Date: Jan. 18, 2016

To: Deborah C. Jackson

Re: **Notice of Claim of** Property Damage

Enclosed you will find the following:

- ~ Initial Notice of Tort Claim received on 1/8/2016.
- ~ Copy of Response sent on _____ by certified mail, return receipt request, with the official Notice of Tort Claim Form.
- ~ Reports by employees on the incident given rise to the claim.
- ~ Official Notice of Tort Claim form received on _____.
- ~ Summons and Complaint received on _____.
- ~ Other _____

Very truly yours,

Joseph C. Bennett
535 Lake Blvd,
Lindenwold, NJ 08021

cc: Christopher J. Powell

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

Date 1/8/16

Dear

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 form 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: JOSEPH C. BENNETT

Date of Birth: 1/18/1974

Address: 535 LAKE BLVD
LINDENWOLD, NJ 08021

Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: _____

Telephone: _____

Address: _____

Fax: _____

_____

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
2001 Egg Harbor Road
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.

Joe Bennett
Joseph Bennett Sr.

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

535 Lake Blvd. Lindenwold, NJ 08021

D Marital Status: at the time of the incident MARRIED

currently MARRIED

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

RODELIA BENNETT - WIFE
MARIA BENNETT - DAUGHTER
JOSEPH BENNETT - SON

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.

408 8TH AVE LINDENWOLD, NJ 08021
535 LAKE BLVD LINDENWOLD, NJ 08021

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.

JAN 4, 2016, AROUND 7:10 PM AT DPW PARKING LOT

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

I parked at the first space in the parking lot. Due to the dark condition and poor lighting system, when I pulled over my space and turn right, my passenger wheel hit the concrete siding of the lot.

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.

I was the only passenger in the car. I went to DPW to attend meeting w/ councilman Justin Jackson.

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.

Lindenwold Public Works and Sewer facility Parking lot.

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.

Dark condition of the parking lot

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.

No lighting system or street lights except the lights attached to the building

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.

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 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.

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.

Please see attached Photos of the Damage and work estimate w/ analysis from Firestone.

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.

Councilman Justin Jackon could attest that I was at the denue for the meeting.

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

$776.25. Please see attached receipt

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.

photos and work cost 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.

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."

$776.25. Please see attached

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: JCB

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. 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.

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.

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.

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.

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.

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: _____ **Date:** _____

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name _____ **Social Security Number** _____

Address _____ **Claim Number** _____

_____

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: _____ **Date:** _____

Notice of Tort Claim Form Transmittal Letter to Claimant

Date _____

Dear

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Please return the completed claim form to:

Deborah C. Jackson
Borough Clerk
Borough of Lindenwold
856-783-2121 ext. 9-240

Very truly yours:

Customer Invoice
192311
01/08/2016
N/O

FIRESTONE COMPLETE AUTO CARE
CLEMENTON
1375 BLACKWOOD CLEMENTON RD
CLEMENTON, NJ. 08021-5661

Service Advisor:
04 BILL
856.782.1558

BENNETT, JOSEPH
535 LAKE BLVD
LINDENWOLD, NJ 08021-3314
856.566.5147

2006 HONDA CR-V EX [BLACK]
2.4L L4 FI GAS
Lic #: WE3371 NJ **Vin #:** SHSRD78516U414427
In: 01/08/16 8:26AM **Mileage:** 92,052
Out: 01/08/16 6:17PM

Store # 021709 **RETAIL SALE**

Description	Rev Hist /Article #	ID	Qty	Unit Price	Extended Price	Job Total
ALIGNMENT RECHECK (LIFETIME WARRANTY)		04				
LIFETIME ALIGNMENT RECHECK	7022837	09TS	1	N/C	N/C	
COURTESY CHECK		04				
COURTESY CHECK	7046930	09TS	1	N/C	N/C	
TIRE ROTATION W/ BALANCE (All 4)	1	04				**25.00**
TIRE ROTATION - NO CHARGE	7001119	09TS	4	N/C	N/C	
STANDARD WHEEL BALANCE (JOBS)	7013178	09TS	4	11.99	47.96	
LBR-DISC Customer Promotion	7001665	09T	-1	22.96	-22.96	
MISCELLANEOUS SUSPENSION	1	02				**355.49**
2703-233844 Control Arm With Ball Joint	7030066	09TN	1	192.99	192.99	
REMOVE & REPLACE F CONTROL ARM - LOWER, ONE SIDE	7041572	09TS	1	162.50	162.50	
STRUTS	1	02				**333.73**
172143 FRONT QUICK STRUT ASSEMBLY	7030066	09TN	1	333.73	333.73	
MISCELLANEOUS INSPECTION	2	04				
MOUNT/DISMOUNT SPARE TIRE	7003186	09TS	1	N/C	N/C	

Technician(s):
09 ANTHONY

Payment History:

CFNA	4442	747.00	9221
Debit	2330	29.25	860953
Total Tendered		776.25	

Summary:

Parts	526.72
Labor	187.50
Shop Supplies	11.25
Sub-Total	725.47
Tax (7.00%)	50.78
Total	$776.25

All CFNA purchase(s) through December 31, 2016 of $299 or more receive 6 month deferred interest, see www.CFNA.com for more details.

I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with the issuer.

Customer Signature

Revision History:	Rev Amt		Init
1) 01/08/2016 09:07AM	721.85	BENNETT, JOSEPH IN PERSON	
2) 01/08/2016 05:38PM	0.00	BENNETT, JOSEPH IN PERSON	

All parts are new unless otherwise specified.

I acknowledge notice and oral approval of an increase in the original estimated price.

Signature or Initials

www.FirestoneCompleteAutoCare.com

STD FCAC LASER 7008335 - 48110392 REV 11/11

See reverse side for Warranty Information

Inv1 151112.501005

Customer Invoice
192311
01/08/2016

FIRESTONE COMPLETE AUTO CARE
CLEMENTON
1375 BLACKWOOD CLEMENTON RD
CLEMENTON, NJ. 08021-5661

Service Advisor:
04 BILL
856.782.1558

BENNETT, JOSEPH
535 LAKE BLVD
LINDENWOLD, NJ 08021-3314
856.566.5147

2006 HONDA CR-V EX [BLACK]
2.4L L4 FI GAS
Lic #: WE3371 NJ **Vin #:** SHSRD78516U414427
In: 01/08/16 8:26AM **Mileage:** 92,052
Out: 01/08/16 6:17PM

Store # 021709

RETAIL SALE

Description	Rev Hist /Article #	ID	Qty	Unit Price	Extended Price	Job Total

HOW ARE WE DOING?
Tell us about your experience today!
Complete a 4-minute survey for a chance to win $500 in store services
Visit www.FirestoneSurvey.com within 4 days and enter Code 021709-192311

www.FirestoneCompleteAutoCare.com

STD FCAC LASER 7008335 - 48110392 REV 11/11

See reverse side for Warranty Information

Inv1 151112.501005

OFFER VALID FROM JANUARY 1, 2016 THROUGH DECEMBER 31, 2016

CONSUMER DISCLOSURE STATEMENT
TERMS OF PROMOTIONAL CREDIT PLAN

NO INTEREST IF PAID IN FULL WITHIN 6 MONTHS

IF THE PURCHASE BALANCE IS NOT PAID IN FULL WITHIN 6 MONTHS, INTEREST WILL BE IMPOSED FROM THE DATE OF PURCHASE AT A RATE OF 22.8%

QUALIFYING PURCHASES: From January 1, 2016 through December 31, 2016, individual purchases of $299 or more that you make with your Credit First National Association ("CFNA") credit card will qualify for repayment under this Promotional Credit Plan for Six Month Payment Purchases described below.

PAYMENTS: MINIMUM MONTHLY PAYMENTS ARE REQUIRED. The minimum monthly payment is based on your New Balance including Six Month Payment Purchases and other purchases.

APPLICATION OF PAYMENTS: CFNA will apply your payments in accordance with the terms and conditions of your Credit Card Agreement. However, when a payment is received during the two Billing Cycles immediately preceding the expiration of a Promotional Credit Plan, we will apply any amount in excess of your required minimum payment first to the expiring Promotional Credit Plan balance. If multiple Promotional Credit Plan balances become due in the same Billing Cycle, we will apply any amount in excess of your required minimum payment to the Promotional Credit Plan balances in order, from oldest to newest based on the purchase date.

CALCULATING INTEREST CHARGES: During the Delay Period, we calculate Interest Charges on your regular purchases as described in your Credit Card Agreement, and we do not include your Six Month Payment Purchases. During the Delay Period, we will calculate periodic Interest Charges on your Six Month Payment Purchases for each Billing Cycle by applying a monthly periodic rate to the separate Average Daily Balance of the Unpaid Six Month Payment Purchases of your Account.

