOUCESTER COUNTY, NEW JERSEY
AND/OR ITS ENTITIES**

1. Identification of Claimant:

White, Tammy

Last Name	First	Middle
414 W. Red Bank Ave, W. Deptford, NJ 08096		
Street Address	City	State Zip Code

Date of Birth

Phone No.

Marital Status:

At time of incident

Currently

Name of each person living with Claimant and relationship to Claimant:

2. Post Office address where person presenting the claim desires notices to be sent:

424 Landis Ave, P.O. Box 749, Vineland, NJ 08362-0749

Street Address	City	State	Zip Code
----------------	------	-------	----------

Relationship to Claimant: Attorney ☒ or

Relationship _____

3. Circumstances of the occurrence giving rise to the claim:

A. Date: **12/12/2019** Time: **4:45 p.m.**

B. Give the exact location of occurrence (Indicate exact street address, if applicable):

Russell Street at the intersection with Centre Street in Woodbury, New Jersey.

- C. Describe in detail how the incident occurred.

While walking home from the grocery store, claimant, Tammy White crossed Russell Street. As she stepped down to cross the street, her cart got stuck in a pothole, causing the cart to stop abruptly, and causing Ms. White to fall over her cart, [REDACTED]

- D. Provide the names and addresses of all eyewitnesses to the occurrence.

Amy Biscoglia
414 W. Red Bank Ave
West Deptford, NJ 08096

- E. Provide the names and addresses of all persons who have knowledge of the occurrence.

Tammy White and Amy Biscoglia

- F. Identify each and every Department, Division, Agency or Authority you claim is liable to you for any injury or property damages resulting from the occurrence.

City of Woodbury
County of Gloucester

- G. Identify each and every County employee you claim is liable to you for any injury or property damages resulting from the occurrence.

To be determined

- H. Describe in detail the negligence or wrongful acts of the entities and/or employees that you claim caused your damages.

The City of Woodbury and/or County of Gloucester employees failed to observe the hazardous condition, which they should have known existed, and/or failed to properly repair the hazardous condition that had existed prior to claimant's fall.

- I. Identify each and every other person or entity you claim is liable to you for any injury, damage or loss resulting from the occurrence.

City of Woodbury employees, agents and/or representatives.
County of Gloucester employees, agents and/or representatives.

- J. If you allege a dangerous condition of public property, describe such condition in detail, state the basis on which you claim the public entity was responsible for such condition, and give the date(s) on which you claim the public entity received notice of such condition.

Pot hole(s) located in cross walk at the intersection of Russell Street and Centre Street in Woodbury, Gloucester County, NJ.

- K. State the names of each and every Police Officer, Police Department, law enforcement agency or joint agency that investigated the occurrence. Attach a copy of all written reports.

Not applicable.

- L. State the name and address of each expert witness retained by you and the subject matter each expert will address. Attach a copy of each expert report obtained by you.

Not applicable at this time.

4. Injury, damage or loss (check appropriate box)

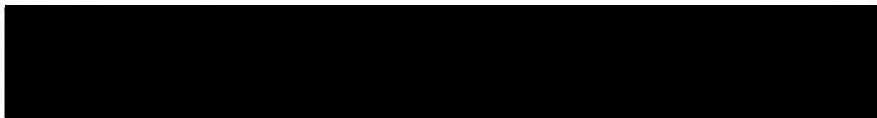
☒ Personal Injury ☐ Property Damage ☐ Other – explain

- A. If you claim personal injury, describe in detail all injuries resulting from the occurrence.

B. Describe in detail all injuries you claim to be permanent.



C. If observed, tested, treated and/or confined to any hospitals as a result of the occurrence, state (a) the name and address of each hospital; (b) the dates of admission to and discharge from each hospital; (c) the nature of the testing and/or treatment of each hospital. Attach a copy of all hospital reports.



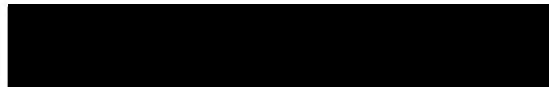
D. If diagnostic tests were taken, state (a) the name and address of each place where such test was taken; (b) the dates of each test; (c) the result or diagnosis of each test. Attach a copy of all test reports.

Not applicable.

- E. If treated by doctors, including psychiatrists or psychologists, state (a) the name and address of each doctor; (b) the dates of all treatments; (c) the nature of each treatment; (d) the last date of each treatment, or state if any treatment is continuing. Attach a copy of all medical reports.



- F. If you have any physical impairment affecting your ordinary movements or senses that you allege resulted from the injury forming the basis of your claim, state in detail the nature of the impairment and what corrective device, support or appliance you use to alleviate the impairment.



- G. If you claim that a previous injury has been aggravated or exacerbated, describe in detail such injury and provide the name and address of each and every doctor who treated you for such injury, the cause of the previous injury and the period during which you received such treatment.

Not applicable.

- H. If any treatment or surgery in the future has been recommended for the injury forming the basis of your claim, state the name and address of the doctor who has recommended such treatment or surgery, and the nature and extent of the treatment or surgery. Attach a statement of anticipated expenses for each treatment.

To be determined.

- I. Describe in detail the nature and extent of all injuries you claim to be permanent. Attach a copy of all supporting medical reports.



- J. Itemize any and all expenses incurred for hospitals, doctors and other medical personnel, diagnostic tests, care and appliances and indicate which expenses were paid by insurance coverage.

To be provided.

K. If employed at the time of the occurrence, state:

(1.) name and address of your employer

Not applicable.

(2.) position held and the nature of your job duties

(3.) your average weekly wages for the year prior to the occurrence,
attaching a copy of payroll stubs or other complete payroll record

asfasf

(4.) period of time lost from employment, giving dates

asfdasd

(5.) total amount of lost wages to date, if any

sdasd

(6.) if still out of work, expected date of return

(7.) List each and every source of income replacement, including but not
limited to income continuation benefits, worker's compensation, social
security, or public or private disability benefits.

