

RECEIVED AUG 24 2015

*Law Office  
of*  
**NATHANIEL M. DAVIS, P.C.**

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60 Park Place  
Suite 208  
Newark, New Jersey 07102  
Telephone No.: (973) 792-9005  
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Admitted in N.J. and PA

August 19, 2015

**Via Regular Mail**

Deborah C. Jackson  
Borough Clerk  
Borough of Lindenwold  
15 N. White Horse Pike  
Lindenwold, New Jersey 08021

Re: Vuano Wood

Dear Ms. Jackson:

Enclosed please find the Notice of Tort Claims Form in regards to the above referenced matter.

If there are any questions please contact me.

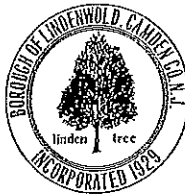
Thank you for your cooperation.

Sincerely yours,

/s/ Nathaniel Davis

Nathaniel Davis, Esq.

Enclosure



**BOROUGH OF LINDENWOLD**

15 N. White Horse Pike  
Lindenwold, New Jersey 08021  
(856) 783-2121, ext. 240  
Fax # (856) 782-9446

Date

8/13/15

Dear

NATHANIEL DAVIS, ESA

Your recent communication in which you indicated an intention to assert a claim against the Borough of Lindenwold or against an official, employee or Department of the Borough of Lindenwold has been received.

In accordance with the provisions of the New Jersey Tort Claims Act, the Borough of Lindenwold has adopted an official form to be completed by any individual seeking to assert a claim against the Borough of Lindenwold or against an official, employee or Department of the Borough of Lindenwold.

A copy of the Claim Form is enclosed and includes a form authorizing us to obtain reports with respect to your injury.

Your claim will not be considered as filed and cannot be evaluated until you return the completed form and provide the information required.

You should be aware of the fact that the New Jersey Tort Claims Act included limitations on claims against public bodies and established time limits for the filing of those claims.

Notice of the claim against the public body generally must be filed within 90 days after the incident giving rise to the claim. No Notice of Tort Claim may be filed after the 90 day period unless there is an Order from the New Jersey Supreme court allowing the late filing of the Notice of Tort Claim. Such an Order can be granted only within one year from the date of the incident and only where the Court determined that good cause exists to permit the late filing.

Please return the completed claim form to :

Deborah C. Jackson  
Borough of Lindenwold  
15 N. White Horse Pike  
Lindenwold, NJ 08021

Sincerely,

Deborah C. Jackson  
Borough Clerk

# Notice of Tort Claims Form

## Borough of Lindenwold

### CLAIMANT INFORMATION

Name: Vuanno Woods

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

### ATTORNEY INFORMATION (If Applicable)

Name: Nathaniel Davis

Telephone: (973) 792-9005

Address: 60 Park Place, Suite 208

Fax: (973) 792-9007

Newark, NJ 07102

File No.: \_\_\_\_\_

Send Notices to:

☐ D Claimant

☒ D 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 Borough of Lindenwold.

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:

Deborah Jackson  
Borough of Lindenwold  
15 N. White Horse Pike  
Lindenwold, NJ 08021

NOTE CAREFULLY: Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with the Borough of Lindenwold. 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 questions 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 Township.

"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 Borough of Lindenwold along with any agent, official, or employee of the Borough of Lindenwold 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 public employee.

If the claim involves only property damage, the portion on personal injuries need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

### INFORMATION ON THE CLAIMANT

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

D Any other name by which the claimant is known.

No.

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

755 Central Avenue  
Lindenwold, NJ 08021

D Marital Status: at the time of the incident Yes

currently Yes

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

Desiree Gracey  
Keith Woods

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, of any of the persons to the Claimant.

Same address as listed above

### 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.

July 29, 2015 at 755 Central Avenue, Lindenwold, NJ

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

My daughter, Desiree Gracey, was falsely accused of stealing from a neighbor's home. My daughter, however, was with me all morning long. We returned home and the police arrived at my home and knocked on the door. Four police officers arrived on the scene and two came into the house. Police asked how many daughters did I have. Police officers then asked her two daughters which one lives here. Police officers asked where they were at and daughter said that she was with her mother all day. One of the daughters exited the house to smoke a cigarette. Police followed one of the daughters and began to arrest her. The mother and the other daughter asked why the daughter

was being arrested. Daughter was being arrested. The second daughter  
questioned why her sister was being arrested. Mr. Woods then asked  
why she was being arrested. The police then grabbed ~~they~~ <sup>she</sup> and  
threw her to the ground. My chest, Mr. Woods,  
was caused to go into convulsions due to the assault by  
the police officer. Mr. Woods had not attacked the police  
officer in any way. As a result of being thrown to the ground,  
Mr. Woods went into convulsions and seizures as she suffers from  
a debilitating disease. Mr. Woods was taken to the hospital  
and spent three days in the hospital due to excessive  
force and assault. The daughter who was arrested was named  
Desiree Lopez. The other daughter was named Quaiyana Clark.

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.

Desiree Gracey  
Quincy Clark

Joanna (1/n/o)  
Viggo (1/n/o)

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.

Lindenwood Police Department

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.

As a result of the police officer assault on my person, I was  
unable to go to the hospital for three days and was unconscious.

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.

N/A

9. If you or any other party or witness consume any alcoholic beverages, drugs or medications within twelve 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.

I had not consumed any alcohol

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 payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of 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 maps and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps.

I have no photographs in my possession at the present time.

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; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

*I am unaware of any admissions.*

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

*\$1,000,000.00*

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.

*None in my possession at the present time.*

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.

*I do not have the name of the individual police officers at the present time.*

**PROPERTY DAMAGE CLAIM**

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

**Note:** If your claim is for property damage only, initial here and proceed directly to the certification section on the next to last page of this form.

**D 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.

*A complaint was made to the local police departments.*

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

*I suffered injuries to my neck and back due to the assault.*

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

*I suffered injuries to my neck and back and shoulder and hand.  
I also suffered from a concussion.*

20. If confined to any hospital, 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.

*I was confined to Kennedy Hospital located in Stratford, New Jersey.*

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.

*Any and all X-rays are at the hospital previously mentioned.*

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

*The names of the doctors are to be provided.*

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 movement, 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.

*I suffer from a physical disability Charcot-Marie Tooth Syndrome or CMT. As a result of CMT I am unable to fully move my arms and legs. I walk with a cane.*

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.

*Injury are to be determined by a physician*

25. If any treatments, operations, 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 operations or surgery, (d) the name and address of 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 expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments, operation or surgery, please give an approximate date.

*Unknown at this present time*

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

*Medical bills to be provided.*

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, workers' compensation, disability income, social security and income continuation insurance.

*I am not employed at the present time*

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

*Unknown at the present time*

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 year.

*The lost wages are to be determined.*

DOCUMENT REQUEST: Provide 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:

*Vonna Woods*

Date:

*August 19 2015*

Authorization for Release of Medical and Hospital Records

Date: August 19, 2015

To: \_\_\_\_\_

Re: Patient's Name Vuannu Woods Social Security Number \_\_\_\_\_

Address 755 Central Avenue Claim Number \_\_\_\_\_  
Lindenwald, NJ 08021

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

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.

Signature: Vuannu Woods Date: August 19, 2015