THE LAW OFFICES OF
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PHILADELHIA OFFICE
1615 South Broad Street
Philadelphia, PA 19148
Phone: (215) 389-1900
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PLEASE REPLY TO:
Philadelphia – Broad Street Office

June 4, 2015

VIA REGULAR MAIL & CERTIFIED/RRR: 7013 3020 0002 1365 6764

NAME: Borough of Lindenwold
2001 Egg Harbor Road
Lindenwold, NJ 08021

ATTN: Administrator of Tort Claims

RE: NOTICE OF TORT CLAIM
Client: CHARLES F. MORROTTA, JR.
Date of Incident: March 5, 2015

Dear Sir/Madam:

Please be advised that this office has been retained to represent Mr. Charles F. Morrotta, Jr. for injuries/damages sustained as a result of a Slip and Fall Accident Pursuant to N.J.S.A. 59:8-4, please be advised as follows:

1. Claimant Information:

Claimant Name	Address	Date of Birth	Social Security Number
Charles F. Morotta, Jr.	28 Winding Way, Mullica Hill, NJ 08062	2/19/1961	[redacted]

If notices and correspondence in connection with this claim are to be sent to a person other than claimant, complete item #2.

2. **Conrad J. Benedetto, Esquire**
1615 S. Broad Street
Philadelphia, PA 19148

Relationship to Claimant: (X) Attorney at Law

( ) Other: _____
Explain Relationship

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

a. Date: 3/5/2015 Time: At or about 5:30 p.m.

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

Municipality: Lindenwold, New Jersey

Exact Location of the Occurrence: Patco Train Station-Lindenwold Station

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

Walking to his vehicle which was parked at the Lindenwold Train Station parking lot when suddenly and without warning he fell due to the snow. When I got up I realized there was also ice under the snow.

d. State the name and address of the State agency or agencies that you claim caused you damage:

Agency	Address
State of New Jersey Department of Law & Public Safety	Station Plaza Building #4, 2nd Floor 22 S. Clinton Avenue Trenton, NJ 08625
Borough of Lindenwold	2001 Egg Harbor Road Lindenwold, NJ 08021
State of New Jersey	P.O. Box 3000 Lindenwold, NJ 08625
Delaware River Port Authority	2 Riverside Drive Camden, NJ 08103

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

Agency Employee
To be determined

e. State the negligence or wrongful acts of the State agency and State employees which caused your damages:

- Failure to properly maintain the parking facility for the weather conditions;
- Failure to properly design the parking facility;
- Failure to provide adequate lighting for the weather conditions;

f. State the name and address of all witnesses to the accident or occurrence:

Claimant Name	Address
TBS	Still under investigation

Other names may be provided, pending further investigation and discovery.

g. State the name of all police officers and police departments who investigated the accident:

Agency:None	

Agency Employee	Employer

Other names may be provided, pending further investigation and discovery.

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

(**XX**) Personal Injury ( ) Property Damage ( ) Other

If other, explain in detail:

4b. If you claim personal injury:

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

Injuries include but are not limited to left hip, groin, head, left shoulder , neck and left leg.

(2) Do you claim permanent disability resulting from the injury: Yes

If yes, describe the injuries believed to be permanent.

Unknown at present time

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

Name of Hospital, Doctor or Other Facility	Address	Dates of Treatment Or Services	Amount of Charges To Date	Amount Paid or Payable by Other Sources Such as Insurance
Kennedy Memorial Hospital	435 Hurffville-Cross Keys Road Turnesville, NJ 08012	3/5/2015	Waiting for bills	

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

Name of Employer:

Address of Employer:

Your Occupation:

Date Employed at This Job:

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.

(5) Set forth any and all other losses or damages claimed by you:

No other losses or damages at this time. Additional damages to be supplied if discovered after additional discovery and investigation.

4c. If you claim property damage: **N/A**

(1) Describe the property damaged: Residence where the incident took place.

(2) The present location and time when the property may be inspected: Inspection available upon request.

(3) Date property acquired:

(4) Cost of the property:

(5) Value of property at time of accident:

(6) Description of damage:

(7) Has the damage been reported?

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:

4d. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

To be supplied.

I hereby certify that the foregoing statements made by me are true based upon information and belief, that the attached statements, 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 herein is willfully false or fraudulent, that I am subject to punishment provided by law.

Dated:

CONRAD J. BENEDETTO, ESQUIRE
Attorney for Claimant

SIGNED AND SENT OUT TO:
Borough of Lindenwold
2001 Egg Harbor Road
Lindenwold, NJ 08021