Delay Period. The Delay Period for Six Month Payment Purchases begins on the later of (a) the date you make a Six Month Payment Purchase or (b) the first day of the Billing Cycle in which the transaction posts to your Account. The Delay Period for a Six Month Payment Purchase ends on the sixth Statement Closing Date after a Six Month Payment Purchase posts to your Account. If we do not receive a Minimum Payment within 60 days of the Payment Due Date, we can terminate the Delay Period earlier by providing notice to you. Any unpaid balance of Six Month Payment Purchases at the end of the Delay Period is added to your Revolving Balance in the Billing Cycle that begins immediately after the Delay Period ends.

Average Daily Balance. To get the Average Daily Balance for your Unpaid Six Month Payment Purchases, we first must determine the daily balance for your Unpaid Six Month Payment Purchases. To get the daily balance, we take the beginning balance of your Six Month Payment Purchases each day. Then we subtract any payments or credits applied to your Unpaid Six Month Payment Purchases. Then, we add up all the daily balances for Six Month Payment Purchases and divide by the number of days in the Billing Cycle. This gives us the Average Daily Balance of Unpaid Six Month Payment Purchases.

Periodic Interest Rate. We apply the Periodic Interest Rate of **1.9%** (corresponding **ANNUAL PERCENTAGE RATE 22.8%**) to the Average Daily Balance of Unpaid Six Month Payment Purchases at the end of each Billing Cycle during the Delay Period and then add the accumulated Interest Charge from each Billing Cycle together at the end of the Delay Period.

You will not owe us Interest Charges that accumulate on Six Month Payment Purchases during the Delay Period if we receive (a) the required Minimum Payment Due by its Payment Due Date for each Billing Cycle during the Delay Period and (b) the full amount of your Six Month Payment Purchases by the Six Month Payment Plan Due Date.

If we do not receive a Minimum Payment within 60 days of the Payment Due Date during the Delay Period, you will owe us Interest Charges that have accumulated on all Unpaid Six Month Payment Purchases during their respective Delay Periods. If we do not receive the full amount of a Six Month Payment transaction by its Due Date, you will owe us Interest Charges that accumulated (a) on such Six Month Payment Purchases during the Delay Period and (b) on such Six Month Payment Purchases in the prior Billing Cycle. The Interest Charges may not appear on your billing statement immediately but will be charged in a subsequent billing period.

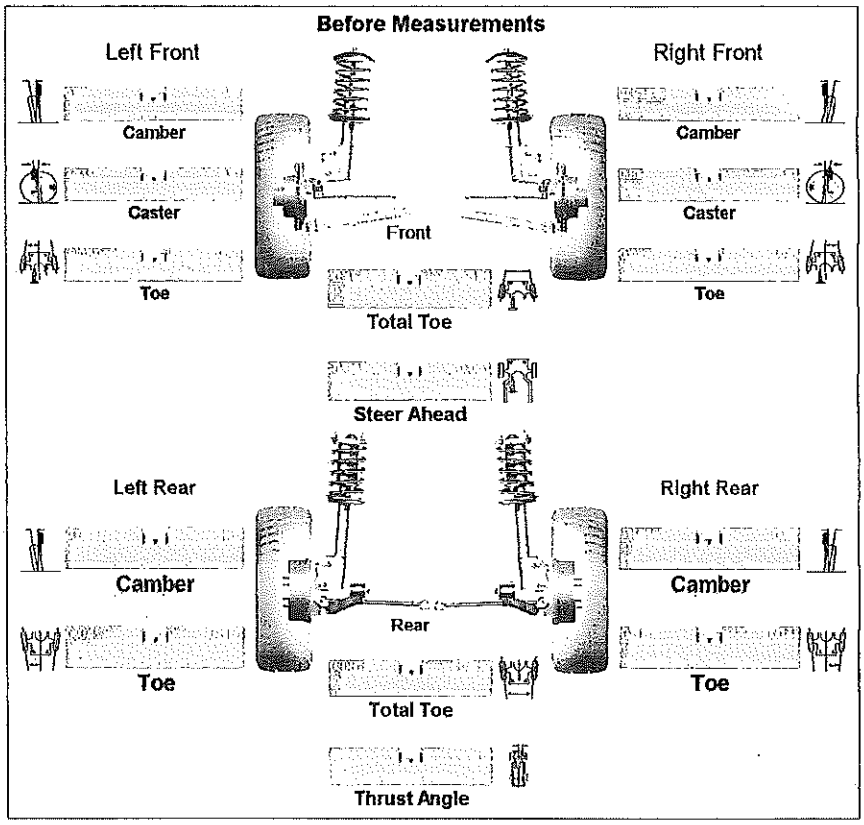
Your Statement will show each Six Month Payment Purchase you make in any Billing Cycle. Your Statement will also show the total amount of all Six Month Payment Purchases you make in any Billing Cycle as one Six Month Payment transaction for that Billing Cycle.

Account Changes and Other Information: We may change APR, Fees, and other terms at any time and for any reason after giving you the notice required by applicable law. See your CFNA Credit Card Agreement for additional information.

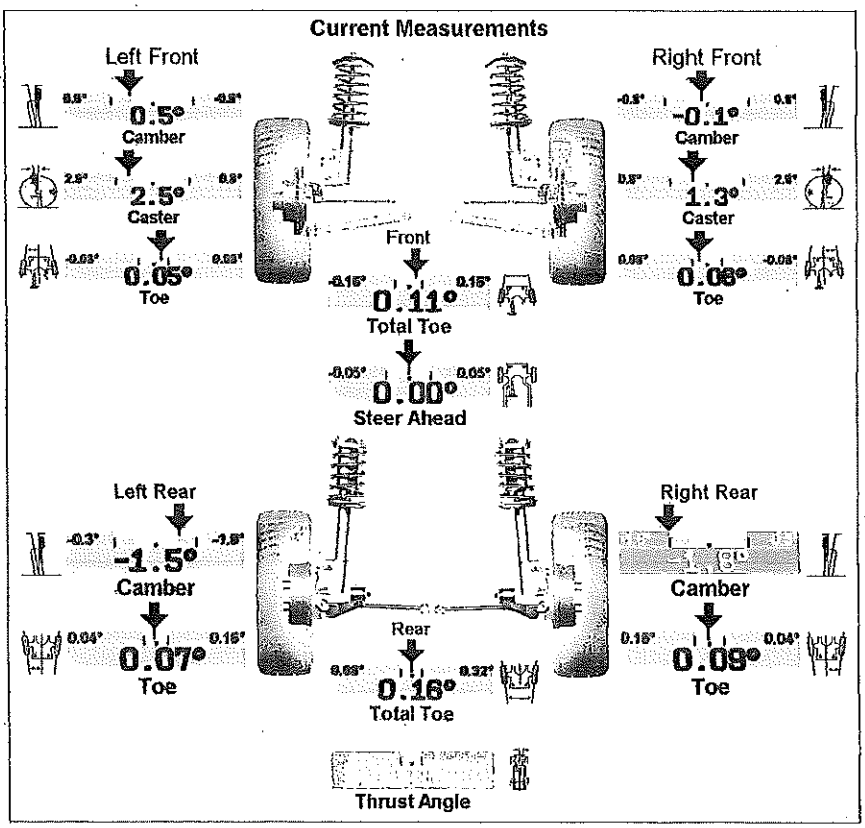
FIRESTONE
1375 BLACKWOOD CLEMENTON RD.
CLEMENTON, N.J.08021
856-728-1556

Work Order: R000001
Date 1/8/16 6:12 PM

Honda : CR-V : 2005-06 : All Wheel Drive



-1.9
+0.2



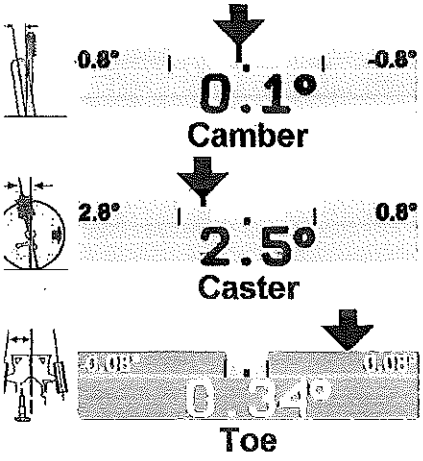
FIRESTONE
1375 BLACKWOOD CLEMENTON RD.
CLEMENTON, N.J.08021
856-728-1556

Work Order: R000001
Date 1/8/16 8:57 AM

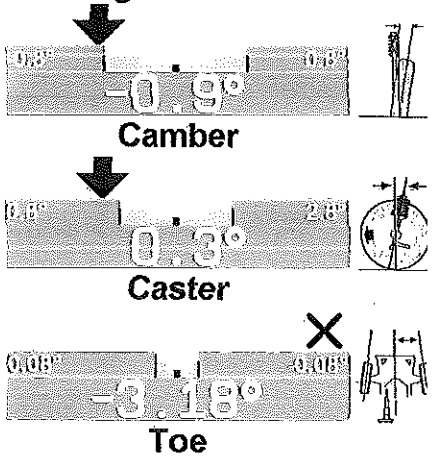
Honda : CR-V : 2005-06 : All Wheel Drive

