Being dropped off 12-10-15

Notice of Tort Claims Form

RECEIVED DEC 11 2015

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Amy Masciocchi Date of Birth: 08/16/1969

Address: 2 North Berlin Rd Telephone: [redacted]
Lindenwold NJ
08021

ATTORNEY INFORMATION (If Applicable)

Name: Drinkwater & Goldstein Telephone: 856-753-5131

Address: 277 White Horse Pk Fax: 856-753-5132
Atco, NJ 08004

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."

It 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.
   Amy L. Dotoli - Maiden name

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

   D Marital Status: at the time of the incident Divorced | Single
   currently Single

   D Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.
   N/A - Live alone.

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. 49 Presidential Dr Egg Harbor NJ 08234 324 Huntington Ave Clendora NJ 08029 mother Father daughter Jade, SON Santino 324 Huntington Ave Clendora NJ 08029 Carlo Marucci SR Carlo Marucci JR.

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.
   Sept 18th, 2019 Clear no rain
   Berlin Clementon Rd *See attached* sheet.
   11 pm - around there

4. Provide the Claimant's complete version of the events that form the basis of the claim.
   I was walking down the sidewalk that was being worked on @ the time by (Curb-con) (The sidewalk had gaps that they left open @ the time for red bricks to go into which is where my foot went in bent and got broke.
   Barbegate NJ

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.

No one was w/me @ the time I was walking home from Patco Speedline.

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.

Curb-con
Rt 9
Barnegate, NJ

Do not know any names of any individuals.

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. No notice @ the time of my injury was present that work was being done, dont walk on sidewalk or that there was dangerous condritions.

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. I tried to complain to employees in begining that I was walking in bike lane where they had vehicles driving they spoke no eng. or acted like they didnt. the rep hichered them to do the job.

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 (Amy Mascrocchi) take Ativan 1mg 1 tablet by mouth twice a day 1-morning, 1- night

Also- Hydroxyzine HCL 50mg for Sleep.

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.

NO / None

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, sketched, charts or maps.

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.

NO.

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

$200,000.- to $300.00
subject to injury after all is done.

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.

Linderwold Twp. Kennedy Hosp.
Curb-Con construction

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."

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.

No

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

a wk later.
went to ER. 9-18-2015 [redacted] as injury @ that time was told nothing wrong as time went on it got worse the pain went to family dr who suggested a podiatrist. went on oct 7th, 15

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

Not sure @ time still under care of Dr. Giorgianni

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.

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.

Kennedy Hosp - Stratford NJ - 2 Not sure of dates.
3 Cooper plaza - camden NJ - 2
I & hospital have copies of x-rays.

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.

ER Kennedy Hosp Stratford / Dr Nicholas Giorgianni - 121 whitehorse pk still continuing. Glouc. City NJ 08030
Dr. Lundy - 1017 Market st Glouc. City NJ - Family dr - really hasn't treated me for foot.

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.

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, 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.

see attached paper. This started Sept 15th, 2015 & is still on going today Dec 8th, 2015 still under dr care.

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.

Have ins. but @ this time nothing out of pocket other than ace bandage.

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. Wanted to get a temp seasonal job but due to injury on foot can not do that.

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.

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.

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: [signature] **Date:** 12-8-2015

Authorization for Release of Medical and Hospital Records

Date: 12/10/2015

To: _____

Re: Patient's Name Amy Masciarelli **Social Security Number** [redacted]

Address 2 North Berlin Rd **Claim Number** _____

Hammonton NJ 08037

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 of 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: Masciarelli **Date:** 12-10-2015

Question #3

Incident occured on or about 9-15 or 9-16 2015 went to ER @ Kennedy Hosp. Stratford NJ. on the 18th of Sept 2015 was told after 3 x-rays foot not broken. Recieved blue sheets (discharge papers) Sat waiting 20 mins later a woman (Marlyn) came to fix or change sheets asked if I needed wheel chair to door, or waiting for a ride. I told her according to my discharge papers I was to get ace bandage, blue shoe & crutches she went to see what was going on and then I had someone named Jennifer who came flying around corner your not getting any narcotics, I said I never asked for anything for pain but I am in severe pain she told me she would give me motrin, @ this point I will admit I was getting an attitude because of hers, so I told her go ahead did you not check records or see red allergy band I'll take them & but myself w/ epi-pen + call attorney. I was out of line but

Question #3 cont.

the attitude she gave me enraged me. I was in so much pain still am w/allergies to Anti-Inflamatorres & en-so its hard to give me medications plus I'm on a blocker for opiates so really this whole ordeal I've done it w/tylenol & Gabapentin 300 mg 1 tablet by mouth 3 times a day for nerve pain but which is actually intended for neck & back pain @ times has been unbareable & so severe & can't take anything for it. I went to see Dr Lundy Sept 22 2015 → family physician for a regular follow up on other issues when he looked @ foot & said see a podiatrist. I couldn't see anyone I called until after 2016 until I went to Dentist (DeKami) on the 25th of September who recomended Dr. Giordianni who comes into the office @ cam-care once a wk on wed. only. I saw him 1st time on 10-7-2015 @ 10:45 who w/out me talking off blue shoe & sock said it's broke I went got another 3 x-rays @ Kendall Hosp Stratford which said BROKE! 2 bones & Shatter fractures from wearing

question #3 cont.

blue shoe, he gave me a script for air cast which I gave Komfort Kare, a call they had it (magnolia) so since Oct 7th 2015 I've been wearing it ever since it is now Dec 9th 2015. Still have severe pain and it seems like its not healing correctly. I've been seeing Dr Georgiani since then Oct 7th, 2015.

question #5

Went to ER (Kennedy Hosp, Stratford NJ) on Sept 18th after almost 2 days of severe pain. Saw family dr podiatry specialist that works @ cam-care in Clem. who almost immediately knew was broke. I'm still on going w/his treatment which foot not healing well or properly. At this time dont know what our out come @ this time is w/my foot.

Question #4

Curb-con was hiapered by Lindenwold twp or borough. that is why I am going through borough @ this time w/ paperwork!

See attached
Hosp. papers.

You can contact
Dr. Giorgianni Phone # 856 627-7701
@ 121 White Horse pk
Clem, NJ 08021
Fax # 627-0030

also has Cherryhill office
Do not have address
for there & don't see
him there but # is 856-795-1003

DR Lundy = Don't really have anything to do w/ the case
1017 Market St
Glouc. City NJ 08030
#456-1042

I will have all copies of X-rays by end of wk.