L. If other loss of income, profit or earnings is claimed, (a) describe the
nature of the loss; (b) give a detailed computation of the loss, including
dates and total amount.

Not applicable.

M. If you claim property damage:

- (1.) describe the property that was damaged
- (2.) give the present location and time when the property may be inspected
- (3.) give the date the property was acquired
- (4.) state the value of the property on the date of the occurrence
- (5.) give a description of the damage
- (6.) state the amount of loss being claimed
- (7.) if the property was repaired, state by whom, the amount of the repair, attaching a copy of each repair estimate.

N. If any other losses are being claimed as a result of the occurrence, state the nature and dates of each item of loss, and give a complete itemized computation of each item of loss.

Not applicable.

- O. State whether you have agreed to receive any money from any person or entity for the damages claimed herein. If so, identify each such person or entity and set forth the details of each such agreement, and attach a copy of any written agreements.

Not applicable.

- P. Are any of the damages or losses for personal injury, property damage, wage loss or other loss covered by any policy of insurance? If so, specify each item loss covered, and state the name and address of the insurance company and policy number covering each item of loss.

Not applicable.

TAKE NOTICE that, pursuant to N.J.S.A., 59:8-6, The County of Gloucester or its designee may require you to submit to a physical or mental examination by a physician of our choice,.

TAKE FURTHER NOTICE that you may also be required to permit The County of Gloucester to inspect all appropriate records relating to your claim for liability and damages via written authorizations. Accordingly, please execute and return the attached authorizations for release of medical records and for release of employment/wage records.

I CERTIFY that all of the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false I am subject to punishment.



Michael L. Testa
Attorney for Claimant

NOTE: AUTHORIZATIONS FOLLOW ON THE NEXT FEW PAGES!

Authorization for Release of Medical Records

HIPAA Compliant / Pursuant to 45 CFR 164.508

THIS AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND DATED

TO: _____ RE: _____
Name of Health Care Provider/Physician/Facility Patient Name

Date of Birth Social Security Number

I authorize the disclosure of all protected health information and I expressly request that the designed records custodian of all covered entities under HIPAA identified above disclose full and complete protected health information, including the following:

- ☐ Complete patient chart/file including but not limited to office notes, treatment notes, radiographic/diagnostic testing results, etc.
- ☐ Complete patient chart/file including but not limited to office notes, treatment notes, radiographic/diagnostic testing results, etc. from date of accident ___/___/___ thru present. [provide description of information to be used or disclosed that identifies the information in a specific and meaningful fashion.]

NOTE: Release of "psychotherapy notes" as defined in 45 CFR 164.501 requires completion of separate authorization form. Information about diagnosis or treatment for alcohol/substance abuse and HIV/AIDS may be disclosed as follows: (check all that apply)

- ☐ Yes, disclose HIV/AIDS information OR ☐ No, do NOT Disclose HIV/AIDS information
- ☐ Yes, disclose alcohol/drug abuse information OR ☐ No, do NOT disclose alcohol/drug abuse information

This protected health information is disclosed for the following purposes:

- ☐ This disclosure is made at my request in compliance with 45 CFR 164.508(c)(1)(iv).
Description of legal proceeding Tort claim against Gloucester County or its entities

☐ Other (describe)

You are authorized to release the foregoing records to the following representatives of Gloucester County and its entities in the above-entitled matter who have agreed to pay reasonable charges made by you to supply copies of such records:

Inservco Insurance Services, Inc.
Name of Representative

Third Party Claims Administrator (duly appointed via GCIC resolution)
Representative Capacity (e.g., Attorney, Records Requestor, Agent, etc.)

3150 Brunswick Pike
Street Address

Lawrenceville, NJ 08648
City, State and Zip Code

This authorization does not apply to psychotherapy notes.

I acknowledge that I have the right to revoke this authorization, in writing, by sending written notification to you at the above-referenced address. However, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

I acknowledge the potential for information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and no longer to be protected under HIPAA privacy rules.

I understand that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign the authorization, unless a condition set forth at 45 CFR 164.508(b)(4) applies.

Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein.

This authorization shall be in force and effect until:

☐ Date: 12/12/2019

☐ Event (describe): dismissal or settlement of claim

Signature of Patient or Personal Representative

Dated: _____

Name of Patient or Personal Representative

Description of Personal Representative's Authority to Sign for Patient (attach documents that show authority)

Witness Signature

Dated: _____

**Authorization and Request for Employment Records
(Accident/Loss of Income)**

TO: _____

RE: _____
Name of employee

Address

SSN: _____

You are hereby requested and authorized to furnish to the following representatives of Gloucester County and its entities whose name and address is:

Inservco Ins. Services, Inc.
3150 Brunswick Pike
Lawrenceville, NJ 08648

The information requested below, concerning my loss of wages or earnings as a result of an accident which occurred on:

Dated: _____

Employee

1. Occupation and kind of work
2. How long employed by you prior to date of accident
3. Average number of hours per day
4. Average number of days per week
5. Date stopped work
6. Date returned to work
7. Wages or earnings before date of accident: Hourly rate \$

Average regular weekly pay \$; Average weekly overtime pay \$
8. Wages or earnings after date of accident: Hourly rate \$

Average regular weekly pay \$; Average weekly overtime pay \$
9. If any wages or earnings were paid to employee for period during which he/she was out:
 - a. How much was paid (total) \$
 - b. for what period
 - c. nature of payment

ADDITIONAL REMARKS:

Dated: _____

By: _____
Title: **MICHAEL L. TESTA, ESQ.**

**Authorization and Request for Employment Records
(History Status)**

TO: _____

RE: _____

Name of employee

Address

SSN: _____

You are hereby requested and authorized to furnish to the following representatives of Gloucester County and its entities whose name and address is:

**Inservco Ins. Services, Inc.
3150 Brunswick Pike
Lawrenceville, NJ 08648**

any and all records, reports, notes, charts or other information you may have regarding my past or present employment. Please provide copies of the foregoing along with any other requested information. I would appreciate your full cooperation.