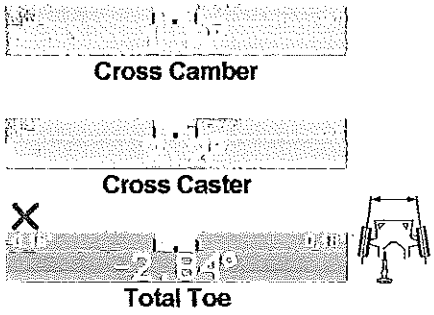
Before Measurements

Left Front



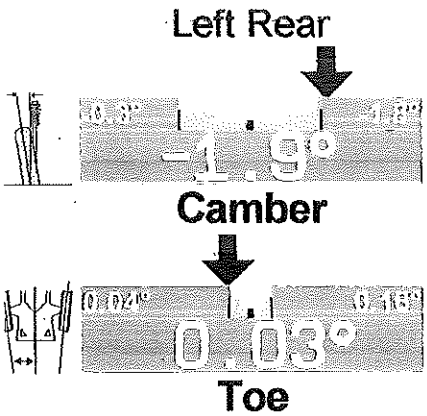
Right Front



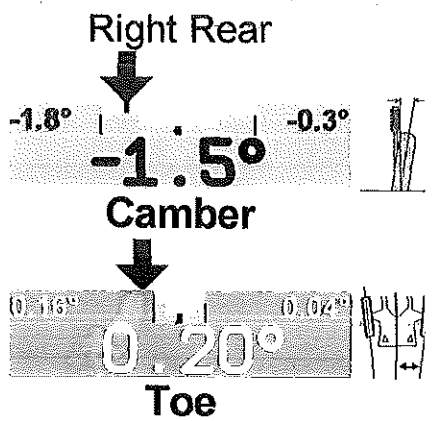


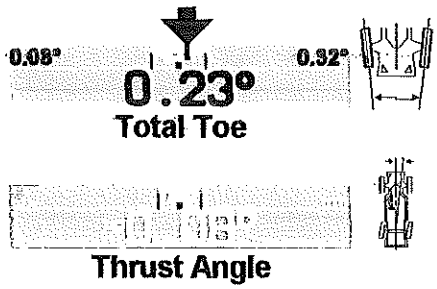
- Excessive Camber could cause shoulder wear.
- Negative Camber could cause road shock or poor ride quality.
- Excessive Toe could cause scuffing or shoulder wear.
- Negative Caster could cause reduced directional stability.
- Negative Caster could cause reduced returnability.

Left Rear



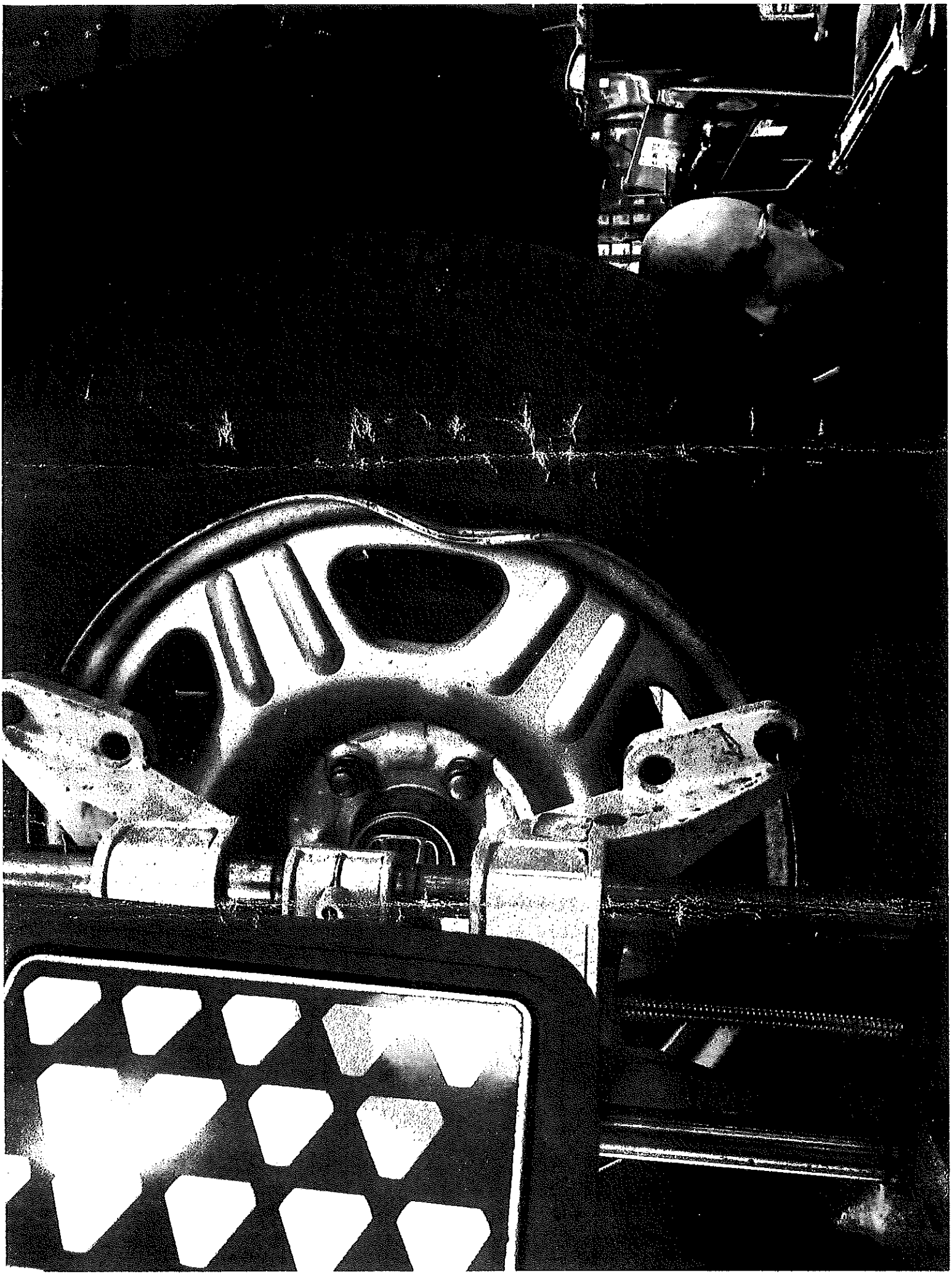
Right Rear

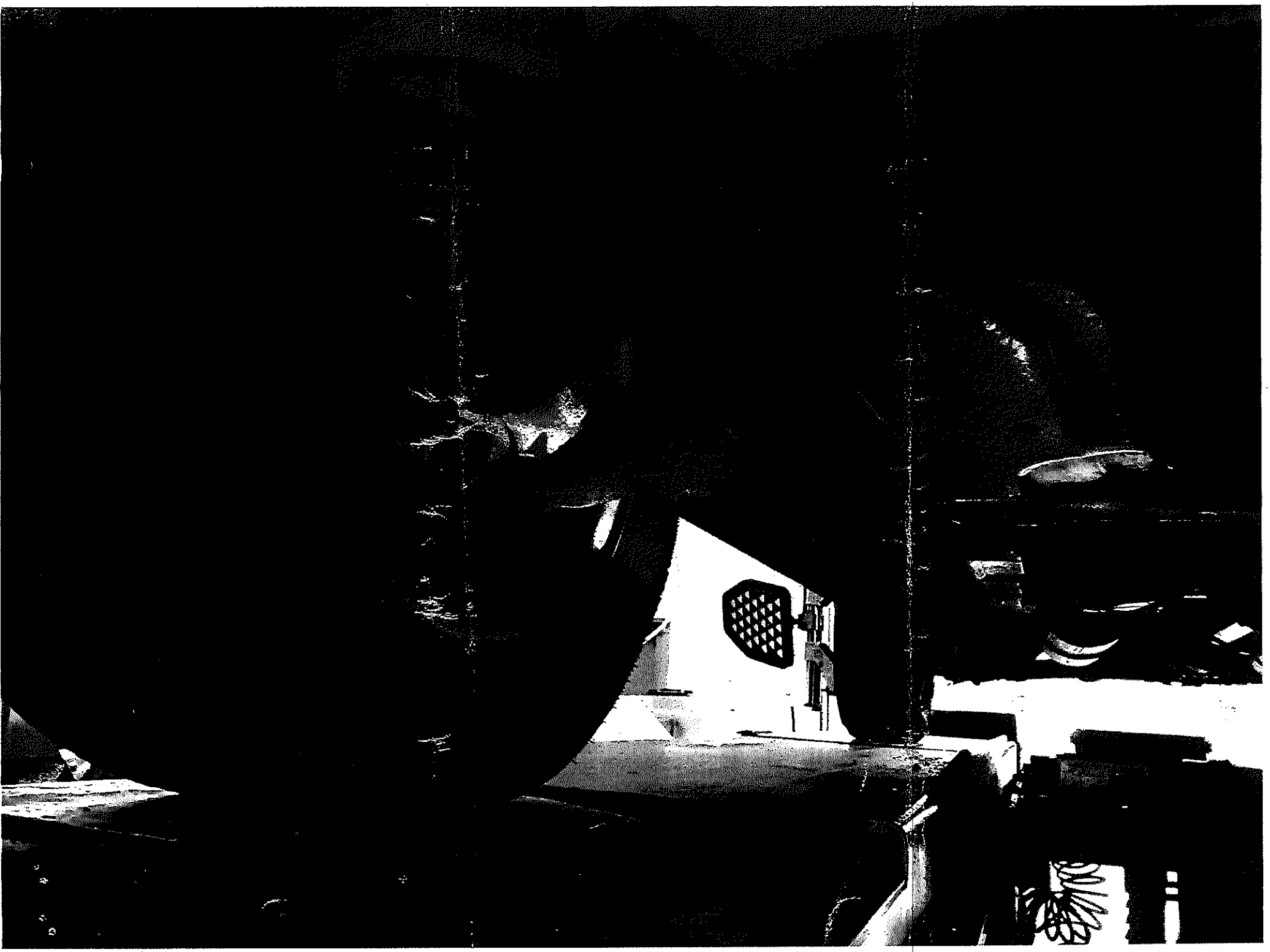


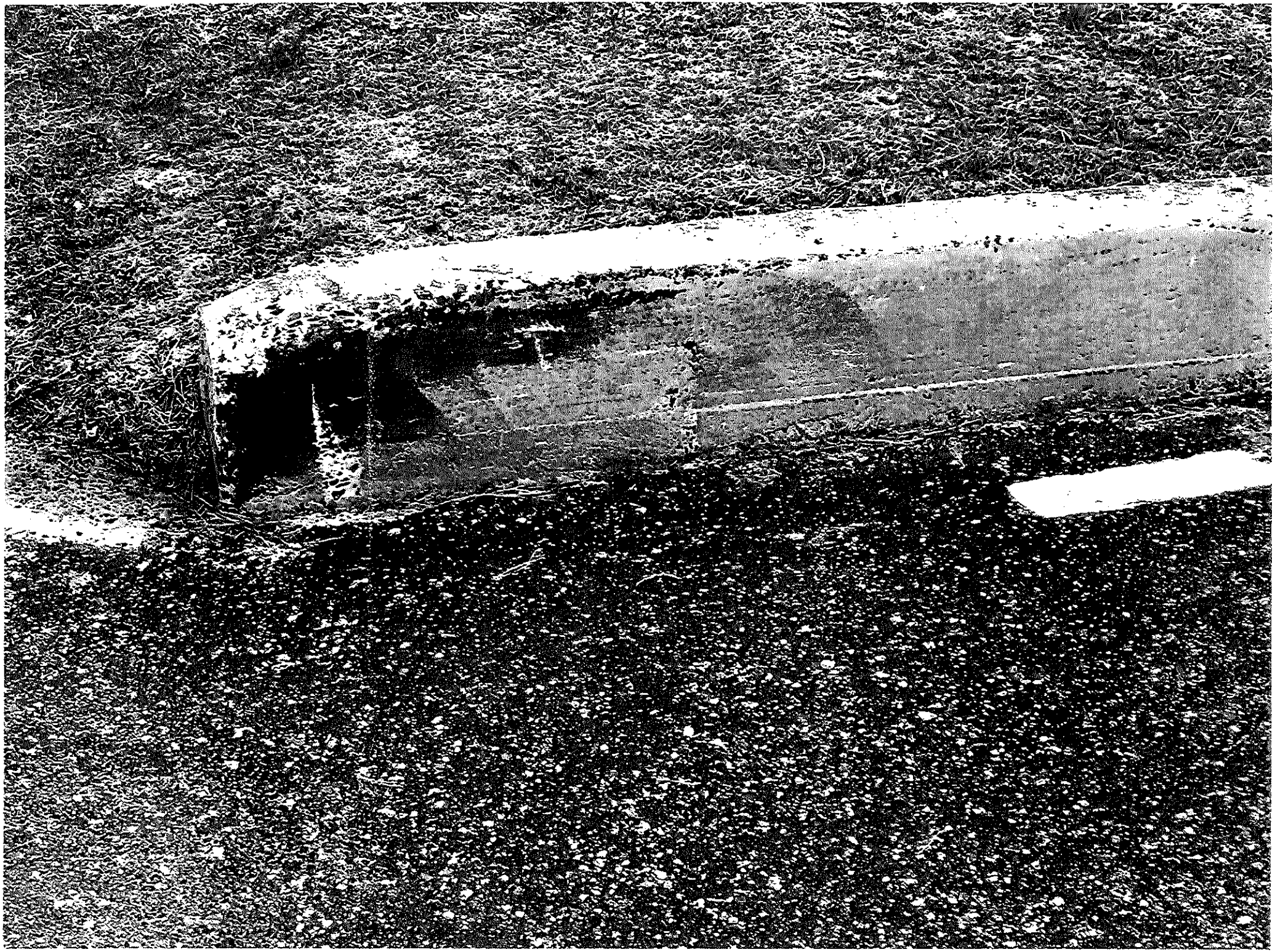


- Excessive Camber could cause shoulder wear.
- Excessive Toe could cause scuffing or shoulder wear.

- The steering wheel was not level before the alignment. Toe adjustments are required.







STARK&STARK
ATTORNEYS AT LAW

401 ROUTE 73 NORTH, SUITE 130
MARLTON, NJ 08053-3425
856-874-4443 (PHONE) 856-874-0133 (FAX)
WWW.STARK-STARK.COM

March 15, 2016

VIA CERTIFIED AND REGULAR MAIL
Lindenwold Borough
15 N. White Horse Pike
Lindenwold, NJ 08021
Attn: Clerk's Office

Re: Our Client: Lamisha Johnson
Date of Accident: 1/27/16

Dear Sir or Madam:

Our office represents the above named individual who was injured as a result of the above accident.

Enclosed please find Notice of Claim for Damages Under the Tort Claims Act.

If you have any questions in regard to this matter, kindly contact my paralegal, Marcie Moore-Frazier, at (856) 874-4434.

Sincerely yours,

STARK & STARK
A Professional Corporation

By: _____
JOEL R. ROSENBERG

JRR/MMM/pmr
Enclosure

NOTICE OF CLAIM FOR DAMAGES UNDER THE TORT CLAIMS ACT

1. CLAIMANT: **Lamisha Johnson**
4 Lincoln Avenue, #E4
Clementon, NJ 08021

DATE OF BIRTH: **7/30/1986**

2. SEND ALL CORRESPONDENCE REGARDING THIS CLAIM TO:

STARK & STARK
A Professional Corporation
401 Route 73 North, Suite 130
Marlton, NJ 08053
Attn: Joel R. Rosenberg, Esquire

3. A. Date of Accident: **1/27/2016**

B. Location of accident or occurrence: **Chews Landing Road, Lindenwold, New Jersey**

C. Describe how the accident or occurrence happened: **Claimant was a pedestrian struck by a motor vehicle. See attached police report.**

D. State the name and address of the agency, city, authority, municipality, etc., that you claim caused your damage:

Lindenwold Borough
15 N. White Horse Pike
Lindenwold, NJ 08021
Attn: Clerk's Office

County of Camden
520 Markete Street, 14th Floor
Camden, NJ 08102
Attn: Johsua Friedman, Esquire

State of New Jersey
Division of Risk Management
P.O. Box 620
Trenton, NJ 08625-0620

E. State the name and address of the employee or employees involved in the accident or occurrence:

Investigation is ongoing and Claimant is not in possession of this information at this time.

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

Officer, Brandon Galezniak, Badge No. 92
Lindenwold Borough Police Department
2001 Egg Harbor Road
Lindenwold, NJ 08021
See attached police report.

G. Claim for damages (check appropriate block)

[X] PERSONAL INJURY [ ] PROPERTY DAMAGE

[ ] OTHER (Explain in detail)

H. If you claim personal injury, describe your injuries resulting from this accident or occurrence:

Including but not limited to head, neck, back

I. Do you claim permanent injuries resulting from this accident or occurrence?

[X] YES [ ] NO

If YES, describe the injuries believed to be permanent:

To be determined. Claimant still under doctor's care.