Dated: _____, Employee

ADDITIONAL REMARKS: _____

Dated: _____

By: _____

Title: MICHAEL L. TESTA, ESQ.

CLIENT STATEMENT

Name: TAMMY WHITE

Telephone: [REDACTED]

Address: 414 WEST RED BANK AVE

WEST DEPTFORD NJ 08096

Incident: TRIP FALL

Date: 12-12-19

Time: 4:45 PM

Location: RUSSELL ST. - Woodbury

Appt 1/16

11 AM

I WAS ON MY WAY WALKING HOME ALDI MARKET
WITH MY DAUGHTER [REDACTED] I WAS PUSHING MY METAL
CART WHICH HAS WHEELS ON IT. THE CART WAS LOADED
WITH BAGS.

AS I CROSSED RUSSELL ST I DID NOT SEE A
POT HOLE. THE FRONT WHEELS OF MY CART WENT INTO
THE POT HOLE CAUSING ME TO FALL OVER THE CART.
MY RIGHT LEG HIT THE CART CAUSING [REDACTED]
[REDACTED]

MY DAUGHTER CALLED 911. [REDACTED]
[REDACTED]

TAMMY WHITE
CLIENT SIGNATURE
1/3/2020

NCM 1/3/2020
Witness/Date

WITNESS STATEMENT

Name: [REDACTED]

Telephone: [REDACTED]

Address: 414 WEST RED BANK AVE

WEST. DEPTON NJ 08096

Incident: TRIP FALL

Date: 12-12-19

Time: 4:45 PM

Location: RUSSELL

I WAS WALKING HOME FROM THE STORE WITH MY
MOTHER. SHE WAS PUSHING HER CART.

SHE DID NOT SEE A POT HOLE AND PUSHED THE
CART INTO THE POT HOLE. THIS CAUSED HER TO
FALL OVER THE CART WHICH [REDACTED]

Sworn to and subscribed before
me this 3 day of JAN 2020

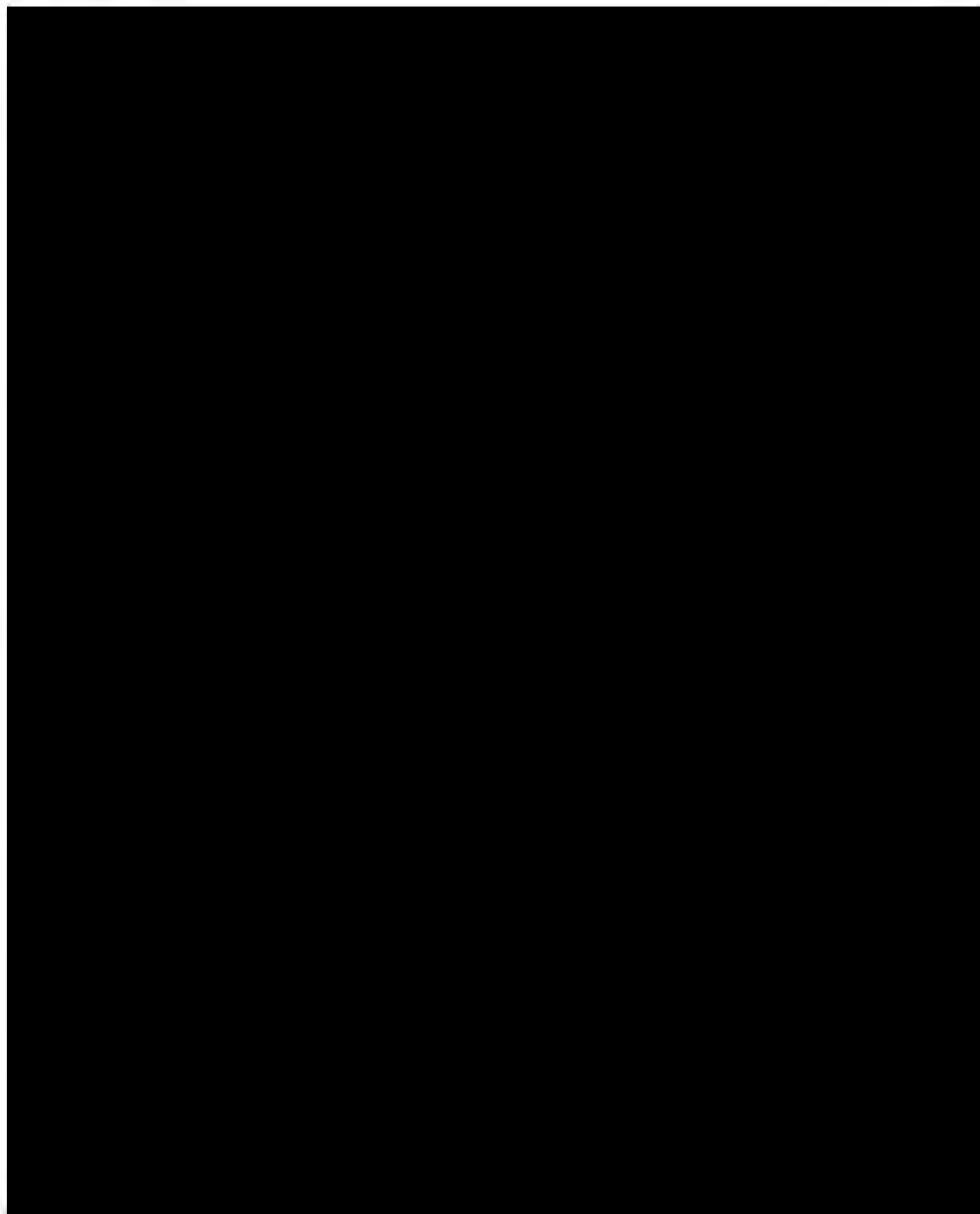
Richard C. Earl Jr.