4. State name and address of each hospital, doctor or other practitioner rendering treatment, examination of diagnostic service and amount of bills to date:

JFK Hospital
18 E. Laurel Road
Stratford, NJ 08084
1/27/16 – ER
Bill to be provided

Lafferty Family Chiropractic
408 Commerce Lane, Suite 1
West Berlin, NJ 08091
3/14/16
Bill to be provided

5. If you claim loss of wages or income as a result of the injury, state:

Name and address of employer: **Deptford Center, 1511 Clements Bridge Road, Deptford, NJ**

Date you became employed at this job: **To be supplied**

Dates of absence from work: **To be supplied**

Total lost wages to date: **To be supplied**

If still out of work, expected date of return: **To be supplied**

6. If you claim property damage:

A. Describe the property damaged: **N/A**

7. Set forth in detail the loss claimed by you for property damage:

8. Amount of Claim: **To be determined**

By: _____
Joel R. Rosenberg, Esquire
Counsel for Lamisha Johnson

Date: March 15, 2016

LAW OFFICES
HOFFMAN ♦ DIMUZIO
A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

JOSEPH J. HOFFMAN, JR.
KENNETH A. DIMUZIO, SR.
ERNEST L. ALVINO, JR.
ROBERT J. WILTSEE
DANTE B. PARENTI
PETER J. BONFIGLIO, III
DONALD CARUTHERS, III
LEONARD L. GRASSO, JR.*
CRAIG W. KUGLER
ROBERT P. GROSSMAN
MICHAEL W. GLAZE
CHRISTINE DIMUZIO SOROCHEN
CRISTIE R. NASTASI
KENNETH A. DIMUZIO, JR.
JAMES M. CARTER
JAMES S. TAYLOR
JEREMIAH J. ATKINS
JOSEPH J. HOFFMAN, III
RICHARD S. HOFFMAN, JR.
JOHN P. CIOCCO*
COLIN DAVIS*
RYAN S. HOFFMAN

OF COUNSEL:
CHARLES J. SPRIGMAN, JR.
JOSEPH J. SLACHETKA
J.R. POWELL
VICTORIA M. DALTON

*Licensed in NJ & PA

Direct Dial: (856) 686-3546
Facsimile: (856) 812-0660
sshaffer@hoffmandimuzio.com

25-35 Hunter Street
Post Office Box 7
Woodbury, New Jersey 08096

1739-1753 Delsea Drive
Post Office Box 285
Franklinville, New Jersey 08322
Telephone: (856) 694-0306

4270 Route 42
Turnersville, New Jersey 08012
Telephone: (856) 637-3000

412 Swedesboro Road
Mullica Hill, New Jersey 08062
Telephone: (856) 803-5800

515 Woodbury-Glassboro Road
Post Office Box 482
Sewell, New Jersey 08080
Telephone: (856) 256-9222

1719 Rittenhouse Square
Philadelphia, Pennsylvania 19103
Telephone: (215) 279-9555

April 1, 2016

VIA CERTIFIED MAIL – RECEIPT RECEIPT REQUETED
Clerk, Borough of Lindenwold
Lindenwold Municipal Builing
2001 Egg Harbor Road
Lindenwold, New Jersey 08021

Re: Margaret Schureman
D/A: January 6, 2016

Dear Sir/Madam:

Enclosed please find a Notice of Claim Under the New Jersey Tort Claims Act in regard to the above captioned matter. Please file and forward to the appropriate individual responsible for handling such claims.

Thank you for your attention and cooperation.

Very truly yours,

JOSEPH J. HOFFMAN, JR.

JJH/sns
Enclosure
(Dictated but not proofread)

NOTICE OF CLAIM
UNDER THE NEW JERSEY TORT CLAIMS ACT

1. Claimant(s): Margaret Schureman
   Address: 501 B Coal Road
   Berlin, New Jersey 08009
   Date of Birth: 10/27/55
   Social Security: [redacted]

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

   Joseph J. Hoffman, Jr., 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: 1/6/16
   b. Describe the location or place of the accident or occurrence: Social Hill Estates Road, Arborwood Apartment Complex, Lindenwold, New Jersey.
   c. Describe how the accident or occurrence happened: Client tripped and fell over a large pothole on Society Hill Estates Road, Arborwood Apartment Complex, Lindenwold, New Jersey.
   d. State the names and addresses of all witnesses: an unknown tenant at Arborwood Apartment Complex saw Margaret fall but did not help her or stop and give a name and address.
   e. State the names of all police officers and police departments who investigated the accident: No police officers were called to the scene.

4.
   a. State the names and addresses of each agency and each employee whom you claim caused your damage or injuries: Employees of the Borough of Lindenwold, Public works Department failed to maintain the road known as Society Hill Estates Road and allowed a dangerous condition to exit.
   b. State the name and addresses of all other persons, companies or governmental agencies who you claim are responsible for your injuries or damages: Borough of Lindenwold and Department of Public Works for the Borough of Lindenwold, 2001 Egg Harbor Road, Lindenwold, New Jersey 08021.

5. Briefly describe the injury, damages and losses incurred by you: Ruptured gall bladder, involving several surgical procedures for complications following surgery. Severe permanent scarring.

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

   State the basis of the calculation of this loss: Pain, suffering, cost of medical treatment and scarring.

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
JOSEPH J. HOFFMAN, JR., ESQUIRE

Dated: April 1, 2016

LM LieblingMalamut LLC
ATTORNEYS AT LAW

1939 Route 70 East
Suite 220
Cherry Hill NJ 08003
ph 856 424 1808
fx 856 4242032
web www.LMLawNJ.com

April 5, 2016

Sent Regular & Certified Mail R.R.R.
7015 3430 0001 1755 5867
Boro Of Lindenwold
15 N. White Horse Pike
Lindenwold, NJ 08021

RE: Our Client: Kerri Holiday Date of Incident: 3/2/16

Dear Sir/Madam:

Pursuant to N.J.S.A. 59:8-1 et seq., enclosed please find a notice of Tort Claim relative to the above captioned matter.

Very truly yours,

Keith J. Gentes. Esquire

KJG:cm

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

Date 3-28-16

Dear MR. GENTES!

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 form 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: Kerri Holiday

Date of Birth: 03/15/71

Address: 801 W. Park Ave. Apt 13F
Lindenwold, NJ 08021

Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: Liebling Malamut, LLC

Telephone: 856-424-1808

Address: 1939 Route 70 East Suite 220
Cherry Hill, NJ 08003

Fax: 856-424-2032

File No.: H16-207

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 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
2001 Egg Harbor Road
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.

   N/A

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

   801 W. Park Ave. Apt 13F
   Lindenwold, NJ 08081

   D Marital Status: at the time of the incident Single

   currently Single

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

   N/A

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.

   801 W. Park Ave. Apt 13F
   Lindenwold, NJ 08081

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.

   03/02/16
   Approx 10am-12am

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

   Claimant was walking to the store through an open area in a fence located along Cypress Ave. and the Landings at Pine Lake and tripped and fell on broken boards/debris.

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.

To be supplied upon further investigation. claimant reserves the right to amend this notice of claim.

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.

To be supplied upon further investigation. claimant reserves the right to amend this notice.

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.

The public entity failed to maintain, inspect and keep the fence and location in good/safe condition. claimant reserves the right to amend this notice of claim.

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.

The public entity failed to maintain, inspect and keep the fence and location in good/safe condition. Claimant reserves the right to amend this notice of claim.

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.

N/A Claimant reserves the right to amend this notice of claim.

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 Claimant reserves the right to amend this notice of claim.

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.

To be supplied upon further investigation. Claimant reserves the right to amend this notice of claim.

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.

To be supplied upon further investigation. Claimant reserves the right to amend this notice of claim.

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

To be supplied upon further investigation. Claimant reserves the right to amend this notice of claim.

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 upon further investigation. Claimant reserves the right to amend this notice of 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.

PROPER TY 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.

Boro of Lindenwold/Back parking lot of Landings Pine Lake and Cypress Ave. Approx 10am-12am

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

Injuries to right knee, right shoulder, right elbow, low back, claimant reserves the right to amend this notice.

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

All injuries are believed permanent. Claimant reserves the right to amend this notice.

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.

Kennedy Hospital Emergency Room 03/02/16

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.

All records to be supplied upon receipt. Claimant reserves the right to amend this notice.

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.

All records to be supplied upon receipt. Claimant reserves the right to amend this notice.

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.

N/A Claimant reserves the right to amend this notice.

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.

Claimant had previous shoulder injury back in 2010 that may have been aggravated to be supplied upon receipt of medical documentation.

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.

To be supplied upon receipt of all medical documentation and continued Medical Care. Claimant reserves the right to amend this notice.

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.

To be supplied upon receipt of medical bills. Claimant reserves the right to amend this notice.

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.

N/A Claimant reserves the right to amend this notice.

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.

N/A Claimant reserves the right to amend this notice.

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.

N/A Claimant reserves the right to amend this notice.

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: _____ **Date:** 4/5/16

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name _____ **Social Security Number** _____

Address _____ **Claim Number** _____

_____

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: _____ **Date:** _____

Notice of Tort Claim Form Transmittal Letter to Claimant

Date _____

Dear

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 any 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 Superior Court allowing the late filing of the Notice of Tort Claim. Such an Order can be granted only within one year form 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 Clerk
Borough of Lindenwold
856-783-2121 ext. 9-240

Very truly yours:

Date: _____

To: Deborah C. Jackson

Re: **Notice of Claim of** _____

Enclosed you will find the following:

- ~ Initial Notice of Tort Claim received on _____.
- ~ Copy of Response sent on _____ by certified mail, return receipt request, with the official Notice of Tort Claim Form.
- ~ Reports by employees on the incident given rise to the claim.
- ~ Official Notice of Tort Claim form received on _____.
- ~ Summons and Complaint received on _____.
- ~ Other _____

Very truly yours,

cc: Christopher J. Powell

RECEIVED JUL 25 2016

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

Date 7-25-16

Dear T. LAWHORN,

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.

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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 form 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: Tamica Lawhorn

Date of Birth: 6/28/79

Address: 2123 Brighton Ave
Lindenwold, N.J. 08021

Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: _____

Telephone: _____

Address: _____

Fax: _____

_____

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
2001 Egg Harbor Road
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.
No

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

D Marital Status: at the time of the incident Marry

currently _____

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

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. 928 Walnut Ave Lindenwold, N.J. 08021
120 Wright Ave Apt H71 Stratford, N.J. 08084
2123 Brighton Ave Lindenwold, N.J. 08021

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. 7/20/16 at 8:40am on United States Avenue on this day it was sunny.

4. Provide the Claimant's complete version of the events that form the basis of the claim.
The Lindenwold Borough truck was in front of me and there was a school bus who was turning. The driver of Lindenwold Borough truck starting moving back. I had blew my horn three times to let him know I was behind.

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 else was a witnesses to this indeent.

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.

Robert T. Pace along was another person in the truck 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. No

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. No

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. No

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

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.

No

N/A

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.

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

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: T.M.L

N/A

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. 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.

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.

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.

N/A

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.

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.

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.

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: Tamieca Lacefield **Date:** 7/25/16

N/A

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name _____ **Social Security Number** _____

Address _____ **Claim Number** _____

_____

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: Tamicca Lee Rea **Date:** 7/25/16

Notice of Tort Claim Form Transmittal Letter to Claimant

Date 7/25/16

Dear Tamica Foreman

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 any 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 Superior Court allowing the late filing of the Notice of Tort Claim. Such an Order can be granted only within one year form 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 Clerk
Borough of Lindenwold
856-783-2121 ext. 9-240

Very truly yours:

Date: 7-25-16

To: Deborah C. Jackson

Re: **Notice of Claim of** 7-25-16

Enclosed you will find the following:

~ Initial Notice of Tort Claim received on _____.

~ Copy of Response sent on _____ by certified mail, return receipt request, with the official Notice of Tort Claim Form.

~ Reports by employees on the incident given rise to the claim.

~ Official Notice of Tort Claim form received on _____.

~ Summons and Complaint received on _____.

~ Other _____

Very truly yours,

cc: Christopher J. Powell

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

96 --
97 --
98 01
99 07
100 01
101 02
102 01
103 01
104 02
105 08
106 --
107 --
108 05
109 01
110 03
111 01
112 01
113 --
114 --
115 --
116 04
117. --

1 Case Number: 2016-009395
2 Police Dept of: LINDENWOLD BOROUGH Code: 01
3 Station/Precinct: DIST.22
10 Crash Occurred On: E WINTHROP AVE (Road Name)
11 Speed Limit: 25
12 Route No.: 699
Dir / Suffix / 13 Milepost
14 ☒ At intersection with ☐ Feet ☐ Miles — 15
☐ N ☐ E ☐ S ☐ W — 16
of: UNITED STATES AVENUE (17 Cross Road Name)
18 Speed Limit: 25
19 Ramp ☐ To: ☐ From:
20 Route/Name: ☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude:
22 Longitude:

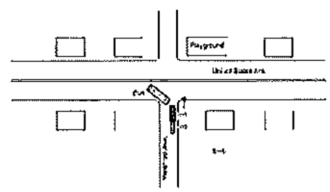
4 Date of Crash (mm dd yy)	5 Day of Week	6 Time (use 2400 hrs)	7 Municipality Code	8 Total Killed	9 Total Injured
07/20/16	WED	0841	0422	0	0

Vehicle 1

23 Veh No: 01
24 Policy No.: SELF INSURED
25 Ins Code: 6-87
☐PARKED ☐PEDESTRIAN ☐PEDALCYCLIST ☐RESP TO EMERGENCY ☐HIT & RUN
26 Driver's First Name: ROBERT Initial: T Last Name: PACE
29 Sex: M
27 Number and Street: 356 5TH AVENUE
30 Eyes: 2
28 City: LINDENWOLD State: NJ Zip: 08021-3502
31 State: NJ
32 Driver's License No: [redacted]
33 DOB (mm dd yy): 05/27/86
34 Expires (mm yy): 01/16
35 Owner's First Name: ☐Same As Driver Initial: Last Name: BOROUGH OF LINDENWOLD
36 Number and Street: 2001 EGG HARBOR ROAD
37 City: LINDENWOLD State: NJ Zip: 08021
38 Make: FOR
39 Model: F45
40 Color: RED
41 Year: 2012
42 Plate No.: MG91861
43 State: NJ
44 VIN: 1FDUF4HY7CEB43192
45 Expires: 04/18
46 Vehicle Removed To: ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled
47 Authority: ☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. % ☐ Pending
49 Hazardous Material On Board ☐ Spill ☐ Name or Placard No.
50 Carrier No. ☐ USDOT ☐ Other
51 Commercial Vehicle Weight: ☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,001 lbs
52 Carrier name

Vehicle 2

53 Veh No: 02
54 Policy No.: 4247-48-49-77
55 Ins Code: 148
☐PARKED ☐PEDESTRIAN ☐PEDALCYCLIST ☐RESP TO EMERGENCY ☐HIT & RUN
56 Driver's First Name: TAMICA Initial: M Last Name: LAWHORN
59 Sex: F
57 Number and Street: 2123 S BRIGHTON AVE
60 Eyes: 2
58 City: LINDENWOLD State: NJ Zip: 08021-2546
61 State: NJ
62 Driver's License No: [redacted]
63 DOB (mm dd yy): 06/28/79
64 Expires (mm yy): 10/17
65 Owner's First Name: ☒Same As Driver TAMICA Initial: M Last Name: LAWHORN
66 Number and Street: 2123 S BRIGHTON AVE
67 City: LINDENWOLD State: NJ Zip: 08021-2546
68 Make:
69 Model: ALT
70 Color: SL
71 Year: 2012
72 Plate No.: M24ART
73 State: NJ
74 VIN: 1N4AL2AP0CN410331
75 Expires: 03/17
76 Vehicle Removed To: ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled
77 Authority: ☒ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. % ☐ Pending
79 Hazardous Material On Board ☐ Spill ☐ Name or Placard No.
80 Carrier No. ☐ USDOT ☐ Other
81 Commercial Vehicle Weight: ☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,001 lbs
82 Carrier name



118a 02
118b --
119a 25
119b --
120 01
121 01
122 --
123 --
124 13
125 08
126 08
127 08
128a 26
128b --
128c --
128d --
129a 26
129b --
129c --
129d --
130 06
131 06
132 12
133 12

135 Crash Description

The driver of vehicle #1 stated he was at a stop at the intersection of Winthrop and United States Avenue. A school bus was attempting a turn onto Winthrop so vehicle #1 backed up to give the bus room to turn. Vehicle #2 was behind vehicle #1 and honked the horn to alert vehicle #1 to stop. Vehicle #1 struck vehicle #2 on the front bumper and hood.

The driver of vehicle #2 stated she was at a stop at the intersection of Winthrop and United States Avenue. Vehicle #1 was in front of her and began to back up. She honked her horn to alert the driver however, vehicle #1 struck her front bumper and hood. There were no report of injuries.

136 Damage To Other Property: NONE

Oper. 1 — 137 Charge: -- ☐ Multiple Charges — 138 Summons No.: --
Oper. 2 — 139 Charge: -- ☐ Multiple Charges — 140 Summons No.: --

141 Officer's Signature: BAILEY, GLENN
142 Badge No.: 80
143 Reviewed By: TALBOT, HAROLD
Badge No.: 43
144 Case Status: COMPLETE

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	--	30	M	--	--	01	04	04	--	--	PACE, ROBERT T, 356 5TH AVENUE, LINDENWOLD, NJ 08021-3502
B	1	03	01	--	36	M	--	--	01	04	04	--	--	SCOTT, DARNELL LOMAR, 808 ARLINGTON AVENUE, LINDENWOLD, NJ 08021
C	2	01	01	--	37	F	--	--	01	04	04	--	--	LAWHORN, TAMICA M, 2123 S BRIGHTON AVE, LINDENWOLD, NJ 08021-2546
D	--	--	--	--	--	--	--	--	--	--	--	--	--	
E	--	--	--	--	--	--	--	--	--	--	--	--	--	

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

Date 8/24/16

Dear

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.