X [REDACTED]
Witness/Date

1/3/2020



Richard C. Earl Jr.
Comm. #2453739
NOTARY PUBLIC - NEW JERSEY
CUMBERLAND COUNTY
Comm. Expires October 14, 2020



-
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the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase to 15.5 million by 2020, and the number of people aged 75 and over to 8.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on three main principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on three main principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

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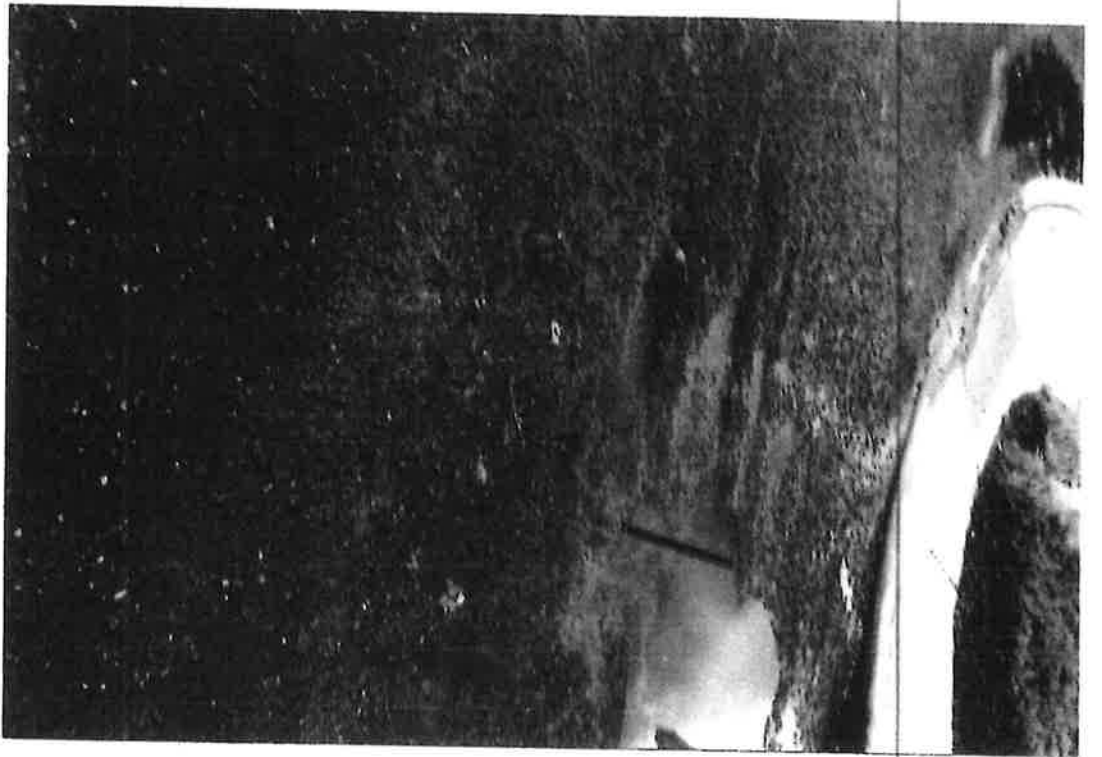
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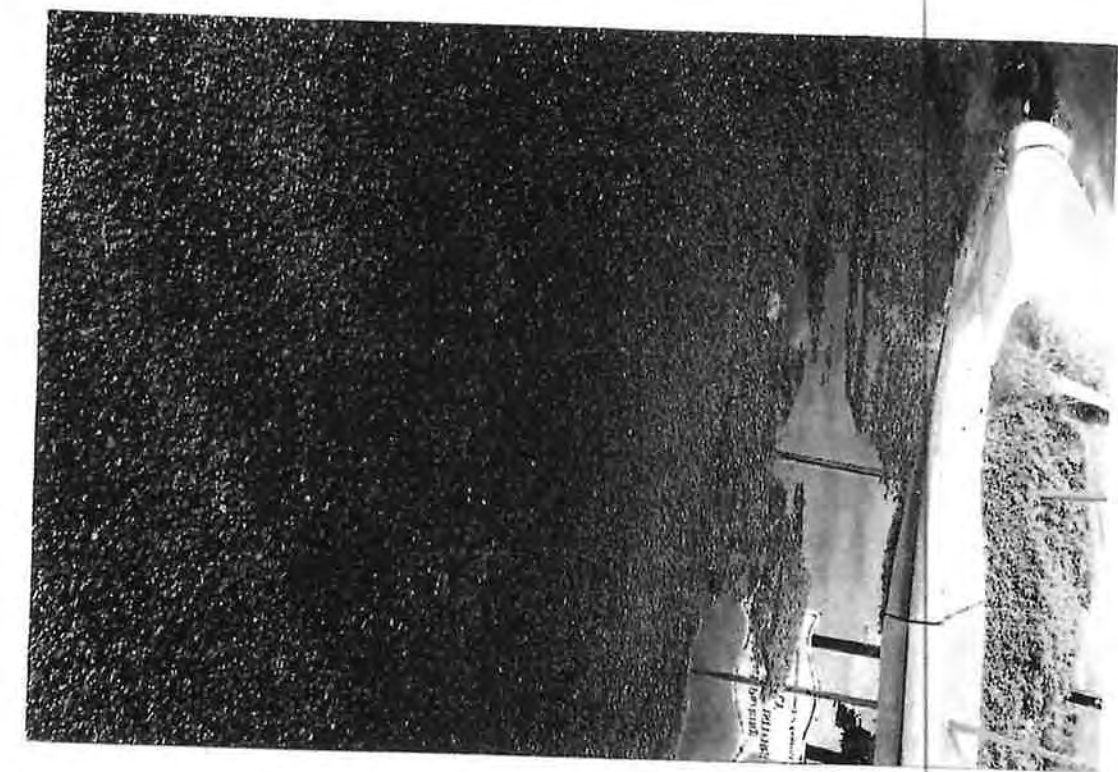
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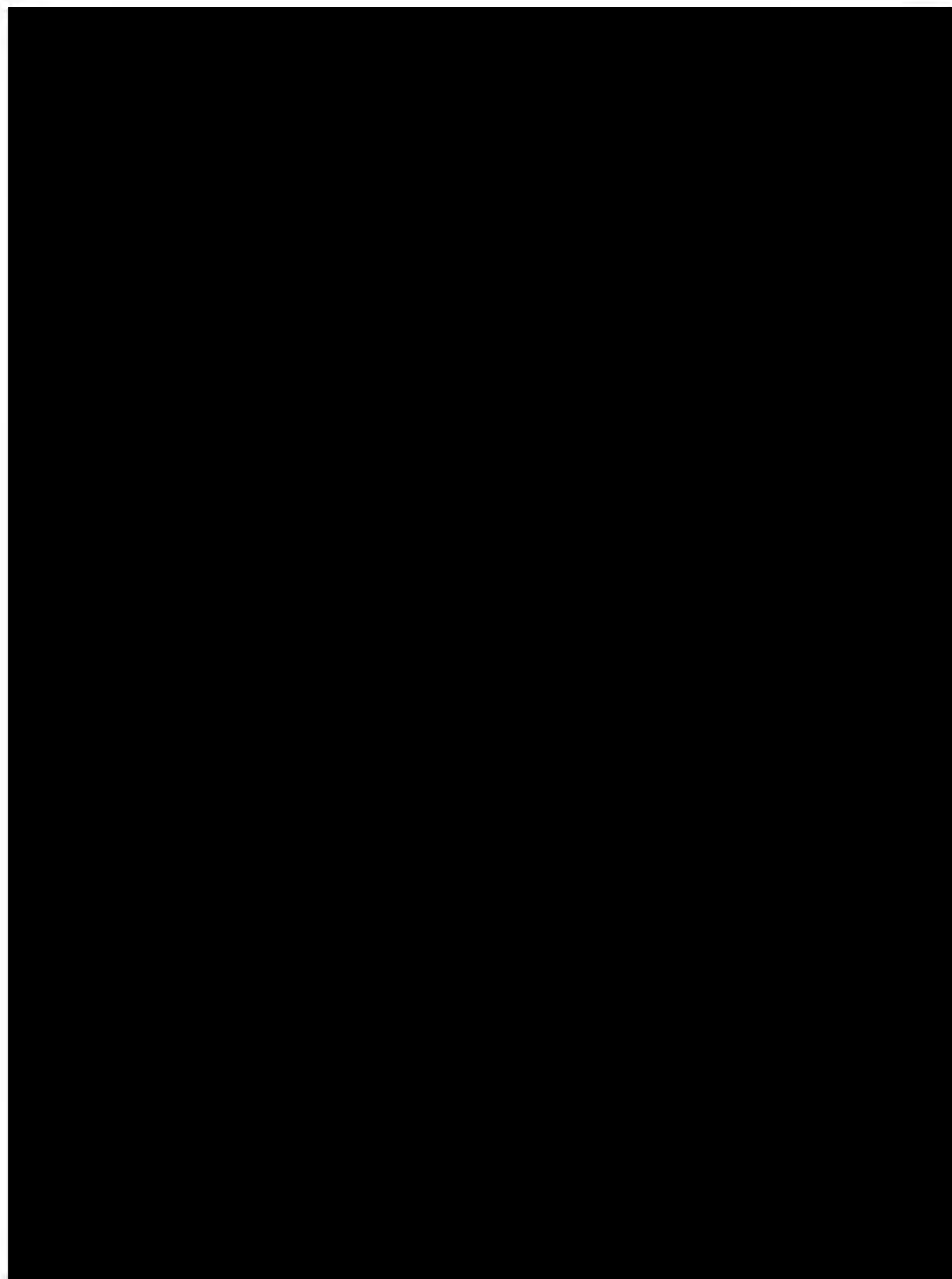
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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has become a major employer in the UK, and its growth has been a key factor in the overall growth of the economy.

The public sector has also become a major provider of social services, and its growth has been a key factor in the overall growth of the economy. The public sector has become a major provider of social services, and its growth has been a key factor in the overall growth of the economy.

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OF

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: Stephanie L. Jones

Telephone: _____

Address: 140 Spring St.

Date of Birth: _____

Woodbury, NJ 08096

SSN: _____

Email: _____

ATTORNEY INFORMATION (if applicable)

Name: _____

Telephone: _____

Address: _____

FAX: _____

File No.: _____

Email: _____

Send Notices to: _____ Claimant _____ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the _____ of _____.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

of _____

c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the _____ of _____, Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

In accordance with the New Jersey Tort Claims Act, timely Notices of Claim/Questionnaires must be filed within ninety (90) days after the incident giving rise to the claim.

This Questionnaire is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"*Claimant*" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the _____ of _____.

"*Documents*" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"*Person*" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"*Public Entity*" shall refer to the _____ of _____ along with any agent, official or employee of the _____ of _____ against whom a claim is asserted by the Claimant.

PLEASE NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

1. Provide the following information with respect to the Claimant:

a. Any other name by which the Claimant has been known.

NO

b. Residence and Mailing Addresses at the time of the incident giving rise to the claim. Also provide current Email address.

140 Spring St., Woodbury, NJ 08096

[REDACTED]

c. Marital Status at the time of the incident and currently.

[REDACTED]

d. Identify each person residing with the claimant and the relationship of that person, if any, to the Claimant.

[REDACTED]

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time that the Claimant resided at the address and the relationship of that person, if any, to the Claimant.

N/A

INFORMATION REGARDING ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.
March 26, 2022 - Saturday . At residence (home) Sunny high 40s
7:00 AM
+
April 6, 2022 - Wednesday . At residence (home) ptyly cloudy, cool
6:00 AM
4. Provide the Claimant's complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide Photographs of the area where the incident occurred, and indicate on the Photographs the exact location where the incident occurred.
3/26/22 - Awoke to a screeching noise + a beeping. Got up to look to see where it was coming from to get to the basement to find 9 inches of water. All appliances (Washer / dryer / Hot water heater / Stand up freezer) under water.
4/6/22 - Awoke to the smell of water or dampness in heating system to find 2 inches of water in basement.
5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name, address, email address and telephone number of each individual.
3/26/22 - Heidi Louis
Tasha Graziani
Michael Graziani
Nathan Grant
Willie + Mike from Guardian Plumbing
City of Woodbury Public Works - Nelson Racette
James Beck
4/6/22
Willie + Mike from Guardian Plumbing
City of Woodbury Public Works -
Nelson Racette
Steve Brown
Mark Hafner
6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.
City of Woodbury allowed #4 to occur as a result.
(see above)
I incurred damage as stated + dated above.
I spoke w/ Rick Leidy (Manager Public Works) 4/6/22 about the incident + what could be done. He directed me to contact City of Woodbury office to file a claim regarding this issue. I do not know if the city was able to determine where the rays were originally from to cause these two incidents to my home.

#4
3/26/22 - Called Guardian Plumbing to pump out water.
Called City of Woodbury. They came out with Jetter truck.
They found 3 ft. of "car wash rags" blocking drain on W. Barber.
Called CPR to come clean basement.

#4
4/6/22 - Called Guardian Plumbing to pump out water.
Called City of Woodbury Public Works. Came out
with Jetter truck. They found "car wash rags" blocking
drain down on S. Jackson St.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

Backed up city owned sewer system.
which continues to back up

8. If you allege a dangerous condition of public property, state the specific facts upon which you claim that the public entity was responsible for the condition and the specific facts and date upon which you claim that the public entity was provided with notice of the alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.

~~and~~ The City has allowed the Sewers to back up
multiple times not maintaining the sewers so the flow
is backup. This created a dangerous situation that
sewer water is backing into houses. Creates a health risk
& property damage is a risk.

9. If you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

N/A

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

N/A

11. If any photographs, drawings, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.

See attached

12. If you or any of the parties to this incident or any of the witnesses to this incident made any statements or admissions, set forth in detail the statements or admissions that were made; who made the statements or admissions; the date and place where the statements or admissions were made; and in whose presence the statements or admissions were made, providing the names and addresses of any persons having knowledge of the statements or admissions.

13. State the total amount of your claim and the basis upon which you have calculated the amount that is being claimed.

3/26/22 - Guardian plumbing \$1322.15
3/26/22 CPR cleaning company \$3198.75
4/16/22 Rob Corson, electrician \$200.00
4/18/22 Woodbury Appliances, dryer \$722.92
4/16/22 Guardian plumbing \$1215.53
3/26/22 loss of things in basement (my stuff) \$2000.00

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

See attached

15. Provide the names and addresses of all persons or entities against whom you are asserting a claim for the injuries or damages arising out of the incident forming the basis of this claim and give the basis for your claim against each person or entity.

City of Woodbury
33 Delam St
Woodbury, NJ 08096

16. Were any criminal and/or traffic Complaints or Tickets issued as a result of this incident? If so, please provide copies of the Complaints and/or Tickets and advise as to the disposition of the Complaints and/or Tickets.

N/A

PROPERTY DAMAGE CLAIMS

17. If your claim is for property damage, attach a detailed description of the property damage that is being claimed, and include copies of any and all estimates obtained which detail the costs to repair the property damage. If your claim does not involve any claim for property damage, enter "None".

If your claim is for property damage only, initial here and proceed directly to page 12 and sign the Certification.


Initials

#17 - Contaminated w/ Sewage
Can not be recovered

Water damaged the electrical
System of dryer

Storage containers	\$50.00
Household goods	\$100.00
Clothing/Shoes	\$500.00
TV	\$500.00
Small appliances/Vacuum/cleaner	\$350.00
Fans	\$50.00
towels	\$50.00
Books	\$100.00
DVD/CD	\$100.00
Keepsakes/mementos	\$200.00

PERSONAL INJURY CLAIMS

18. Were there any complaint regarding the incident or the condition which allegedly caused the incident made to the public entity or to any official or employee of the public entity? If so, state the time and place of the complaint and the person or persons to whom the complaint was made.
19. Describe in detail the nature, extent and duration of any and all injuries which were sustained as a result of this incident.
20. Describe in detail any and all injuries or conditions which were sustained in this incident which are claimed to be permanent, and set forth who has determined that any injury or condition is permanent.