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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: Jacob Edwards

Date of Birth: 03/24/1993

Address: 27 Wilson Drive
Sicklerville NJ, 08081

Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: _____

Telephone: _____

Address: _____

Fax: _____

_____

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
2001 Egg Harbor Road
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.

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

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"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.

D Address at the time of the incident giving rise to the claim.
Intersection of White Horse Pike and South Avenue

D Marital Status: at the time of the incident Single

currently Single

D Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.
Robert Edwards - Father
Lauri Edwards - Mother
Jessica Edwards - Sister
Robert Edwards - Brother
Andrew Edwards - Brother

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.
17 Wilson Drive, Sicklerville NJ 08081
March 24th 1993 - Present

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.
August 9th, 2016, Intersection of White Horse Pike and South Avenue. ~~[illegible]~~ At 6:35am

4. Provide the Claimant's complete version of the events that form the basis of the claim.
I was driving down the White Horse Pike, as I approached South Avenue a police car ran a red light and hit my right passangers side, totaling my car.

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.

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.

Juan Caceres - Police officer - employee of Lindenwold boro

~~[redacted]~~s Boro of Lindenwold

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.

Patrolcar was carelessly operated by a patrolmen that hit my vehicle.

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.

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.

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.

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.

9 pictures are attached to this form

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.

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

Approximately $5,100.00 TOTAL

$2,000 Insurance deductible
$ 250 Tags/Registration to purchase new vehicle
$ 1700 State tax to purchase new vehicle
$ 150 - Transportation Cost to Work
$ 1000 - Lost Wages

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.

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.

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."

Damage of 2012 Subaru Legacy [Vehicle was totaled by insurance company]

* Value (lost) noted under section #13

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.

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 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.

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.

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.

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.

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.

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.

Was unable to start new job, due to no vehicle (means of transportation) due to loss of vehicle from accident

2 weeks @ 32 hours/week @ 12.98/HR = $830.72

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.

a) Aug 1, 2016 b) NJ Mentor, 80 Cottontail Lane, Suite 330 Somerset, NJ 08873 [phone 732-627-9890]

c) direct support professional [mental health] d) 415.36/week

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: _____ **Date:** 8/24/16

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name _____ **Social Security Number** _____

Address _____ **Claim Number** _____

_____

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: _____ **Date:** _____

New Jersey Police Crash Investigation Report

Page 1 of 1 ☐ Fatal ☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 2016-05297
2 Police Dept of Code: LAUREL SPRINGS BOROUGH 01
3 Station/Precinct:
10 Crash Occurred On: WHITE HORSE PIKE
Road Name
14 ☒ At Intersection with ☐ N ☐ E ☐ S ☐ W ☐ Feet ☐ Miles
16 of: SOUTH AVENUE
15
11 Speed Limit: 40
Dir
12 Route No.
Suffix
13 Milepost: 12.68
18 Speed Limit: 25
17 Cross Road Name
19 Ramp ☐ To: ☐ From:
20 Route/Name
☐ NB ☐ EB ☐ SB ☐ WB
4 Date of Crash mm dd yy: 08/09/16
5 Day of Week: TUE
6 Time (use 2400 hrs): 0641
7 Municipality Code: 0420
8 Total Killed: --
9 Total Injured: 01
21 Latitude
22 Longitude

	Vehicle 1	Vehicle 2
23/63 Veh No	01	02
24/64 Policy No.	SELF INSURED	F220860
25/65 Ins Code		426
☐PARKED ☐PEDESTRIAN ☐PEDALCYCLIST ☐RESP TO EMERGENCY ☐HIT & RUN		
26/66 Driver's First Name	JUAN	JACOB
Initial		S
Last Name	CACERES	EDWARDS
29/69 Sex	M	M
27/67 Number and Street	2001 EGG HARBOR ROAD	27 WILSON DRIVE
30/70 Eyes	2	4
28/68 City	LINDENWOLD	SICKLERVILLE
State	NJ	NJ
Zip	08021	08081-4475
31/61 State	NJ	NJ
32/62 Driver's License No		[redacted]
33/63 DOB mm dd yy	05/30/89	03/24/93
34/64 Expires mm yy		04/20
35/65 Owner's First Name	☐ Same As Driver	☒ Same As Driver JACOB
Initial		S
Last Name	BORO OF LINDENWOLD	EDWARDS
36/66 Number and Street	2001 EGG HARBOR ROAD	27 WILSON DRIVE
37/67 City	LINDENWOLD	SICKLERVILLE
State	NJ	NJ
Zip	08021	08081-4475
38/68 Make	FORD	SUBA
39/69 Model	CROWN VICTORIA	LEGACY
40/70 Color	BLACK	SL
41/71 Year	2011	2012
42/72 Plate No.	MG89314	B25GHM
43/73 State	NJ	NJ
44/74 VIN	2FABP7BV3BX158140	4S3BMBA69C3035554
45/75 Expires	06/17	04/17
46/76 Vehicle Removed To	BOBS TOWING ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☒ Disabled	TOMKNSON TOWING ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☒ Disabled
47/77 Authority	☐ Owner ☐ Driver ☒ Police	☐ Owner ☐ Driver ☒ Police
48/78 Alcohol/Drug Test Given:	☒ No ☐ Yes ☐ Refused	☒ No ☐ Yes ☐ Refused
Type:	☐ Breath ☐ Blood ☐ Urine	☐ Breath ☐ Blood ☐ Urine
Results:	0. % ☐ Pending	0. % ☐ Pending
49/79 Hazardous Material On Board / Spill / Name or Placard No.	☐ / ☐	☐ / ☐
50/80 Carrier No. ☐ USDOT ☐ Other		
51/81 Commercial Vehicle Weight	☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,001 lbs	☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,001 lbs
52/82 Carrier name		

135 Crash Description

Vehicles make contact as vehicle #1 attempts to cross the White Horse Pike north bound at South Avenue. Vehicle #2 is traveling east bound on the White Horse Pike in the passing lane. Vehicle #2 contacts vehicle #1 on the driver side.

Witness #1: Almodovor Reinaldo, Lindenwold, NJ 08021
Witness #2: Kevin Sulton, Lindenwold, NJ 08021

136 Damage To Other Property
FRONT FACADE AND WINDOWS OF THE COMMERCIAL BUILDING LOCATED AT 400 NORTH WHITE HORSE PIKE

Oper.	137 Charge	☐ Multiple Charges	138 Summons No.	Oper.	139 Charge	☒ Multiple Charges	140 Summons No.
1				2	39:4-97		L-029517

141 Officer's Signature	142 Badge No.	143 Reviewed By	Badge No.	144 Case Status
MAZZIOTTA, BRIAN	42	CASCIATO, STEVEN	53	COMPLETE

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	03	27	M	07	08	02	09	09	01	5405	CACERES, JUAN , 2001 EGG HARBOR ROAD, LINDENWOLD, NJ 08021
B	2	01	01	--	23	M	--	--	--	09	09	01	--	EDWARDS, JACOB S, 27 WILSON DRIVE, SICKLERVILLE, NJ 08081-4475
C	--	--	--	--	--	--	--	--	--	--	--	--	--	
D	--	--	--	--	--	--	--	--	--	--	--	--	--	
E	--	--	--	--	--	--	--	--	--	--	--	--	--	

NJTR-1 (R4/16)

Notice of Tort Claims Form

RECEIVED OCT 26 2016

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Jose Ramos

Address: 271 Millbridge Rd.
Clementon, N.J. 08021

Date of Birth: 6/14/90

Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: Law Offices of Andaye Al-Uqdah

Address: 106 N. Warwick Rd.
Lawnside, N.J. 08045

Telephone: 856-455-6677

Fax: 856-282-9088

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.

   N/A

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

   271 Millbridge Rd.
   Clementon, N.J. 08021

   D Marital Status: at the time of the incident Single

   currently Single

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

   Ms. Burgandy Randall - Girlfriend

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.

   (1) 271 Millbridge Rd, Clementon, NJ 08021
   2012-Present - See above.

   (2) 326 Chestnut Ave, Lindenwold, NJ. parents + siblings
   2001-2012

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim prevailing at the time. July 29, 2016; 3:41 P.M.
   40 E. Gibbsboro Rd., Lindenwold, NJ, La Esperanza Mexican Restaurant

4. Provide the Claimant's complete version of the events that form the basis of the claim. Claimant pulled into restaurant parking lot. Lindenwold P.D. pulled in behind him. They reported that LP tags did not fit the rental vehicle claimant was driving. Claimant and his passenger were both arrested on outstanding warrants. Claimant paid bail amount and was released without charges. The rental vehicle was impounded + held for 30 days without probable cause. Claimant was charged substantial late fees by the rental agency.

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.

Gilbert Moye
109 Chestnut St. Apt. #10
Audubon, N.J. 08106

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.