21. If you have been confined to any hospitals as a result of the injuries sustained in this incident, state name and address of each hospital and the dates of admission and discharge. Also provide the name and address of each hospital where you were admitted prior to and subsequent to the alleged incident and provide the reason for each admission.
22. If X-Rays, MRIs, CAT Scans or any other diagnostic testing was performed, state (a) the address of the place where each was performed; (b) the name and address of the person who performed the testing; (c) the date when each test was performed; (d) the results of each test; (e) where and in whose possession they test results and films are now located. Include all X-Rays, MRIs, CAT Scans and any other diagnostic testing that was performed prior to or subsequent to the alleged injury forming the basis of the claim.
23. If were treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor; (b) the dates and places where the Treatments were administered; (c) the nature of the treatment; (d) the date of last the last treatment; (e) and if treatments are continuing, the schedule of future continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

24. If you have any physical impairment which you allege is caused by any injury sustained in this incident and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you have been prescribed to overcome or alleviate the impairment.
25. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and provide the name and present address of each doctor who treated you for the condition; the period during which treatment was received; and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of this claim.
26. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery; (b) the purpose thereof and the results anticipated or expected; (c) the name and address of the doctor who recommended the treatments, operation or surgery; (d) the name and address of the doctor who will administer or perform the same; (e) the estimated medical expenses to be incurred; (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence; (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery; (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

27. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, prescriptions, care and appliances and indicate which expenses were paid by any insurance coverage.
28. If you were employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer; (b) the position held and the nature of the work performed; (c) the average weekly wages for the year prior to the injury; (d) the period of time lost from employment, providing dates; (e) the amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.
29. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss; (b) provide a complete detailed computation of the loss; (c) the nature and dates of the loss.
30. If you are claiming lost wages state (a) the date that the employment commenced; (b) the name and address of the employer; (c) the position held and the nature of the work performed; and (d) the average weekly wages. Attach copies of pay stubs, tax returns, W-2s or other complete payroll record for all wages received during the past year.

DOCUMENT REQUEST

You are required to produce any and all documents identified in your answers to the Questions set forth above.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

A handwritten signature in cursive script, appearing to read "Stephen J. Jones", written over a horizontal line.

Signature of Claimant

Dated: 5/2/2022

**AUTHORIZATION FOR RELEASE OF
MEDICAL AND HOSPITAL RECORDS**

TO: _____

Date: _____

RE: _____
Patient's Name

Address

Address

Social Security Number _____ Claim Number _____

You are hereby authorized and requested to disclose, make available and furnish to:

QUAL-LYNX

100 Decadon Drive
Egg Harbor Township, New Jersey 08234

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof.

Approximate date of admission to hospital, first examination, treatment or consultation:

A photocopy of this release form, bearing a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

Authorized Signature

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

TO: _____

Date: _____

RE: _____
Patient's Name

Address

Address

Social Security Number

Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

QUAL-LYNX

100 Decadon Drive

Egg Harbor Township, New Jersey 08234

all information relating to my employment, including, but not limited to, my job title, assigned duties, compensation, benefits, attendance, and sick leave and to permit him or her to inspect and make copies or abstracts thereof.

A photocopy of this release form, bearing a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

Authorized Signature

OF

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: BARBARA HALL MALLON

Telephone: [REDACTED]

Address: 434 HARDING ST.

Date of Birth: [REDACTED]

WOODBURY, NJ 08091

SSN: [REDACTED]

Email: [REDACTED]

ATTORNEY INFORMATION (if applicable)

Name: ANNE MADDEN TUFANT

Telephone: 215-668-1785

Address: 402 KINGS HIGHWAY SOUTH

FAX:

CERRY HILL NJ 08024

File No.:

Email: AMT@MADDEN-TUFANT.LAW.COM

Send Notices to: ☒ Claimant ☒ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the CITY of WOODBURY.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

of

c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the CITY of WESLEY/Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

In accordance with the New Jersey Tort Claims Act, timely Notices of Claim/Questionnaires must be filed within ninety (90) days after the incident giving rise to the claim.

This Questionnaire is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the _____ of _____.

"Documents" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the CITY of WESLEY along with any agent, official or employee of the CITY of WESLEY against whom a claim is asserted by the Claimant.

PLEASE NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

1. a. N/A
b. 434 Harding Street
Woodbury, New Jersey 08096
c. [REDACTED]
d. [REDACTED]
2. Same as my current address, 434 Harding Street Woodbury, New Jersey 08096.
3. February 2, 2022
Woodbury Public Library parking lot
Clear day. It had snowed several days before.
4. Barbara Mallon fell because of snow in the parking lot of Woodbury Public Library.
[REDACTED] When
Susanna Mallon (daughter) brought Vincent Mallon (husband) back to parking lot, they
observed Woodbury maintenance workers removing snow after the accident had
occurred. They took photos at the time which are reproduced.
5. To be supplied.
6. The City of Woodbury failed to remove the snow from the parking lot of Woodbury
Public Library in a timely fashion. When Barbara Mallon was attempting to go in the
library after parking her car, she fell in the snow in the parking lot and [REDACTED]
[REDACTED]
7. Woodbury failed to remove snow from the Woodbury Library Parking Lot which caused
Barbara Mallon to fall [REDACTED]
8. No notice given to Woodbury as snow was removed after the fact of the accident. The
public entity knew or should have known that it had snowed, thereby creating a defective
condition on its property which needed to be addressed.
9. N/A
10. N/A
11. Photos taken February 2, 2022 by Susannah Mallon, 500 Crozier Ave. National Park, NJ
08063 [REDACTED]
12. The details of the accident were related to our attorney, Ann M. Madden, Esquire.
13. FOUR HUNDRED FIFTY THOUSAND (\$450,000.00) DOLLARS. [REDACTED]
[REDACTED]

14. Medical records to be provided.

15. City of Woodbury
County of Gloucester
State of New Jersey

16. No.

17. None

PERSONAL INJURY CLAIMS

18. Unknown by answering claimant if any complaints had been made prior to Claimant's fall. The public entity was aware of Claimant's fall which led to the subsequent snow and ice removal thereafter.

19.

20.

21.

22.

23.

a.

b.

c.

d.

24.

25. N/A

26. None at the present time. However, this is subject to change.

27. Unknown at the present time.

28. Barbara is retired.

29. N/A

30. N/A

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Barbara Hall Mallon

Signature of Claimant

Dated: 3-18-22

AUTHORIZATION FOR RELEASE OF MEDICAL AND HOSPITAL RECORDS

Date: 3/19/2020

RE: BARBARA HALL MALLOU
Patient's Name

434 HARDING ST
Address

WOODBURY, NJ 08992
Address

You are hereby authorized and requested to disclose, make available and furnish to:

QUAL-LYNX

100 Decadon Drive

Egg Harbor Township, New Jersey 08234

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof.

Approximate date of admission to hospital, first examination, treatment or consultation:

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Barbara Hall Mallon

Authorized Signature

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

TO: JA

Date: _____

RE: _____
Patient's Name

Address

Address

Social Security Number

Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

QUAL-LYNX

100 Decadon Drive

Egg Harbor Township, New Jersey 08234

all information relating to my employment, including, but not limited to, my job title, assigned duties, compensation, benefits, attendance, and sick leave and to permit him or her to inspect and make copies or abstracts thereof.

A photocopy of this release form, bearing a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

Barbara Ball Mallon

Authorized Signature



GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY)

8-20-21

AGENCY QUAL-LYNX	INSURED LOCATION CODE	DATE OF LOSS AND TIME 8-3-21 1:00	AM ☒ PM
	CARRIER JIF	NAIC CODE	
CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	POLICY NUMBER ON FILE		
CODE:	SUBCODE:		
AGENCY CUSTOMER ID:			

INSURED

NAME OF INSURED (First, Middle, Last) Linval A. Lewis	INSURED'S MAILING ADDRESS 34 sleepy Hollow Lane Sicklerville, NJ 08081
FEIN (if applicable)	
PRIMARY PHONE # ☐ HOME ☐ BUS ☒ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

CONTACT

NAME OF CONTACT (First, Middle, Last) Linval A. Lewis	CONTACT'S MAILING ADDRESS 34 sleepy Hollow Lane Sicklerville, NJ 08081
PRIMARY PHONE # ☐ HOME ☐ BUS ☒ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
WHEN TO CONTACT Anytime	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:

OCCURRENCE

LOCATION OF OCCURRENCE STREET: Hunter Street	POLICE OR FIRE DEPARTMENT CONTACTED No (only AAA)
CITY, STATE, ZIP: Woodbury, NJ 08096	REPORT NUMBER
COUNTRY: US	

DESCRIBE LOCATION OF OCCURRENCE IF NOT AT SPECIFIC STREET ADDRESS: right in front of entrance @ Prosecutor's Public Parking lot

DESCRIPTION OF OCCURRENCE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

I had just made a left turn out of the Gloucester County Family Court parking lot. I was traveling on Hunter Street. As soon as I passed the entrance of the Prosecutor's Public Parking lot, I drove over a pot hole in the road. My tire bursted making a very loud sound which alarmed myself and someone sitting in their car in the parking lot. I stopped immediately. As I exited my car, I noticed my tire blew out and scraped rim. I backed car up and pulling into parking lot where I called AAA and then informed my supervisor and co workers in Justice Comple

TYPE OF LIABILITY

PREMISES: INSURED IS ☐ OWNER ☐ TENANT ☐	TYPE OF PREMISES
OWNER'S NAME & ADDRESS (if not insured)	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:
PRODUCTS: INSURED IS ☐ MANUFACTURER ☐ VENDOR ☐	TYPE OF PRODUCT
MANUFACTURER'S NAME & ADDRESS (if not insured)	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:
WHERE CAN PRODUCT BE SEEN?	

AGENCY CUSTOMER ID: _____

INJURED / PROPERTY DAMAGED

NAME & ADDRESS (Injured/Owner) Linval Lewis 34 Sleepy Hollow Lane Sicklerville, NJ 08081			EMPLOYER'S NAME & ADDRESS State of New Jersey 70 Hunter St Woodbury, NJ 08096		
PRIMARY PHONE #	☐ HOME ☐ BUS ☒ CELL	SECONDARY PHONE #	☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE #	☐ HOME ☐ BUS ☒ CELL
PRIMARY E-MAIL ADDRESS:			PRIMARY E-MAIL ADDRESS:		
SECONDARY E-MAIL ADDRESS:			SECONDARY E-MAIL ADDRESS:		
AGE	SEX	OCCUPATION	DESCRIBE INJURY		
48	M	Senior Probation Officer	damage to vehicle (tire/rim)		
WHERE TAKEN			WHAT WAS INJURED DOING?		
N/A			driving		
DESCRIBE PROPERTY (Type, model, etc.)			ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	
Mercedes Benz CL550			\$341.63	in parking lot when @ work	

WITNESSES

NAME AND ADDRESS	PRIMARY PHONE #	☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE #	☐ HOME ☐ BUS ☐ CELL
N/A	PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				
NAME AND ADDRESS	PRIMARY PHONE #	☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE #	☐ HOME ☐ BUS ☐ CELL
N/A	PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				
NAME AND ADDRESS	PRIMARY PHONE #	☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE #	☐ HOME ☐ BUS ☐ CELL
N/A	PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AAA arrived about 45 minutes to a hour and removed the damaged tire. The AAA driver put the spare tire on and left. I went back to work. Days later, I contacted Michael from Gloucester Co. Public Works and he provided me with Ms. Cortez contact information. Michael informed me that he would send someone out to repair the pothole. Please see attached photos of my damaged rim and tire. Also, the pot hole and location of where the incident occurred. I'm seeking reimbursement for the damaged tire. I paid \$341.63. Please see attached receipts. I am not seeking reimbursement for the scraped car rim. For additional information, please call me. I thank you in advance for your cooperation.

REPORTED BY Linval Lewis	REPORTED TO Christina Cortez
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