Lindenwold, NJ. Police Department, 2001 Egg Harbor Rd. Clementon, NJ 08021
TBD

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 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 [illegible]
(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 [illegible] providing 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, sketched, charts or maps.

N/A

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. TBD

13. State the total amount of your claim and the basis on which you calculated the amount claimed.
Wallet containing credit/DeBIT CARDS, I.D., etc., $ 371.98 personal/work items in Vehicle
$ 1,500.00 cash confiscated from pocket, - NO RECEIPT GIVEN
$ 3,100.00 - LATE Rental fees assessed (ANS-30days)

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.
Lindenwold Police Department
2001 Egg Harbor Rd.
Clementon, NJ 08021

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 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.

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 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.

22. If treated by doctors, including psychiatrist or psychologist, state (a) the name and [illegible], (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.

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 rendered 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.

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.

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.

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: Jose Ramos Date: 10/25/14

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name _____ Social Security Number _____

Address _____ Claim Number _____

_____

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: _____ **Date:** _____

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Qadira L. Garcia Vega

Address: 323 east Elm ave.
Lindenwold NJ 08021

Date of Birth: 12/12/1979

Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: _____ Telephone: _____

Address: _____ Fax: _____

_____ 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
2001 Egg Harbor Road
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.
   N/A

   D Address at the time of the incident giving rise to the claim.
   323 east Elm ave. Lindenwold NJ 08021

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

   D Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.
   Daughter: Ariana Santa
   Son: Jose' Ramos
   Mom: Hilda Vega

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.
   - Northgate, Camden NJ.
   - Lynbrook apt. 125 N White Horse Pike
   - 323 east Elm ave Lindenwold NJ.

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.
   E. Linden ave.
   Date: 12,21,16 weather: Clear
   Time: 2:48 PM

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

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.

N/A

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.

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 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.

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.

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 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, sketched, charts or maps.

Me and your employed, we both take pictures

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.

N/A

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

Police Report is attach with this form

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.

PROPER TY 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: _____

N/A

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. 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.

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.

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.

N/A

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.

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.

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.

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: _____ **Date:** _____

N/A

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name_____ **Social Security Number** _____

Address _____ **Claim Number** _____

_____

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: _____ **Date:** _____

'age of Pages

estimate

EDGAR'S AUTO BODY

1905 River Road
CAMDEN, NEW JERSEY 08105
(856) 966-0012

NAME Yadiral Garcia vega		PHO [redacted]	DATE 1/4/17
STREET 323 E Elm Ave		CITY Lindenwold	NJ 08021
YEAR 06	COLOR Red	MAKE Nissa Altma 4Dr	MODEL
REGISTRATION NO.	SERIAL NO.	ODOMETER	ESTIMATE PREPARED BY
INSURANCE CO.		ADJUSTOR	

REPLACE	REPAIR	DESCRIPTION	PARTS	LABOR	REFINISH	SUBLET
✓		The -R side tel light	$ 110,00			
	✓	The Rear Bumpe Cover				
	✓	The -R- side 1/4 panol				
		Painting The Rear Bumpe Cover and -R side 1/4 panol				
		TOTALS				

The above is an estimate based on our inspection and does not cover any additional parts or labor which may be required after the work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above prices are not guaranteed. Quotations on parts and labor are current and subject to change.

AUTHORIZATION FOR REPAIR. You are hereby authorized to make the above repairs:

SIGNED: _____

DATE: _____

TOTAL PARTS	$ 110,00
TOTAL LABOR	$ 700,00
TOTAL REFINISH	$
TOTAL SUBLET	$
TAX	$ 57,00
	$
TOTAL	$ 867,00

New Jersey Police Crash Investigation Report

Page 1 of 1 ☐ Fatal | ☒ Reportable ☐ Non-Reportable ☐ Change Report

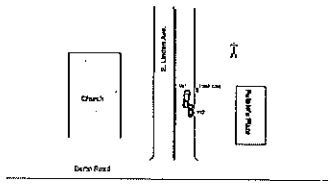
1 Case Number: 2016-016648
2 Police Dept of: LINDENWOLD BOROUGH Code: 01
3 Station/Precinct: DIST.22

10 Crash Occurred On: E. LINDEN AVE.
Road Name
50 14 ☐ At Intersection with ☐ N ☐ E ☒ Feet ☐ S ☐ W ☐ Miles of: BERLIN ROAD
16 16
11 Speed Limit: 25
Dir 12 Route No.: 700 Suffix 13 Milepost
18 Speed Limit: 25
17 Cross Road Name
19 Ramp ☐ To: ☐ From: 20 Route/Name ☐ NB ☐ EB ☐ SB ☐ WB
21 Latitude 22 Longitude

4 Date of Crash mm dd yy: 12/21/16
5 Day of Week: WED
6 Time (use 2400 hrs): 1448
7 Municipality Code: 0422
8 Total Killed: 0
9 Total Injured: 0

Vehicle 1
23 Veh No: 01
24 Policy No.: SELF INSURED
25 Ins Code: 06-87
☐PARKED ☐PEDESTRIAN ☐PEDALCYCLIST ☐RESP TO EMERGENCY ☐HIT & RUN
26 Driver's First Name: JEFFREY Initial: E Last Name: PARK 29 Sex: M
27 Number and Street: 444 OAK AVENUE 30 Eyes: 2
28 City: WEST BERLIN State: NJ Zip: 08091-3807
31 State: NJ 32 Driver's License No: [redacted] 33 DOB mm dd yy: 03/13/96 34 Expires mm yy:
35 Owner's First Name ☐Same As Driver Initial Last Name: BOROUGH OF LINDENWOLD
36 Number and Street: 2001 EGG HARBOR RD
37 City: LINDENWOLD State: NJ Zip: 08021
38 Make: MACK 39 Model: UNKNOWN 40 Color: WHITE 41 Year: 2017 42 Plate No.: 20062MG 43 State: NJ
44 VIN: 1M2LR02C3HM001332 45 Expires: 05/19
46 Vehicle Removed To ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled
47 Authority ☐ Owner ☒ Driver ☐ Police
48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. % ☐ Pending
49 Hazardous Material On Board ☐ Spill ☐ Name or Placard No.
50 Carrier No. ☐ USDOT ☐ Other
51 Commercial Vehicle Weight ☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,001 lbs
52 Carrier name: BOROUGH OF LINDENWOLD

Vehicle 2
53 Veh No: 02
54 Policy No.: 4433-52-41-56
55 Ins Code: 100
☒PARKED ☐PEDESTRIAN ☐PEDALCYCLIST ☐RESP TO EMERGENCY ☐HIT & RUN
56 Driver's First Name Initial Last Name 59 Sex
57 Number and Street 60 Eyes
58 City State Zip
61 State 62 Driver's License No 63 DOB mm dd yy 64 Expires mm yy
65 Owner's First Name ☐Same As Driver: YADIRA Initial: L Last Name: GARCIAVEGA
66 Number and Street: 323 E. ELM AVE
67 City: LINDENWOLD State: NJ Zip: 08021-2216
68 Make: NISS 69 Model: ALT 70 Color: RED 71 Year: 2006 72 Plate No.: B58FGM 73 State: NJ
74 VIN: 1N4AL11D46N340319 75 Expires: 04/17
76 Vehicle Removed To ☐ Driven ☒ Left at Scene ☐ Towed ☐ Impound ☐ Disabled
77 Authority ☐ Owner ☐ Driver ☐ Police
78 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. % ☐ Pending
79 Hazardous Material On Board ☐ Spill ☐ Name or Placard No.
80 Carrier No. ☐ USDOT ☐ Other
81 Commercial Vehicle Weight ☐ < 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ > 26,001 lbs
82 Carrier name



135 Crash Description

The driver of vehicle #1 stated he was driving on E. Linden Avenue. While positioning his vehicle to pick up a trash can he struck vehicle #2 which was parked. The passenger rear side of vehicle #1 struck the passenger rear side of vehicle #2. Vehicle #2 was unoccupied and parked in a legal space.

136 Damage To Other Property: NONE

Oper.	137 Charge ☐ Multiple Charges	138 Summons No.	Oper.	139 Charge ☐ Multiple Charges	140 Summons No.
1	--	--	2	--	--

141 Officer's Signature: BAILEY, GLENN | 142 Badge No.: 80 | 143 Reviewed By: TALBOT, HAROLD | Badge No.: 43 | 144 Case Status: COMPLETE

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	1	01	01	--	20	M	--	--	01	04	04	--	--	PARK, JEFFREY E, 444 OAK AVENUE, WEST BERLIN, NJ 08091-3807
B	--	--	--	--	--	--	--	--	--	--	--	--	--	
C	--	--	--	--	--	--	--	--	--	--	--	--	--	
D	--	--	--	--	--	--	--	--	--	--	--	--	--	
E	--	--	--	--	--	--	--	--	--	--	--	--	--	

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

Date 12/30/16

Dear

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 form 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